



SAMPLE REPORT

Case Description: Jason W. — Pre-Trial Criminal Interpretive Report

Jason W., age 51, was employed as a finance manager. He was recently charged with embezzling \$15,000 from the company he worked for and is awaiting trial. This is his only recorded criminal offense other than four speeding tickets and a DUI offense that was reduced to careless and reckless driving in a plea bargain. The MMPI-2 was administered as part of a pre-trial evaluation.

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. W.'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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Pre-trial Criminal Interpretive Report

MMPI®-2

The Minnesota Report™: Reports for Forensic Settings

James N. Butcher, PhD

| | |
|---------------------|----------|
| Name: | Jason W. |
| ID Number: | 2542 |
| Age: | 51 |
| Gender: | Male |
| Marital Status: | Divorced |
| Years of Education: | 14 |
| Date Assessed: | 1/31/14 |



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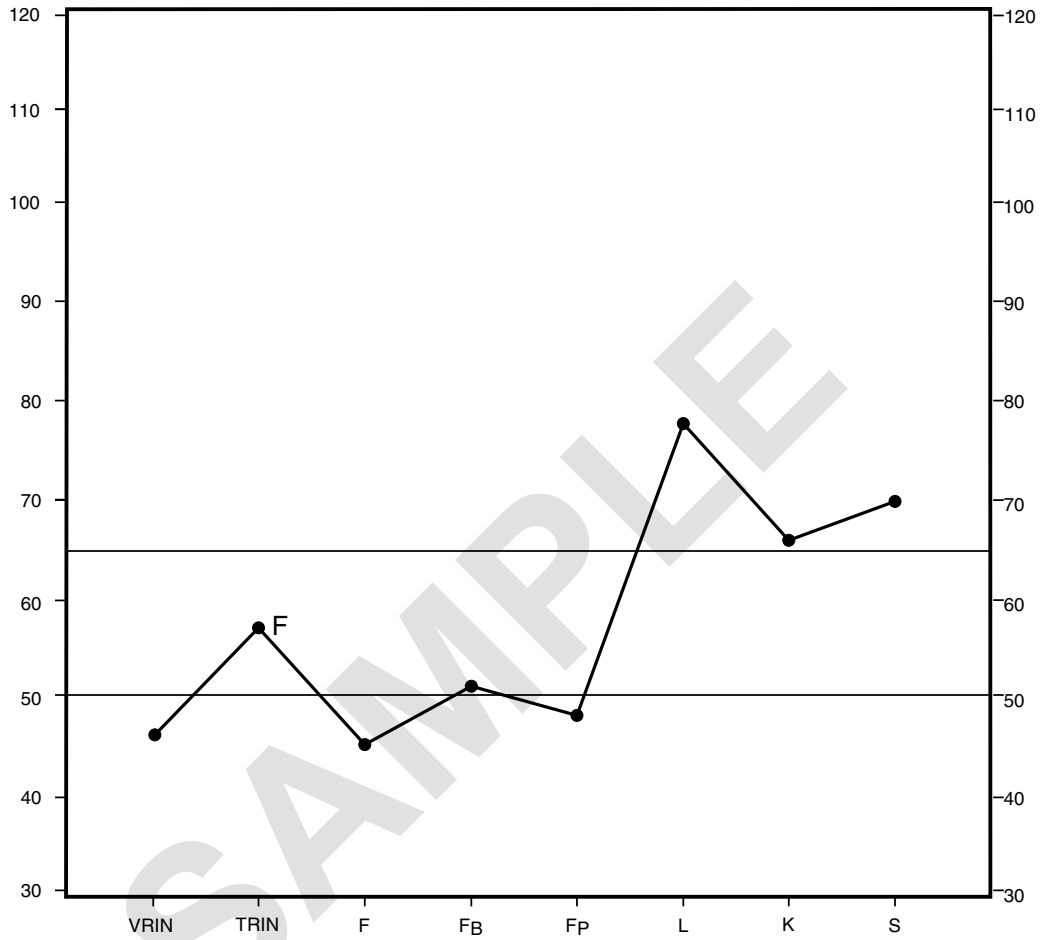
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[3.9 / 1 / QG]

