Personality Assessment Inventory™

Clinical Interpretive Report

by Leslie C. Morey, PhD and PAR Staff

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PARiConnect™

Client name :	Sample Client
Client ID :	4321
Age :	24
Gender :	Male
Education :	12
Marital status :	Single
Test date :	05/13/2013

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual.

This report is intended for use by qualified professionals only and is not to be shared with the examinee or any other unqualified persons.
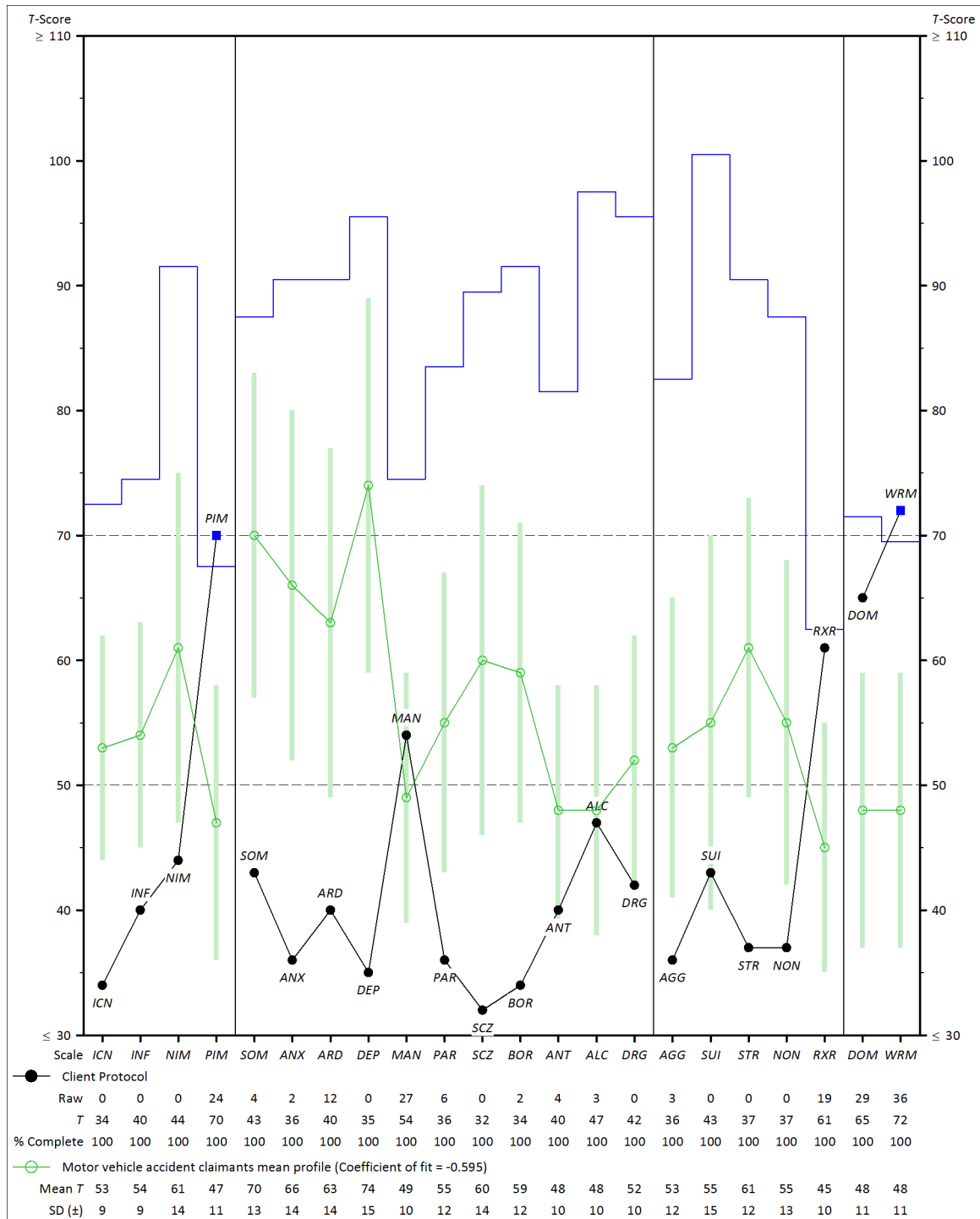
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Contents

Full Scale Profile with Motor Vehicle Accident Claimants Profile Overlay

	ICN	INF	NIM	PIM	SOM	ANX	ARD	DEP	MAN	PAR	SCZ	BOR	ANT	ALC	DRG	AGG	SUI	STR	NON	RXR	DOM	WRM
Scale	ICN	INF	NIM	PIM	SOM	ANX	ARD	DEP	MAN	PAR	SCZ	BOR	ANT	ALC	DRG	AGG	SUI	STR	NON	RXR	DOM	WRM
Raw	0	0	0	24	4	2	12	0	27	6	0	2	4	3	0	3	0	0	0	19	29	36
T	34	40	44	70	43	36	40	35	54	36	32	34	40	47	42	36	43	37	37	61	65	72
% Complete	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

— Client Protocol

— Motor vehicle accident claimants mean profile (Coefficient of fit = -0.595)

