MMPI®-2
Minnesota Multiphasic Personality Inventory®-2

**SAMPLE REPORT**

# Case Description: William S. — Outpatient Mental Health Interpretive Report

William S., age 32, was administered the MMPI-2 at an outpatient mental health clinic as part of an evaluation for marital counseling. He had reluctantly agreed to participate in marital therapy at his wife's insistence after she threatened him with divorce.

Mr. S. graduated from college and obtained an MBA degree in marketing from the University of Chicago. He is married (though currently separated) and has two children, ages 4 and 6. His wife is a successful patent attorney. He was a mid-level executive for a major retail firm for eight years. He was recently terminated from his position following a series of disagreements with several executives at work, including major conflicts with a vice president of the company. Mr. S. has been unemployed for the past six months and is currently having difficulty finding suitable employment.

In addition to his work-related problems, Mr. S. has been experiencing a great deal of marital conflict over the past year. He had been having an extramarital affair with one of his wife's close friends for several months. His wife recently learned of the affair from a mutual friend and left him. Her returning to the marriage was made contingent upon his entering marital counseling—a situation to which he has been highly resistant in the past when they have had problems.

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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. S.'s responses to the MMPI-2. Additional MMPI-2 sample reports, product offerings, training opportunities, and resources can be found at PearsonClinical.com/mmpi2.

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MMPI®-2
Minnesota Multiphasic Personality Inventory®-2

## Outpatient Mental Health Interpretive Report

MMPI®-2
The Minnesota Report™: Adult Clinical System-Revised, 4th Edition
*James N. Butcher, PhD*

| | |
|---|---|
| Name: | William S. |
| ID Number: | 2511 |
| Age: | 32 |
| Gender: | Male |
| Marital Status: | Separated |
| Years of Education: | 18 |
| Date Assessed: | 1/31/14 |

SAMPLE

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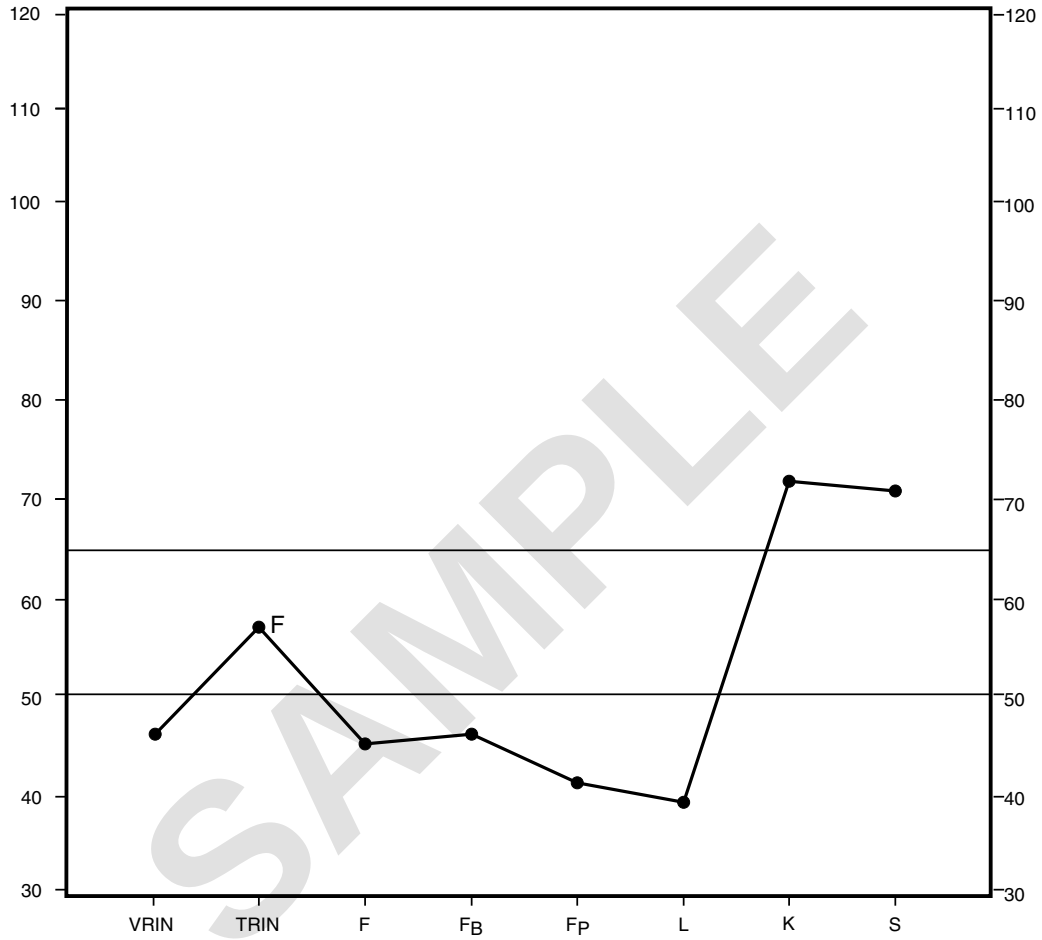
[ 9.5 / 1 / QG ]