MMPI-2 VALIDITY PATTERN



| | | | | | | | | |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| Raw Score: | 4 | 8 | 3 | 2 | 1 | 10 | 23 | 42 |
| T Score (plotted): | 46 | 57F | 45 | 51 | 48 | 78 | 66 | 70 |
| Non-Gendered T Score: | 46 | 57F | 46 | 50 | 49 | 80 | 67 | 70 |
| Response %: | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Cannot Say (Raw): 0
 Percent True: 28
 Percent False: 72

| | Raw Score | T Score | Resp. % |
|--|-----------|---------|---------|
| S ₁ - Beliefs in Human Goodness | 12 | 62 | 100 |
| S ₂ - Serenity | 9 | 61 | 100 |
| S ₃ - Contentment with Life | 8 | 70 | 100 |
| S ₄ - Patience/Denial of Irritability | 8 | 68 | 100 |
| S ₅ - Denial of Moral Flaws | 4 | 58 | 100 |

PROFILE VALIDITY

Unrealistic claims of virtue, as shown in this profile, reflect conscious attempts to influence the outcome of court proceedings by giving the appearance of having high moral virtue and honesty. This test-taking attitude weakens the validity of the test and shows an unwillingness or inability on the part of the client to disclose personal information. The resulting MMPI-2 profile is unlikely to provide much useful information about the client because he was too guarded to cooperate in the self-appraisal. Many reasons may be found for this pattern of uncooperativeness: conscious distortion to present himself in a favorable light, lack of psychological sophistication, or rigid neurotic adjustment.

The client's conscious efforts to influence the outcome of the evaluation and to project an overly positive self-image produced an MMPI-2 profile that substantially underestimates his psychological maladjustment. The test interpretation should proceed with the caution that the clinical picture reflected in the profile is probably an overly positive one and may not provide sufficient information for evaluation.

SYMPTOMATIC PATTERNS

Scales *Hy* and *Pa* were used as the prototype to develop this report. Although he tries to present a positive, cheerful attitude, he becomes uncomfortable in situations involving confrontation and the expression of anger. He may appear rather naive and suggestible. He tends to gloss over problems, and he avoids stressful situations by using denial and repression. He also tends to worry excessively and may develop physical problems under conditions of high stress. He may be very sensitive to criticism and is generally overly concerned about what others think. Under high stress, he may develop physical symptoms and/or intensify his defenses.

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 (*Pa*) occurs in 9.6% of the MMPI-2 normative sample of men. However, only 3% of the sample have *Pa* as the peak score at or above a T score of 65, and only 2.2% have well-defined *Pa* spikes. His elevated MMPI-2 two-point profile configuration (3-6/6-3) is very rare in samples of normals, occurring in less than 1% of the MMPI-2 normative sample of men.

The frequency of this MMPI-2 high-point *Pa* score is relatively high in various inpatient settings. In the Graham and Butcher (1988) sample of psychiatric inpatients, this profile peak is the second most frequent peak score (15.7%) for males, with 12.6% of the cases scoring in the clinically significant range (8.2% are well defined). In the large Pearson Assessments inpatient sample, this high-point clinical scale score (*Pa*) is the third most frequent peak score, occurring in 14.3% of the men. Moreover, 12.1% of the males in the inpatient sample have this high-point scale spike at or over a T score of 65, and 7.5% are well defined in that range. Male inpatients in a Veterans Administration setting (Arbisi & Ben-Porath, 1997) produce this high-point peak score with 18.0% frequency; 10.8% have *Pa* elevated above a T

score of 65 and are well defined.

This MMPI-2 clinical scale spike on Pa is the most frequent high point for psychiatric inpatients in a study of general hospital cases. Arbisi, Ben-Porath, Marshall, Boyd, and Strauman (1997) found this profile in 23.7% of the cases. Well-defined Pa spikes at or above a T score of 65 were found for 10.8% of the men.

