# PAI Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

**The PAI** (Personality Assessment Inventory; Morey, PAR, 1991; manual 2nd ed. 2007) is a 344-item self-report inventory of adult psychopathology, ages 18 to 89: 4 validity, 11 clinical, 5 treatment consideration, and 2 interpersonal scales, all nonoverlapping, fourth-grade reading level. Linear T scores (mean 50, SD 10) against community norms, with a clinical-sample comparison on the same profile. The discipline in one line: validity first, domains next, treatment scales their own section, computer narrative paraphrased, never pasted.

**1 – Measures, form, norms, administration** which PAI, which form?
**Do:** name the form (full or 160-item short), the language product, the platform, the modality, any overlay applied.
**Pitfall:** an unnamed short form or Spanish edition; the score list turns ambiguous at re-evaluation.

**2 – Protocol validity first** before any substantive sentence
**Do:** work consistency (ICN, INF), negative distortion (NIM, supplementals), positive distortion (PIM, Cashel function); end with an interpretability conclusion.
**Pitfall:** substantive findings before validity; leaning on RDF in real-world criterion contexts.

**3 – Clinical findings by domain** neurotic, psychotic, behavior
**Do:** work the three classes, weave subscales into prose, label the reference population: community, clinical, or both.
**Pitfall:** the 22-scale dump in test order, and reference frames mixed without labels.

**4 – Treatment consideration scales** the PAI's edge, use it
**Do:** route harm indicators to the risk assessment; tie stress and nonsupport to specifics; weigh treatment rejection against distress.
**Pitfall:** omitting these scales from a treatment-planning report; indicators reported as predictions.

**5 – Interpersonal functioning** style, not disorder
**Do:** describe warmth and dominance as style context, with alliance and treatment-format implications.
**Pitfall:** pathologizing normal-range interpersonal scores.

**6 – Comparison-group context** screening and overlays
**Do:** name the applicant, incumbent, or PAI Plus context group used, and keep it separate from normative T scores.
**Pitfall:** a guarded screening profile read as affirmative proof of health.

**7 – Interpretive summary** answer the referral question
**Do:** present findings as hypotheses corroborated across sources; state the norms' vintage in high-stakes matters.
**Pitfall:** a verdict from a T score; no PAI score is a diagnosis, risk prediction, or legal threshold.

**8 – Recommendations linkage** findings drive the plan
**Do:** tie each recommendation to a stated finding, and the engagement strategy to the treatment-motivation finding.
**Pitfall:** a recommendation list that would read the same under different scores.

### Before you sign

- ☐ Form, language product, platform, norms named
- ☐ Validity disposed of first, conclusion stated
- ☐ Reference population labeled in every claim
- ☐ Treatment consideration scales shape the plan
- ☐ Harm indicators routed to the risk assessment
- ☐ Narrative paraphrased, not pasted; links to findings

### Drafting with AI

Paste your scale summary: validity findings and elevated scales with T scores. Not the items, not the software narrative.

> *"Draft a PAI results section from this summary: valid protocol; DEP 76, ANX 71, STR 68, NON 64, RXR 64; treatment-planning referral; …"*

**Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.**

| 400–800 words | 25–55 min | Ages 18–89 | Courts · clinicians |
|---|---|---|---|
| results section | administration | adults only | who reads it |

# PAI Results Section Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): | Age: | Testing date:

Form / norms: | Platform / modality: | Referral question:

### Measures and administration

Form (full or 160-item short, with reason); language product; platform (PARiConnect, paper, PAI-SP); overlay if any

### Protocol validity first

Consistency (ICN, INF); negative distortion (NIM, supplemental indicators); positive distortion (PIM); interpretability conclusion

### Clinical scale findings by domain

Neurotic, psychotic, and behavior classes; subscales woven into prose; reference population labeled (community, clinical, or both)

### Treatment consideration scales

Harm indicators routed to the risk assessment; stress and nonsupport tied to specifics; treatment rejection weighed against distress

### Interpersonal functioning

Warmth and dominance as style context; alliance implications

### Comparison-group context (if applied)

Applicant, incumbent, or PAI Plus group named; kept separate from normative T scores

### Interpretive summary

Hypotheses corroborated across sources; referral question answered; norms vintage stated in high-stakes matters

### Recommendations linkage

Each recommendation tied to a stated finding; engagement strategy tied to the treatment-motivation finding

Evaluator signature / credentials: | Date signed:

Supervisor signature, where required: | Date: