INTERPRETATION GUIDE for the **Personality Assessment Inventory [PAI]**

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BY

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Personality Assessment Inventory [PAI]

Interpretive Notes from Manual

by

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INTRODUCTION:

Test Taking Considerations:

- Age range: 18 and older
- Reading level: 4th grade
- Typical Time to Complete: 40 - 50 minutes

Test Intended for:

- Providing information re: diagnosis, treatment planning, and screening in clinical populations; not intended for "normal" groups

Examiner's Role:

- OK to define unfamiliar words for examinee
- Encourage indecisive examinees to select option that is "closest"

Normative Groups:

- 3 Sets were used:
  - Census-matched Normals [N = 1,000]
  - Clinical Sample [N = 1,265]
  - College Student Sample [N = 1,051]

Validity Scales:

- *Inconsistency* [ICN]:

  Description: 10 pairs of items, each pair having similar content. *It is intended to detect random responding*. Score is determined by number of inconsistent pair ratings. Normals and Patients score about the same; Random responders score much higher [Mean T = 73]

ICN	Normal Limits	Moderate Elevation	High Score
T-Score Level:	63 or less	64 - 72	73 or more
Interpretation:	Consistent Responding	Some Inconsistency	Inconsistent, Random
Indication[s]:	Accept profile as valid	Accept, with caution	Reject as INVALID

- *Infrequency* [INF]:

  Description: 8 items, 4 of which should be rated as "FALSE-not at all True," and 4 of which should be rated as "VERY TRUE." *It is intended to detect random responding, reading problems, carelessness, or confusion.* Items were selected because of their very consistent ratings both by normals and patients. The items are distributed throughout the PAI. A completely random PAI yields an INF T-score of 86.

INF	Normal Limits	Moderate Elevation	High Score
T-Score Level:	59 or less	60 - 74 68 - 74 ???	75 or more
Interpretation:	Consistent Responding	Some Inconsistency If 68-74 check reading level, confusion, carelessness	Inconsistent, Random
Indication[s]:	Accept profile as valid	Accept, with caution	Reject as INVALID

- *Negative Impression* [NIM]:
  Description: 9 items which if endorsed convey an exaggerated unfavorable impression, or reflect highly bizarre or unlikely symptoms. *It is intended to identify persons who are exaggerating distress or pathology*. While patients endorse these items with slightly greater frequency than normals, simulators were significantly higher than either of these groups.
  Subjects instructed to malingerer score 117 T; purely random pattern yields 96 T

NIM	Normal Limits	Moderate Elevation	High Score
T-Score Level:	72 or less	73 - 91	92 or more
Interpretation:	Accurate, balanced self-description	Some element of exaggeration; "Cry for Help"	Clear attempt to cast self in unfavorable light; consider: careless responding [see also ICN and INF], extremely negative self-concept, or malingering
Indication[s]:	Accept profile as valid	Accept, with caution	Reject as INVALID

- *Positive Impression* [PIM]:
  Description: 9 items which if endorsed convey an unrealistically favorable impression, or reflect denial of common faults or symptoms. *It is intended to identify persons who are excessively denying distress or pathology*. Both normals and patients endorse these items with low frequency, while "fake-good" simulators were significantly higher than either of these groups.
  Subjects instructed to "look good" obtained a score of 66 T; purely random pattern yields 96 T

PIM	Normal Limits	Moderate Elevation	High Score
T-Score Level:	56 or less	57 - 67	68 or more
Interpretation:	Accurate, balanced self-description	Some element of denial, minimization of faults;	Clear attempt to cast self in favorable light; extremely positive self-concept, or 'Positive' malingering [i.e. Faking Good]
Indication[s]:	Accept profile as valid	Interpret with caution	Interpret clinical scales [scales SOM thru DRG] with great caution; do not interpret other scales [Treatment or Interpersonal Scales]

Clinical Scales:

- *Somatic Complaints* [SOM]:

  Description: 24 items, dealing with concerns about physical functioning and health matters. Content ranges from minor [e.g. headache] to major [e.g. paralysis] dysfunction. If 88 T or higher, expect elevations on the ***SOM*** Subscales.

SOM	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 87	88 or more
Interpretation:	Few bodily complaints; optimistic, alert, effective.	Some concern about health; typical level for older pts or those with specific medical problems	Clear concerns about somatic functioning; probable impairment due to somatic symptoms; pt feels in poor health, that problems are chronic, hard to treat; pt is seen as unhappy, complaining, and pessimistic	Pt reports large number of somatic complaints, involving most/all bodily systems; complaints are chronic, and accompanied by incapacitating weakness/fatigue Likely diagnosis: ***Somatoform Disorder***; pt likely will resist psychodynamic interpretations; tend to be Poor therapy candidates

SOM Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Conversion	***SOM-C***	Functional Impairment due to symptoms associated with sensory or motor dysfunction
Somatization	***SOM-S***	Numerous physical complaints [h/a, pain, GI tract] as well as vague complaints of ill-health and fatigue; symptoms may be accompanied by depression and anxiety
Health Concerns	***SOM-H***	Preoccupied with health status + physical problems; thoughts + speech center on health matters; self-image influenced by belief that they are invalids.

Clinical Scales:

- *Anxiety* [ANX]:

  Description: 24 items, dealing with clinical features common to the experience of anxiety. Content ranges from ruminative worry, feelings of apprehension/strain, and physical signs of tension and stress.

  ** Check elevation on *ARD* [Anxiety-Related Disorders], if ANX is *up* and ARD *down*, Anxiety is likely to be free-floating or generalized.