This elevated MMPI-2 two-point profile configuration (3-6/6-3) is found in less than 1% of the males in the Graham and Butcher (1988) sample, in 1.2% of the males in the Pearson Assessments inpatient sample, and in 2.9% of the men in a Veterans Administration inpatient sample (Arbisi & Ben-Porath, 1997), but less than 1% are at or above T = 65 in a well-defined code type. The 3-6/6-3 code type occurred with modest frequency (3.8%) in the general psychiatric inpatient study conducted by Arbisi, Ben-Porath, Marshall, Boyd, and Strauman (1997). They reported that this high-point pattern occurred with less than 1% frequency as a well-defined high-point profile.

Ben-Porath and Stafford (1997) reported high-point and code type frequencies for men and women undergoing competency evaluations. The high-point score on Pa that the client received occurred with very high frequency (26.1%) in that sample. The Pa scale was the most common high score for men. Additionally, it occurred with relatively high frequency (14.1%) in terms of well-defined profiles at or above a T score of 65. This MMPI-2 high-point code (3-6/6-3) can best be interpreted in the context of cases reported by Ben-Porath and Stafford (1997) in their study of individuals undergoing competency evaluations. This profile configuration occurred with relatively high frequency (6.1%) and 1.3% were well-defined scores at or above a T of 65.

PROFILE STABILITY

The relative elevation of the highest scales in his clinical profile reflects high definition. If he is retested at a later date, the peak scores are likely to retain their relative salience. However, because of the lower test-retest correlation for the Pa scale, his high-point score on Pa may indicate only moderate test-retest stability. Short-term test-retest studies have shown a correlation of 0.67 for this high-point score. Spiro, Butcher, Levenson, Aldwin, and Bosse (1993) reported a moderate test-retest stability of 0.55 in a large study of normals over a five-year test-retest period.

INTERPERSONAL RELATIONS

In interpersonal relationships he is often passive. He manipulates people indirectly but effectively, and he behaves in dramatic ways to gain attention. He tends to be rather dependent and has a strong need for affection.

MENTAL HEALTH CONSIDERATIONS

His tendencies toward suspicion and mistrust require further evaluation in any diagnostic formulation.

He may not seek psychological treatment on his own because of his typically defensive approach to problems. He tends to be overly optimistic and shows little insight into the psychological causes of his problems. Individuals with this profile may view their problems as physical and may seek medical solutions for them.

He is probably not motivated for intensive psychological treatment and is likely to seek symptom relief only through medical procedures. He may seek and respond to direct reassurance and support, but he will resist confrontation or insight-oriented, "uncovering" psychological therapy. His present symptomatic problems may result from relationship difficulties. He may not easily enter into a psychological treatment relationship because he will have difficulty learning to trust the therapist.

Individuals with this profile may have a succession of psychological treatment failures that they attribute to the therapists' inability to understand their problems. There is a possibility that this individual will terminate treatment prematurely, perhaps feeling hurt and misunderstood.

PRE-TRIAL CRIMINAL CONSIDERATIONS

It is highly unlikely that he possesses the extremely high degree of perfection and moral virtue that he claims on the MMPI-2. Such extreme claims of excessive positive qualities are often found among defendants making a conscious effort to influence the outcome of their trial. This MMPI-2 pattern suggests an individual who is presenting an extremely exaggerated and overly positive self-appraisal in order to demonstrate his good moral values and his very responsible attitude toward life. This MMPI-2 reflects a somewhat naive attempt to deny any psychological adjustment problems and to assert that he is responsible and honest in his symptom presentation.

