PAI® Interpretive Report for Correctional Settings™ (PAI®-CS)

by

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and

PAR Staff

Identifying Information

Name:	Sample Client
ID Number:	Client 01
Test Date:	02/15/2005
Age:	24
Date of Birth:	06/09/1980
Gender:	Male
Race/Ethnicity:	Caucasian
Marital Status:	Single
Education:	12
Occupation:	Laborer

Administrative Information

Location of Testing:	Washington County Jail
Type of Facility:	County Jail
Facility Security Level:	Low
Purpose of Testing:	Screening
Jurisdiction:	County
Index Offense:	Possession of CDs with Intent, Violation of Probation
Previous Arrests:	5
Previous Convictions:	2
Previous Incarcerations:	1
Sentence:	12 Months

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Version: 1.00 (2.20.028)

Interpretive Caveats

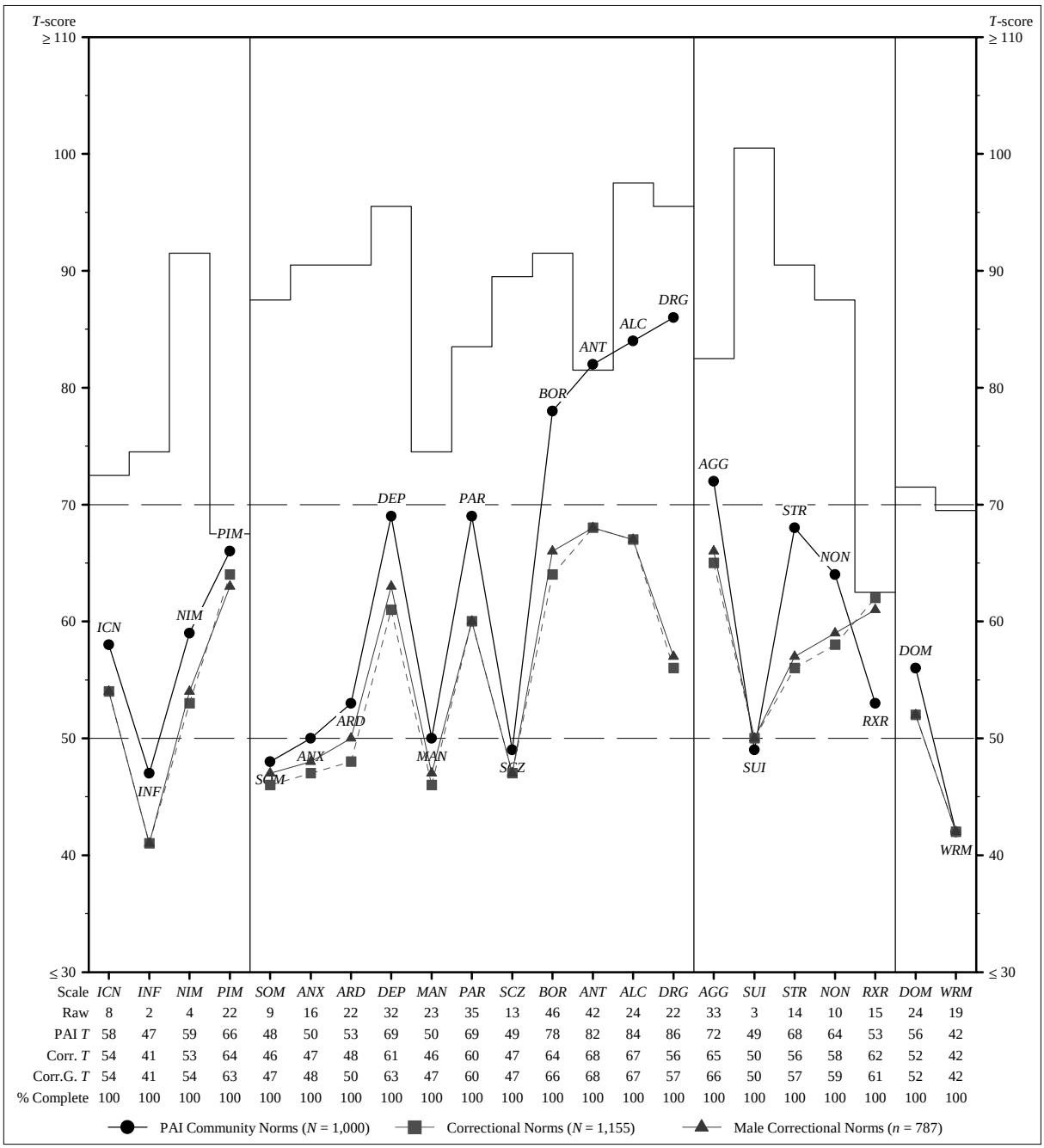
The content contained in this report represents a computer-generated interpretation of this inmate's Personality Assessment Inventory™ (PAI®) performance. Use of this report requires an adequate understanding of psychological assessment, assessment with the PAI, and the strengths and limitations of computer-generated reports. Specifically, use of this report requires graduate training in forensic psychology or psychiatry, clinical psychology, counseling psychology, or a closely related field, as well as the appropriate training and coursework in statistics, assessment, and interpretation of psychological measures from an accredited college or university. The content in this report is based solely on PAI responses and does not constitute a comprehensive psychological evaluation. Clinicians should obtain additional information from criminal, medical, and/or psychosocial records in order to confirm the statements made in this report.

