

PERSONALITY ASSESSMENT INVENTORY™

Clinical Interpretive Report

by

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and PAR Staff

Client Information

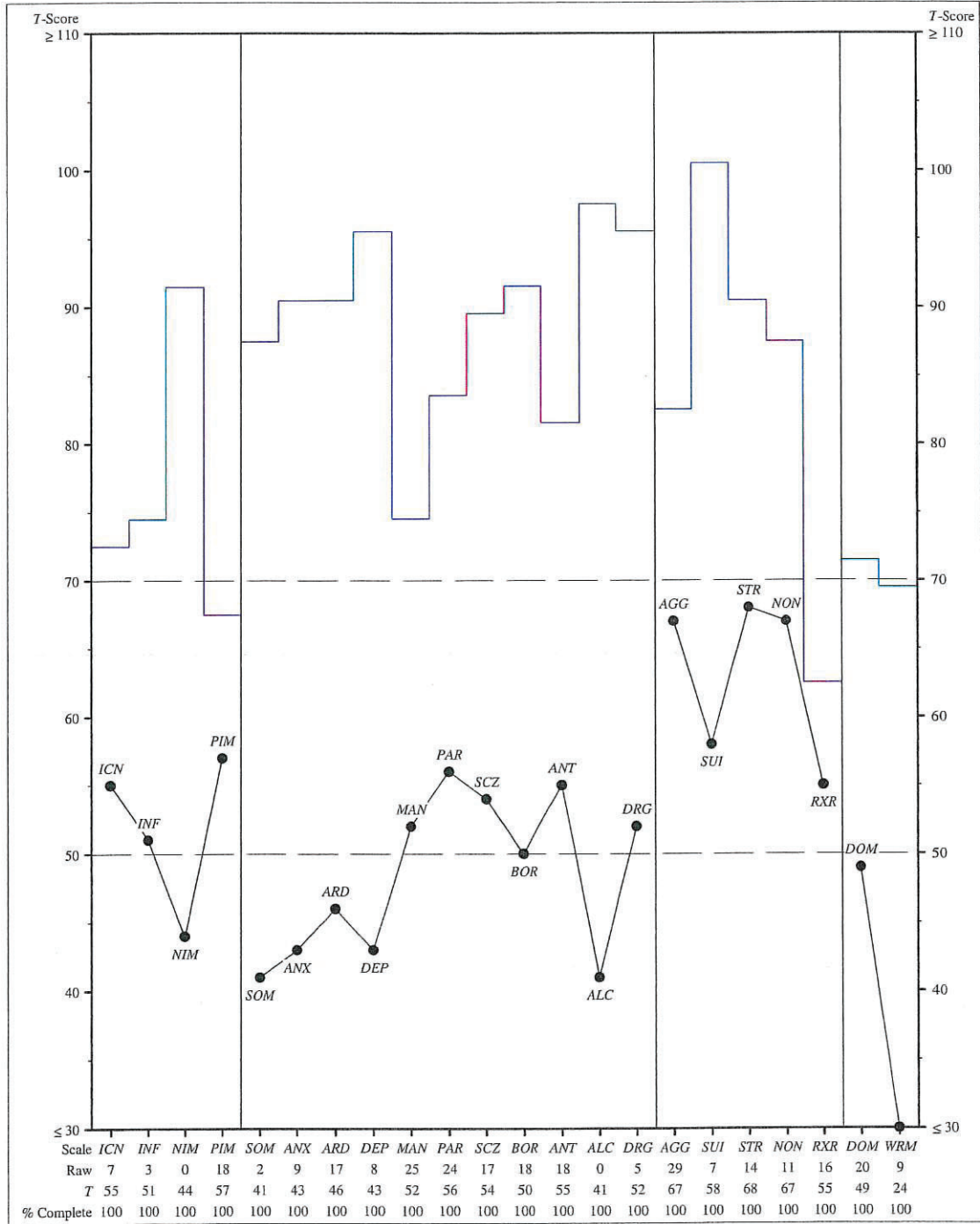
Client Name : Robert Bowers
Client ID : -Not Specified-
Age : 50
Gender : Male
Education : 10
Marital Status : -Not Specified-
Test Date : 05/22/2023
Prepared For : Daniel A. Martell, Ph.D., A.B.P.P.

