



## SAMPLE REPORT

### Case Description: Brian C. — Alcohol/Drug Treatment Interpretive Report

Brian C., an 18-year-old high school dropout, was arrested for careless and reckless driving and possession of a large quantity of marijuana as he was leaving a beach party. He ran a stop sign and nearly collided with a police car that was entering the intersection. He was uncooperative with the arresting officers and was taken to jail. His father refused to provide bail money, and Brian was detained for trial on drug dealing charges.

Brian's relationship with his family had deteriorated greatly over the past year. Brian's parents own a small retail business in which Brian had worked during his early high school years. However, his relationship with his father worsened when Brian refused to comply with his rules. Brian's parents objected to his school absences and late hours and were disappointed with his poor performance on the job. At one point, Brian was accused of taking money from the business. He dropped out of school after a year of failing performance and took a job as a waiter in a fast food restaurant where two of his friends worked. Because of a number of heated arguments with his parents, Brian, an only child, no longer lived with them but stayed with several friends in an apartment.

Brian was being evaluated in a pretrial evaluation.

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Case descriptions do not accompany MMPI-2 reports, but are provided here as background information. The following report was generated from Q-global™, Pearson's web-based scoring and reporting application, using Mr. C.'s responses to the MMPI-2. Additional MMPI-2 sample reports, product offerings, training opportunities, and resources can be found at [PearsonClinical.com/mmpi2](http://PearsonClinical.com/mmpi2).

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## Alcohol/Drug Treatment Interpretive Report

MMPI®-2

The Minnesota Report™: Adult Clinical System-Revised, 4th Edition

*James N. Butcher, PhD*

Name:	Brian C.
ID Number:	2518
Age:	18
Gender:	Male
Marital Status:	Never Married
Years of Education:	11
Date Assessed:	1/31/14



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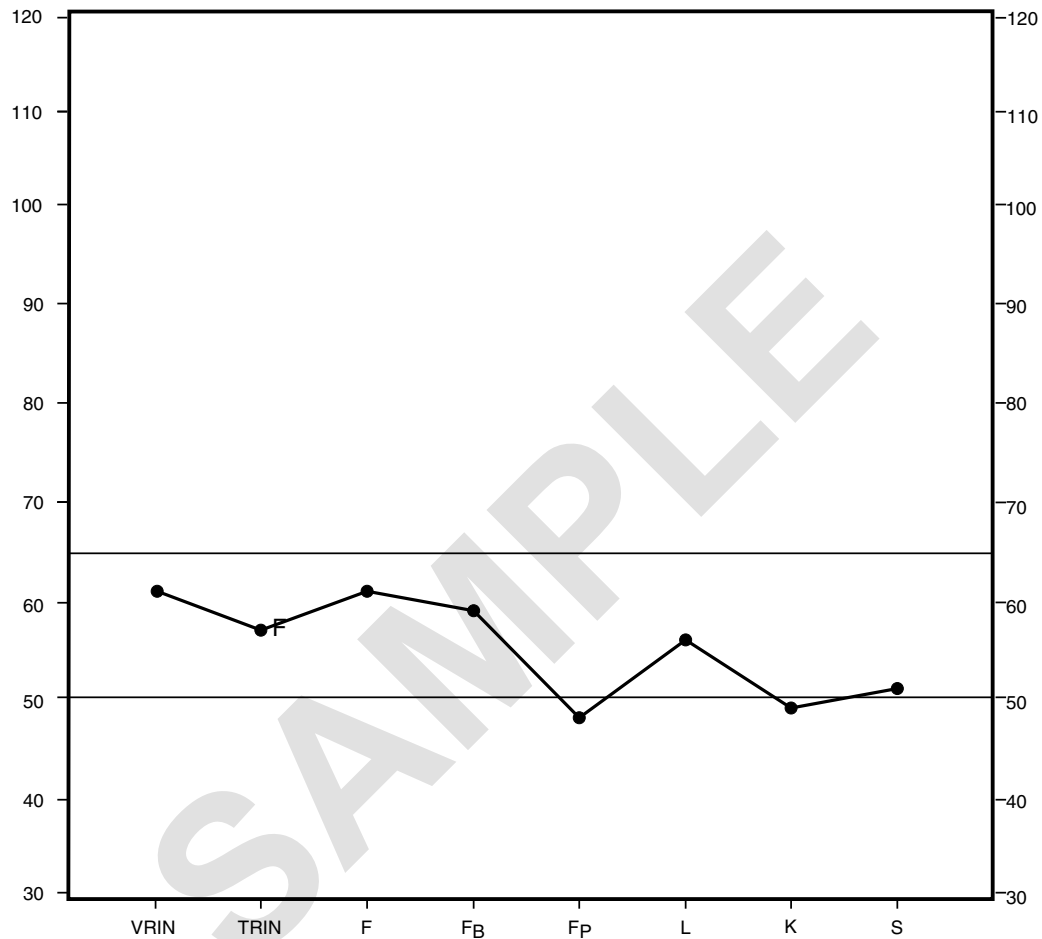
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[ 9.5 / 1 / QG ]