ANX	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 90	91 or more
Interpretation:	Few complaints of anxiety or tension; calm, optimistic, effective at dealing with stress	Pt experiencing *some* stress, is worried, sensitive, and emotional	Significant anxiety and tension; Pt is tense much of the time; ruminates about anticipated misfortune Pt seen as high strung, nervous, timid, and dependent	Generalized impairment associated with anxiety; life is likely to be significantly restricted; can't meet role expectancies w/o feeling overwhelmed; minor stresses lead to crises; typically, [if profile is valid] scores in this range indicate diagnosis of Anxiety Disorder

ANX Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Cognitive	*ANX-C*	Worry, concern about current issues; problems attending/concentrating; others will note pt's excessive concern over matters over which they have little or no control
Affective	*ANX-A*	Pt reports experiencing a great deal of tension, can't relax, constant fatigue due to high perceived stress
Physiological	*ANX-P*	Pt experiences and expresses stress somatically; overt physical signs of tension and stress, such as sweaty palms, trembling hands, irregular heart beat, short of breath.

Clinical Scales:

- *Anxiety-Related Disorders* [ARD]:

  Description: 24 items, dealing with clinical features common to the experience of 3 specific subtypes of anxiety. Content ranges from phobias, to obsessive-compulsive thoughts/behaviors, to PTSD.

ARD	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 90	91 or more
Interpretation:	Little distress indicated, pt seen as secure, adaptable, cool 'under fire'	Pt describes *some* specific fears, lacks self-confidence	Impairment associated with fears surrounding some situation; pt seen as insecure, self-doubting, ruminative, and uncomfortable in social situations	Multiple Anxiety Disorder Diagnoses suggested; Broad impairment associated with anxiety; pt is in severe psychologic turmoil; constant rumination, guilt-ridden; look for maladaptive behaviors designed to manage or prevent anxiety.

ARD Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Obsessive-Compulsive	*ARD-O*	Rigid, inflexible; follow strict rules of conduct; Seen as perfectionistic and constricted; excessive attention to detail will hinder decision-making; can't see the 'Big Picture;' changes in routine, unexpected events, contradictory information leads to excessive stress; pt may fear own impulses and doubt ability to control them
Phobias	*ARD-P*	Phobic behaviors interfering with normal adjustment; hypervigilant for signs of feared object or situation, causing restriction activities; feared situations may include closed/open spaces, heights [bridges, buildings]; creatures [snakes, spiders, birds, cats]; Multiple or distressing phobias [e.g. agoraphobia] are likely with high scorers.
Traumatic Stress	*ARD-T*	Pt has experienced disturbing traumatic event in past which continues to upset them; pt feels changes, damaged, violated in some fashion; item content not specific for event, but may include: rape, combat, accidents, or disasters.

Clinical Scales:

- *Depression* [DEP]:

  Description: 24 items, dealing with clinical features common to the experience of depression, including pessimism, negative expectations, subjective feelings of unhappiness and apathy, as well as physical signs such as low energy and insomnia.

DEP	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 95	96 or more
Interpretation:	Minimal or no depression indicated, few complaints of unhappiness or distress pt seen as stable, confident, active, relaxed	Pt may be unhappy, and is sensitive, pessimistic, and self-doubting	Prominent dysphoria indicated, pt is despondent much of the time, has withdrawn from previously enjoyable activities. Pt described as: guilt-ridden, moody, and dissatisfied; Major depression rather likely when DEP exceeds 80T	Diagnosis of Major Depression indicated [if test valid] Pt feels hopeless, discouraged, useless; Pt is usually socially withdrawn, feels misunderstood with little energy or motivation to pursue interests EXPECT SUICIDAL IDEATION

DEP Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Cognitive	*DEP-C*	Thoughts of worthlessness, hopelessness and failure; Indecision and problems concentrating
Affective	*DEP-A*	Sadness, loss of interest in normal activities, loss of pleasure / enjoyment
Physiological	*DEP-P*	Depression experienced and expressed somatically; pt reports change in physical functioning, activity, and energy; disturbed sleeping pattern; lowered sex drive; loss of appetite; weight change

Clinical Scales:

- *Mania* [MAN]:

  Description: 24 items, dealing with clinical features common to the experience of mania and hypomania, including heightened mood, expansiveness and grandiosity, heightened activity level, irritability, and impatience. *Note that low score on MAN does not automatically imply presence of depression.* For example, many depressed pts are also irritable.

MAN	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	54 or less	55 - 64	65 - 74	75 or more
Interpretation:	Pt evidences few features of hypomania / mania	Pt may be active, outgoing, ambitious, and self-confident; As score approaches 64, expect impatience, hostility, and quick temper.	Pt apt to display: increasing restlessness, impulsivity, and high energy levels. Others will see pt as being unsympathetic and hotheaded.	Diagnosis of mania, hypomania very likely, pts tend to take on more than they can handle and they react with hostility when others suggest they curtail their overactivity; they are quite impulsive, can't delay gratification; poor judgment results in personal, social, financial, legal problems; look for flight of ideas, grandiosity, delusions; can be narcissistic, loud, intrusive

MAN Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Activity Level	*MAN-A*	Constant/extreme overactivity; many projects; disorganized; accelerated thought processes
Grandiosity	*MAN-G*	Inflated self-esteem, expansive, grandiose; over evaluates skills/responsibilities; may be delusional [special powers, knowledge, skills]
Irritability	*MAN-I*	Frustrated, angry with others for not 'keeping up' with plans, schemes; pt feels others are purposely getting in his/her way; intolerant of criticism

Clinical Scales:

- *Paranoia* [PAR]:

  Description: 24 items, dealing with clinical features common to the experience of paranoia, including suspiciousness of others' motives, hypervigilance, resentfulness, tendency to hold grudges, sensitivity regarding alleged mistreatment by others. Denial and projection of blame are central features.

