PERSONALITY ASSESSMENT INVENTORY™-ADOLESCENT

Clinical Interpretive Report

by

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and PAR Staff

Client Information

Name:	Sample Client
Client ID:	SC 01
Gender:	Female
Age:	16
Grade:	10th
Date of Birth:	02/05/1991
Test Date:	11/08/2007
Ethnicity:	Caucasian/White
Referred By:	Dr Gerhard
Working Diagnosis:	Mood Disorder NOS

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 confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

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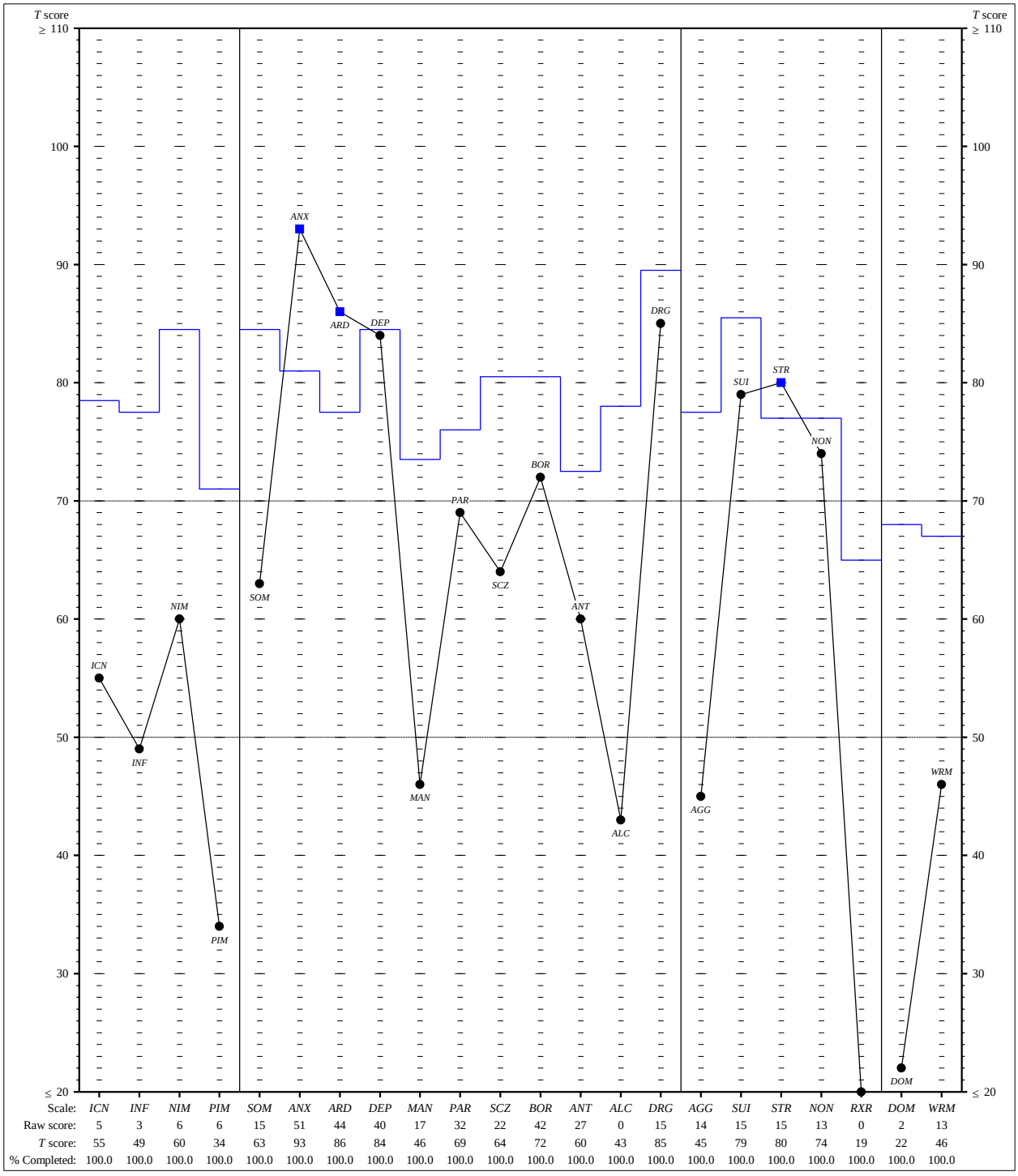
Version: 1.00 (1.00.007)