Clinicians should use the PAI® Interpretive Report for Correctional Settings™ (PAI®-CS) in accordance with relevant local, state, and federal laws and guidelines. Additionally, the report should be used in accordance with relevant professional ethical guidelines and guidance established in the *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, & National Council on Measurement Education, 1999) and *Correctional Mental Health Care: Standards and Guidelines for Delivering Services* (National Commission on Correctional Health Care, 2003).

Clinicians using the information in this report should consider how long ago the PAI was administered (02/15/2005). Reports that are based on old PAI data (i.e., *more than 1 year old*) may not accurately reflect the inmate's current level of functioning and psychiatric symptoms. This report also may be less accurate if a critical incident (e.g., violent/sexual assault, assignment to special housing) occurred since the PAI was last administered. Clinicians interested in a more in-depth analysis of psychological functioning for treatment purposes are encouraged to refer to the PAI Clinical Interpretive Report.

Name: *Sample Client* ***Age:*** *24*
ID: *Client 01* ***Gender:*** *Male*
Test Date: *02/15/2005* ***Ethnicity:*** *Caucasian*

PAI 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	8	2	4	22	9	16	22	32	23	35	13	46	42	24	22	33	3	14	10	15	24	19
PAI *T*	58	47	59	66	48	50	53	69	50	69	49	78	82	84	86	72	49	68	64	53	56	42
Corr. *T*	54	41	53	64	46	47	48	61	46	60	47	64	68	67	56	65	50	56	58	62	52	42
Corr.G. *T*	54	41	54	63	47	48	50	63	47	60	47	66	68	67	57	66	50	57	59	61	52	42
% Complete	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Note. "Corr. *T*" refers to Correctional *T*-score and "Corr. G. *T*" refers to gender-based Correctional *T*-score.
Skyline represents scores that are two standard deviations above the mean for a sample of 1,246 clinical patients.

Mean Clinical Elevation	65
Clinical Scale Scatter	38

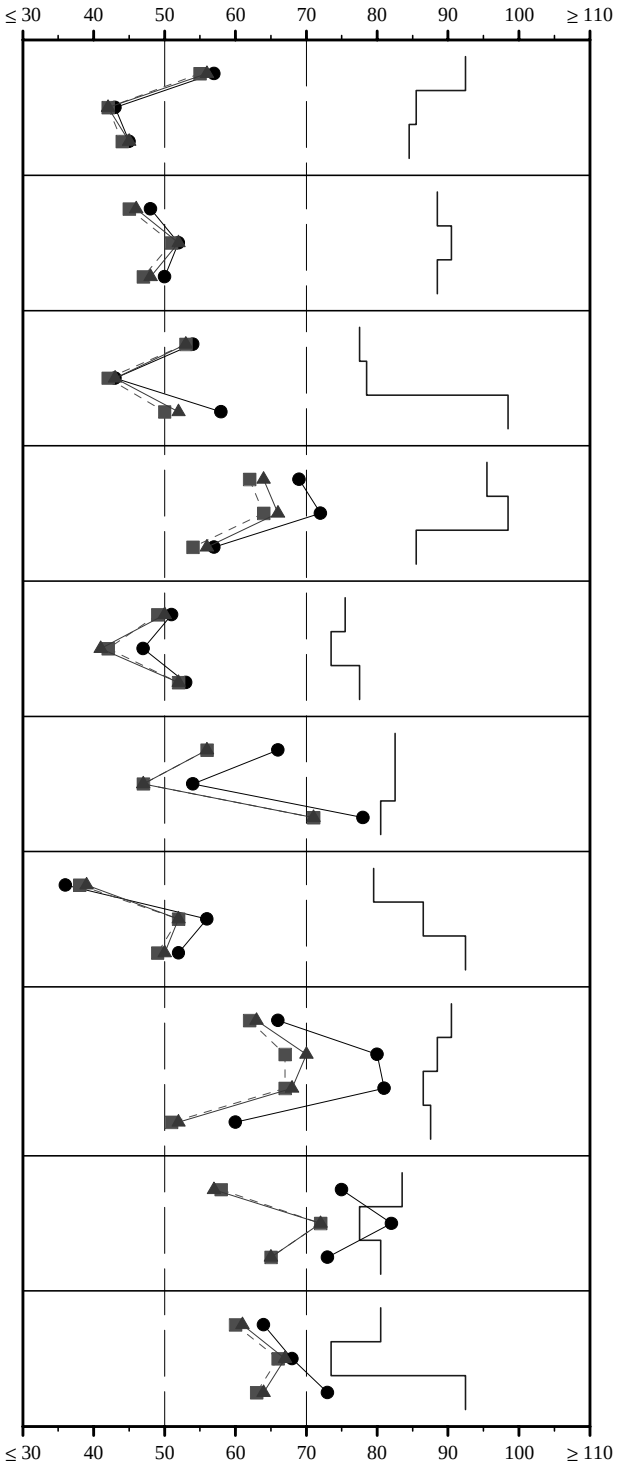
	Response Frequencies				
	F	**ST**	**MT**	**VT**	**?**
Frequency	106	140	87	11	0
%	30.81	40.70	25.29	3.20	0.00