## MMPI-2 VALIDITY PATTERN

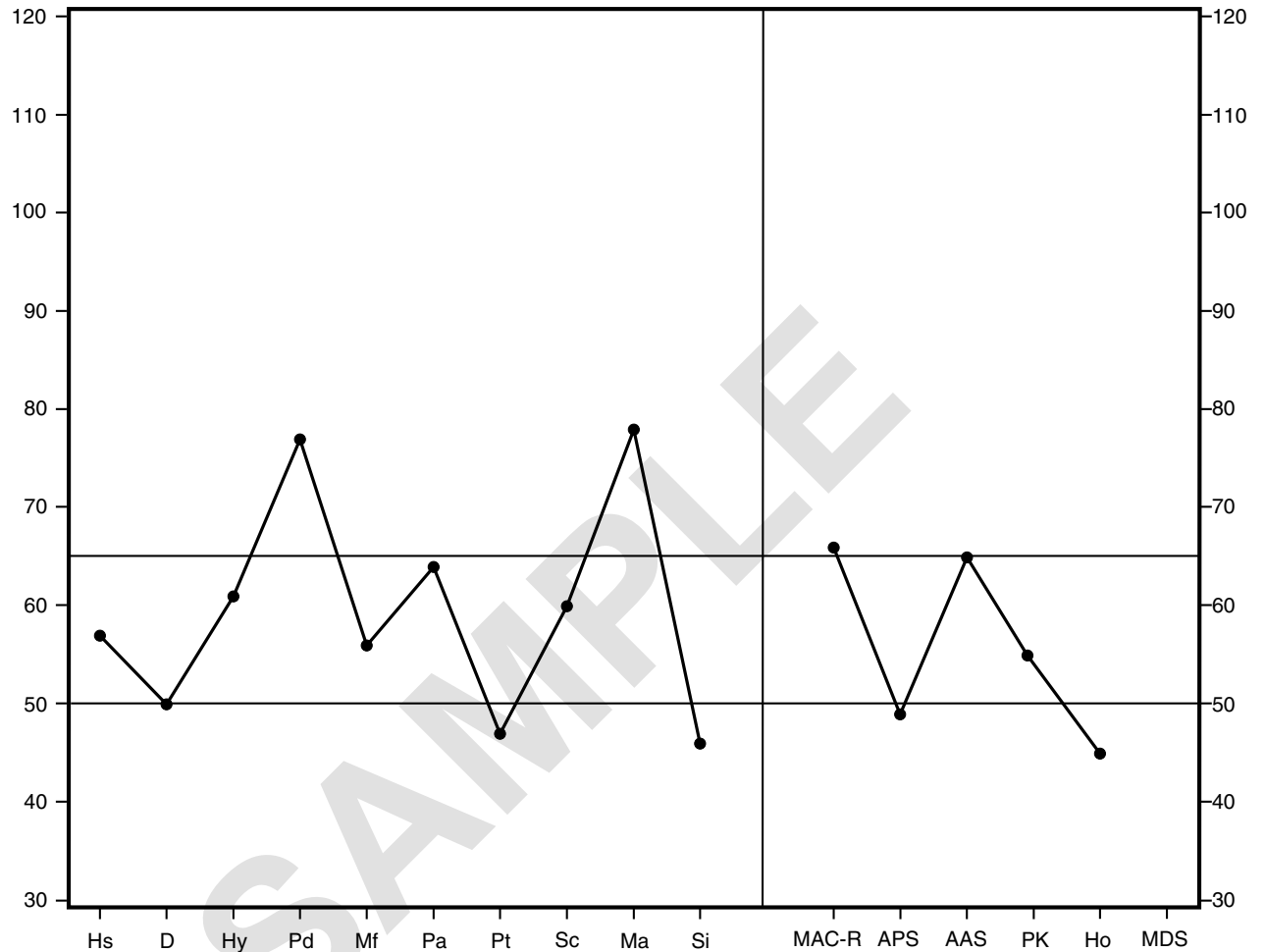


Raw Score:	8	8	8	4	1	5	15	26
T Score:	61	57F	61	59	48	56	49	51
Response %:	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0  
Percent True: 37  
Percent False: 63