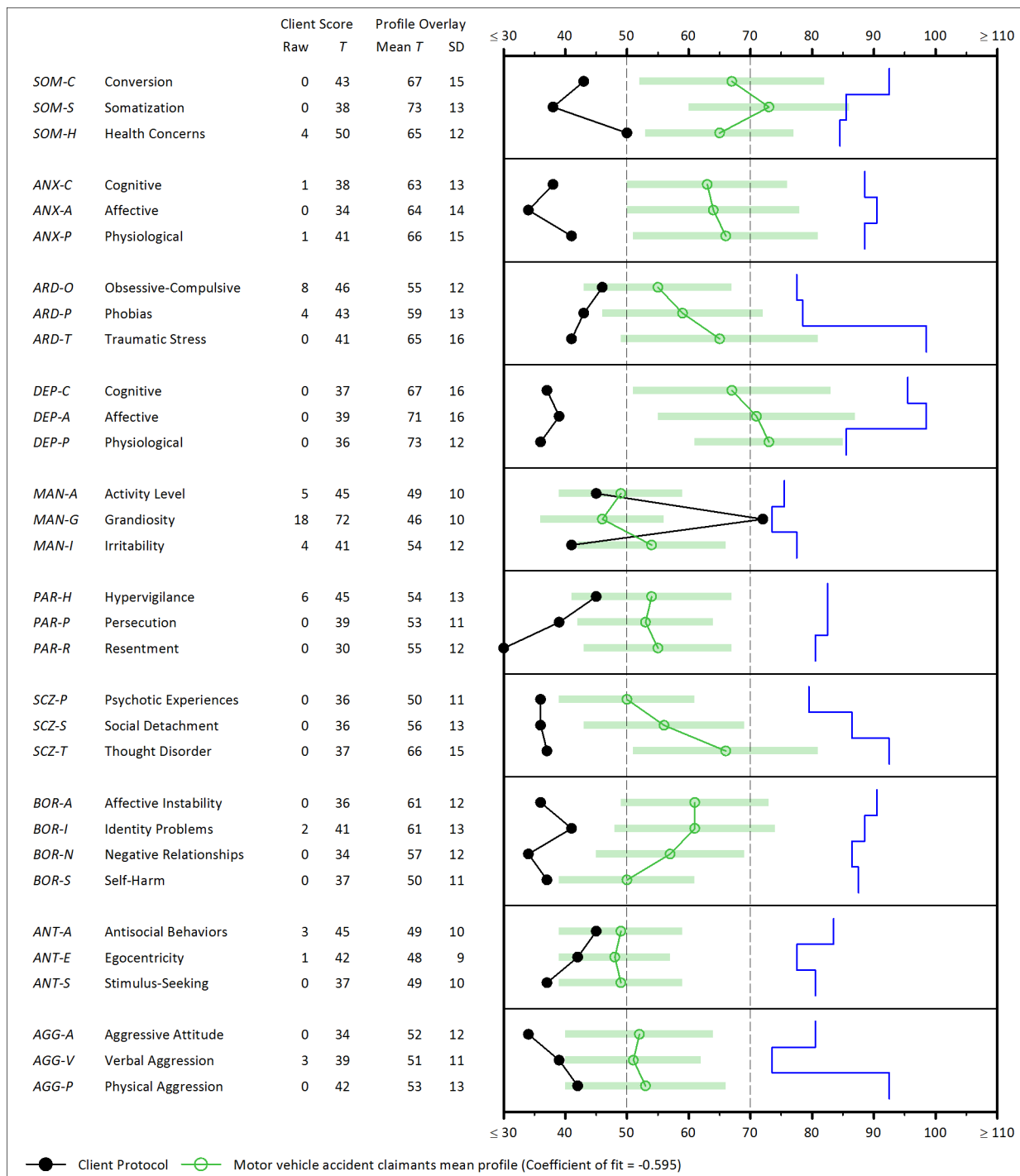|	ICN	INF	NIM	PIM	SOM	ANX	ARD	DEP	MAN	PAR	SCZ	BOR	ANT	ALC	DRG	AGG	SUI	STR	NON	RXR	DOM	WRM
Mean T	53	54	61	47	70	66	63	74	49	55	60	59	48	48	52	53	55	61	55	45	48	48
SD (±)	9	9	14	11	13	14	14	15	10	12	14	12	10	10	10	12	15	12	13	10	11	11

Plotted T scores are based upon a Census-matched standardization sample of 1,000 normal adults.

■ indicates the score is more than two standard deviations above the mean for a sample of 1,246 clinical patients.

◆ indicates the scale has more than 20% missing items.

Subscale Profile with Motor Vehicle Accident Claimants Profile Overlay

		Client Score		Profile Overlay		
		Raw	T	Mean T	SD	
SOM-C	Conversion	0	43	67	15	
SOM-S	Somatization	0	38	73	13	
SOM-H	Health Concerns	4	50	65	12	
ANX-C	Cognitive	1	38	63	13	
ANX-A	Affective	0	34	64	14	
ANX-P	Physiological	1	41	66	15	
ARD-O	Obsessive-Compulsive	8	46	55	12	
ARD-P	Phobias	4	43	59	13	
ARD-T	Traumatic Stress	0	41	65	16	
DEP-C	Cognitive	0	37	67	16	
DEP-A	Affective	0	39	71	16	
DEP-P	Physiological	0	36	73	12	
MAN-A	Activity Level	5	45	49	10	
MAN-G	Grandiosity	18	72	46	10	
MAN-I	Irritability	4	41	54	12	
PAR-H	Hypervigilance	6	45	54	13	
PAR-P	Persecution	0	39	53	11	
PAR-R	Resentment	0	30	55	12	
SCZ-P	Psychotic Experiences	0	36	50	11	
SCZ-S	Social Detachment	0	36	56	13	
SCZ-T	Thought Disorder	0	37	66	15	
BOR-A	Affective Instability	0	36	61	12	
BOR-I	Identity Problems	2	41	61	13	
BOR-N	Negative Relationships	0	34	57	12	
BOR-S	Self-Harm	0	37	50	11	
ANT-A	Antisocial Behaviors	3	45	49	10	
ANT-E	Egocentricity	1	42	48	9	
ANT-S	Stimulus-Seeking	0	37	49	10	
AGG-A	Aggressive Attitude	0	34	52	12	
AGG-V	Verbal Aggression	3	39	51	11	
AGG-P	Physical Aggression	0	42	53	13	

Legend:
- ●——● Client Protocol
- ○——○ Motor vehicle accident claimants mean profile (Coefficient of fit = -0.595)
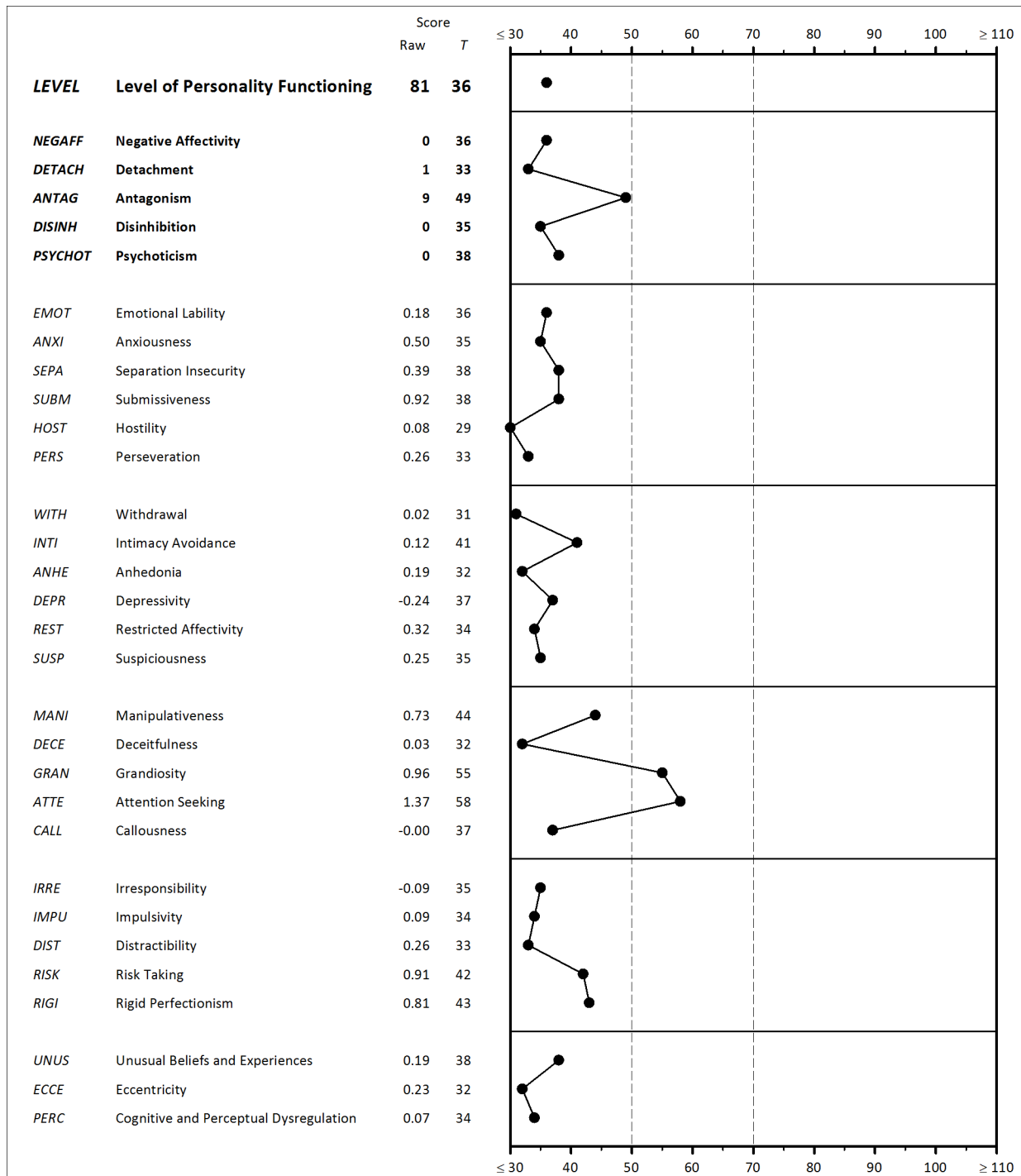
Missing Items = 0

Plotted T scores are based upon a Census-matched standardization sample of 1,000 normal adults.