Name: *Sample Client*
ID: *Client 01*
Test Date: *02/15/2005*

Age: *24*
Gender: *Male*
Ethnicity: *Caucasian*

PAI Subscale Profile

		Scores			
		Raw	PAI *T*	Corr. *T*	Corr.G. *T*
SOM-C	Conversion	5	57	55	56
SOM-S	Somatization	2	43	42	42
SOM-H	Health Concerns	2	45	44	45
ANX-C	Cognitive	5	48	45	46
ANX-A	Affective	7	52	51	52
ANX-P	Physiological	4	50	47	48
ARD-O	Obsessive-Compulsive	11	54	53	53
ARD-P	Phobias	4	43	42	43
ARD-T	Traumatic Stress	7	58	50	52
DEP-C	Cognitive	11	69	62	64
DEP-A	Affective	12	72	64	66
DEP-P	Physiological	9	57	54	56
MAN-A	Activity Level	7	51	49	50
MAN-G	Grandiosity	7	47	42	41
MAN-I	Irritability	9	53	52	52
PAR-H	Hypervigilance	13	66	56	56
PAR-P	Persecution	5	54	47	47
PAR-R	Resentment	17	78	71	71
SCZ-P	Psychotic Experiences	0	36	38	39
SCZ-S	Social Detachment	8	56	52	52
SCZ-T	Thought Disorder	5	52	49	50
BOR-A	Affective Instability	10	66	62	63
BOR-I	Identity Problems	15	80	67	70
BOR-N	Negative Relationships	15	81	67	68
BOR-S	Self-Harm	6	60	51	52
ANT-A	Antisocial Behaviors	16	75	58	57
ANT-E	Egocentricity	13	82	72	72
ANT-S	Stimulus-Seeking	13	73	65	65
AGG-A	Aggressive Attitude	11	64	60	61
AGG-V	Verbal Aggression	13	68	66	67
AGG-P	Physical Aggression	9	73	63	64



Note. "Corr. *T*" refers to Correctional *T*-score and "Corr. G. *T*" refers to gender-based Correctional *T*-score.
Skyline represents scores that are two standard deviations above the mean for a sample of 1,246 clinical patients.

Supplemental and Experimental PAI Scales/Indexes

Validity Scale/Index	Value	*T* score
Inconsistency Corrections Index[a]	6 (Not Significant)	---
Infrequency - Front[a]	1	44
Infrequency - Back[a]	1	42
Malingering Index[b]	0	44
Rogers Discriminant Function[b]	-0.13	58
Defensiveness Index[b]	3	51
Cashel Discriminant Function[b]	172.16	73

Risk/Treatment Scale/Index	Value	*T* score
Addictive Characteristics Scale[a]	29	65
ALC Estimated Score[b]	---	73 (*ALC T* = 84)
DRG Estimated Score[b]	---	75 (*DRG T* = 86)
Suicide Potential Index[b]	10	71
Violence Potential Index[b]	9	84
Treatment Process Index[b]	9	91

[a] Experimental scales/indexes. *T* score values generated using Correctional Norms.
[b] *T* score values generated using Community Norms.

Clinical Summary

This inmate's PAI profile contained some features that suggest questionable validity.

This inmate's clinical scale elevation profile suggests that the inmate is experiencing mild to moderate psychiatric distress and impairment. This distress appears to be manifested in mood disturbance, character pathology, and paranoia. The clinical presentation may be complicated by substance use problems.

There is PAI evidence that indicates an increased probability of risk-taking, impulsivity, or generally antisocial behavior, with implications for the institutional management of this inmate.

This inmate's profile suggests difficulty with anger control issues, which may be important in treatment focus and institutional management.

This inmate's profile also suggests additional psychological and interpersonal aspects (e.g., motivation, social support, interpersonal dominance) that may have implications for how well he responds to incarceration and rehabilitative programs.

Report Validity

This inmate left no items unanswered.

The Infrequency (*INF*) scale was not significantly elevated, indicating that the inmate did not endorse highly unusual behaviors and experiences. It is likely that he carefully read and understood a majority of the items. The Inconsistency (*ICN*) scale score was also not significantly elevated, suggesting that the inmate responded to the PAI items in a consistent manner. The Inconsistency Corrections Index (*ICN-C*) was not significant, indicating that he admitted to some history of illegal behavior and legal difficulties. This history is likely to be true in light of the circumstances surrounding his current legal situation.