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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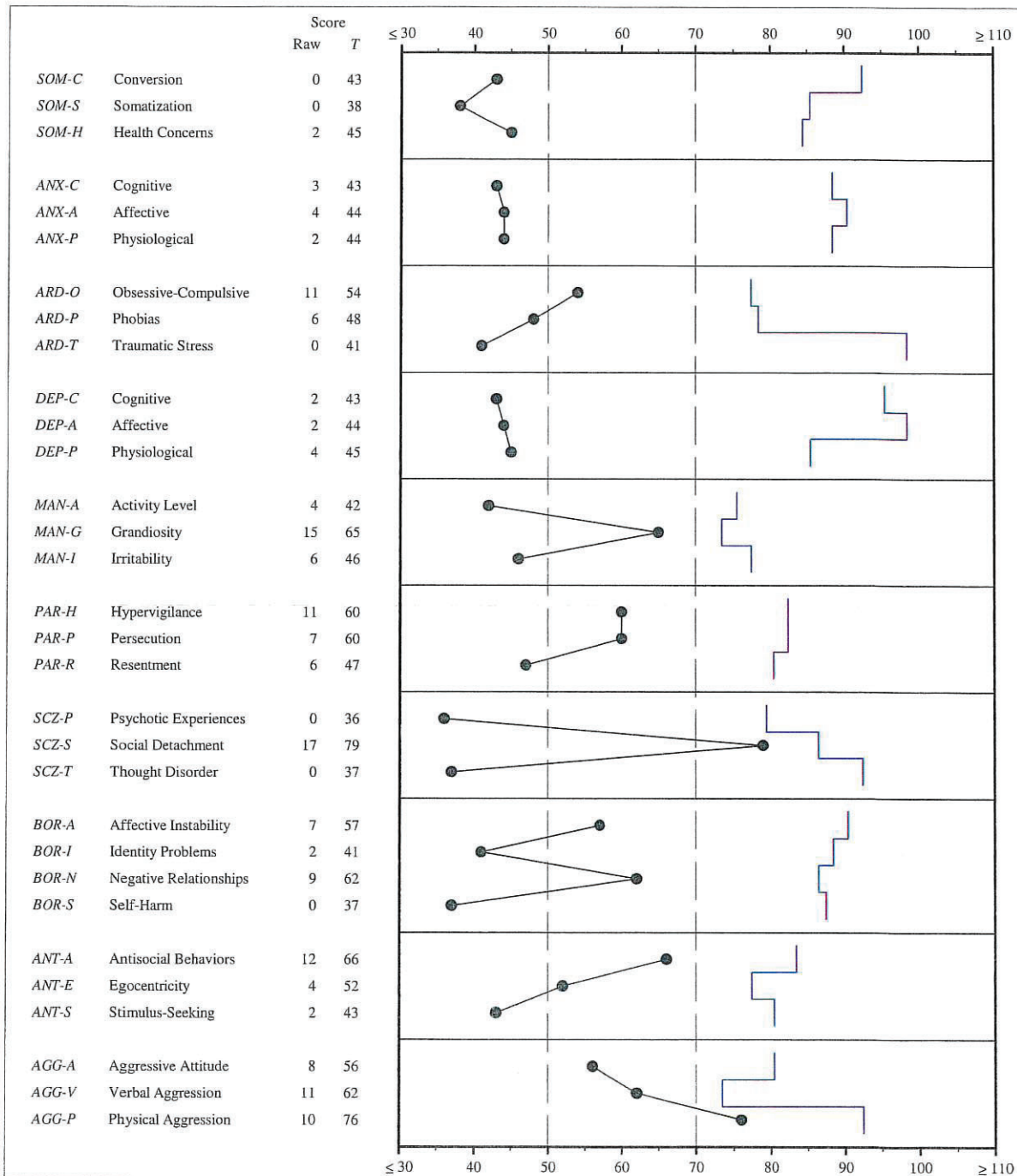
Full Scale Profile



Plotted T scores are based upon a census matched standardization sample of 1,000 normal adults.
 ■ indicates that the score is more than two standard deviations above the mean for a sample of 1,246 clinical patients.
 ♦ indicates that the scale has more than 20% missing items.

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Subscale Profile



Missing Items = 0

Plotted T scores are based upon a census matched standardization sample of 1,000 normal adults.
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 ♦ indicates that the scale has more than 20% missing items.

Additional Profile Information

Supplemental PAI Indexes

Index	Value	T Score
Defensiveness Index	5	63
Cashel Discriminant Function	141.67	52
Malingering Index	0	44
Rogers Discriminant Function	-0.18	58
Suicide Potential Index	3	50
Violence Potential Index	3	57
Treatment Process Index	1	49
ALC Estimated Score	---	59 (18T higher than ALC)
DRG Estimated Score	---	58 (6T higher than DRG)
Mean Clinical Elevation	---	48

Coefficients of Fit with Profiles of Known Clinical Groups

Database Profile	Coefficient of Fit
All "False"	0.454
Cluster 6	0.410
Spouse abusers	0.406
Antisocial Personality Disorder	0.328
Cluster 1	0.288
Current aggression	0.284
Prisoners	0.278
Rapists	0.276
Assault history	0.272
Cluster 10	0.245
Fake Bad	0.237
All "Slightly True"	0.227
Paranoid delusions	0.215
Suicide history	0.199
Cluster 2	0.196
NIM Predicted	0.196