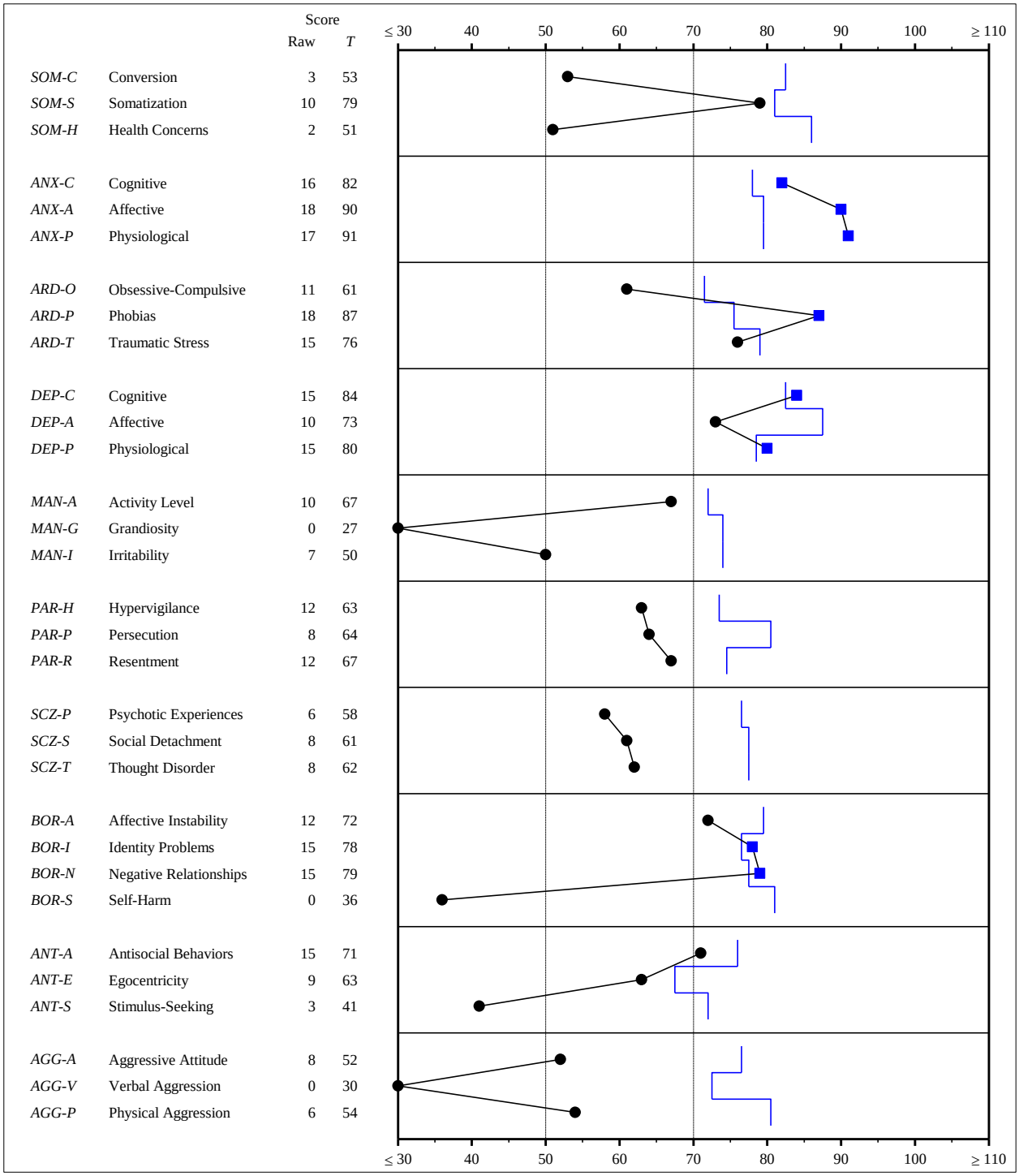
Full Scale Profile



Scale:	*ICN*	*INF*	*NIM*	*PIM*	*SOM*	*ANX*	*ARD*	*DEP*	*MAN*	*PAR*	*SCZ*	*BOR*	*ANT*	*ALC*	*DRG*	*AGG*	*SUI*	*STR*	*NON*	*RXR*	*DOM*	*WRM*
Raw score:	5	3	6	6	15	51	44	40	17	32	22	42	27	0	15	14	15	15	13	0	2	13
T score:	55	49	60	34	63	93	86	84	46	69	64	72	60	43	85	45	79	80	74	19	22	46
% Completed:	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Plotted *T* scores are based upon a census matched standardization sample of 707 community adolescents 12 to 18 years of age.
■ indicates that the score is more than two standard deviations above the mean for a sample of 1,160 clinical patients.
◆ indicates that the scale has 20% or more missing items.

Subscale Profile



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Validity of Test Results

The PAI-A 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, there are no uncompleted items.

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 she 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. The scores for these indicators fall in the normal range, suggesting that the respondent answered in a reasonably forthright manner and that there do not appear to be factors that might distort the profile which would make it appear either more negative or more positive than the clinical picture would warrant.

Clinical Features

The PAI-A clinical profile is marked by significant elevations across several scales, indicating a broad range of clinical features and increasing the possibility of multiple diagnoses. Profile patterns of this type are usually associated with marked distress and severe impairment in functioning. The configuration of the clinical scales suggests a person with marked anxiety and tension. The respondent may be particularly uneasy and ruminative about her personal relationships, some of which are probably not going well; these relationships may be an important source of her current distress and she may be responding to these circumstances by becoming socially withdrawn. The disruptions in her life have left her uncertain about her goals and priorities, and tense and fearful about what the future may hold.