The *NIM* score was not significantly elevated, suggesting the likelihood that, in general, the inmate did not attempt to exaggerate or distort negative characteristics or psychiatric symptoms as assessed by this scale. The Malingering Index (*MAL*) is not significantly elevated. The current PAI profile does not possess many of the characteristics commonly observed in profiles produced by research participants instructed to simulate psychiatric disturbance. The Rogers Discriminant Function (*RDF*), an empirically-derived malingering index based on multiple PAI scale elevations, was unremarkable. The current pattern of scale elevations is not consistent with profiles of individuals instructed to simulate psychiatric disturbance.

Although there are no indications of negative distortion or symptom exaggeration, this does not rule out the possibility that the inmate responded in an invalid manner. Studies have shown that individuals who are sophisticated with respect to the clinical presentations of psychiatric disorder or are coached and forewarned about the presence and nature of the validity scales, have increased chances of obtaining validity scores that are not significantly elevated even when they are attempting to present themselves in a negative manner. Individuals who are attempting to fake a relatively mild psychiatric disorder (e.g., Generalized Anxiety Disorder) also are less likely to obtain elevations on the PAI negative distortion indicators.

An elevation was noted on the Positive Impression Management (*PIM*) scale. The high *PIM* score suggests that the inmate attempted to present an overly positive image of himself in some areas. Although high *PIM* scores may be attributable to comprehension difficulties or other factors, it is likely that he denied, downplayed, or has little insight into potential problems that he reported on the PAI. Ninety-one percent (91%) of the Corrections normative sample obtained *PIM* scores below scores in this range. The multiple scale elevations used to compute the Cashel Discriminant Function (*CDF*) also suggest that this individual's profile is similar to that of individuals responding to the PAI with a considerable degree of defensiveness. The Defensiveness Index (*DEF*) was not significantly elevated. A *DEF* score in this range indicates that the inmate's profile configuration is not highly similar to the PAI scale configurations observed in research participants asked to present a positive impression.

In short, there is inconsistency with respect to the PAI evidence indicating defensive responding. This is not unusual because the *PIM*, *DEF*, and *CDF* tap different aspects of defensiveness, or may reflect other factors such as comprehension difficulties. Additional information should be collected to determine the source of this inconsistency.

Psychological Needs

Interpretive Guidelines: The PAI provides an assessment of the psychological and emotional functioning of respondents, in comparison to community norms unless otherwise noted. This information may provide a good starting point for the evaluating clinician's understanding the inmate, although individual factors (e.g., demographics), as well as various contextual factors (e.g., impression management, external incentive), may play a role in the inmate's presentation of emotional and psychological difficulties. Additional data obtained from the respondent's history and clinical evaluation will be valuable for making accurate treatment and management decisions.

This inmate's clinical scale profile elevation is above the mean clinical scale elevation observed in the Corrections normative sample. Six of the clinical scales were moderately or highly elevated, suggesting that the inmate is experiencing psychiatric distress and impairment in one or more areas.

Elevations on both the *DRG* and *ALC* scales indicate that this inmate has significant drug and alcohol problems and that he is likely to exhibit polysubstance use or dependence. It is very likely that he has used drugs and alcohol excessively and that he has experienced repeated behavioral, interpersonal, and psychosocial problems because of this use. It is possible that he will continue his drug-seeking behavior and, if unsuccessful, may experience marked withdrawal symptoms during the initial period of his residence in a controlled environment. This inmate is at increased risk for infectious diseases (e.g., HIV, hepatitis B and C) that are commonly found in people who abuse substances. Despite the noted elevation, this *ALC* score is relatively common for inmates housed in correctional facilities. Despite the noted elevation, a *DRG* score at this level is relatively common in inmates housed in correctional facilities. He also acknowledged involvement in criminal or antisocial actions. Further evaluation is required to examine the relationship between his antisocial behavior and his substance use.