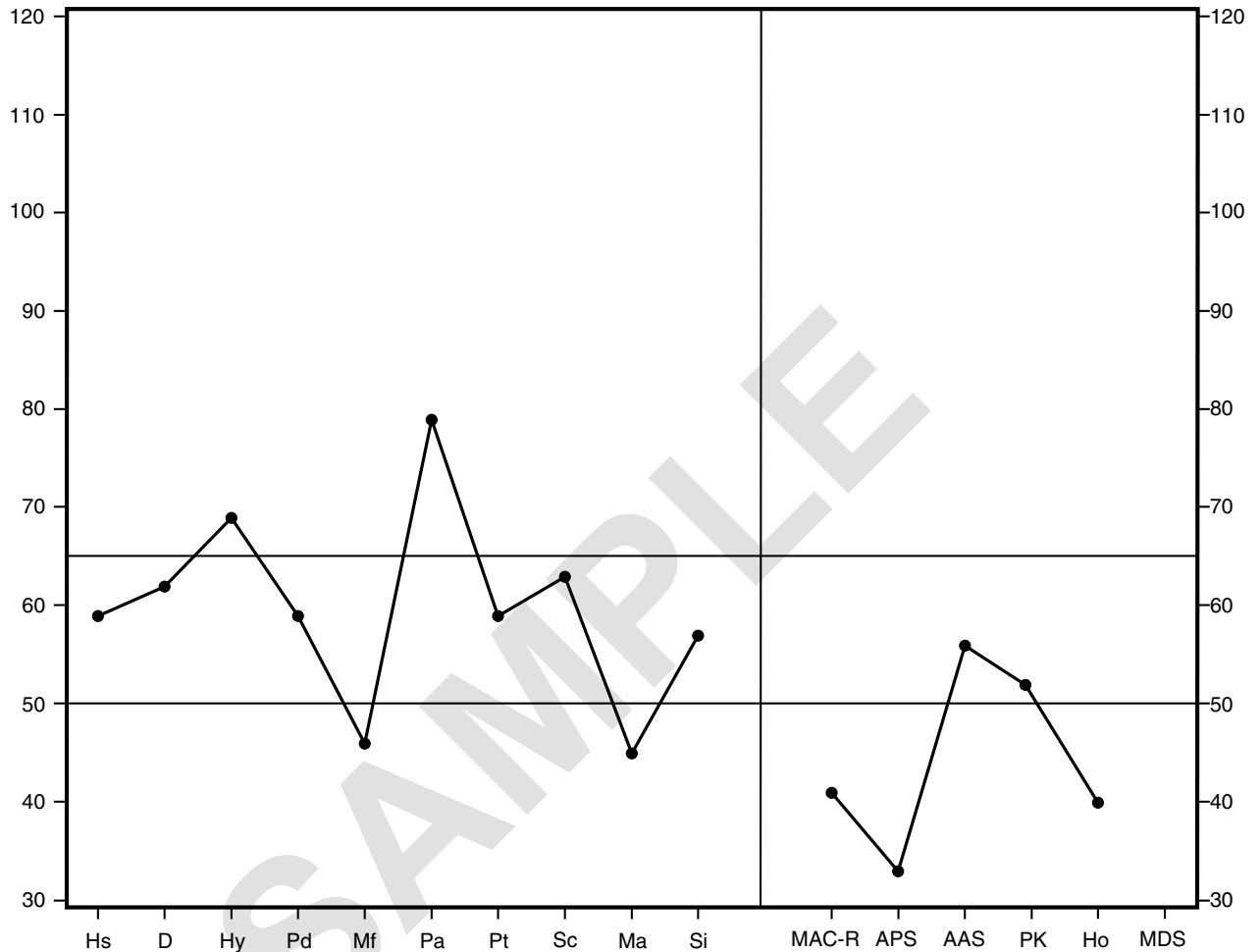
A major problem with this generally ineffective claim of extreme virtue is that it is a transparent effort to thwart the acquisition of specific personality information on which the practitioner can base an evaluation and recommendations. This performance appears to assert only that "everything is fine" and that he is perfect. It is likely that other measures or interviews obtained in the psychological evaluation will also be influenced by this general attitude of self-protection and reluctance to disclose personal information.

The symptoms or problems he reported should be carefully evaluated and may have an important bearing on his case. The forensic evaluator should take into consideration the extremely high scores the client obtained on the *Hy* and *Pa* scales and determine whether the behavior he reported reflects severe personality problems that require special attention at this time. These personality problems could be central to an assessment of his day-to-day functioning. Clients with this pattern may be self-centered and narcissistic and may deny responsibility for their problems. This individual has a tendency not to recognize his hostile feelings. He may be overly moralistic and may readily project blame on others. His long-standing feelings of hostility toward others may cause him to express negative feelings inappropriately. Some individuals with this pattern become indignant over small matters and seek to

punish others they view as doing them harm. This individual may be angry, uncooperative, and hard to get along with at times. His suspiciousness and resentment might at times make him difficult to work with.