- ■ indicates the score is more than two standard deviations above the mean for a sample of 1,246 clinical patients.
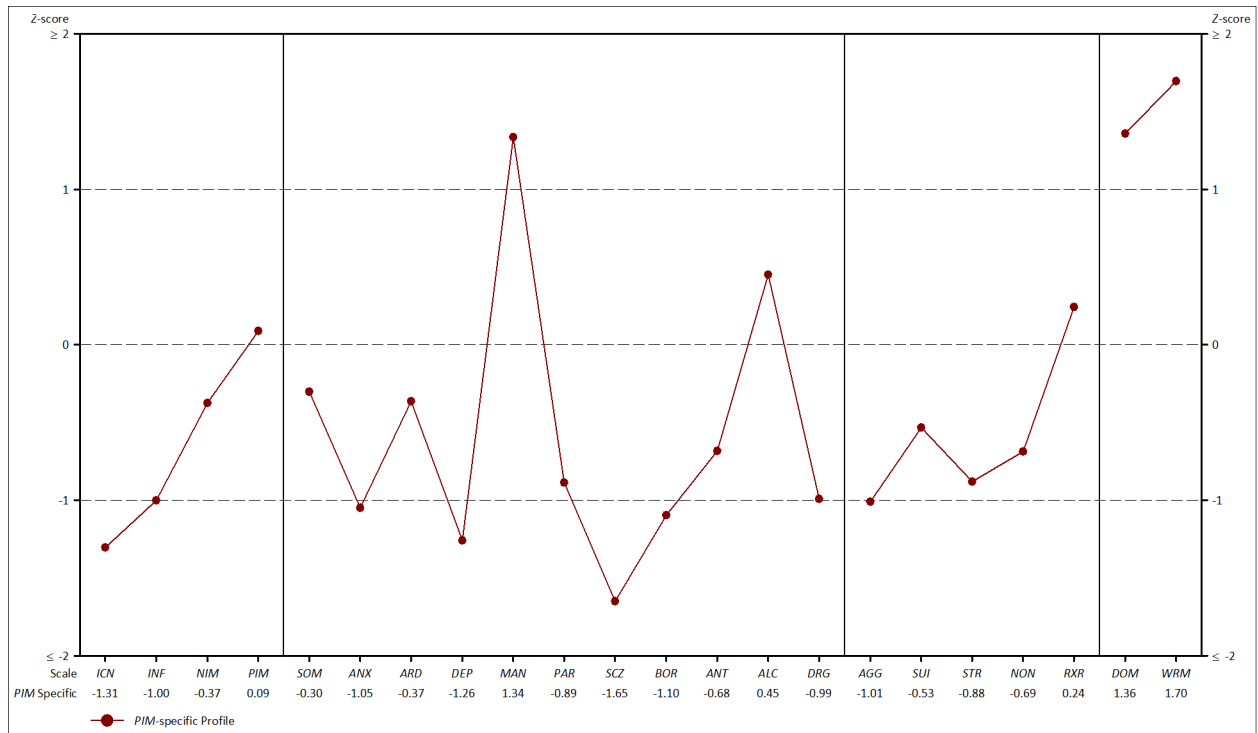- ◆ indicates the scale has more than 20% missing items.

Alternative Model for Personality Disorders Profile

		Raw	T
LEVEL	**Level of Personality Functioning**	81	36
NEGAFF	**Negative Affectivity**	0	36
DETACH	**Detachment**	1	33
ANTAG	**Antagonism**	9	49
DISINH	**Disinhibition**	0	35
PSYCHOT	**Psychoticism**	0	38
EMOT	Emotional Lability	0.18	36
ANXI	Anxiousness	0.50	35
SEPA	Separation Insecurity	0.39	38
SUBM	Submissiveness	0.92	38
HOST	Hostility	0.08	29
PERS	Perseveration	0.26	33
WITH	Withdrawal	0.02	31
INTI	Intimacy Avoidance	0.12	41
ANHE	Anhedonia	0.19	32
DEPR	Depressivity	-0.24	37
REST	Restricted Affectivity	0.32	34
SUSP	Suspiciousness	0.25	35
MANI	Manipulativeness	0.73	44
DECE	Deceitfulness	0.03	32
GRAN	Grandiosity	0.96	55
ATTE	Attention Seeking	1.37	58
CALL	Callousness	-0.00	37
IRRE	Irresponsibility	-0.09	35
IMPU	Impulsivity	0.09	34
DIST	Distractibility	0.26	33
RISK	Risk Taking	0.91	42
RIGI	Rigid Perfectionism	0.81	43
UNUS	Unusual Beliefs and Experiences	0.19	38
ECCE	Eccentricity	0.23	32
PERC	Cognitive and Perceptual Dysregulation	0.07	34

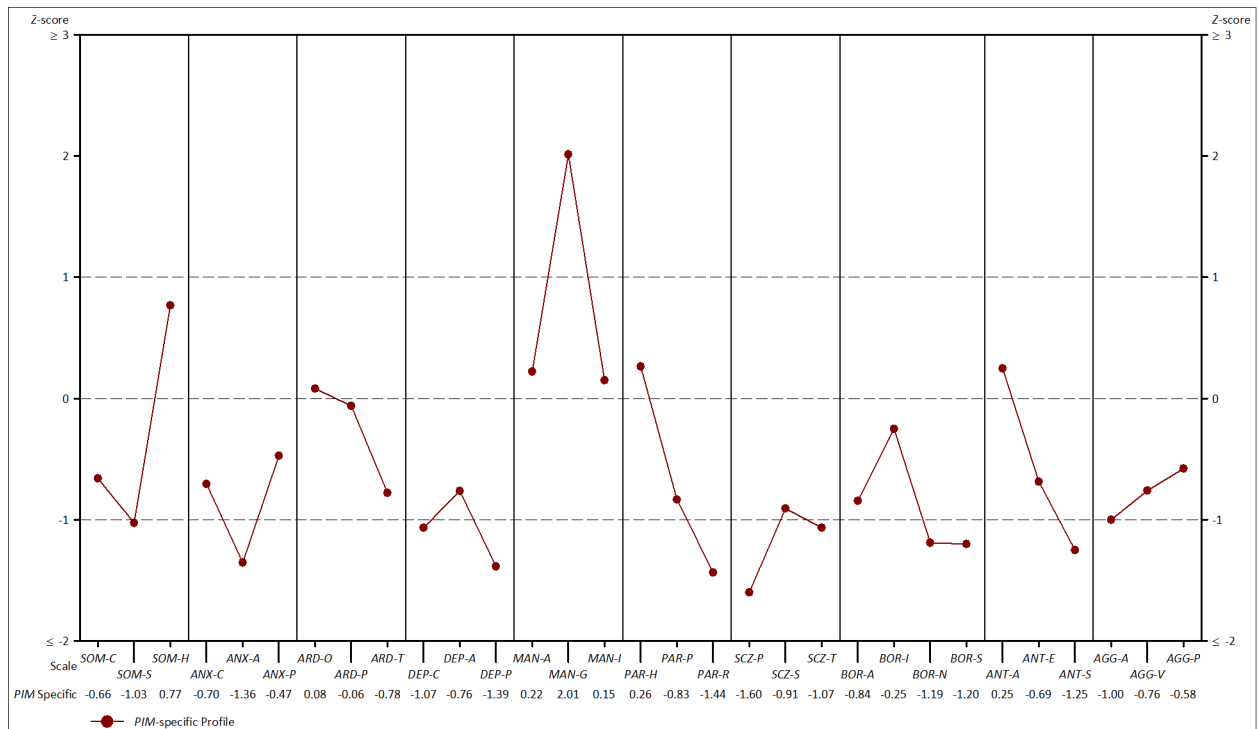Plotted T scores are based upon a Census-matched standardization sample of 1,000 normal adults.