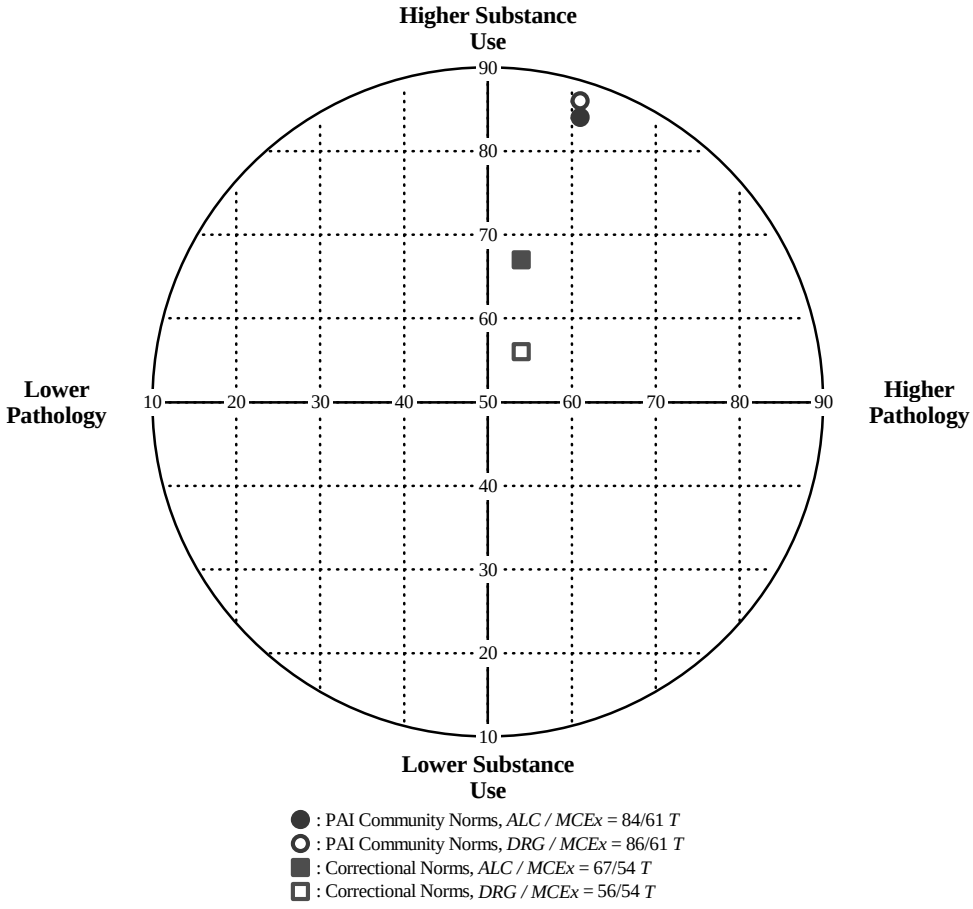
This inmate's character pathology is characterized by the co-occurring patterns of instability and hostility. The instability is evident across multiple life domains, but especially in emotional and interpersonal functioning. There is also marked aggression, hostility, and disregard for social and moral convention. This inmate's character pathology is likely to be severe. He admitted marked interpersonal problems. Most of his relationships are likely to be characterized by instability and intensity. These interpersonal tendencies may become very problematic in confined and potentially violent correctional settings. Furthermore, he has problems with maintaining a consistent sense of self and identity. He described problems with unstable affect, and he is likely to have difficulties regulating his emotions. The inmate also acknowledged increased levels of impulsivity and recklessness, particularly with regard to self-damaging actions. He described himself as unempathic, tough-minded, and unsympathetic. Others may find this inmate to be self-centered and selfish. He described a history of antisocial behavior, possibly manifested in theft, vandalism, deceitfulness, and physical aggression. This inmate also has a tendency towards risk-taking and novelty-seeking, and he may become easily bored by routine life while in confinement.

This inmate reported a moderate amount of depressive symptoms. He is somewhat sad and unhappy and he may have low self-confidence and poor self-esteem. However, it is not likely that he has a severe depressive disorder at this point in time. *DEP* scores at this level are moderately elevated in comparison to correctional samples. A notable aspect of this inmate's mood disturbance is affective instability, which may reflect a rapid cycling mood disturbance.

The moderately elevated *PAR* score reveals a level of interpersonal sensitivity in combination with skeptical, and possibly suspicious, tendencies. *PAR* scores at this level are moderately elevated in comparison to the Corrections normative sample.

Co-occurring Disorders Circumplex

Vertical Axis: Substance Use (*DRG/ALC*)
Horizontal Axis: Mean Clinical Elevation excluding *ALC* and *DRG* (*MCEx*)



Simultaneous consideration of the substance use scales (i.e., *ALC*, *DRG*) and the other clinical scales (in comparison to community adults) suggests that this inmate is likely to have significant co-occurring psychiatric and substance use problems. It is important to note that the inmate's problems with substance use are likely to co-occur with significant mood disturbance, character pathology, and paranoia. Co-occurring psychiatric and substance use disorders increase the severity of both disorders, worsens the inmate's prognosis, and may require integrated treatments that deal with both the mental health and substance use problems.

Institutional Risk

Interpretive Guidelines: Results from the PAI are one source of information to consider when conducting an assessment to ascertain an inmate's level of risk for engaging in significant institutional misconduct. Several other factors that are not considered by the PAI, such as individual variables (e.g., demographics, criminal history) and contextual variables (e.g., housing assignment, access to weapons), will affect the likelihood that offenders will act out in