SAMPLE

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



| | | | | | | | | | | | | | | | | |
|-----------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| Raw Score: | 4 | 24 | 29 | 18 | 24 | 18 | 8 | 11 | 13 | 31 | 17 | 17 | 4 | 9 | 10 | * |
| K Correction: | 12 | | | 9 | | | 23 | 23 | 5 | | | | | | | |
| T Score (plotted): | 59 | 62 | 69 | 59 | 46 | 79 | 59 | 63 | 45 | 57 | 41 | 33 | 56 | 52 | 40 | * |
| Non-Gendered T Score: | 58 | 60 | 67 | 60 | | 78 | 58 | 63 | 46 | 56 | 43 | 33 | 58 | 51 | 41 | * |
| Response %: | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | * |

Welsh Code: 6'3+82-1470/59: L'K+/-F:

Profile Elevation: 61.9

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

ADDITIONAL SCALES

| | Raw Score | T Score | Non-Gendered T Score | Resp % |
|--|-----------|---------|-------------------------|--------|
| Personality Psychopathology Five (PSY-5) Scales | | | | |
| Aggressiveness (AGGR) | 6 | 43 | 44 | 100 |
| Psychoticism (PSYC) | 1 | 40 | 41 | 100 |
| Disconstraint (DISC) | 10 | 41 | 45 | 100 |
| Negative Emotionality/Neuroticism (NEGE) | 6 | 44 | 43 | 100 |
| Introversion/Low Positive Emotionality (INTR) | 19 | 68 | 69 | 100 |
| Supplementary Scales | | | | |
| Anxiety (A) | 7 | 46 | 45 | 100 |
| Repression (R) | 22 | 65 | 65 | 100 |
| Ego Strength (Es) | 37 | 49 | 52 | 100 |
| Dominance (Do) | 17 | 51 | 52 | 100 |
| Social Responsibility (Re) | 26 | 65 | 65 | 100 |
| Harris-Lingoes Subscales | | | | |
| Depression Subscales | | | | |
| Subjective Depression (D ₁) | 11 | 61 | 59 | 100 |
| Psychomotor Retardation (D ₂) | 9 | 70 | 69 | 100 |
| Physical Malfunctioning (D ₃) | 3 | 51 | 50 | 100 |
| Mental Dullness (D ₄) | 1 | 43 | 43 | 100 |
| Brooding (D ₅) | 2 | 51 | 49 | 100 |
| Hysteria Subscales | | | | |
| Denial of Social Anxiety (Hy ₁) | 5 | 56 | 56 | 100 |
| Need for Affection (Hy ₂) | 11 | 67 | 67 | 100 |
| Lassitude-Malaise (Hy ₃) | 4 | 57 | 56 | 100 |
| Somatic Complaints (Hy ₄) | 2 | 48 | 46 | 100 |
| Inhibition of Aggression (Hy ₅) | 5 | 63 | 62 | 100 |
| Psychopathic Deviate Subscales | | | | |
| Familial Discord (Pd ₁) | 1 | 45 | 44 | 100 |
| Authority Problems (Pd ₂) | 3 | 47 | 50 | 100 |
| Social Imperturbability (Pd ₃) | 4 | 51 | 52 | 100 |
| Social Alienation (Pd ₄) | 3 | 45 | 44 | 100 |
| Self-Alienation (Pd ₅) | 5 | 58 | 58 | 100 |
| Paranoia Subscales | | | | |
| Persecutory Ideas (Pa ₁) | 3 | 58 | 58 | 100 |
| Poignancy (Pa ₂) | 4 | 62 | 60 | 100 |
| Naivete (Pa ₃) | 7 | 60 | 60 | 100 |

