**SWAP-200 Basic Profile Report**  
*by Jonathan Shedler, PhD*

<table>
<thead>
<tr>
<th><strong>Patient/Client:</strong></th>
<th>John D</th>
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<tr>
<td><strong>Age:</strong></td>
<td>32</td>
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<tr>
<td><strong>Sex:</strong></td>
<td>Male</td>
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<tr>
<td><strong>Race/Ethnicity:</strong></td>
<td>Black/African American</td>
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<tr>
<td><strong>Setting:</strong></td>
<td>Clinical treatment, outpatient</td>
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<tr>
<td><strong>Date Assessed:</strong></td>
<td>2/23/2015</td>
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<td><strong>Assessor:</strong></td>
<td>Mary Smith, PsyD</td>
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**Identifying Information**

The client/patient is a 32 year-old male of African American race/ethnicity. He has completed some college. He is divorced.

The client/patient is being evaluated in a clinical outpatient setting.

The assessor has seen the client/patient in clinical treatment.

**Interpretive Considerations**

This report reflects the recognition that mental health problems are typically rooted in personality—that is, enduring patterns of thinking, feeling, motivation, coping, defense, attachment, interpersonal functioning, experiencing self and others, and so on. Understanding these patterns will clarify the meaning and function of specific psychological difficulties and provides a road map for effective intervention and decision making.

SWAP diagnostic scale scores are T-scores (standardized scores) based on norms established in a clinical sample of patients with personality disorder diagnoses. T-scores have a mean of 50 and standard deviation of 10. Thus, a score of T=50 indicates that the client/patient is at the mean for the clinical reference sample and a score of T=60 indicates that the client/patient is one standard deviation above the mean (84th percentile). As a general interpretive guideline, SWAP-200 scores of T=55 (70th percentile) and higher can be considered clinically elevated.
I. DSM-5 Personality Disorder Score Profile

The DSM-5 Personality Disorder Score Profile shows the similarity or match between the client/patient and diagnostic “prototypes” reflecting expert clinical consensus about the core features of each DSM-5 personality disorder.

Higher scores indicate greater severity. The higher the score, the more likely the patient would be given the personality disorder diagnosis by a consensus of expert clinicians.

As an interpretive guideline, T-scores > 60 generally warrant a categorical DSM-5 personality disorder diagnosis and T-scores > 55 warrant a diagnosis of traits or features of the disorder. Consult the Guide to SWAP-200 Interpretation for more information.
II. SWAP Personality Syndromes

The SWAP Personality Syndromes profile shows the degree of resemblance or match between your patient and an alternative set of empirically-identified personality syndromes. These syndromes are more clinically relevant and informative than DSM diagnostic categories and more faithfully capture personality patterns and disorders seen in clinical practice.

Scores indicate the degree of resemblance or “match” between your client/patient and diagnostic prototypes representing each personality syndrome in its “ideal” or pure form. Where categorical diagnosis is desired, T-scores > 60 generally indicate that a diagnosis applies and T-scores > of indicate clinically significant “features.” Consult the Guide to SWAP-200 Interpretation for descriptions of the SWAP personality syndromes and interpretive guidelines.
III. SWAP Trait Dimensions

The SWAP Trait Dimension Profile shows scores for 12 personality factors or trait dimensions derived via factor analysis of the SWAP-200 item set. Scores assess the client/patient on each trait dimension relative to norms established in the clinical reference sample. Consult the *Guide to SWAP-200 Interpretation* for descriptions of the SWAP Trait Dimensions and interpretive guidelines.
The following SWAP-200 items were identified as most descriptive of this client/patient by the assessor and were assigned scores of 5 or higher.

30: Tends to feel listless, fatigued, or lacking in energy.
35: Tends to be anxious.
54: Tends to feel s/he is inadequate, inferior, or a failure.
90: Tends to feel empty or bored.
91: Tends to be self-critical; sets unrealistically high standards for self and is intolerant of own human defects.
149: Tends to feel like an outcast or outsider; feels as if s/he does not truly belong.
189: Tends to feel unhappy, depressed, or despondent.
199: Tends to be passive and unassertive.
1: Tends to blame self or feel responsible for bad things that happen.
6: Is troubled by recurrent obsessional thoughts that s/he experiences as senseless and intrusive.
17: Tends to be ingratiating or submissive (e.g., may consent to things s/he does not agree with or does not want to do, in the hope of getting support or approval).
36: Tends to feel helpless, powerless, or at the mercy of forces outside his/her control.
42: Tends to feel envious.
57: Tends to feel guilty.
68: Appreciates and responds to humor.
84: Tends to be competitive with others (whether consciously or unconsciously).
92: Is articulate; can express self well in words.
174: Expects self to be “perfect” (e.g., in appearance, achievements, performance, etc.).
13: Tends to use his/her psychological or medical problems to avoid work or responsibility (whether consciously or unconsciously).
14: Tends to blame others for own failures or shortcomings; tends to believe his/her problems are caused by external factors.
50: Tends to feel life has no meaning.
56: Appears to find little or no pleasure, satisfaction, or enjoyment in life’s activities.
66: Is excessively devoted to work and productivity, to the detriment of leisure and relationships.
86: Tends to feel ashamed or embarrassed.
88: Tends to be insufficiently concerned with meeting own needs; appears not to feel entitled to get or ask for things s/he deserves.
117: Is unable to soothe or comfort self when distressed; requires involvement of another person to help regulate affect.
119: Tends to be inhibited or constricted; has difficulty allowing self to acknowledge or express wishes and impulses.
120: Has moral and ethical standards and strives to live up to them.
127: Tends to feel misunderstood, mistreated, or victimized.
175: Tends to be conscientious and responsible.