PAR	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 83	84 or more
Interpretation:	Pt apt to be seen as open, forgiving, able to accept blame or responsibility when appropriate	Pt seen as sensitive, tough-minded, skeptical; as score approaches 69T look for wariness and caution regarding interpersonal relationships	Pt likely is overtly suspicious and hostile; pt has few close friends and is generally distrustful of close relationships	Pt very likely paranoid and delusional; expect bitterness and resentment about how they were/are treated, expect to be exploited; personal relationships, if present, are apt to be troubled by jealousy, accusations, obsessive concern over loyalty

PAR Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Hypervigilance	*PAR-H*	Constant scanning of environment to detect evidence of danger, mistreatment, slander, etc. Pt questions or mistrusts others' motives
Persecution	*PAR-P*	Easily becomes convinced of others' intent to harm, restrict, humiliate them; sense of being victimized but can't give basis or real evidence
Resentment	*PAR-R*	Easily insulted or slighted by minor behaviors or events; holds grudges far beyond what is reasonable; attributes own failures to tricks or nastiness of others, and considers others' success to result from luck and/or favoritism; envious of others' accomplishments, and manages to resist helping others to achieve success

Clinical Scales:

- *Schizophrenia* [SCZ]:

Description: 24 items, dealing with the various facets of schizophrenia, including: unusual beliefs, distorted perceptions, poor social competence, lack of enjoyment surrounding social contacts, problems with alertness, attention, concentration; and associative 'slippage.'

SCZ	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 89	90 or more
Interpretation:	Pt apt to be seen as socially effective, alert, active, down-to-earth	Pt seen as withdrawn, aloof, unconventional. As scores approach 69, expect pt to be more cautious, odd, and hostile in dealing with others	Pt likely is isolated, feels misunderstood, alienated; problems thinking and concentrating are likely; pt has trouble making decisions, evidences an obsessive inability to commit to a choice; may have unusual beliefs or perceptions [see subscales]	Probably an active schizophrenic episode. Pt apt to be confused, withdrawn, suspicious; poor judgment and reality testing; positive schizophrenic signs more likely: e.g. thought broadcasting, insertion, withdrawal.

SCZ Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Psychotic Experiences	*SCZ-P*	Unusual perceptions / experiences; magical thinking; odd ideas; hallucinations
Social Detachment	*SCZ-S*	Socially isolated, few close, warm, interpersonal relationships; problems interpreting common social interactions; may prefer to be alone
Thought Disorder	*SCZ-T*	Confused, difficulty concentrating; ***This scale may be elevated in severe depression, substance abuse, brain disorders, and toxic states [medication problems].*** Check level of full SCZ first: if it is NOT elevated, and SCZ-T is, consider non-schizophrenic basis

Clinical Scales:

- *Borderline* (BOR):

Description: 24 items, dealing with elements indicative of a severe personality disorder. The elements are characteristic of Borderline Personality Disorder, but are also seen in many other conditions. Items are concerned with faulty emotional control, stormy interpersonal relations, identity confusion, poor self-concept, impulsivity, and self destructiveness.

BOR	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 91	92 or more
Interpretation:	Pt apt to be seen as emotionally stable, with stable and rewarding interpersonal relationships	Pt seen as moody, sensitive, uncertain re: life goals [may be typical for young adults] as scores approach 69T, look for increased anger and dissatisfaction over relationships	Pt likely is impulsive, emotionally labile; feels misunderstood, is seen by others as egocentric and childish; also trouble establishing and maintaining close relationships; pt is ambivalent about interactions with others: angry and suspicious yet dependent and 'clinging'	Borderline Diagnosis likely; pt presents in crisis over relationship; hostile, angry, feels betrayed; impulsive and self-destructive with little insight; acting-out via aggression, substance abuse, or suicide attempts [see AGG, ALC, DRG, and SUI for confirmation]

BOR Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Affective Instability	*BOR-A*	Rapid, extreme mood swings; angry outbursts
Identity Problems	*BOR-I*	Little sense of identity, purpose in life; feel empty, bored, unfulfilled
Negative Relationships	*BOR-N*	Past and present relationships appear ambivalent, intense, unstable; feels betrayed by former close friend, partner
Self-Harm	*BOR-S*	Impulsive in activities [alc, drugs, casual sex] having likely negative consequences at home or work; suicidal gestures / acts possible

Clinical Scales:

- *Antisocial* [ANT]:

Description: 24 items, dealing with elements indicative of an Antisocial personality disorder as well as 'psychopathy.' Items are concerned with self-centeredness, risk-taking, lack of empathy, antisocial attitudes & behaviors, and authority conflicts.

ANT	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 81	82 or more
Interpretation:	Pt apt to be seen as reasonably empathetic, warm, with adequate controls over impulses and behavior; no major problems following orders or directions; can accept criticism	Pt seen as restless, impatient, easily bored, self-centered Caution: THIS MAY BE NORMAL LEVEL for YOUNG ADULTS, esp. MALES Score approaching 69T may indicate skepticism re: others' intentions, lack of empathy	Pt likely is impulsive, hostile, with history of antisocial acts; others see pt as being exploitative in relationships, manipulative, and as having few lasting friendships [may have many acquaintances, but few real friends].	Antisocial features prominent; pt unreliable, irresponsible, little sustained success socially or vocationally; patient has a coldly pragmatic approach to relationships and will exploit them to further their own needs; likely to be reckless and to have history of authority conflicts

ANT Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Antisocial Behaviors	*ANT-A*	History of antisocial acts; conduct disorder during adolescence; may be involved in criminal activities such as theft, destruction of property, physical aggression
Egocentricity	*ANT-E*	Self-focused with minimal regard for needs or opinions of others or society in general; may take advantage of others' trust or good will to satisfy selfish wishes; little sense of personal responsibility for others or their possessions; remorse, if present, is apt to be short-lived, superficial, and self-serving [e.g. to avoid punishment]; places little importance to their role as parent, spouse, or employee.
Stimulus-Seeking	*ANT-S*	Patient's behavior is apt to be reckless and potentially dangerous to self and/or those around them [e.g. street racing, fighting, unsafe approach to sports such as rafting, biking]; easily bored by routines or conventions.