The respondent reports a degree of anxiety that is unusual even in clinical samples. Her life is probably severely constricted by her tension and she may not be able to meet even minimal role expectations without feeling overwhelmed. Relatively mild stressors may be sufficient to precipitate a major crisis. She is likely to be plagued by worry to the degree that her ability to concentrate and attend are significantly compromised, probably leading to a noticeable decline in her school performance. Peers are likely to comment about her overconcern regarding issues and events over which she has no control. Affectively, she feels a great deal of tension, has difficulty relaxing, and likely experiences fatigue as a result of high perceived stress. Overt physical signs of tension and stress, such as sweaty palms, trembling hands, complaints of irregular heartbeats, and shortness of breath are also present.

The respondent indicates that she is experiencing severe, specific fears or anxiety surrounding certain situations; these fears are of a degree that is unusual even in clinical samples. Her life is probably severely constricted by her psychological turmoil. Although efforts to control anxiety are probably present, these patterns are having little effect on preventing anxiety from intruding into experience and affecting functioning. The pattern of responses reveals that she is likely to display a variety of maladaptive behavior patterns aimed at controlling anxiety. She does not appear to have significant problems with obsessive-compulsive thoughts and behaviors.

However, phobic behaviors are likely to interfere in some significant way in her life, and it is probable that she monitors her environment in a vigilant fashion to avoid contact with the feared object or situation. She is more likely to have multiple phobias or a more distressing phobia, such as agoraphobia, than to suffer from a simple phobia.

In addition, and perhaps related to the above problems, the respondent has likely experienced a disturbing traumatic event in the past-an event that continues to distress her and produce recurrent episodes of anxiety. Whereas the item content of the PAI-A does not address specific causes of traumatic stress, possible traumatic events involve life-threatening accidents, victimization (e.g., rape, abuse), and natural disasters.

The respondent indicates that her use of drugs has been sufficient to have had negative consequences on her life. Problems associated with drug use appear to be noteworthy, including strained and family interpersonal relationships, school and/or legal problems, and possible health complications.