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Database Profile	Coefficient of Fit
Drug abuse	0.169
Self-Mutilation	0.167
Random responding	0.159
Borderline Personality Disorder	0.146
Adjustment reaction	0.129
Current suicide	0.128
Posttraumatic Stress Disorder	0.102
Cluster 4	0.100
Antipsychotic medications	0.096
Auditory hallucinations	0.088
Dysthymic Disorder	0.085
Schizophrenia	0.073
Schizoaffective Disorder	0.069
Cluster 7	0.062
Major Depressive Disorder	0.056
Alcoholic	0.047
Anxiety Disorder	0.038
Cluster 9	0.030
Mania	0.021
Cluster 5	0.015
PIM Predicted	0.013
All "Mainly True"	-0.042
Cluster 3	-0.107
Somatoform Disorder	-0.120
All "Very True"	-0.147
Fake Good	-0.170
Cluster 8	-0.171

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/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. 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/her 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 that he/she tends to present himself/herself in a consistently favorable light, and as being relatively free of common shortcomings to which most individuals will admit. The client appears reluctant to acknowledge personal limitations and will tend to repress or deny distress or other internal consequences that might arise from such limitations. This tendency will likely lead the client to minimize, or perhaps even be unaware of, problems or other areas where functioning might be less than optimal. Given these apparent tendencies, the interpretive hypotheses in this report should be reviewed with caution. The clinical profile may underrepresent the extent and degree of any significant findings in certain areas due to the client's reluctance to acknowledge personal problems or failings. Particular attention should be paid to the possibility of denial of problems with drinking or drug use, as such individuals may attempt to minimize the impairment that results from such problems.

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: poor control over anger; poor interpersonal rapport; stress in the environment; unsupportive family or friends; history of antisocial behavior; failures in close relationships; moodiness; inflated self-esteem; thoughts of death or suicide; distrust; and suspiciousness.

With respect to negative impression management, there is no evidence to suggest that the respondent was motivated to portray himself/herself 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, although the respondent indicates a certain amount of turmoil in important life areas. Some denial or defensiveness may be responsible for the

generally trouble-free picture that he/she is reporting, as he/she seems to be reluctant to admit to personal 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/she describes NO significant problems in the following areas: unusual thoughts or peculiar experiences; 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/she reports NO significant problems with alcohol or drug abuse or dependence. However, attention should be paid to the possibility of denial of problems with drinking or drug use, as the respondent described certain personality characteristics that are often associated with involvement with alcohol or drugs.

Self-Concept

The self-concept of the respondent appears to involve a generally stable and positive self-evaluation. The client is normally a confident and optimistic person who approaches life with a clear sense of purpose and distinct convictions. These characteristics are valuable in that they allow the client to be resilient and adaptive in the face of most stressors. The client describes being reasonably self-satisfied, with a well-articulated sense of who he/she is and what his/her goals are.

Interpersonal and Social Environment

The respondent's interpersonal style seems best characterized as being cold and unfeeling. Others likely see the client as being stern, punitive, and unable to display affection or make a commitment to personal relationships. At times he/she may appear almost devoid of warmth and friendliness, and he/she likely has a propensity to make the others around the client feel uncomfortable and uneasy. There are probably only a few people who consider the client to be anything more than an acquaintance.

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/her responses indicate that he/she is likely to be experiencing a mild degree of stress as a result of difficulties in some major life area. Some of these stressors may involve relationship issues because he/she experiences his/her level of social support as being somewhat lower than that of the average adult. The client may have relatively few close relationships or may be dissatisfied with the quality of these relationships. Interventions directed at any problematic relationships (such as those involving family or marital problems) may be of some use in alleviating one potential 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 anger management, the respondent describes himself/herself as potentially prone to more extreme displays of anger, including damage to property and threats to assault others. These outbursts may be unexpected and take others by surprise. It is likely that those around the client may be intimidated by his/her temper and by his/her potential for violence.

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

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/her level of treatment motivation is substantially lower than is typical of individuals being seen in treatment settings. The client's responses suggest that he/she is satisfied with himself/herself as he/she is, that he/she is not experiencing marked distress, and that, as a result, he/she sees little need for changes in his/her behavior. However, the respondent does report a number of strengths that augur well for a relatively smooth treatment process if he/she 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:

- The client may be somewhat defensive and reluctant to discuss personal problems, and as such he/she may be at-risk for early termination.
- Current difficulties in his/her social support system may give a special significance to the therapeutic relationship and any impasse may need to be handled with particular care.
- The client may have initial difficulty in placing trust in a treating professional as part of his/her more general problems in close relationships.

DSM-IV Diagnostic Possibilities

Listed below are *DSM-IV* 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.

Axis I: 309.9 Adjustment Disorder, Unspecified

Axis I Rule Out:

305.90 Other (or Unknown) Substance Dependence (Psychoactive substance abuse)

Axis II: 799.9 Diagnosis Deferred on Axis II

Axis II Rule Out:

301.7 Antisocial Personality Disorder

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. Significant items with item scores of 1, 2, or 3 are listed below.

Potential for Aggression

- 61. *AGG-P* Sometimes my temper explodes and I completely lose control. (ST, 1)
- 181. *AGG-P* I've threatened to hurt people. (VT, 3)

Idiosyncratic Context

- 80. *INF* Sometimes I get ads in the mail that I don't really want. (*False*) (F, 3)

PAI Item Responses

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

*** End of Report ***