## MMPI-2 VALIDITY PATTERN



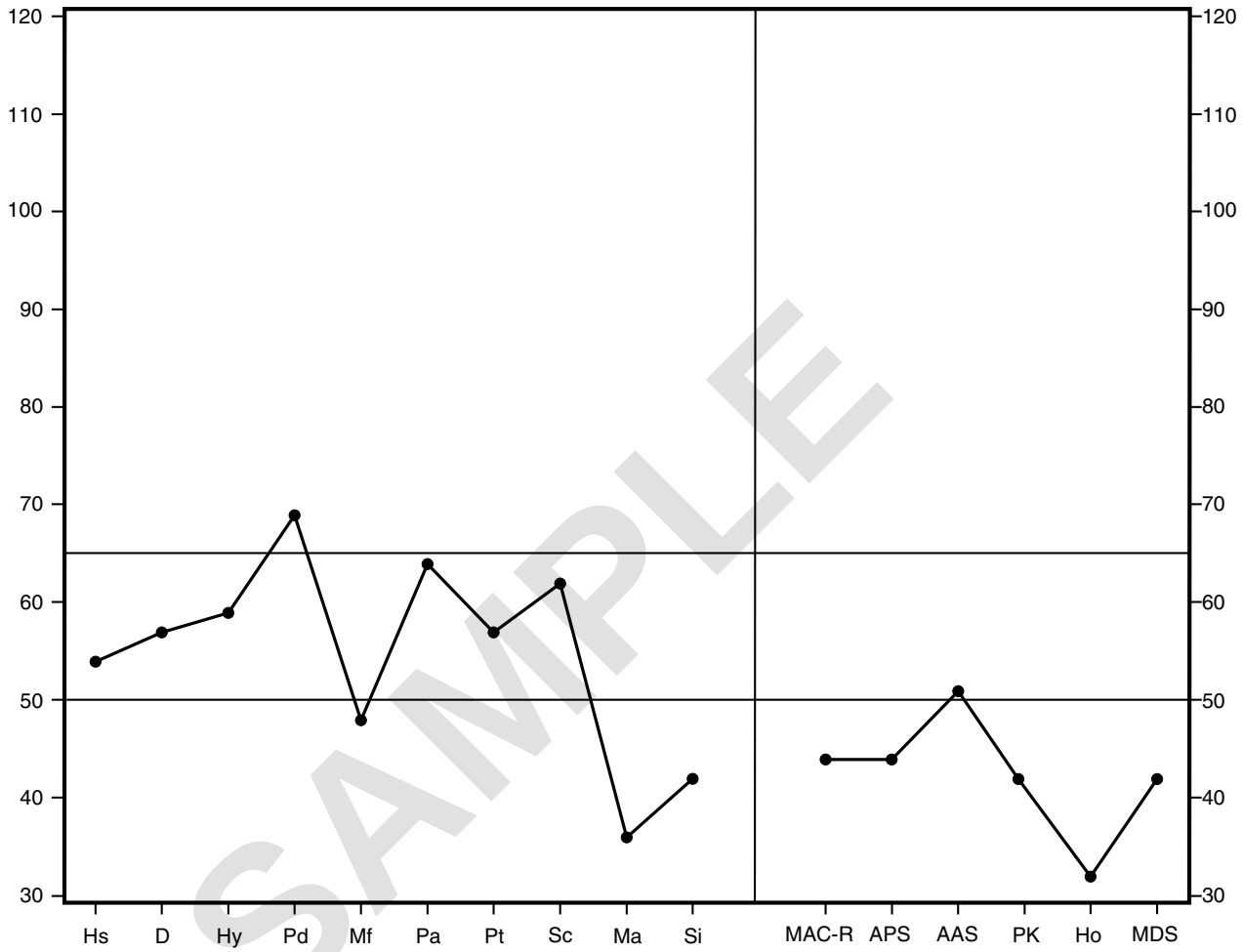

SAMPLE

| | VRIN | TRIN | F | $F_B$ | $F_P$ | L | K | S |
|---|---|---|---|---|---|---|---|---|
| Raw Score: | 4 | 8 | 3 | 1 | 0 | 1 | 26 | 43 |
| T Score: | 46 | 57F | 45 | 46 | 41 | 39 | 72 | 71 |
| Response %: | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

| | |
|---|---|
| Cannot Say (Raw): | 0 |
| Percent True: | 26 |
| Percent False: | 74 |

| | Raw Score | T Score | Resp. % |
|---|---|---|---|
| $S_1$ - Beliefs in Human Goodness | 14 | 67 | 100 |
| $S_2$ - Serenity | 10 | 64 | 100 |
| $S_3$ - Contentment with Life | 6 | 60 | 100 |
| $S_4$ - Patience/Denial of Irritability | 8 | 68 | 100 |
| $S_5$ - Denial of Moral Flaws | 4 | 58 | 100 |

## MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



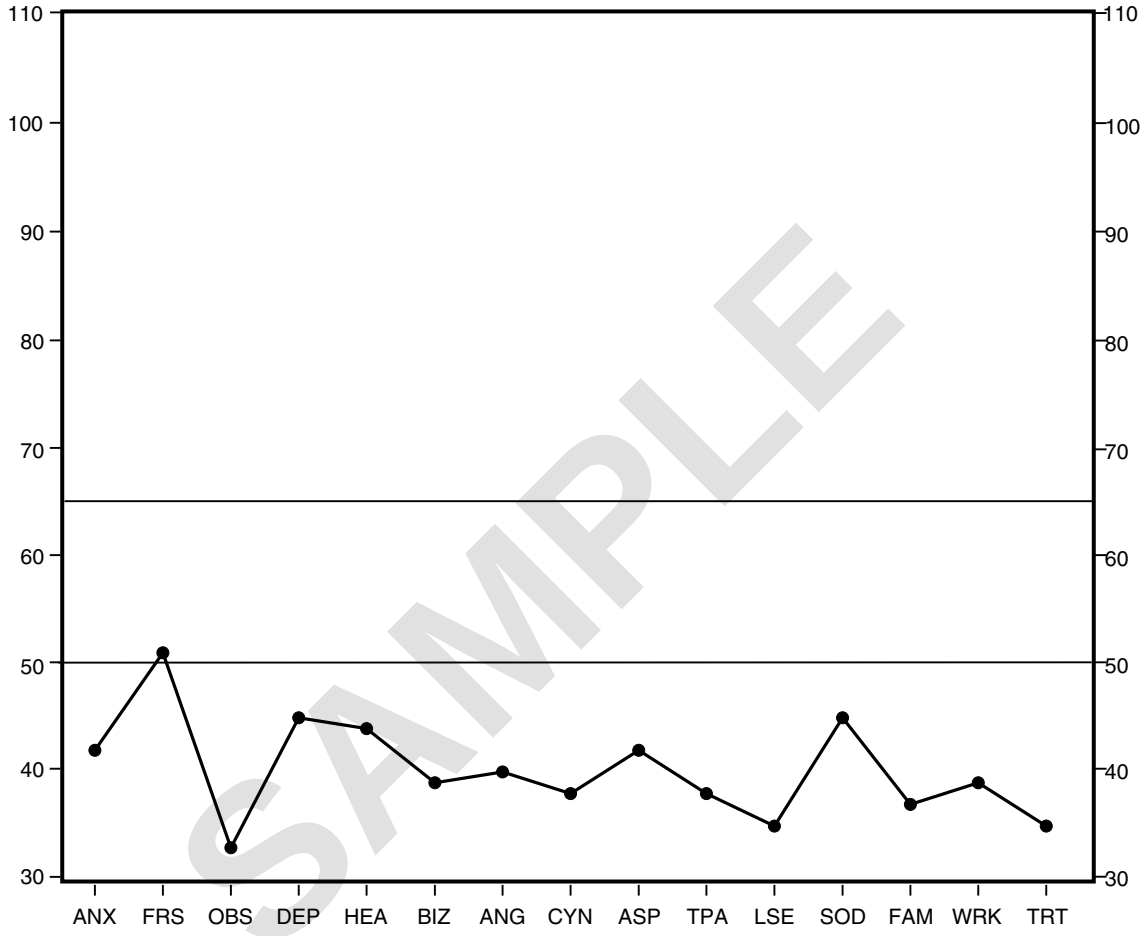

SAMPLE

| | Hs | D | Hy | Pd | Mf | Pa | Pt | Sc | Ma | Si | MAC-R | APS | AAS | PK | Ho | MDS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Raw Score: | 1 | 21 | 25 | 21 | 25 | 14 | 4 | 7 | 8 | 18 | 18 | 21 | 3 | 3 | 3 | 1 |
| K Correction: | 13 | | | 10 | | | 26 | 26 | 5 | | | | | | | |
| T Score: | 54 | 57 | 59 | 69 | 48 | 64 | 57 | 62 | 36 | 42 | 44 | 44 | 51 | 42 | 32 | 42 |
| Response %: | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Welsh Code: 4+68-3271/50:9# K'+-/F:L#

Profile Elevation: 57.3

## MMPI-2 CONTENT SCALES PROFILE




SAMPLE

| | ANX | FRS | OBS | DEP | HEA | BIZ | ANG | CYN | ASP | TPA | LSE | SOD | FAM | WRK | TRT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Raw Score: | 2 | 4 | 0 | 2 | 3 | 0 | 2 | 2 | 4 | 3 | 0 | 5 | 1 | 2 | 0 |
| T Score: | 42 | 51 | 33 | 45 | 44 | 39 | 40 | 38 | 42 | 38 | 35 | 45 | 37 | 39 | 35 |
| Response %: | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

## PROFILE VALIDITY

This clinical profile has marginal validity because the client attempted to place himself in an overly positive light by minimizing faults and denying psychological problems. This defensive stance is characteristic of individuals who are trying to maintain the appearance of adequacy and self-control. This client tends to deny problems and is not very introspective or insightful about his own behavior.

His efforts to deny problems and present himself in a superlative manner might be understood more clearly by looking at the type of content he endorsed in a defensive manner. He approached the test items with a motivation to have others view him as a very well controlled person who never loses his temper or becomes irritated (as shown by his high score on S4, Patience or Denial of Irritability and Anger). In addition, he approached the test items with a desire to show that he has very positive views of other people. He endorsed a number of items on the Beliefs in Human Goodness subscale.