NIM/PIM-Specific Full Scale and Subscale Profiles

Full Scale Profile

Scale	ICN	INF	NIM	PIM	SOM	ANX	ARD	DEP	MAN	PAR	SCZ	BOR	ANT	ALC	DRG	AGG	SUI	STR	NON	RXR	DOM	WRM
PIM Specific	-1.31	-1.00	-0.37	0.09	-0.30	-1.05	-0.37	-1.26	1.34	-0.89	-1.65	-1.10	-0.68	0.45	-0.99	-1.01	-0.53	-0.88	-0.69	0.24	1.36	1.70

— PIM-specific Profile

Subscale Profile

Scale	SOM-C	SOM-S	SOM-H	ANX-C	ANX-A	ANX-P	ARD-O	ARD-P	ARD-T	DEP-C	DEP-A	DEP-P	MAN-A	MAN-G	MAN-I	PAR-H	PAR-P	PAR-R	SCZ-P	SCZ-S	SCZ-T	BOR-A	BOR-I	BOR-N	BOR-S	ANT-A	ANT-E	ANT-S	AGG-A	AGG-V	AGG-P
PIM Specific	-0.66	-1.03	0.77	-0.70	-1.36	-0.47	0.08	-0.06	-0.78	-1.07	-0.76	-1.39	0.22	2.01	0.15	0.26	-0.83	-1.44	-1.60	-0.91	-1.07	-0.84	-0.25	-1.19	-1.20	0.25	-0.69	-1.25	-1.00	-0.76	-0.58

— PIM-specific Profile

Additional Profile Information

Supplemental PAI Indices		
Negative Distortion Indicators	Raw value	T score
Malingering Index	0	44
Rogers Discriminant Function	-1.63	44
Negative Distortion Scale*	4	49
Hong Malingering Index*	-2.62	40
Multiscale Feigning Index*	N/A	39
Malingered Pain-Related Disability Discriminant Function*	-0.94	40
Positive Distortion Indicators	Raw value	T score
Defensiveness Index	6	70
Cashel Discriminant Function	150.56	58
Positive Distortion Scale*	41	64
Hong Defensiveness Index*	1.13	72
Non-systematic Distortion Indicators	Raw value	T score
Back Random Responding	16	65
Hong Randomness Index*	-4.42	38
Supplemental Clinical Indicators	Raw value	T score
Suicide Potential Index	0	40
Violence Potential Index	1	47
Treatment Process Index	2	55
ALC Estimated Score	N/A	47 (Equal to ALC)
DRG Estimated Score	N/A	44 (2T higher than DRG)
Mean Clinical Elevation	N/A	40
Inattention (INATTN) Index*	1	56
Neuro-Item Sum*	0	37
Violence and Aggression Risk Index*	0	39
Reactive Aggression Scale*	9	37
Instrumental Aggression Scale*	21	54
Level of Care Index*	1	42
Chronic Suicide Risk (S_Chron) Index*	1	33
RXR Estimated Score*	N/A	54 (7T lower than RXR)

Note: Experimental indices are denoted with an asterisk (*) and italicized text. They should be interpreted with caution **because of the limited cross-validation research. "---" indicates the value could not be calculated due to missing data.**

Additional Profile Information (continued)

Coefficients of fit with profiles of known clinical groups

Diagnostic Groups	Coefficient of fit
Unspecified somatic symptom and related disorder	-0.551
Alcohol use disorders	-0.587
Bipolar I disorder (mania)	-0.591
Substance use disorders	-0.608
Adjustment disorders	-0.631
Antisocial personality disorder	-0.716
Major depressive disorder	-0.741
Anxiety disorders	-0.764
Schizoaffective disorder	-0.775
Posttraumatic stress disorder	-0.780
Schizophrenia	-0.782
Borderline personality disorder	-0.790
Persistent depressive disorder (dysthymia)	-0.791

PAI Cluster Profiles	Coefficient of fit
Cluster 1	-0.160
Cluster 9	-0.252
Cluster 8	-0.528
Cluster 5	-0.563
Cluster 3	-0.585
Cluster 7	-0.737
Cluster 4	-0.750
Cluster 10	-0.811
Cluster 2	-0.813
Cluster 6	-0.822

Symptom Behavior Groups	Coefficient of fit
Spouse abusers	-0.387
Prisoners	-0.569
Current suicide	-0.701
Perpetrators of rape	-0.744
Current aggression	-0.761
Suicide history	-0.766
Self-mutilation	-0.806
Antipsychotic medications	-0.814
Assault history	-0.819
Auditory hallucinations	-0.839
Persecutory (paranoid) delusions	-0.846

Note: Coefficients above a value of .42 represent statistically significant associations between profiles.

Additional Profile Information (continued)

Coefficients of fit with profiles of known clinical groups	
Response Set Groups	Coefficient of fit
Fake good	0.902
PIM predicted profile	0.832
NIM predicted profile	0.279
All "false"	-0.405
All "very true"	-0.567
All "mainly true"	-0.596
All "slightly true"	-0.644
Random responding	-0.746
Fake bad	-0.769
Context-Specific Norm Groups	Coefficient of fit
Egg donors and gestational carriers	0.933
Potential kidney donors	0.917
Law enforcement officer candidates	0.909
Child custody evaluations	0.815
Bariatric surgery candidates	0.631
College students	-0.010
Chronic pain patients	-0.234
Deployed military	-0.310
Motor vehicle accident claimants	-0.595

Note: Coefficients above a value of .42 represent statistically significant associations between profiles.