Clinical Scales:

- *Alcohol Problems* [ALC]:

Description: 12 items, dealing with behaviors and effects of alcohol use, abuse, and dependence. Item content ranges from total abstinence to frequent use to severe consequences of drinking, loss of control, and alcohol-related cravings. Items are generally direct as opposed to "subtle" in wording, and thus those in denial may depress the scale. If ALC score is low [say below 40T] and PIM, BOR, and ANT are elevated, suspect a denial of alcohol problems and solicit information from other sources for confirmation.

ALC	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 83	84 or more
Interpretation:	Pt apt to be at most a moderate alcohol user, with minimal social or occupational problems due to drinking.	Pt seen as a regular drinker who has experienced occasional adverse consequences due to drinking [e.g. DUI]; Scores approaching 69 are indicative of problems and concerns over the patient's drinking	Pt likely meets criteria for alcohol abuse; past and current problems at home and work due to drinking; patient's current functioning probably compromised by drinking	Typical of pts in alcohol treatment centers; usually indicates alcohol dependence; If 98T or above indicates EXTREME DEPENDENCE; patient unable to cut down or control drinking despite numerous attempts or treatment programs; history of social + occupational failures related to drinking; long bouts of drinking, blackouts, and withdrawal symptoms are likely present in the history.

Clinical Scales:

- *Drug Problems* [DRG]:

Description: 12 items, dealing with behaviors and effects of drug use, abuse, and dependence. Item content ranges from total abstinence to frequent use to severe consequences of drug use, loss of control, and drug-related cravings. Items are generally direct as opposed to "subtle" in wording, and thus those in denial may depress the scale. If DRG score is low [say below 40T] and PIM, BOR, and ANT are elevated, suspect a denial of drug problems and solicit information from other sources for confirmation.

DRG	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 80	81 or more
Interpretation:	Pt reports infrequent or no drug use	Pt apt to be an occasional or somewhat regular drug user who has experienced occasional adverse consequences due to drug taking. Scores approaching 69 are indicative of problems and concerns over the patient's drug use	Pt likely meets criteria for drug abuse; past and current problems at home and work due to use of drugs; patient's current functioning probably compromised by drug use	Typical of pts in drug treatment centers; usually indicates drug dependence; patient unable to cut down or control use despite numerous attempts or treatment programs; history of social + occupational failures related to abuse; extended periods of drug taking, physiological signs of abuse and withdrawal symptoms are likely present

Treatment Consideration Scales:

- *Aggression* [AGG]:

Description: 18 items, dealing with attitudinal and behavioral features of aggression, anger, and hostility. Item content ranges from verbal aggressiveness, to poor anger control, to violent and assaultive behaviors.

AGG	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 83	84 or more
Interpretation:	Pt apt to demonstrate reasonable control over anger and hostility 40T or less may indicate patient is very meek and unassertive	Pt seen as a impatient, irritable, and quick-tempered As scores reach 65-69T patient is easily angered and provoked by actions of others	Pt likely seen as chronically angry, and is apt to freely express anger and hostility;	considerable anger and potential for aggression; patient is easily provoked, may show explosive anger when frustrated; If *AGG-V* low and *AGG-P* elevated, anger may come with little warning.; Others likely afraid of patient's temper, close relationships suffer as a result; history of fighting, legal entanglements, trouble at work likely

AGG Subscales:

Subscale:	Abbreviation:	Description of High Scorers:
Aggressive Attitude	*AGG-A*	Easily angered, difficulty controlling expression of anger; seen as hostile and quickly provoked
Verbal Aggression	*AGG-V*	Tend to be verbally aggressive [e.g. critical, insulting, verbally threatening]; not intimidated by confrontation; anger displayed readily, when it is experienced.
Physical Aggression	*AGG-P*	Patient prone to physical expression of anger, e.g. damage to property; physical fights, and threats of violence; others' around patient intimidated by temper and ever-present potential for aggressive out burst

Treatment Consideration Scales:

- *Suicidal Ideation* [SUI]:

Description: 12 items, dealing with thoughts and ideas related to death and suicide. Item content ranges from feelings of hopelessness, to general / vague thoughts of dying and suicide, to concrete plans for suicide. Items are not well disguised, thus pts can suppress the scale by denying or avoiding experiences or feelings that are indeed suicidal. If *SUI* is very low, check *DEP, ANX, NON,* and *STR* for elevations.

SUI	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 83	84 or more
Interpretation:	Pt apt to have few thoughts re: death and suicide.	Pt entertains periodic and transient thoughts about suicide; is pessimistic and unhappy regarding the future; SCORES IN THIS RANGE OR HIGHER MERIT FOLLOW-UP	Pt likely reporting significant suicidal ideation; anxious, depressed, sees others as being unsupportive; rule out a "Cry for Help;" explore patient's intentions, life circumstances, and available support systems	Scores at this level are obtained by pts on suicide precautions, or who have active suicidal plans and intents; pts feel hopeless, useless, pessimistic regarding recovery; may feel rejected by others and are bitter about their treatment by others Scores of 100T or more are rare in clinical samples

Treatment Consideration Scales:

- *Stress* [STR]:

Description: 8 items, dealing with pt's experience of current, recent or imminent life stressors. Item content deals with family relationships, financial hardships, work problems, or major life changes.