	Raw Score	T Score	Resp. %
S1 - Beliefs in Human Goodness	5	44	100
S2 - Serenity	7	53	100
S3 - Contentment with Life	4	50	100
S4 - Patience/Denial of Irritability	7	63	100
S5 - Denial of Moral Flaws	2	43	100

## MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



Raw Score:	7	18	26	28	29	14	10	17	27	21	28	23	6	11	14	*
K Correction:	8			6			15	15	3							
T Score:	57	50	61	77	56	64	47	60	78	46	66	49	65	55	45	*
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	*

Welsh Code: 94+638-152/70: F-L/K:

Profile Elevation: 61.8

\*MDS scores are reported only for clients who indicate that they are married or separated.

Trait	Value
ANX	50
FRS	35
OBS	41
DEP	55
HEA	58
BIZ	60
ANG	53
CYN	49
ASP	55
TPA	41
LSE	51
SOD	35
FAM	52
WRK	59
TRT	39

[illegible]

## PROFILE VALIDITY

His MMPI-2 clinical profile is probably valid. The client's responses to the MMPI-2 validity items suggest that he cooperated with the evaluation enough to provide useful interpretive information. The resulting clinical profile is an adequate indication of his present personality functioning.

## SYMPTOMATIC PATTERNS

The MMPI-2 profile configuration with Scales Pd and Ma as the prototype was used to develop this report. This profile configuration shows very high definition. A high degree of confidence can be placed in the behavioral descriptions from the clinical scales that are provided in this report because the client's profile closely matches the prototype pattern in research literature that defines this profile type. The client appears to have long-standing impulse-control problems. Extroverted, uninhibited, and rather self-indulgent, he has a low frustration tolerance and a need for constant stimulation that cause him to behave recklessly or irresponsibly at times. He apparently has an exaggerated sense of importance and may have grandiose plans. He has a gift for charming others and for appearing self-confident, but he may actually feel quite insecure and inadequate. This pattern of behavior reflects a number of persistent personality characteristics and is unlikely to change much over time. Some individuals with this profile tend to "burn out" in later life and act out less, in which case a different pattern of symptoms might emerge, including somatic distress, anxiety, and depression.

He becomes involved in numerous activities, does not follow through sufficiently on commitments, and tends to deny problems or blame them on others. He may be having symptoms of irritation, agitation, changeable moods, and overactivity, and he may explode angrily when he becomes frustrated. Many individuals with this profile develop problems in day-to-day living.

In addition, the following description is suggested by the client's scores on the content scales. He shows a tendency to reject authority and may have conflicts over rules. The client does not appear to be an overly anxious person prone to developing unrealistic fears. Any fears he reports are likely to be viewed by him as reality-based rather than internally generated.

## PROFILE FREQUENCY

It is usually valuable in MMPI-2 clinical profile interpretation to take into consideration the relative frequency of a given profile pattern in various settings. The client's MMPI-2 high-point clinical scale score (Ma), the highest scale score peak in his profile, was found in 15.2% of the MMPI-2 normative sample of men. Moreover, 8.3% of the sample had Ma as the peak score at or above a T score of 65, and 6.3% had well-defined Ma spikes. This elevated MMPI-2 profile configuration (4-9/9-4) is very rare in samples of normals, occurring in less than 1% of the MMPI-2 normative sample of men.

A high-point Ma score was found in 16.11% of the cases in a sample of 832 men evaluated in a drug and alcohol treatment setting (McKenna & Butcher, 1987). Well-defined spikes with T scores of 65 or higher on Ma were found in 8.17% of these men. The Ma scale had the second highest frequency of well-defined high-point spikes in the data set. This individual's two-point profile configuration (4-9/9-4) was found in 10.22% of the men in the McKenna and Butcher sample. A well-defined profile with T

scores of 65 or higher was found in 1.08% of the cases with well-defined profiles.