Validity of Test Results

The PAI provides a number of validity indices that are designed to provide an assessment of factors that could distort the results of testing. Such factors could include failure to complete test items properly, carelessness, reading difficulties, confusion, exaggeration, malingering, or defensiveness. For this protocol, the number of uncompleted items is within acceptable limits.

Also evaluated is the extent to which the respondent attended appropriately and responded consistently to the content of test items. The respondent's scores suggest that he did attend appropriately to item content and responded in a consistent fashion to similar items.

The degree to which response styles may have affected or distorted the report of symptomatology on the inventory is also assessed. Certain of these indicators fall outside of the normal range, suggesting that the respondent may not have answered in a completely forthright manner; the nature of his responses might lead the evaluator to form a somewhat inaccurate impression of the client based upon the style of responding described below. With respect to positive impression management, the

client's pattern of responses suggests considerable defensiveness in responding. In particular, he appears motivated to portray himself as being exceptionally free of common shortcomings to which most individuals will admit. As a result, he will be quite reluctant to admit to minor faults, perhaps not even willing to admit these faults to himself. Accompanying this reluctance may be a tendency to minimize any negative impact that his actions may have on other people, and also on himself. Given the high level of defensiveness, the clinical scale profile is likely to reflect significant distortion and minimization of difficulties in certain areas, and the professional should review the test results with this in mind. Regardless of the cause, THE TEST RESULTS ARE UNLIKELY TO BE A VALID REFLECTION OF THE RESPONDENT'S EXPERIENCE—THE FOLLOWING INTERPRETATION IS PROVIDED ONLY AS AN INDICATION OF THE RESPONDENT'S SELF-DESCRIPTION.

Despite the level of defensiveness noted above, there are some areas where the client described problems of greater intensity than is typical of defensive respondents. These areas could indicate problems that merit further inquiry. These areas include: inflated self-esteem.

With respect to negative impression management, there is no evidence to suggest that the respondent was motivated to portray himself in a more negative or pathological light than the clinical picture would warrant.

Clinical Features

The PAI clinical profile reveals no elevations that should be considered to indicate the presence of clinical psychopathology. If the respondent is presenting for evaluation or treatment in a clinical setting, some denial or defensiveness is likely to be responsible for the generally trouble-free picture that he is reporting, as he seems to be reluctant to admit to dysfunction or problems across many areas.

The PAI clinical profile is entirely within normal limits. There are no indications of significant psychopathology in the areas that are tapped by the individual clinical scales.

According to the respondent's self-report, he describes NO significant problems in the following areas: unusual thoughts or peculiar experiences; antisocial behavior; problems with empathy; undue suspiciousness or hostility; extreme moodiness and impulsivity; unhappiness and depression; unusually elevated mood or heightened activity; marked anxiety; problematic behaviors used to manage anxiety; difficulties with health or physical functioning. Also, he reports NO significant problems with alcohol or drug abuse or dependence.

Self-Concept

The self-concept of the respondent appears to involve a generally positive, and, at times, perhaps uncritical self-evaluation. He does describe approaching life with a clear sense of purpose and distinct convictions, but this may represent more of an effort to make a favorable impression than an accurate self-perception. Assuming that this reflects the respondent's self-perception, responsibility for any setbacks that do occur is more likely to be attributed externally than to personal failings in an effort to maintain the positive self-image.

Interpersonal and Social Environment

The respondent's interpersonal style seems best characterized as involving strong needs for affiliation and positive regard from others. This may result in rather uninhibited social behavior that may be seen by others as attention-seeking and dramatic. These needs for attention and affiliation can be so strong that the quality of his social interactions may be relatively unimportant as compared to their quantity. These behaviors, perhaps intended as friendly and sociable by the respondent, might be viewed as somewhat overbearing by those around him.

In considering the social environment of the respondent with respect to perceived stressors and the availability of social supports with which to deal with these stressors, his responses indicate that he reports having experienced very few stressful events in the recent past. Furthermore, he describes that he has a large number of individuals to whom he can turn for support when needed. The combination of a stable and relatively stress-free environment with the extensive social support system is a quite favorable prognostic sign for future adjustment.

Treatment Considerations

Treatment considerations involve issues that can be important elements in case management and treatment planning. Interpretation is provided for three general areas relevant to treatment: behaviors that may serve as potential treatment complications, motivation for treatment, and aspects of the respondent's clinical picture that may complicate treatment efforts.

With respect to suicidal ideation, the respondent is not reporting distress from thoughts of self-harm.

With respect to anger management, the respondent describes himself as a very meek and unassertive person who has difficulty standing up for himself, even when assertiveness is warranted. Thus, he may have some difficulty in the appropriate expression of anger.

The respondent's interest in and motivation for treatment is somewhat below average in comparison to adults who are not being seen in a therapeutic setting. Furthermore, his level of treatment motivation is substantially lower than is typical of individuals being seen in treatment settings. His responses suggest that he is satisfied with himself as he is, that he is not experiencing marked distress, and that, as a result, he sees little need for changes in his behavior. However, the respondent does report a number of strengths that augur well for a relatively smooth treatment process if he made a commitment to treatment.

If treatment were to be considered for this individual, particular areas of attention or concern in the early stages of treatment could include:

He may not be experiencing sufficient distress to feel that treatment is warranted.

He may be rather defensive and reluctant to discuss personal problems, meaning that he may not be willing to make a commitment to therapy; engaging him in the therapeutic endeavor is likely to represent a formidable problem.