STR	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 77	77 or more
Interpretation:	Pt describes life as being stable, predictable, and uneventful	Pt experiencing moderate degree of stress due to some difficulties in some life area	Pt's stress having a significant impact on everyday life. Expect problems with family relationships, finances, work. Pt worries, ruminates, is chronically unhappy. There is a risk of developing adjustment or reactive disorders where stress is a cause	Pt sees self as surrounded by crises, with no end in sight; their life is in turmoil; powerless to control events; ineffectual, dependent, and at the mercy of those around them; may feel bitterness; pt vulnerable to a wide variety of clinical disorders.

- *Nonsupport* [NON]:

Description: 8 items, dealing with pt's perceived lack of social support, includes both availability and quality of social relationships. Items deal with quality + quantity of relations with friends + family. Low scores indicate high perceived support.

NON	Average Score	Mild Elevation	Moderate Elevation	Marked Elevation
T-Score:	59 or less	60 - 69	70 - 87	88 or more
Interpretation:	Pt describes close, supportive relationships with family + friends	Pt feels lack of support or inadequate support; dissatisfied with level of support from some person[s]	Pt feels little support; family relations may be distant or combative; feels abandoned by friends	Pt feels isolated, rejected, alone; no expectation of support; others seen as uncaring or rejecting; pt has few emotional resources to deal with crises; prone to severe reactions to stress

Treatment Consideration Scales:

- *Treatment Rejection* (RXR):

Description: 8 items, dealing with pt's interest and confidence in emotional / behavioral change. Items deal with willingness to participate actively in treatment, admission of personal problems, and acceptance of responsibility for problems in life. The items are not therapy modality-specific. Normed on non-patients, thus Average range scores do not indicate a positive treatment attitude.

RXR	Low Score	Average Score	Mild Elevation	Significant Elevation
T-Score:	42 or less	43 - 52	53 - 62	63 or more
Interpretation:	Pt admits problems and need for help	Pt admits need for *some* changes; believes change is possible; accepts personal responsibility	Pt apt to express satisfaction with self "as-is," in no hurry to seek change; little motivation for therapy; may terminate early.	No motivation for change; admits few if any difficulties; pt not apt to enter treatment willingly; may dispute efficacy of therapy; will remain uninvolved in treatment process

Interpersonal Scales:

- *Dominance* [DOM]:

  Description: 12 items, measuring extent to which pt is controlling, submissive, or autonomous in interpersonal relationships. Content involves being independent from others, assertive, outspoken, directive, and managerial in relationships. *The scale is bipolar*, thus both high and low scores can be interpreted.

DOM	Very Low Score	Moderately Low Score	Average Score	Moderately High Score	Markedly Elevated Score
T-Score:	29 or less	30 - 39	40 - 59	60 - 69	70 or more
Interpretation:	Pt has little confidence in social interactions; will have difficult time getting needs met in personal relationships; will subordinate own interests to those of others. Lack of assertion may result in actual or perceived mistreatment or exploitation.	Pt apt to be rather modest and retiring. May be self-conscious in social settings, probably not skilled in expressing opinions or asserting self; dislikes being center of attention	Pt probably manifests average or typical level of assertion, and will express feelings or attitudes when appropriate.	Pt likely is self-assured, confident, and forceful. Pt may be seen as emotionally "cool" if not outright unfriendly; also self-reliant and controlling. While feeling comfortable in social situations, pt apt to prefer being in control.	There appears to be a prominent need for control; probably alienates family, friends, co-workers; pt is domineering, having little tolerance for opposing opinions. Others see pt as self-important, overbearing, and dictatorial.

Interpersonal Scales:

- *Warmth* [WRM]:

Description: 12 items, measuring extent to which pt is empathetic, engaging, or rejecting / mistrustful of interpersonal relationships. Content involves being sociable, sympathetic, affectionate, and patient with others. *The scale is bipolar*, thus both high and low scores can be interpreted.

WRM	Very Low Score	Moderately Low Score	Average Score	Moderately High Score	Markedly Elevated Score
T-Score:	29 or less	30 - 39	40 - 59	60 - 69	70 or more
Interpretation:	Pt has little interest or investment in social interactions. May seem cold, unfeeling, clinical, and impatient with others' faults. Others see pt as being unable to express affection or as being disinterested in making any commitment to personal relationships; Pt apt to have few close friends.	Pt apt to be rather distant in personal relationships; doesn't place high priority on close, lasting relationships; not enthusiastic about social interactions; can be rather unsympathetic and stern. Pt may express lack of consideration for others' opinions.	Pt evidences normal or typical level of concern for others. Interpersonal skills are adequate. There is an appreciation of others' opinions	Pt is apt to be warm, sympathetic, and supportive toward others. Pt wants to be liked, and thus will avoid expressing criticism or censure; pt is trusting and ready to forgive others' transgression; Pt may be bullied or taken advantage of in personal relationships.	Pt has marked need for acceptance; may be highly dependent; pt may be seen as gullible, uncritical to a fault; too trusting despite obvious indications of betrayal. Pt may be taken advantage of.

Clusters:

The PAR employs a concept of "Clusters" as a way of characterizing the overall pattern of a profile. Unlike the MMPI-2 which uses from 1 to 4 scales elevations ["code-types"], the PAR matches the *entire profile* to a data base of known diagnostic or symptom categories. Thus, page 3 of the printout presents a listing of correlations between the patient's profile pattern and those of persons with a number of other disorders, conditions, or response sets.

CLUSTERS 1 - 3

Cluster	High Scales	Other Elevations	General Interpretation
1	No clinical or subscales at or above 60T		"Normal Limits" profile; patient apt to be well adjusted; never in treatment; may deny need for treatment; Diagnosis: usually Adj Reaction; Personality Disorder, if any
2	*DEP* and *SUI* highest scales >65T	*SCZ, STR, NON, BOR* as well as 'neurotic scales' of *SOM, ANX, ARD* scales >65T	Patient severely depressed and withdrawn; unhappy with life circumstances; feeling stress from past or future event[s]; feels others non-supportive and non-caring; problems concentrating and making decisions; most are in therapy; many taking medications [38% get antidepressants; 21% antipsychotics]; generally compliant in therapy; Diagnosis: Depression [20%]; Dysthymia [23%]; Anxiety-esp. PTSD [23%] With high SCZ, look for Schizophrenia or Schizoaffective
3	ALC and SOM scales >65T	*DEP, STR, ANX* scales >65T	*ALC* highest scale; patient has severe drinking problem, along with physiologic effects of chronic alcohol abuse; severe disruptions in relationships, work; pts apt to express guilt about drinking; anxiety may lead to drinking; anxiety reduction sustains it; some social support present; "pure" alcoholics with drug abuse less likely; patient apt to have been in therapy/treatment before; visual hallucinations may be reported [esp. if detox'd]; Diagnosis: High frequency of Organic Brain Disorder with this code type: 28% of reference sample had CNS damage; 62% of these pts are Alcoholic, few if any are Drug abusers; associated diagnoses include Dysthymia and Depression.

CLUSTER 4

Cluster	High Scales	Other Elevations	General Interpretation
4	*ALC* and *DRG* extremely elevated	*DEP, BOR, SCZ, STR,* and *ANX*; mean *NIM* score also high [70T] Other Subscales may be elevated: *DEP-A* [Affective] *DEP-C*[Cognitive] *ARD-T*[Traum.St] *BOR-M*[Neg Rel] *BOR-I*[Ident Prob] *SCZ-S*[Soc Detat] *SCZ-T*[Tht Disor] *AGG-P*[Phys Agg]	Pt apt to have history of acting-out behavior, esp. in area of substance abuse, but may involve other behaviors as well. Substance abuse has probably led to significant impairment in social / personal / vocational roles. Pt's reckless behavior tends to alienate all but a few family members or friends. Pt may be angry a good deal of the time, but direct expression more likely when under the influence of substances. When intoxicated, physical violence commonly occurs. Pt is impulsive, thrill-seeking, and will likely report problems concentrating. Attention problems aggravate what is already faulty judgment. Pt feels [perhaps rightly] that others have given up on him/her; seems to have given up on self, as well. Pt has low self-esteem, is inwardly pessimistic about prospects for lasting change [may express short-lived naïve optimism at start of treatment]. These pts are rated as manipulative and as having a complicated treatment course, according to therapists. Many Cluster 4 pts [87%] had histories of prior treatment. A significant number were on medications, more often antidepressants than tranquilizers [which have more abuse potential]. About 1 in 4 have histories of Assaultive behavior, arrests for assault, or arrests for other criminal behavior. Of the 10 Cluster Groups, this Cluster contained the greatest proportion of persons deemed a danger to self [20%] or others [13%]. Diagnosis: Alcohol Abuse / Dependence [56%]; Drug Abuse / Dependence [25%]; and Antisocial Personality [13%]

CLUSTERS 5 - 6

Cluster	High Scales [> 60T]	Other Elevations	General Interpretation
5	***ANX*** and ***STR*** All ***ANX*** subscales around 65T Half of pts with cluster 5 have no scales over 70T; those with peaks >70T usually had ***ANX*** as peak	***BOR*** [also > 60T]	Patient is experiencing acute reaction to stressors, with anxiety and moodiness as most prominent complaints; is committed to relationships, but they are not going well, and this is likely a source of current distress; there are feelings of uncertainty re: their life goals, priorities, and the future in general. Self esteem is typically OK, and social interactions are apt to be effective. Majority of these pts have never been in psychotherapy / counseling before, although about 50% had had medications [usually antidepressants]. Clinicians predict smooth and uncomplicated treatment course for these pts. They are usually seen as cooperative and non-manipulative. Diagnosis: Generalized Anxiety Disorder [20%]; although Dysthymia [16%] and Major Depression [16%] were also common, often in combination with GAD.
6	***SCZ*** and ***BOR*** Many pts [58%] have no sharp peaks; of those with a peak, ***SCZ*** most likely; subscales: ***SCZ-T*** [Thought Disorder], ***BOR-N*** [Negative Relationships], ***BOR-I*** [Identity Problems] and ***ARD-T*** [Traumatic Stress] are elevated	***STR, NON, ANT*** [also > 60T]	Patient is socially isolated, confused, has problems thinking/concentrating; possibility of delusions; few friends, and tend to be ambivalent about friends they do have; see by others as cold, lacking empathy; they approach relationships cautiously, anticipating rejection; history of acting-out is common; may be self-destructive; often impulsive and show poor judgment. These pts may be seen as "psychotic" with vague persecutory beliefs; about 1 in 5 have history of aggressive or assaultive behavior; 16% had sexual assaults in history. Clinicians predict complicated treatment course for these pts. They are usually seen as antagonistic and manipulative. Diagnosis: Borderline Personality Disorder [17%]; although Antisocial [14%] and Schizoid/Schizotypal [11%] and PTSD [12%] were also common.