The clinical profile is likely to be an underestimate of the individual's psychological problems. He is likely to have little awareness of his difficulties. The client is likely to be rigid and inflexible in his approach to problems and may not be open to psychological self-evaluation. He is likely to project an excessively positive self-image and to be somewhat arrogant and intolerant of others' failings. He is unlikely to seek psychological treatment or to cooperate fully with treatment if it is suggested to him.

SAMPLE

## SYMPTOMATIC PATTERNS

The clinical scale prototype used in the development of this narrative included a prominent elevation on Pd. The client is somewhat immature and impulsive, a risk-taker who may do things others do not approve of just for the personal enjoyment of doing so. He is likely to be viewed as rebellious. He tends to be generally oriented toward thrill seeking and self-gratification. He may occasionally show bad judgment and tends to be somewhat self-centered, pleasure-oriented, narcissistic, and manipulative. He is not particularly anxious and shows no neurotic or psychotic symptoms.

## PROFILE FREQUENCY

Profile interpretation can be greatly facilitated by examining the relative frequency of clinical scale patterns in various settings. The client's high-point clinical scale score (Pd) occurred in 9.1% of the MMPI-2 normative sample of men. However, only 3.3% of the normative men had Pd as the peak score equal to or greater than a T score of 65, and only 1.9% had well-defined Pd spikes.

The relative frequency of this profile in various outpatient settings is useful information for clinical interpretation. In the Pearson male outpatient sample, this was the most frequent high-point clinical scale score (Pd), occurring in 17.8% of the sample. Additionally, 10.9% of the male outpatients had the Pd spike at or above a T score of 65, and 7.0% had well-defined Pd spikes.

## PROFILE STABILITY

The relative elevation of the highest scales in his clinical profile reflects high profile definition. His high-point score on Pd is likely to remain stable over time. Short-term test-retest studies have shown a correlation of 0.81 for this high-point score. Spiro, Butcher, Levenson, Aldwin, and Bosse (2000) reported a moderate test-retest stability index of 0.67 in a large study of normals over a five-year test-retest period.

## INTERPERSONAL RELATIONS

Individuals with this profile pattern tend to be rather likable and personable and may make a good first impression. His tendency to take personal risks and to act out at times may make it somewhat difficult to maintain close relationships.

Quite outgoing and sociable, he has a strong need to be around others. He is gregarious and enjoys attention. Personality characteristics related to social introversion-extraversion tend to be stable over time. The client is typically outgoing, and his sociable behavior is not likely to change if he is retested at a later time. His personal relationships are likely to be somewhat superficial. He appears to be rather spontaneous and expressive and may seek attention from others, especially to gain social recognition.

## DIAGNOSTIC CONSIDERATIONS

This pattern is consistent with those of individuals whose personality traits predispose them to problems resulting from nonconformity.

## TREATMENT CONSIDERATIONS

Individuals with this profile are generally not self-referred for therapy because they typically feel that they have few problems. They may be seen in mental health assessment settings as a result of court referral or at the insistence of a family member. They are usually not very motivated to change their behavior and may leave treatment prematurely.

Psychological treatment with this person may not be very successful because he tends to blame others for his problems.

SAMPLE

# ADDITIONAL SCALES

| | Raw Score | T Score | Resp % |
|---|---|---|---|
| **Personality Psychopathology Five (PSY-5) Scales** | | | |
| Aggressiveness (AGGR) | 6 | 43 | 100 |
| Psychoticism (PSYC) | 1 | 40 | 100 |
| Disconstraint (DISC) | 16 | 54 | 100 |
| Negative Emotionality/Neuroticism (NEGE) | 2 | 36 | 100 |
| Introversion/Low Positive Emotionality (INTR) | 15 | 59 | 100 |
| **Supplementary Scales** | | | |
| Anxiety (A) | 1 | 37 | 100 |
| Repression (R) | 22 | 65 | 100 |
| Ego Strength (Es) | 39 | 54 | 100 |
| Dominance (Do) | 22 | 68 | 100 |
| Social Responsibility (Re) | 22 | 55 | 100 |
| **Harris-Lingoes Subscales** | | | |
| Depression Subscales | | | |
| Subjective Depression ($D_1$) | 8 | 53 | 100 |
| Psychomotor Retardation ($D_2$) | 7 | 59 | 100 |
| Physical Malfunctioning ($D_3$) | 3 | 51 | 100 |
| Mental Dullness ($D_4$) | 2 | 48 | 100 |
| Brooding ($D_5$) | 1 | 45 | 100 |
| Hysteria Subscales | | | |
| Denial of Social Anxiety ($Hy_1$) | 5 | 56 | 100 |
| Need for Affection ($Hy_2$) | 11 | 67 | 100 |
| Lassitude-Malaise ($Hy_3$) | 1 | 43 | 100 |
| Somatic Complaints ($Hy_4$) | 2 | 48 | 100 |
| Inhibition of Aggression ($Hy_5$) | 4 | 55 | 100 |
| Psychopathic Deviate Subscales | | | |
| Familial Discord ($Pd_1$) | 2 | 51 | 100 |
| Authority Problems ($Pd_2$) | 7 | 73 | 100 |
| Social Imperturbability ($Pd_3$) | 4 | 51 | 100 |
| Social Alienation ($Pd_4$) | 4 | 50 | 100 |
| Self-Alienation ($Pd_5$) | 1 | 38 | 100 |
| Paranoia Subscales | | | |
| Persecutory Ideas ($Pa_1$) | 0 | 40 | 100 |
| Poignancy ($Pa_2$) | 3 | 55 | 100 |
| Naivete ($Pa_3$) | 9 | 70 | 100 |

SAMPLE

| | Raw Score | T Score | Resp % |
|---|---|---|---|
| Schizophrenia Subscales | | | |
| Social Alienation ($Sc_1$) | 0 | 39 | 100 |
| Emotional Alienation ($Sc_2$) | 1 | 50 | 100 |
| Lack of Ego Mastery, Cognitive ($Sc_3$) | 0 | 42 | 100 |
| Lack of Ego Mastery, Conative ($Sc_4$) | 1 | 44 | 100 |
| Lack of Ego Mastery, Defective Inhibition ($Sc_5$) | 0 | 40 | 100 |
| Bizarre Sensory Experiences ($Sc_6$) | 1 | 46 | 100 |
| Hypomania Subscales | | | |
| Amorality ($Ma_1$) | 1 | 42 | 100 |
| Psychomotor Acceleration ($Ma_2$) | 2 | 34 | 100 |
| Imperturbability ($Ma_3$) | 4 | 53 | 100 |
| Ego Inflation ($Ma_4$) | 1 | 37 | 100 |
| **Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)** | | | |
| Shyness/Self-Consciousness ($Si_1$) | 4 | 48 | 100 |
| Social Avoidance ($Si_2$) | 2 | 45 | 100 |
| Alienation--Self and Others ($Si_3$) | 1 | 38 | 100 |
| **Content Component Scales (Ben-Porath & Sherwood)** | | | |
| Fears Subscales | | | |
| Generalized Fearfulness ($FRS_1$) | 0 | 44 | 100 |
| Multiple Fears ($FRS_2$) | 4 | 54 | 100 |
| Depression Subscales | | | |
| Lack of Drive ($DEP_1$) | 0 | 40 | 100 |
| Dysphoria ($DEP_2$) | 1 | 50 | 100 |
| Self-Depreciation ($DEP_3$) | 0 | 41 | 100 |
| Suicidal Ideation ($DEP_4$) | 1 | 62 | 100 |
| Health Concerns Subscales | | | |
| Gastrointestinal Symptoms ($HEA_1$) | 0 | 44 | 100 |
| Neurological Symptoms ($HEA_2$) | 2 | 54 | 100 |
| General Health Concerns ($HEA_3$) | 1 | 48 | 100 |
| Bizarre Mentation Subscales | | | |
| Psychotic Symptomatology ($BIZ_1$) | 0 | 44 | 100 |
| Schizotypal Characteristics ($BIZ_2$) | 0 | 41 | 100 |
| Anger Subscales | | | |
| Explosive Behavior ($ANG_1$) | 0 | 39 | 100 |
| Irritability ($ANG_2$) | 0 | 35 | 100 |
| Cynicism Subscales | | | |
| Misanthropic Beliefs ($CYN_1$) | 1 | 36 | 100 |
| Interpersonal Suspiciousness ($CYN_2$) | 1 | 39 | 100 |

