

# PERSONALITY ASSESSMENT SCREENER™

## Interpretive Report

by

Leslie C. Morey, PhD  
and PAR Staff

## Client Information

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Client Name	:	Sample A. Client
Client ID	:	12-3456789
Age	:	31
Gender	:	Male
Education	:	12
Marital Status	:	Single
Test Date	:	08/31/2011
Prepared For	:	-Not Specified-

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## Interpretive Caveats

The PAS is designed to provide a brief screening of information relevant to various clinical problems and to be useful in targeting areas where follow-up assessments might be needed. The PAS is not designed to provide a comprehensive assessment of the domains of psychopathology or normal personality, and diagnostic and treatment decisions should never be based exclusively on the results of the PAS. Interpretation of PAS scores and responses requires a professional who is trained or supervised in the appropriate uses and limitations of self-report measures and who is knowledgeable in the area of the screening assessment of psychopathology. This report is intended to be used solely in the context of a professional-to-professional consultation. Such reports are never intended to be the sole basis of any professional decisions and should always be considered one of many sources of hypotheses for decision-making.

## Interpretation of PAS Scores

Score	Raw score	P score	Risk for clinical problems
PAS Total	33	96.99	Marked
Negative Affect ( <i>NA</i> )	2	27.1	Normal
Acting Out ( <i>AO</i> )	7	81.3	Marked
Health Problems ( <i>HP</i> )	3	74.4	Moderate
Psychotic Features ( <i>PF</i> )	2	72.1	Moderate
Social Withdrawal ( <i>SW</i> )	5	100.0	Marked
Hostile Control ( <i>HC</i> )	2	49.3	Mild
Suicidal Thinking ( <i>ST</i> )	0	38.6	Normal
Alienation ( <i>AN</i> )	2	41.6	Mild
Alcohol Problem ( <i>AP</i> )	5	98.7	Marked
Anger Control ( <i>AC</i> )	5	89.7	Marked

The PAS Total score assesses the potential for clinically significant emotional and behavioral problems and the need for a comprehensive follow-up evaluation. The individual PAS elements shown above are each comprised of two to three items tapping different potential problem areas in mental health. Because of their brevity, the elements are designed to serve only as rough guidelines for subsequent assessment. Interpretation of an individual PAS element should be attempted only when the PAS Total score is elevated (i.e., moderate, marked, or extreme risk) because, in the absence of an elevated PAS Total score, an isolated element elevation is considerably less likely to reflect a problem. For this reason, interpretation is only offered for elevated elements when the PAS Total *P* score exceeds 47.

## Validity of PAS Scores

There does not appear to be any indication that the client was attempting to distort the PAS results in either a positive or a negative direction. However, a follow-up assessment is recommended, and such distorting factors should nevertheless be considered in a more comprehensive manner in that assessment.

### Pattern of PAS Scores: The Potential for Emotional and Behavioral Problems

As noted previously, the PAS Total score assesses the potential for emotional and behavioral problems of clinical significance and the need for comprehensive follow-up evaluation. This client obtained a PAS Total raw score of 33, which corresponds to a *P* score of 96.99. Roughly 97% of persons obtaining this score will report some type of difficulty in a comprehensive self-report evaluation. This score indicates the client has a Marked risk of experiencing clinical problems.

This reported potential for emotional and/or behavioral problems is substantially greater than is typical for community-dwelling adults. Follow-up self-report assessments are very likely to identify significant problems. The follow-up assessment should target the following areas:

**Social Withdrawal (SW = 100.0P)**

The client's responses indicate marked potential for problems within the Social Withdrawal domain. Item endorsement suggests significant potential for social detachment and discomfort in close relationships. This client is likely to have little apparent interest or investment in social interactions. Others may view the client as cold, unfeeling, and unable to display affection and to commit to personal relationships. Follow-up evaluation is strongly recommended and should examine the client's social history and the status of current relationships. It is important to note that these disruptions in interpersonal relatedness can be associated with highly diverse problems. Social withdrawal can stem from apathy, marked shyness or anxiety, trauma-induced alienation, autistic withdrawal, distrust, or instability of relationships. Other elevations on the PAS element scores should be examined to identify concomitant problems that might identify the specific nature of the social difficulties.