## **PROFILE STABILITY**

The relative elevation of the highest scales in his clinical profile shows very high profile definition. His scores on Pd and Ma are likely to be very prominent in his profile if he is retested at a later date.

## **INTERPERSONAL RELATIONS**

A natural ability to charm, persuade, or even con others is usually found in individuals with this profile. They are very sociable and outgoing, but their relationships are usually quite superficial and manipulative. They tend not to be open and honest in relationships. He appears to act impulsively and may become involved in difficult relationships. He may hedonistically use other people for his own satisfaction without concern for them.

## **DIAGNOSTIC CONSIDERATIONS**

Individuals with this profile are usually diagnosed as having a Personality Disorder. The possibility of a Cyclothymic Disorder should be evaluated, however.

He appears to have a number of personality characteristics that have been associated with substance use or abuse problems. His scores on the addiction proneness indicators suggest that there is a possibility of his developing an addictive disorder. In his responses to the MMPI-2, he acknowledged some problems with excessive use or abuse of addictive substances. Further evaluation for the likelihood of a substance use or abuse disorder is indicated.

## **TREATMENT CONSIDERATIONS**

Patients in alcohol or drug treatment with this profile tend not to seek psychological treatment on their own and are often seen in counseling only because of life problems resulting from their impulsive or irresponsible behavior. They usually seek counseling only at the insistence of another person. They may appear to be cooperative and to enjoy therapy for a time, but they usually resist any demands that they alter their behavior because they are not very introspective and see little reason to change.

Individuals with this profile assume little responsibility for their problems. Their acting-out behavior is likely to be destructive to treatment planning.

His acknowledged problems with alcohol or drug use should be addressed in therapy.

## ADDITIONAL SCALES

	Raw Score	T Score	Resp %
<b>Personality Psychopathology Five (PSY-5) Scales</b>			
Aggressiveness (AGGR)	8	48	100
Psychoticism (PSYC)	3	49	100
Disconstraint (DISC)	18	60	100
Negative Emotionality/Neuroticism (NEGE)	5	43	100
Introversion/Low Positive Emotionality (INTR)	11	50	100
<b>Supplementary Scales</b>			
Anxiety (A)	8	47	100
Repression (R)	19	58	100
Ego Strength (Es)	39	54	100
Dominance (Do)	13	38	100
Social Responsibility (Re)	18	45	100
<b>Harris-Lingoes Subscales</b>			
<b>Depression Subscales</b>			
Subjective Depression (D <sub>1</sub> )	9	56	100
Psychomotor Retardation (D <sub>2</sub> )	4	43	100
Physical Malfunctioning (D <sub>3</sub> )	4	59	100
Mental Dullness (D <sub>4</sub> )	4	58	100
Brooding (D <sub>5</sub> )	1	45	100
<b>Hysteria Subscales</b>			
Denial of Social Anxiety (Hy <sub>1</sub> )	6	61	100
Need for Affection (Hy <sub>2</sub> )	8	55	100
Lassitude-Malaise (Hy <sub>3</sub> )	5	61	100
Somatic Complaints (Hy <sub>4</sub> )	3	52	100
Inhibition of Aggression (Hy <sub>5</sub> )	3	48	100
<b>Psychopathic Deviate Subscales</b>			
Familial Discord (Pd <sub>1</sub> )	3	58	100
Authority Problems (Pd <sub>2</sub> )	7	73	100
Social Imperturbability (Pd <sub>3</sub> )	6	63	100
Social Alienation (Pd <sub>4</sub> )	4	50	100
Self-Alienation (Pd <sub>5</sub> )	8	72	100
<b>Paranoia Subscales</b>			
Persecutory Ideas (Pa <sub>1</sub> )	4	64	100
Poignancy (Pa <sub>2</sub> )	3	55	100
Naivete (Pa <sub>3</sub> )	5	51	100