The respondent reports a number of difficulties consistent with a significant depressive experience. She is likely to be plagued by thoughts of worthlessness, hopelessness, and personal failure. She admits openly to feelings of sadness, a loss of interest in normal activities, and a loss of sense of pleasure in things that were previously enjoyed. She is likely to show a disturbance in sleep pattern, a decrease in level of energy and drive, and a loss of appetite and/or weight. Psychomotor slowing might also be expected.

The respondent describes a number of problematic personality traits. She reports problems of many different types. She is likely to be quite emotionally labile, manifesting fairly rapid and extreme mood swings and in particular probably experiences episodes of poorly controlled anger. She appears uncertain about major life issues and has little sense of direction or purpose in her life as it currently stands. It is also likely that she has a history of involvement in intense and volatile relationships and tends to be preoccupied with consistent fears of being abandoned or rejected by those around her.

The respondent describes herself as being more wary and sensitive in interpersonal relationships than the average adolescent. Others are likely to see her as tough-minded, skeptical, and somewhat hostile.

Certain elements of the respondent's self-description suggests that others are likely to see her as being withdrawn, aloof, and somewhat unconventional.

The respondent indicates some concerns about physical functioning and health matters in general. She reports particular problems with the frequent occurrence of various minor physical symptoms (such as headaches, pain, or gastrointestinal problems) and has vague complaints of ill health and fatigue. Her physical symptoms are often accompanied by some depression and anxiety.

Her responses suggest that she has a history of antisocial behavior and may be manifesting behaviors consistent with a conduct disorder. She may have been involved in illegal occupations or engaged in criminal acts involving theft, destruction of property, or physical aggression toward others.

According to the respondent’s self-report, she describes NO significant problems in the following area: unusually elevated mood or heightened activity.

Self-Concept

The self-concept of the respondent appears to be poorly established, although harsh self-criticism and severe self-doubt seem characteristic. Her self-perception will tend to vary as a function of the current status of close relationships; apart from a sense of identity established from such relationships, she likely feels incomplete, unfulfilled, and inadequate. As a result, her self-esteem is quite fragile and is likely to plummet in response to slights or oversights by other people. Associated with this instability in self-esteem are corresponding shifts in identity and attitudes about major life issues, of a magnitude well beyond that typical of adolescents.

Interpersonal and Social Environment

The respondent's interpersonal style seems best characterized as self-effacing and lacking confidence in social interactions. She is likely to have difficulty in having her needs met in personal relationships and instead will subordinate her own interests to those of others in a manner that may seem self-punitive. Her failure to assert herself may result in mistreatment or exploitation by others, and it does not appear that this interpersonal strategy has been effective in maintaining her most important relationships.

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, her responses indicate that she is likely to be experiencing notable stress and turmoil in a number of major life areas. A review of her current school situation, peer network, and family and/or close relationships will clarify the importance of these in the overall clinical picture. A primary source of stress may involve relationship issues because she believes that her social relationships offer her little support; family relationships may be somewhat distant or ridden with conflict, and friends may not be available when needed. Interventions directed at key problematic relationships (such as those involving family problems) may be of some use in alleviating what may be a major source of dissatisfaction.

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 reports experiencing recurrent thoughts related to a suicidal act. Although only a small percentage of individuals who entertain suicidal thoughts actually act upon them, a score in this range should be considered a significant warning sign of the potential for suicide, regardless of the levels of elevation on other scales. A careful follow-up regarding the details of her suicidal thoughts and the potential for suicidal behavior is warranted, as is an evaluation of her life circumstances and available support systems as potential mediating factors.

With respect to anger management, the respondent describes her temper as within the normal range, and as fairly well-controlled without apparent difficulty.

The respondent's interest in and motivation for treatment is typical of individuals being seen in treatment settings and she appears more motivated for treatment than adolescents who are not being seen in a therapeutic setting. Her responses suggest an acknowledgement of important problems and the perception of a need for help in dealing with these problems. She reports a positive attitude towards the possibility of personal change, the value of therapy, and the importance of personal responsibility. However, the nature of some of these problems suggests that treatment would be fairly challenging, with a difficult treatment process and the probability of reversals.