**Alcohol Problem (AP = 98.7P)**

The client's responses indicate marked potential for difficulties within the Alcohol Problem domain. Item endorsement indicates a strong likelihood of significant problems and consequences associated with alcohol use, abuse, and dependence. These problems are likely to include difficulties in interpersonal relationships and impairment in work performance. Follow-up evaluation is strongly recommended and should evaluate the client's use of alcohol, both current and historical. Because of the potential for denial of alcohol-related difficulties, it is often helpful to consult collateral information (particularly family members) in addition to the reports of the client. The assessment should obtain information about the past consequences of alcohol use and about the current frequency and quantity of alcohol consumption during a typical week. The assessment should also address physiological signs of dependence and withdrawal as well as potential medical consequences of drinking (e.g., liver problems or withdrawal seizures).

**Anger Control (AC = 89.7P)**

The client's responses indicate a marked potential for problems within the Anger Control domain. Item endorsement indicates that the client is chronically angry and has a high potential to express anger and hostility through verbal means, physical means, or both. Follow-up evaluation is strongly recommended and should involve a review of problems with control of anger, particularly any episodes of aggressive or assaultive behavior and how anger is generally expressed. Additional questions to raise in the follow-up evaluation involve risk factors for violence; for example, substance abuse, thought disorder, and impulsivity can all increase the potential for violence in an individual who experiences anger readily. Follow-up evaluation should also focus on those diagnostic groups with prominent difficulties in the area of anger management, such as borderline and antisocial personalities, and PTSD.

**Acting Out (AO = 81.3P)**

The client's responses indicate marked potential for problems with Acting Out. The client is very likely to be impulsive, sensation-seeking, and reckless and to have a disregard for convention and authority. Follow-up evaluation in this area is strongly recommended and should target disorders that are associated with acting out behaviors, such as drug abuse,

antisocial and borderline personality, alcoholism, and mania. These types of problems are particularly susceptible to distortions in self-presentation because of motivated distortion, limited insight, or both. Thus, it is particularly useful for the follow-up evaluation to include some assessment of response distortion as well as the use of collateral information (e.g., from family, acquaintances, or existing records) to supplement self-reported information. Areas of particular focus should include substance abuse, illegal or criminal activities, and impulsive, seemingly self-destructive acts.

### **Health Problems (*HP* = 74.4*P*)**

The client's responses indicate moderate potential for difficulties within the Health Problems domain. The client is describing concerns about somatic functioning as well as impairment arising from these somatic symptoms. The types of complaints the client is reporting may range from vague symptoms of malaise to severe dysfunction in specific organ systems. Follow-up assessment is recommended and should consider neuropsychological status as well as other areas of somatic functioning. If such evaluation rules out an organic explanation of reported symptoms, the possibility of a somatoform disorder should be considered. However, there are other emotional disorders that may manifest with marked somatic symptomatology, such as depression (with sleep problems, appetite disturbance, or both), anxiety (with physiological signs of panic, such as heart palpitations), or Schizophrenia (with somatic delusions). Other elevations on the PAS element scores should be examined to identify concomitant problems that might be associated with such diagnoses.

### **Psychotic Features (*PF* = 72.1*P*)**

The client's responses indicate moderate potential for problems within the Psychotic Features domain. There are suggestions of potential problems with persecutory or paranoid thinking and possibly other psychotic phenomena. Follow-up evaluation is recommended and should carefully examine the client's thought processes and content, with particular attention to the presence of delusional or hallucinatory phenomena. Diagnostic symptomatology associated with Schizophrenia, Schizoaffective Disorder, and mania should be evaluated through the client's self-report as well as through clinical observation of the client. The suggestion of paranoid features indicated by a *PF* elevation may make reliance upon self-reported symptoms difficult, so the gathering of historical and collateral information may be advisable.

### **Alienation (*AN* = 41.6*P*)**

The client's responses suggest a mild potential for problems within the Alienation domain. The client may feel unsupported and treated unfairly by others. Although these problems appear to be less prominent for the client than are other emotional or behavioral troubles, they are worth pursuing in light of these other troubles. The follow-up evaluation should include some examination of the client's close relationships and his role in any current problems in these relationships. The inclusion of friends or family members in the assessment could assist in clarifying the basis for any relationship problems that are discovered.

## **PAS Item Responses**

1. [Item test removed for sample report] (MT/1)
2. [Item test removed for sample report] (F/3)
3. [Item test removed for sample report] (MT/2)
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22. [Item test removed for sample report] (F/0)

**\*\*\* End of Report \*\*\***