	Raw Score	T Score	Resp %
<b>Schizophrenia Subscales</b>			
Social Alienation (Sc <sub>1</sub> )	5	59	100
Emotional Alienation (Sc <sub>2</sub> )	2	59	100
Lack of Ego Mastery, Cognitive (Sc <sub>3</sub> )	3	60	100
Lack of Ego Mastery, Conative (Sc <sub>4</sub> )	3	55	100
Lack of Ego Mastery, Defective Inhibition (Sc <sub>5</sub> )	1	47	100
Bizarre Sensory Experiences (Sc <sub>6</sub> )	4	60	100
<b>Hypomania Subscales</b>			
Amorality (Ma <sub>1</sub> )	4	66	100
Psychomotor Acceleration (Ma <sub>2</sub> )	5	49	100
Imperturbability (Ma <sub>3</sub> )	6	65	100
Ego Inflation (Ma <sub>4</sub> )	5	63	100
<b>Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, &amp; Graham)</b>			
Shyness/Self-Consciousness (Si <sub>1</sub> )	1	39	100
Social Avoidance (Si <sub>2</sub> )	1	41	100
Alienation--Self and Others (Si <sub>3</sub> )	5	50	100
<b>Content Component Scales (Ben-Porath &amp; Sherwood)</b>			
<b>Fears Subscales</b>			
Generalized Fearfulness (FRS <sub>1</sub> )	0	44	100
Multiple Fears (FRS <sub>2</sub> )	0	37	100
<b>Depression Subscales</b>			
Lack of Drive (DEP <sub>1</sub> )	3	57	100
Dysphoria (DEP <sub>2</sub> )	1	50	100
Self-Depreciation (DEP <sub>3</sub> )	1	48	100
Suicidal Ideation (DEP <sub>4</sub> )	0	45	100
<b>Health Concerns Subscales</b>			
Gastrointestinal Symptoms (HEA <sub>1</sub> )	0	44	100
Neurological Symptoms (HEA <sub>2</sub> )	3	60	100
General Health Concerns (HEA <sub>3</sub> )	1	48	100
<b>Bizarre Mentation Subscales</b>			
Psychotic Symptomatology (BIZ <sub>1</sub> )	0	44	100
Schizotypal Characteristics (BIZ <sub>2</sub> )	3	60	100
<b>Anger Subscales</b>			
Explosive Behavior (ANG <sub>1</sub> )	4	64	100
Irritability (ANG <sub>2</sub> )	1	41	100
<b>Cynicism Subscales</b>			
Misanthropic Beliefs (CYN <sub>1</sub> )	7	52	100
Interpersonal Suspiciousness (CYN <sub>2</sub> )	3	48	100

	Raw Score	T Score	Resp %
Antisocial Practices Subscales			
Antisocial Attitudes (ASP <sub>1</sub> )	8	55	100
Antisocial Behavior (ASP <sub>2</sub> )	3	59	100
Type A Subscales			
Impatience (TPA <sub>1</sub> )	1	39	100
Competitive Drive (TPA <sub>2</sub> )	1	39	100
Low Self-Esteem Subscales			
Self-Doubt (LSE <sub>1</sub> )	1	44	100
Submissiveness (LSE <sub>2</sub> )	1	48	100
Social Discomfort Subscales			
Introversion (SOD <sub>1</sub> )	1	39	100
Shyness (SOD <sub>2</sub> )	0	36	100
Family Problems Subscales			
Family Discord (FAM <sub>1</sub> )	4	55	100
Familial Alienation (FAM <sub>2</sub> )	2	58	100
Negative Treatment Indicators Subscales			
Low Motivation (TRT <sub>1</sub> )	1	48	100
Inability to Disclose (TRT <sub>2</sub> )	0	37	100

Uniform T scores are used for Hs, D, Hy, Pd, Pa, Pt, Sc, Ma, the content scales, the content component scales, and the PSY-5 scales. The remaining scales and subscales use linear T scores.

## CRITICAL ITEMS

The following critical items have been found to have possible significance in analyzing a client's problem situation. Although these items may serve as a source of hypotheses for further investigation, caution should be used in interpreting individual items because they may have been checked inadvertently.

The percentages of endorsement for each critical item are presented in brackets following the listing of the item. The percentage of the MMPI-2 normative sample of 1,138 men who endorsed the item in the scored direction is given.

### Acute Anxiety State (Koss-Butcher Critical Items)

Of the 17 possible items in this section, 3 were endorsed in the scored direction:

- 3. Item Content Omitted. (False) [N = 32]
- 208. Item Content Omitted. (False) [N = 30]
- 218. Item Content Omitted. (True) [N = 30]



#### Special Note:

The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

### Depressed Suicidal Ideation (Koss-Butcher Critical Items)

Of the 22 possible items in this section, 4 were endorsed in the scored direction:

- 9. Item Content Omitted. (False) [N = 14]
- 71. Item Content Omitted. (True) [N = 31]
- 215. Item Content Omitted. (True) [N = 15]
- 518. Item Content Omitted. (True) [N = 27]