SAMPLE

| | Raw Score | T Score | Resp % |
|---|---|---|---|
| Antisocial Practices Subscales | | | |
| Antisocial Attitudes ($ASP_1$) | 1 | 35 | 100 |
| Antisocial Behavior ($ASP_2$) | 3 | 59 | 100 |
| Type A Subscales | | | |
| Impatience ($TPA_1$) | 1 | 39 | 100 |
| Competitive Drive ($TPA_2$) | 0 | 33 | 100 |
| Low Self-Esteem Subscales | | | |
| Self-Doubt ($LSE_1$) | 0 | 39 | 100 |
| Submissiveness ($LSE_2$) | 0 | 41 | 100 |
| Social Discomfort Subscales | | | |
| Introversion ($SOD_1$) | 3 | 45 | 100 |
| Shyness ($SOD_2$) | 2 | 47 | 100 |
| Family Problems Subscales | | | |
| Family Discord ($FAM_1$) | 0 | 35 | 100 |
| Familial Alienation ($FAM_2$) | 1 | 49 | 100 |
| Negative Treatment Indicators Subscales | | | |
| Low Motivation ($TRT_1$) | 0 | 42 | 100 |
| Inability to Disclose ($TRT_2$) | 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.

SAMPLE

# 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 by various reference groups are presented in brackets following the listing of the item. The endorsement percentage labeled "N" is the percentage of the MMPI-2 normative sample of 1,138 men who endorsed the item in the scored direction. Endorsement percentages for the normative sample are reported for all critical items. When available, endorsement percentages for the setting are also reported. The designation "Op" refers to a sample of 10,510 male outpatients (Pearson, 1993).

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

Of the 17 possible items in this section, 1 was endorsed in the scored direction:

15. Item Content Omitted. (True) [N = 37; Op = 48]

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

Of the 22 possible items in this section, 1 was endorsed in the scored direction:

506. Item Content Omitted. (True) [N = 4; Op = 17]

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

Of the 7 possible items in this section, 1 was endorsed in the scored direction:

487. Item Content Omitted. (True) [N = 34; Op = 29]

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

Of the 16 possible items in this section, 1 was endorsed in the scored direction:

241. Item Content Omitted. (True) [N = 20; Op = 28]

ITEMS NOT SHOWN

**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.

SAMPLE

### 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; Op = 58]
105. Item Content Omitted. (True) [N = 31; Op = 40]
266. Item Content Omitted. (False) [N = 41; Op = 53]

**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.

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

Of the 23 possible items in this section, 1 was endorsed in the scored direction:

159. Item Content Omitted. (False) [N = 27; Op = 26]

### Sexual Concern and Deviation (Lachar-Wrobel Critical Items)

Of the 6 possible items in this section, 2 were endorsed in the scored direction:

34. Item Content Omitted. (False) [N = 19; Op = 23]
268. Item Content Omitted. (True) [N = 21; Op = 24]

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

Of the 11 possible items in this section, 2 were endorsed in the scored direction:

15. Item Content Omitted. (True) [N = 37; Op = 48]
261. Item Content Omitted. (False) [N = 44]

SAMPLE

### 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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