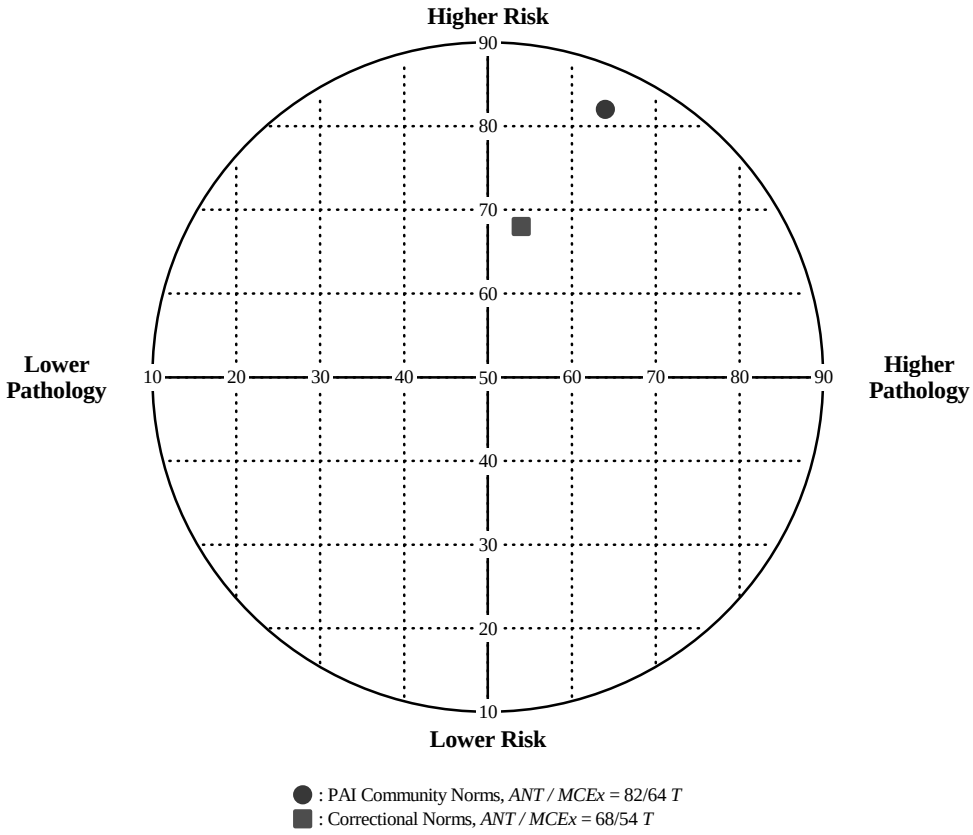
aggressive or otherwise maladaptive ways. Such factors should be given due weight by the evaluating clinician in any comprehensive institutional risk assessment. Also, risk statements should be interpreted by clinicians in the context of the base rates of misconduct in the correctional system or the institution in which the inmate is detained. Scale elevation interpretations are based on community norms and the statements provided below address issues of risk relative to other inmates in similar contexts, rather than absolute risk for engaging in misconduct.

Inmates with similar profiles report considerable antisocial character features, and they are likely to present as impulsive, manipulative, and/or hostile. This level of endorsement of antisocial traits is relatively rare, even among individuals in correctional settings (e.g., less than 10% of the Corrections normative sample obtained an *ANT* score of $T \geq 80$). Compared to inmates with lower *ANT* scores (i.e., $T < 60$), inmates with profiles similar to this individual are more prone to engage in institutional misconduct.

In the combined institutional infraction subsample reported in the PAI Interpretive Report for Correctional Settings Professional Manual, the odds ratio (OR) for the occurrence of a general infraction was 3.47 (95% CI = 2.10 - 5.72). In addition, the relative likelihood of an infraction characterized by aggressive behavior (e.g., physical violence, acts of defiance, verbal aggression) is particularly higher among these individuals (OR = 9.68, 95% CI = 3.98 – 23.58). Furthermore, scores in this range suggest that there is an increased likelihood (OR = 14.16, 95% CI = 3.08 - 65.06) of an infraction specifically involving physical violence (e.g., fighting, assault), although the absolute risk of such an infraction may still be rather low overall. Less than one quarter of the inmates in the combined institutional infraction subsample who had scores in this range had committed one or more physically violent infractions after serving at least one year in prison.

Institutional Risk Circumplex

Vertical Axis: Antisocial Features (*ANT*)
Horizontal Axis: Mean Clinical Elevation excluding *ANT* (*MCEx*)



Simultaneous consideration of the inmate's current level of risk and global clinical presentation (based on community norms) suggests that his heightened potential for acting out may occur in the context of moderate to severe psychological distress or impairment. Three of the clinical scales other than *ANT* were elevated. Although such impairment may not necessarily be the cause of this heightened risk, it may impact the form of acting out or the types of preventive measures that would be effective at minimizing this risk.

Rehabilitation and Treatment Responsiveness

Interpretive Guidelines: The following interpretive statements reflect factors that may be relevant when considering an inmate's likely responsiveness to institutionalization generally and to rehabilitation programs specifically, as well as factors that may inform attempts to match individuals with the most appropriate treatment and rehabilitation modalities. Other individual-level factors not addressed by the PAI (e.g., intellectual abilities, demographic characteristics), as well as various external/contextual-level factors (e.g., range of intervention options available, therapist characteristics, security/housing classification), may have a significant

impact on the inmate's willingness and/or ability to participate in, and benefit from, varying types of treatment and rehabilitative services, and should be taken into consideration by the evaluating clinician. Unless otherwise noted, scale elevation interpretations are based on community norms.

This inmate's pattern of responding to the PAI suggests that he may be minimizing problem areas and psychological difficulties, which should be taken into account when considering the interpretive statements provided below.