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

- Current difficulties in her social support system may give a special significance to the therapeutic relationship and any impasse may need to be handled with particular care.
- She may have initial difficulty in placing trust in a treating professional as part of her more general problems in close relationships.
- She may currently be too disorganized or feel too overwhelmed to be able to participate meaningfully in some forms of treatment.

DSM-IV Diagnostic Possibilities

The following *DSM-IV* Diagnostic Possibilities are suggestions for further investigation. A diagnosis should be made only after careful examination of the specific *DSM-IV* diagnostic criteria and should be informed by clinical judgment.

Axis I: 296.20 Major Depressive Disorder, Single Episode, Unspecified

300.21 Panic Disorder With Agoraphobia

305.90 Other (or Unknown) Substance Abuse

Axis I Rule Out:

301.13 Cyclothymic Disorder

309.81 Posttraumatic Stress Disorder

300.02 Generalized Anxiety Disorder

312.89 Conduct Disorder, Unspecified Onset

300.29 Specific Phobia

300.81 Somatization Disorder

Axis II: 799.9 Diagnosis or condition deferred on Axis II

Axis II Rule Out:

301.83 Borderline Personality Disorder

Critical Item Endorsement

A total of 17 PAI-A 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. Endorsed Critical Items, i.e. items with an item score of 1, 2, or 3, are indicated by a **bolded** Item Response in the table below.

Item	Scale	Item Response	Item Text
Delusions and Hallucinations			
35	*SCZ-T*	**ST**	[Item text was removed from this report for sample purposes.]
128	*SCZ-P*	**VT**	[Item text was removed from this report for sample purposes.]
222	*PAR-P*	**ST**	[Item text was removed from this report for sample purposes.]
Potential for Self-Harm			
79	*BOR-S*	F	[Item text was removed from this report for sample purposes.]
165	*DEP-A*	F	[Item text was removed from this report for sample purposes.]
262	*SUI*	F	[Item text was removed from this report for sample purposes.]
Potential for Aggression			
58	*AGG-P*	F	[Item text was removed from this report for sample purposes.]
138	*AGG-P*	F	[Item text was removed from this report for sample purposes.]
Substance Abuse			
60	*DRG*	**VT**	[Item text was removed from this report for sample purposes.]
217	*ALC*	F	[Item text was removed from this report for sample purposes.]
Traumatic Stressors			
191	*ARD-T*	F	[Item text was removed from this report for sample purposes.]
231	*ARD-T*	**VT**	[Item text was removed from this report for sample purposes.]
Potential Malingering/Negative Distortion			
13	*NIM*	F	[Item text was removed from this report for sample purposes.]
213	*NIM*	F	[Item text was removed from this report for sample purposes.]
Unreliability			
89	*ANT-A*	**VT**	[Item text was removed from this report for sample purposes.]
129	*ANT-A*	F	[Item text was removed from this report for sample purposes.]
199	*BOR-S*	F	[Item text was removed from this report for sample purposes.]

Note. VT = "Very True", MT = "Mainly True", ST = "Slightly True", F = "False, Not At All True".