CLUSTERS 7 - 8

Cluster	High Scales [> 70T]	Other Elevations	General Interpretation
7	***DEP, ANX, ARD,*** and ***SUI*** Most [81%] had peak on ***DEP*** Subscales: all 3 ***DEP*** and ***ANX*** subscales prominently elevated	***BOR and*** STR [also > 70T] Subscales: ***ARD-T*** [Traumatic Stress]; ***BOR-A*** [Affective Instability]; ***BOR-I*** [Identity Problems]; and ***SCZ-S*** [Social Detachment]	Pt. severely depressed, anxious, agitated; obsesses about problems; dwells on shortcomings; ruminates about suicide; Combination of suicidal ideation, with agitation, confusion, stress, and feelings of hopelessness combine to make this group a high suicidal risk; while aware of a need for help, pt lacks energy, withdraws, is passive and thus may be difficult to engage in therapy; patient has low self esteem, feels powerless to change life; problems concentrating, making decisions; trouble thinking clearly due to anxiety and preoccupations; pt experiencing high stress currently, as well as stressful past experiences. Many of these pts either were currently on suicide precautions [12%] or had suicidal activity during past 6 months [21%]; hallucinations or delusions were rarely present; 65% of these pts are receiving psychotropic medications mainly antidepressants [35%] and anti-anxiety [23%]; Clinicians predict generally favorable course, complicated by threat of self-harm; They are usually seen as cooperative and non-manipulative. Diagnosis: Major Depression [23%] Dysthymia [42%] and Anxiety Disorders [23%] most of which was diagnosed PTSD. Regarding Personality Disorders, Dependent Personality Disorder was most frequent.
8	***SOM*** usually > 75T; 87% had ***SOM*** as highest scale	***DEP*** and ***ANX*** > 70T subscales for: ***SOM, ANX, DEP*** all elevated; but the Cognitive subscales for both ***DEP*** and ***ANX*** tended to be more elevated than the Affective or Physiological subscales	Pt reporting marked concerns over physical functioning; life significantly disrupted by a variety of physical symptoms, some of which may be odd and/or related to interpersonal conflict; at same time, pt reluctant to admit psychologic problems and tends to focus on medical and external causes of problems; pt irritable and resentful, causing friction with others; pt sees others as supportive, others see pt as complaining + demanding. Most pts with Cluster 8 present with somatic complaints, some are delusional, some have brain disorders [20% of norm sample did] Most [87%] are receiving medications: psychiatric: antidepressants [33%] as well as medical. Therapists see pts as manipulative, yet compliant and not antagonistic. Diagnosis: Somatoform [19%];Dysthymia [25%] Adjustment Disorder [20%].

CLUSTERS 9 - 10

Cluster	High Scales [> 65]	Other Elevations	General Interpretation
9	*ALC* and *DRG* with nearly all profiles [97%] having *ALC* as high point	*No other scales over 65T* Only subscales elevated were: *ANT-A*[Anti-social behaviors]; *AGG-P* [Physical Aggression]	Pt. likely has severe drinking problem, with significant negative consequences at home, work, or in relationships; other substances may be used, but alcohol is predominant; disinhibition by alcohol or drugs leads to physical aggression, legal difficulties are common, usually with alcohol/ drugs as a contributing factor; will admit alc / drug problems, yet may deny or minimize psychologic problems; little anxiety or guilt is admitted; relationships are described in more positive terms than then facts warrant; denial is obvious. Many of these pts [68%] have prior psychological treatment; 24% had history of assaultive behavior, 21% of some other criminal behavior. Clinicians predict very complicated treatment course, due to substance abuse antisocial behavior Diagnosis: Alcohol Abuse / Dependence [66%] Drug Abuse / Dependence [26%] and Antisocial Personality [14%] Other diagnoses were rare.
10	*SUI, BOR, DEP* Subscales likely elevated: *BOR-A, BOR- I BOR-N*	*SCZ, PAR, NON, ANX,* and *ARD* also, *NIM* may be elevated subscales likely elevated; *SCZ-T PAR-P PAR-H; ARD-T* and *DEP-C DEP-A*	Pt unhappy, bitter, angry, and confused; pt apt to present in state of crisis, in marked distress; due to unhappiness, resentment, impulsivity, and poor judgment, Suicidal ideation, gestures, or attempts are prominent, often following rejection in a relationship; other forms of acting-out are likely; pt feels betrayed by those who were once trusted or seen as close friends; may lash out toward those whom they feel betrayed them; pt reports problems concentrating or making decisions; their preoccupations and bitterness may impair clear thinking; delusions, brief psychoses possible; pt reports current and past stress, yet see self as powerless, despairing of future mastery over stress Majority [78%] had been in therapy before; high suicidal risk [37% report a suicidal attempt or gesture during past 6 months], Self-mutilation reported in 21%. Auditory hallucinations [24%], paranoid ideation [29%], persecutory delusions [14%] occur with frequency; A number of these pts [29%] had history of assaultive behavior. Therapists see pts as manipulative, and complicated because of self-harm potential. Diagnosis: Borderline [24%];Dysthymia [24%] Schizoaffective Disorder [20%].

Additional Data Included on the Printout:

CRITICAL ITEMS: The PAI has 27 so-called "Critical Items" selected due to their apparent clinical significance. These items, when endorsed in the pathological direction, imply the existence of serious symptoms or pathology that are likely to demand immediate clinical attention. These items were selected according to the following criteria:

1. *Item content is potential indicator of a crisis situation*
2. *Item has VERY LOW endorsement rate among normals* [item mean $\leq$ .5]

These items are ALL SCORED IN THE POSITIVE DIRECTION. That is, none are reverse scored. This assures that pts will not inadvertently endorse an item due to confusion over grammatical structure. Responses of Slightly, Mainly, or Very True all trigger a Critical Item as having been endorsed.

Item Content Categories are:

Category	Number of Items in Category	Scale [Item Numbers]
Delusions & Hallucinations	5	***SCZ-P*** [90, 130, 170, 210]; ***PAR-P*** [309]
Potential for Self-Harm	5	***SUI*** [100, 220, 340]; ***BOR-S*** [183]; ***DEP-A*** [206]
Potential for Aggression	4	***AGG-P*** [21, 61, 101, 181]
Substance Abuse	2	***ALC*** [55] ; ***DRG*** [222]
Potential Malingering	4	***NIM*** [9, 49, 129, 249]
Unreliability / Resistance	3	***ANT-E*** [31, 71, 311]
Traumatic Stressors	4	***ARD-T*** [34, 114, 194, 274]

EXPERIMENTAL INDICES: DEFENSIVENESS and MALINGERING

These indices appear at the top of page 3 of the printout. The clinician can obtain a copy of test author Dr. Leslie Morey's article on these indices by contacting BIRU for a copy [or by calling the test publisher, who will fax it to you free of charge].