DSM-5 Diagnostic Possibilities

Listed below are DSM-5 diagnostic possibilities suggested by the configuration of PAI scale scores. The following are advanced as hypotheses; all available sources of information should be considered prior to establishing final diagnoses.

Diagnostic Considerations		
DSM-5 Code	ICD-10 Code	Diagnosis
		Diagnosis deferred
Rule Out		
DSM-5 Code	ICD-10 Code	Diagnosis
301.9	F60.9	Unspecified personality disorder with narcissistic features

Critical Item Endorsement

A total of 27 PAI items reflecting serious pathology have very low endorsement rates in normal samples. These items have been termed critical items. Endorsement of these critical items is not in itself diagnostic, but review of the content of these items with the respondent may help to clarify the presenting clinical picture. In this case, the respondent did not endorse any of the critical items.

PAI Item Responses

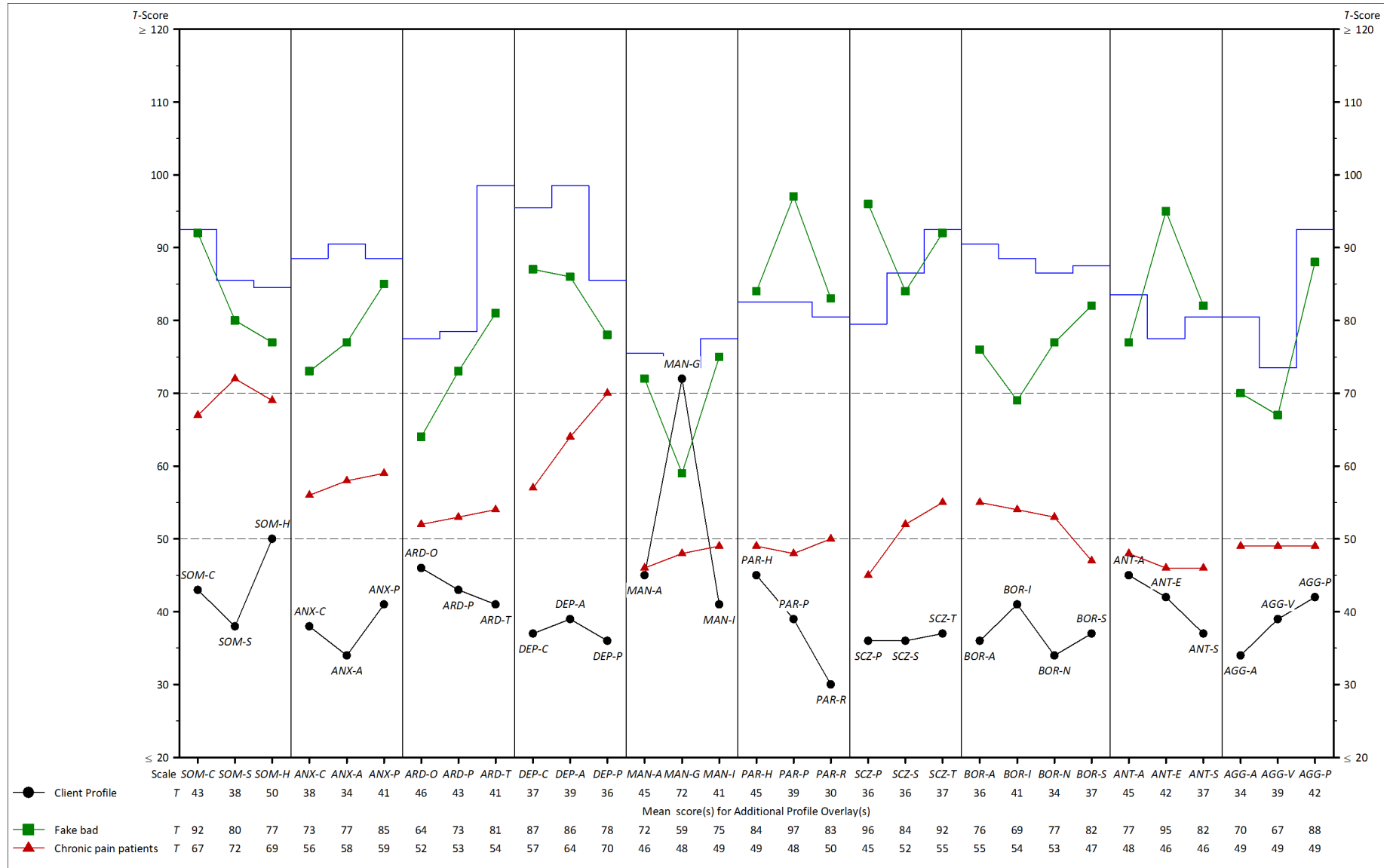|															
1.	VT	44.	F	87.	F	130.	F	173.	F	216.	F	259.	VT	302.	F
2.	F	45.	F	88.	VT	131.	F	174.	VT	217.	ST	260.	F	303.	F
3.	F	46.	F	89.	F	132.	F	175.	F	218.	MT	261.	F	304.	F
4.	F	47.	F	90.	F	133.	VT	176.	MT	219.	VT	262.	F	305.	F
5.	F	48.	ST	91.	F	134.	F	177.	F	220.	F	263.	F	306.	VT
6.	F	49.	F	92.	F	135.	F	178.	VT	221.	VT	264.	F	307.	VT
7.	F	50.	F	93.	VT	136.	F	179.	F	222.	F	265.	F	308.	F
8.	MT	51.	F	94.	VT	137.	F	180.	F	223.	F	266.	MT	309.	F
9.	F	52.	F	95.	F	138.	ST	181.	F	224.	F	267.	VT	310.	VT
10.	F	53.	VT	96.	VT	139.	VT	182.	F	225.	MT	268.	VT	311.	F
11.	VT	54.	F	97.	F	140.	F	183.	F	226.	ST	269.	F	312.	F
12.	F	55.	F	98.	F	141.	F	184.	F	227.	VT	270.	VT	313.	VT
13.	VT	56.	VT	99.	F	142.	VT	185.	VT	228.	ST	271.	F	314.	F
14.	F	57.	F	100.	F	143.	F	186.	VT	229.	VT	272.	F	315.	F
15.	VT	58.	F	101.	F	144.	ST	187.	F	230.	VT	273.	F	316.	F
16.	VT	59.	F	102.	F	145.	F	188.	F	231.	F	274.	F	317.	VT
17.	F	60.	F	103.	VT	146.	VT	189.	F	232.	F	275.	F	318.	VT
18.	MT	61.	F	104.	F	147.	F	190.	VT	233.	F	276.	F	319.	VT
19.	F	62.	F	105.	F	148.	VT	191.	F	234.	F	277.	VT	320.	VT
20.	F	63.	VT	106.	F	149.	F	192.	F	235.	VT	278.	F	321.	F
21.	F	64.	F	107.	F	150.	F	193.	MT	236.	F	279.	F	322.	F
22.	F	65.	F	108.	MT	151.	ST	194.	F	237.	VT	280.	F	323.	F
23.	F	66.	F	109.	VT	152.	VT	195.	F	238.	F	281.	F	324.	F
24.	F	67.	F	110.	F	153.	F	196.	F	239.	F	282.	F	325.	F
25.	F	68.	VT	111.	F	154.	F	197.	VT	240.	VT	283.	F	326.	VT
26.	F	69.	F	112.	VT	155.	F	198.	F	241.	F	284.	F	327.	F
27.	F	70.	F	113.	F	156.	F	199.	F	242.	MT	285.	VT	328.	F
28.	VT	71.	F	114.	F	157.	F	200.	F	243.	F	286.	VT	329.	F
29.	F	72.	F	115.	VT	158.	F	201.	VT	244.	VT	287.	VT	330.	VT
30.	F	73.	F	116.	F	159.	F	202.	VT	245.	VT	288.	MT	331.	VT
31.	F	74.	F	117.	F	160.	VT	203.	F	246.	VT	289.	F	332.	F
32.	F	75.	VT	118.	F	161.	VT	204.	F	247.	MT	290.	VT	333.	VT
33.	F	76.	MT	119.	F	162.	F	205.	F	248.	ST	291.	VT	334.	VT
34.	F	77.	VT	120.	F	163.	F	206.	F	249.	F	292.	ST	335.	F
35.	F	78.	F	121.	F	164.	VT	207.	F	250.	F	293.	VT	336.	F
36.	MT	79.	F	122.	F	165.	F	208.	F	251.	F	294.	VT	337.	ST
37.	VT	80.	VT	123.	F	166.	F	209.	F	252.	VT	295.	VT	338.	F
38.	F	81.	VT	124.	VT	167.	F	210.	F	253.	VT	296.	VT	339.	F
39.	F	82.	F	125.	VT	168.	ST	211.	VT	254.	F	297.	MT	340.	F
40.	F	83.	F	126.	F	169.	F	212.	F	255.	F	298.	VT	341.	VT
41.	VT	84.	F	127.	VT	170.	F	213.	F	256.	ST	299.	VT	342.	VT
42.	F	85.	MT	128.	VT	171.	F	214.	F	257.	ST	300.	F	343.	VT
43.	F	86.	F	129.	F	172.	F	215.	F	258.	F	301.	VT	344.	ST