PAI-A Item Responses

Item	Resp.	Item	Resp.	Item	Resp.	Item	Resp.	Item	Resp.	Item	Resp.
1.	VT	**45.**	ST	**89.**	VT	**133.**	VT	**177.**	F	**221.**	F
2.	F	**46.**	ST	**90.**	F	**134.**	F	**178.**	VT	**222.**	ST
3.	VT	**47.**	F	**91.**	F	**135.**	VT	**179.**	F	**223.**	VT
4.	VT	**48.**	F	**92.**	VT	**136.**	VT	**180.**	F	**224.**	VT
5.	F	**49.**	VT	**93.**	F	**137.**	F	**181.**	F	**225.**	F
6.	F	**50.**	MT	**94.**	F	**138.**	F	**182.**	VT	**226.**	MT
7.	VT	**51.**	F	**95.**	ST	**139.**	F	**183.**	F	**227.**	F
8.	VT	**52.**	VT	**96.**	VT	**140.**	F	**184.**	VT	**228.**	VT
9.	VT	**53.**	F	**97.**	F	**141.**	VT	**185.**	VT	**229.**	F
10.	F	**54.**	VT	**98.**	F	**142.**	VT	**186.**	VT	**230.**	ST
11.	VT	**55.**	MT	**99.**	F	**143.**	F	**187.**	VT	**231.**	VT
12.	VT	**56.**	F	**100.**	F	**144.**	VT	**188.**	VT	**232.**	F
13.	F	**57.**	F	**101.**	VT	**145.**	VT	**189.**	F	**233.**	ST
14.	VT	**58.**	F	**102.**	F	**146.**	F	**190.**	VT	**234.**	VT
15.	VT	**59.**	F	**103.**	F	**147.**	F	**191.**	F	**235.**	ST
16.	ST	**60.**	VT	**104.**	F	**148.**	F	**192.**	VT	**236.**	F
17.	VT	**61.**	VT	**105.**	F	**149.**	VT	**193.**	VT	**237.**	F
18.	F	**62.**	ST	**106.**	VT	**150.**	VT	**194.**	F	**238.**	F
19.	F	**63.**	F	**107.**	F	**151.**	VT	**195.**	F	**239.**	F
20.	VT	**64.**	F	**108.**	VT	**152.**	F	**196.**	F	**240.**	F
21.	VT	**65.**	F	**109.**	VT	**153.**	F	**197.**	ST	**241.**	F
22.	F	**66.**	F	**110.**	F	**154.**	F	**198.**	F	**242.**	VT
23.	VT	**67.**	F	**111.**	VT	**155.**	VT	**199.**	F	**243.**	VT
24.	VT	**68.**	VT	**112.**	F	**156.**	F	**200.**	F	**244.**	VT
25.	VT	**69.**	MT	**113.**	F	**157.**	F	**201.**	VT	**245.**	VT
26.	F	**70.**	VT	**114.**	VT	**158.**	VT	**202.**	F	**246.**	VT
27.	VT	**71.**	VT	**115.**	F	**159.**	F	**203.**	VT	**247.**	MT
28.	VT	**72.**	F	**116.**	F	**160.**	VT	**204.**	MT	**248.**	MT
29.	VT	**73.**	VT	**117.**	F	**161.**	VT	**205.**	F	**249.**	MT
30.	VT	**74.**	F	**118.**	VT	**162.**	F	**206.**	VT	**250.**	VT
31.	VT	**75.**	VT	**119.**	F	**163.**	VT	**207.**	VT	**251.**	F
32.	VT	**76.**	F	**120.**	F	**164.**	F	**208.**	F	**252.**	VT
33.	F	**77.**	VT	**121.**	VT	**165.**	F	**209.**	F	**253.**	F
34.	VT	**78.**	VT	**122.**	F	**166.**	VT	**210.**	F	**254.**	F
35.	ST	**79.**	F	**123.**	F	**167.**	VT	**211.**	VT	**255.**	F
36.	F	**80.**	VT	**124.**	VT	**168.**	F	**212.**	ST	**256.**	F
37.	ST	**81.**	VT	**125.**	VT	**169.**	F	**213.**	F	**257.**	F
38.	VT	**82.**	F	**126.**	F	**170.**	VT	**214.**	F	**258.**	VT
39.	F	**83.**	F	**127.**	VT	**171.**	VT	**215.**	F	**259.**	VT
40.	F	**84.**	F	**128.**	VT	**172.**	VT	**216.**	VT	**260.**	F
41.	VT	**85.**	VT	**129.**	F	**173.**	VT	**217.**	F	**261.**	F
42.	VT	**86.**	VT	**130.**	F	**174.**	VT	**218.**	VT	**262.**	F
43.	VT	**87.**	VT	**131.**	F	**175.**	F	**219.**	VT	**263.**	ST
44.	F	**88.**	F	**132.**	VT	**176.**	VT	**220.**	F	**264.**	F

Note. VT = "Very True", MT = "Mainly True", ST = "Slightly True", F = "False, Not At All True", ? = Item is missing.

End of Report