As noted earlier, this inmate's clinical scale profile elevation is above the mean clinical elevation observed in the Corrections normative sample. Six of the clinical scales were elevated, suggesting that psychological maladjustment could interfere with this inmate's ability to adapt to institutionalization.

In terms of treatment amenability, this inmate reported a general level of satisfaction with himself and sees relatively little need for major changes in his life. Although profiles such as this one are quite common among the community adults in the PAI census-matched standardization sample, endorsement of this low level of motivation for change is relatively uncommon among offenders (e.g., approximately 84% of the Corrections normative sample obtained a score of $T < 53$ on the *RXR* scale). If participating in treatment programming, such individuals tend to be more prone to non-compliance and resistance than other offenders. If he becomes involved in rehabilitative services, strategies oriented towards increasing motivation for change are likely to be necessary to engage this inmate in treatment.

Most or all inmates in correctional settings are likely to endorse antisocial attitudes, values, and beliefs to some extent. This individual's endorsement of these beliefs is highly elevated, even when compared to other offenders (e.g., less than 10% of the Corrections normative sample obtained a score of $T \geq 80$ on the *ANT* scale). Interventions aimed at reducing these criminogenic beliefs and cognitive distortions should be central components of rehabilitative efforts with this individual, both in terms of reducing his likelihood of acting out while incarcerated and his likelihood of recidivating post-release. Assessment of psychopathy may also be useful in determining the potential utility of emotional interventions with this inmate, given his elevated *ANT* score.

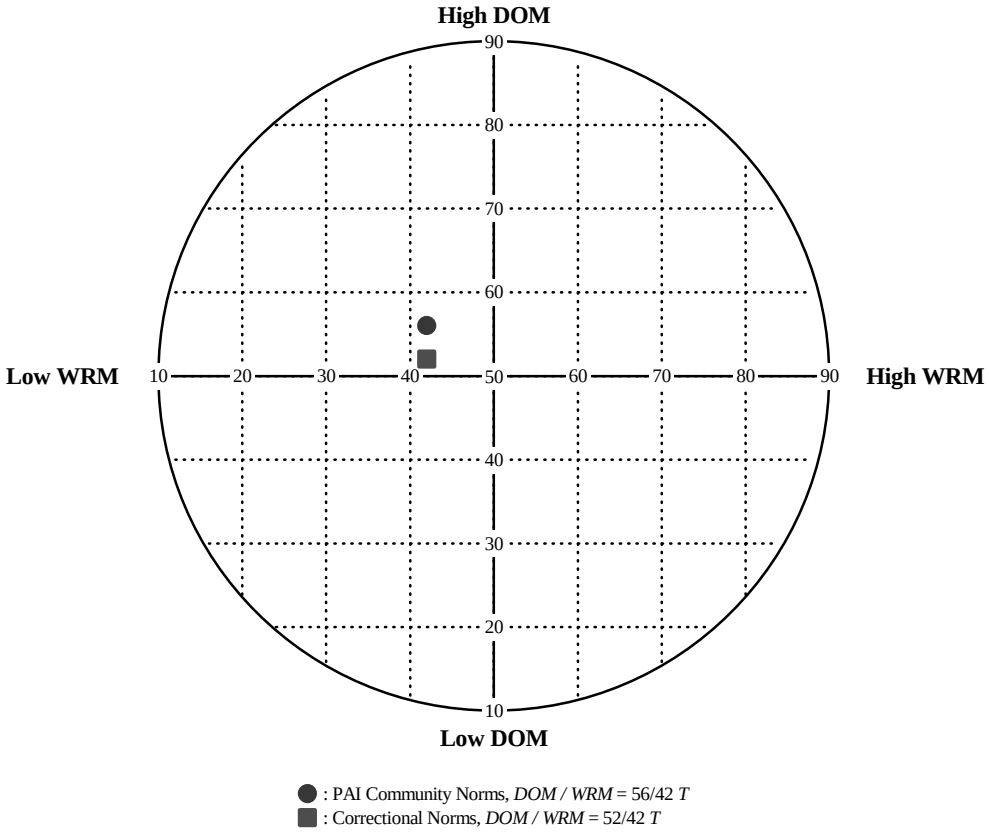
With respect to anger control issues, individuals with profiles similar to this one report that aggression is a relatively prominent aspect of their interpersonal style. This heightened acknowledgement of an aggressive interpersonal style is relatively rare compared to offender samples (e.g., approximately 90% of the Corrections normative sample obtained a score of $T < 70$ on the *AGG* scale). Interventions focused on anger management strategies are likely to be particularly important for helping this individual to learn more prosocial means of conflict resolution and to adapt more effectively to a controlled institutional environment. Other information, such as specification of instrumental versus reactive anger, may be particularly helpful in identifying useful interventions for this inmate.

This inmate reported a relative lack of social supports in his life at this time. People who report low social support typically have few close personal relationships or are generally dissatisfied with the quality of those interpersonal relationships. Rehabilitative efforts should focus some

effort on increasing this inmate's network of prosocial associates and peers in the appropriate context.