Full Scale Profile with Additional Profile Overlays

Scale	ICN	INF	NIM	PIM	SOM	ANX	ARD	DEP	MAN	PAR	SCZ	BOR	ANT	ALC	DRG	AGG	SUI	STR	NON	RXR	DOM	WRM
Client Profile — T	34	40	44	70	43	36	40	35	54	36	32	34	40	47	42	36	43	37	37	61	65	72
Fake bad — T	58	79	118	38	88	80	83	91	74	96	103	82	90	79	88	79	99	77	88	51	47	23
Chronic pain patients — T	52	49	55	50	72	58	54	67	47	49	51	53	46	46	51	49	52	57	51	48	52	51

Mean score(s) for Additional Profile Overlay(s)

Subscale Profile with Additional Profile Overlays

Scale	SOM-C	SOM-S	SOM-H	ANX-C	ANX-A	ANX-P	ARD-O	ARD-P	ARD-T	DEP-C	DEP-A	DEP-P	MAN-A	MAN-G	MAN-I	PAR-H	PAR-P	PAR-R	SCZ-P	SCZ-S	SCZ-T	BOR-A	BOR-I	BOR-N	BOR-S	ANT-A	ANT-E	ANT-S	AGG-A	AGG-V	AGG-P
Client Profile — T	43	38	50	38	34	41	46	43	41	37	39	36	45	72	41	45	39	30	36	36	37	36	41	34	37	45	42	37	34	39	42

Mean score(s) for Additional Profile Overlay(s)

	SOM-C	SOM-S	SOM-H	ANX-C	ANX-A	ANX-P	ARD-O	ARD-P	ARD-T	DEP-C	DEP-A	DEP-P	MAN-A	MAN-G	MAN-I	PAR-H	PAR-P	PAR-R	SCZ-P	SCZ-S	SCZ-T	BOR-A	BOR-I	BOR-N	BOR-S	ANT-A	ANT-E	ANT-S	AGG-A	AGG-V	AGG-P
Fake bad — T	92	80	77	73	77	85	64	73	81	87	86	78	72	59	75	84	97	83	96	84	92	76	69	77	82	77	95	82	70	67	88
Chronic pain patients — T	67	72	69	56	58	59	52	53	54	57	64	70	46	48	49	49	48	50	45	52	55	55	54	53	47	48	46	46	49	49	49

End of Report