Briefly, the **DEFENSIVENESS** index is derived from a series of items that tap into the following 3 Factors:

1. Tendency to endorse only positive self-statements and a reluctance to admit any areas of dysfunction.
2. Tendency to portray self as highly competent without being willing to admit that maintaining this competence sometimes can have a psychological cost. A denial of *inner* consequences.
3. Tendency to portray self as behaviorally adventurous, without being willing to admit that this style sometimes leads to negative consequences. A denial of *outer* consequences.

The **MALINGERING** index is derived from 2 factors:

1. Endorsement of severe and rather unusual psychotic symptoms without the marked anxiety and wariness in dealing with the environment that usually accompany these symptoms.
2. Tendency to portray oneself and one's environment in a very negative light; to accentuate the negatives and minimize the positives.

The following table presents statistical info [data represent differences in T-scores on scales that are expected to be similar based on control and patient norms] as well as the author's suggested [personal communication, July 1996] cut-offs:

INDEX	NORMALS	PATIENTS	FAKE BAD	FAKE GOOD	CUT-OFF
DEFENSIVENESS	2.8	1.66	2.13	6.23	6 or more
MALINGERING	.46	.80	4.41	.72	3 or more

MEAN CLINICAL ELEVATION: This is the average T-Score for the 11 clinical scales. It is a rough index of general level of distress or psychopathology.

COEFFICIENT of FIT: These values reflect the statistical similarity of the current patient's PAI profile with those generated by patients having a variety of disorders, cluster patters, or test-taking approaches. The presumption is that the closer the fit [i.e. higher the correlation] the more likely the diagnosis and/or traits describe your patient.

update as of February 1997 - additional information released in:

Morey, L. (1996) ***An iterpretive guide to the Personality Assessment Inventory [PAI].*** Odessa [FL], Psychological Assessment Resources, Inc.

The PAI ***Treatment Process Index*** [TPI]

This is a determination of the probability of success of dynamic / insight oriented psychotherapy, and is based upon the presence / absence of 12 characteristics derived from the PAI profile. The following table illustrates the key variables that determine suitability for what Dr. Morey terms "Exploratory Therapy:"

CHARACTERISTIC:	LOW SUITABILITY	HIGH SUITABILITY
1. Friendliness	Hostile	Amiable
2. Likability	Unlikable	Likable
3. Intelligence	Low	High
4. Motivation	Indifferent	Motivated
5. Psychological Minded	Low	High
6. Conscience Factors	Deceitful	Moral Sense
7. Self-Discipline	Chaotic	Disciplined
8. Impulse Control	Impulsive	Self-Control
9. Defensive Style	Symptoms Represent "the way things are"	Symptoms Represent a Disorder
10.Internalization	Projecting	Admits Fault
11.Empathy	Entitlement	Empathy
12.Parental Factors	Abusive / Indifferent	Supportive
13.Social Supports	Few	Many

CALCULATION of the PAI TREATMENT PROCESS INDEX [TPI]
[SCORE 1 IF *ANY* INDICATOR IS PRESENT]

CHARACTERISTIC	PAI PROBLEM INDICATORS	Y / N	SCORE
1. Friendliness	PAR-R > 70T	Y N	
	AGG-A > 70T	Y N	
	WRM < 30T	Y N	0 1
2. Likability	BOR > 70T	Y N	
	ANT > 70T	Y N	0 1
3. Motivation	RXR > 60T	Y N	
	PIM > 60T	Y N	0 1
4. Psychological-Minded	BOR-S > 70T	Y N	
	ANT-E > 70T	Y N	
	SOM > 70T	Y N	
	ANT-A > 70T	Y N	0 1
5. Conscience Factors	ANT-E > 70T	Y N	0 1
6. Self-Discipline	BOR > 70T	Y N	
	ANT > 70T	Y N	
	ALC > 70T	Y N	
	DRG > 70T	Y N	
	NIM > 70T	Y N	0 1
7. Impulse Control	BOR-S > 70T	Y N	
	AGG > 70T	Y N	
	ANT-A > 70T	Y N	
	ANT-S > 70T	Y N	0 1
8. Defensive Style	BOR > 70T	Y N	
	ANT > 70T	Y N	
	ALC > 70T	Y N	
	DRG > 70T	Y N	0 1
9. Internalization	PAR > 70T	Y N	0 1
10.Empathy	MAN-G > 70T	Y N	
	DOM > 70T	Y N	
	ANT-E > 70T	Y N	0 1
11.Parental Factors	ARD-T > 70T	Y N	
	NON > 70T	Y N	0 1
12.Social Supports	NON > 70T	Y N	
	STR > 70T	Y N	0 1
		TOTAL SCORE:	

PATIENT:_____ DATE: _____

T-SCORES FOR TPI

COMMUNITY and CLINICAL NORMATIVE SAMPLES

TPI TOTAL	T-SCORE Community	T-SCORE Clinical
0	44	**38**
1	49	**41**
2	55	**44**
3	60	**47**
4	65	**50**
5	70	**54**
6	76	**57**
7	81	**60**
8	86	**63**
9	91	**66**
10	97	**69**
11	102	**72**
12	107	**75**

interpretation: **CLINICAL SAMPLE:** [Morey, 1996: p.257]

60 - 69T : Many and varied obstacles to a smooth treatment process; problems tend to be refractory and chronic in nature; therapy will be difficult and have many reversals.

70 + T : Marked elevation; suggests very difficult treatment process. Because of complexity of these problems and their enduring nature, considerable efforts will be needed to establish any form of alliance needed to maintain the person in treatment.