Interpersonal Style Circumplex

Vertical Axis: Dominance (*DOM*)
Horizontal Axis: Warmth (*WRM*)



In comparison to community adults, relatively high levels of dominance, in conjunction with low levels of warmth, characterize the interpersonal style of this inmate. He is likely to be controlling and hostile in many of his relationships, and he may see little need to maintain positive and affiliative relationships with others in his environment. Others are likely to view him as competitive, disagreeable, and cold, particularly if *DOM* scores are greater than 60*T*. Such characteristics may create some difficulties in responding appropriately to rehabilitative efforts and suggest a somewhat elevated risk for poor treatment outcomes. If he becomes involved in rehabilitative services, control issues may need to be a focus of treatment for this inmate. His dominant interpersonal behaviors may be complicated by his aggressive tendencies. This may increase the potential for interpersonal conflict with staff and peers. Furthermore, he also reported a high level of interpersonal problems, suggesting that his interpersonal tendencies have not allowed him to effectively negotiate relationships. This is a factor that should be considered in housing and rehabilitating this inmate.

Staff Management Summary

Name of Individual: Sample Client

Date of Testing: 02/15/2005

The following information was obtained from PAI testing completed on 02/15/2005. The information contained in this summary may provide useful information for managing this individual. Information from psychological testing is not error free and will need to be considered along with the evaluating clinician's professional judgment and experience with this particular inmate.

Management decisions should never be based entirely on the information contained in this summary. Sensitive healthcare information contained in this summary should be protected in accordance with relevant laws, statutes, and guidelines.

This inmate's PAI profile contained some features that suggest questionable validity. Specifically, it is likely that he attempted to present himself in an overly positive light in some areas and, as a result, some scale scores may be artificially attenuated. As such, the following summary statements should be interpreted with caution.

Psychiatric and Emotional Functioning

The inmate's test scores suggest that he may have mild to moderate psychiatric or emotional problems at the present time.

Information gathered from psychological testing suggests that this inmate has drug and alcohol problems and that he is likely to exhibit polysubstance use or dependence. It is likely that he will continue his drug-seeking behavior and, if unsuccessful, may experience marked withdrawal symptoms during the initial period of his residence in a controlled environment. Despite the noted elevation, his level of alcohol problems is relatively common in inmates housed in correctional facilities. Despite the noted elevation, his level of drug problems is relatively common in inmates housed in correctional facilities.

This person may be emotionally unstable and have problems getting along with others. It is also possible that he may engage in self-harming behaviors while incarcerated. These personality features are relatively atypical in comparison to offender samples. This person may be very impulsive and hostile, and he may frequently disregard rules and facility norms. This level of antisocial character pathology is relatively high in comparison to offender samples.

Institutional Management

The statements provided below address issues of risk *relative to other inmates in similar contexts*, rather than absolute risk for engaging in misconduct.

Inmates with similar profiles report considerable antisocial character features. This level of endorsement of antisocial traits is relatively rare among inmates in correctional settings. Inmates with similar profiles are considerably more likely to engage in institutional misconduct that will result in disciplinary sanctions imposed by correctional staff. Also, they are at

increased risk to act in an aggressive manner, which may take the form of verbal or physical aggression or acts of defiance (e.g., refusing to work or to attend treatment programs).

Information from PAI testing indicates that aggression is a relatively prominent aspect of this person's interpersonal style. This heightened acknowledgement of an aggressive interpersonal style is relatively rare among offender populations. This inmate may frequently act in a dominant and forceful manner that may cause some conflicts with other residents or staff. Furthermore, he reported a high level of interpersonal problems, which suggests that he may have difficulties getting along with other individuals in the facility.

Response Corroboration

The PAI contains 15 items that reflect behavior that may be corroborated via external data sources, such as records regarding legal history, infirmary records, or collateral interviews. Review of such external data may provide information regarding the degree to which the respondent is answering items in a manner that is inconsistent with their documented history of such behavior. PAI items and responses are listed below, to facilitate verification of respondent report.

	Consistent With External Information? (Yes/No/DK)
51. [Item text removed from this report] (ST)	
91. (VT)	
101. (ST)	
112. (MT)	
142. (F)	
152. (MT)	
181. (MT)	
182. (MT)	
211. (F)	
221. (F)	
251. (F)	
291. (F)	
294. (F)	
321. (ST)	
334. (F)	

Critical Items

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 inmate may help to clarify the presenting clinical picture. Significant items with item scores of 1, 2, or 3 are listed below.

Potential for Self-Harm

206. [Item text removed from this report] (ST, 1)

Potential for Aggression

21. (ST, 1)

61. (ST, 1)

101. (ST, 1)

181. (MT, 2)

Substance Abuse

55. (MT, 2)

222. (ST, 1)

Unreliability / Resistance

31. (ST, 1)

71. (ST, 1)

311. (ST, 1)

Traumatic Stressors

34. (ST, 1)

114. (ST, 1)

274. (ST, 1)

Name: *Sample Client* ***Age:*** *24*
ID: *Client 01* ***Gender:*** *Male*
Test Date: *02/15/2005* ***Ethnicity:*** *Caucasian*

Item Responses

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