| | Raw Score | T Score | Non-Gendered T Score | Resp % |
|---|-----------|---------|-------------------------|--------|
| Schizophrenia Subscales | | | | |
| Social Alienation (Sc ₁) | 3 | 51 | 50 | 100 |
| Emotional Alienation (Sc ₂) | 4 | 78 | 78 | 100 |
| Lack of Ego Mastery, Cognitive (Sc ₃) | 0 | 42 | 42 | 100 |
| Lack of Ego Mastery, Conative (Sc ₄) | 4 | 60 | 60 | 100 |
| Lack of Ego Mastery, Defective Inhibition (Sc ₅) | 0 | 40 | 40 | 100 |
| Bizarre Sensory Experiences (Sc ₆) | 2 | 51 | 50 | 100 |
| Hypomania Subscales | | | | |
| Amorality (Ma ₁) | 2 | 50 | 52 | 100 |
| Psychomotor Acceleration (Ma ₂) | 1 | 30 | 30 | 100 |
| Imperturbability (Ma ₃) | 4 | 53 | 54 | 100 |
| Ego Inflation (Ma ₄) | 3 | 50 | 50 | 100 |
| Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham) | | | | |
| Shyness/Self-Consciousness (Si ₁) | 7 | 56 | 55 | 100 |
| Social Avoidance (Si ₂) | 7 | 67 | 68 | 100 |
| Alienation--Self and Others (Si ₃) | 0 | 35 | 35 | 100 |
| Content Component Scales (Ben-Porath & Sherwood) | | | | |
| Fears Subscales | | | | |
| Generalized Fearfulness (FRS ₁) | 0 | 44 | 43 | 100 |
| Multiple Fears (FRS ₂) | 4 | 54 | 50 | 100 |
| Depression Subscales | | | | |
| Lack of Drive (DEP ₁) | 2 | 51 | 51 | 100 |
| Dysphoria (DEP ₂) | 3 | 66 | 62 | 100 |
| Self-Depreciation (DEP ₃) | 2 | 55 | 55 | 100 |
| Suicidal Ideation (DEP ₄) | 0 | 45 | 46 | 100 |
| Health Concerns Subscales | | | | |
| Gastrointestinal Symptoms (HEA ₁) | 1 | 57 | 55 | 100 |
| Neurological Symptoms (HEA ₂) | 1 | 47 | 46 | 100 |
| General Health Concerns (HEA ₃) | 1 | 48 | 49 | 100 |
| Bizarre Mentation Subscales | | | | |
| Psychotic Symptomatology (BIZ ₁) | 0 | 44 | 44 | 100 |
| Schizotypal Characteristics (BIZ ₂) | 0 | 41 | 41 | 100 |
| Anger Subscales | | | | |
| Explosive Behavior (ANG ₁) | 1 | 45 | 46 | 100 |
| Irritability (ANG ₂) | 0 | 35 | 35 | 100 |
| Cynicism Subscales | | | | |
| Misanthropic Beliefs (CYN ₁) | 2 | 39 | 39 | 100 |
| Interpersonal Suspiciousness (CYN ₂) | 1 | 39 | 40 | 100 |

| | Raw Score | T Score | Non-Gendered T Score | Resp % |
|--|-----------|---------|-------------------------|--------|
| Antisocial Practices Subscales | | | | |
| Antisocial Attitudes (ASP ₁) | 0 | 32 | 33 | 100 |
| Antisocial Behavior (ASP ₂) | 1 | 45 | 48 | 100 |
| Type A Subscales | | | | |
| Impatience (TPA ₁) | 0 | 34 | 34 | 100 |
| Competitive Drive (TPA ₂) | 1 | 39 | 39 | 100 |
| Low Self-Esteem Subscales | | | | |
| Self-Doubt (LSE ₁) | 2 | 49 | 49 | 100 |
| Submissiveness (LSE ₂) | 2 | 55 | 53 | 100 |
| Social Discomfort Subscales | | | | |
| Introversion (SOD ₁) | 12 | 71 | 72 | 100 |
| Shyness (SOD ₂) | 3 | 52 | 51 | 100 |
| Family Problems Subscales | | | | |
| Family Discord (FAM ₁) | 0 | 35 | 35 | 100 |
| Familial Alienation (FAM ₂) | 1 | 49 | 50 | 100 |
| Negative Treatment Indicators Subscales | | | | |
| Low Motivation (TRT ₁) | 1 | 48 | 47 | 100 |
| Inability to Disclose (TRT ₂) | 2 | 52 | 53 | 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.

End of Report

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 with diverse groups of people. 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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