### Threatened Assault (Koss-Butcher Critical Items)

Of the 5 possible items in this section, 2 were endorsed in the scored direction:

- 37. Item Content Omitted. (True) [N = 39]
- 134. Item Content Omitted. (True) [N = 16]

### **Situational Stress Due to Alcoholism (Koss-Butcher Critical Items)**

Of the 7 possible items in this section, 5 were endorsed in the scored direction:

- 264. Item Content Omitted. (True) [N = 45]
- 487. Item Content Omitted. (True) [N = 34]
- 489. Item Content Omitted. (True) [N = 7]
- 502. Item Content Omitted. (True) [N = 28]
- 518. Item Content Omitted. (True) [N = 27]



#### **Special Note:**

The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

### **Mental Confusion (Koss-Butcher Critical Items)**

Of the 11 possible items in this section, 3 were endorsed in the scored direction:

- 31. Item Content Omitted. (True) [N = 13]
- 32. Item Content Omitted. (True) [N = 24]
- 316. Item Content Omitted. (True) [N = 15]

### **Persecutory Ideas (Koss-Butcher Critical Items)**

Of the 16 possible items in this section, 2 were endorsed in the scored direction:

- 17. Item Content Omitted. (True) [N = 5]
- 333. Item Content Omitted. (True) [N = 6]

### **Antisocial Attitude (Lachar-Wrobel Critical Items)**

Of the 9 possible items in this section, 3 were endorsed in the scored direction:

- 35. Item Content Omitted. (True) [N = 58]
- 105. Item Content Omitted. (True) [N = 31]
- 266. Item Content Omitted. (False) [N = 41]

### Family Conflict (Lachar-Wrobel Critical Items)

Of the 4 possible items in this section, 1 was endorsed in the scored direction:

21. Item Content Omitted. (True) [N = 32]

### Somatic Symptoms (Lachar-Wrobel Critical Items)

Of the 23 possible items in this section, 4 were endorsed in the scored direction:

142. Item Content Omitted. (False) [N = 7]  
255. Item Content Omitted. (False) [N = 22]  
295. Item Content Omitted. (False) [N = 15]  
464. Item Content Omitted. (True) [N = 25]



#### Special Note:

The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

### Anxiety and Tension (Lachar-Wrobel Critical Items)

Of the 11 possible items in this section, 3 were endorsed in the scored direction:

17. Item Content Omitted. (True) [N = 5]  
218. Item Content Omitted. (True) [N = 30]  
261. Item Content Omitted. (False) [N = 44]

### Deviant Thinking and Experience (Lachar-Wrobel Critical Items)

Of the 10 possible items in this section, 4 were endorsed in the scored direction:

32. Item Content Omitted. (True) [N = 24]  
122. Item Content Omitted. (True) [N = 80]  
316. Item Content Omitted. (True) [N = 15]  
427. Item Content Omitted. (False) [N = 17]

### Depression and Worry (Lachar-Wrobel Critical Items)

Of the 16 possible items in this section, 3 were endorsed in the scored direction:

- 3. Item Content Omitted. (False) [N = 32]
- 73. Item Content Omitted. (True) [N = 17]
- 339. Item Content Omitted. (True) [N = 37]



#### Special Note:

The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

### Deviant Beliefs (Lachar-Wrobel Critical Items)

Of the 15 possible items in this section, 1 was endorsed in the scored direction:

- 333. Item Content Omitted. (True) [N = 6]

### Substance Abuse (Lachar-Wrobel Critical Items)

Of the 3 possible items in this section, 2 were endorsed in the scored direction:

- 264. Item Content Omitted. (True) [N = 45]
- 429. Item Content Omitted. (False) [N = 30]

### Problematic Anger (Lachar-Wrobel Critical Items)

Of the 4 possible items in this section, 1 was endorsed in the scored direction:

- 134. Item Content Omitted. (True) [N = 16]

## End of Report

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NOTE: This MMPI-2 interpretation can serve as a useful source of hypotheses about clients. This report is based on objectively derived scale indices and scale interpretations that have been developed in diverse groups of patients. The personality descriptions, inferences, and recommendations contained herein need to be verified by other sources of clinical information because individual clients may not fully match the prototype. The information in this report should only be used by a trained and qualified test interpreter. The report was not designed or intended to be provided directly to clients. The information contained in the report is technical and was developed to aid professional interpretation.

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SAMPLE