

# Holden Psychological Screening Inventory

By Ronald R. Holden, Ph.D.

# **Profile Report**

### **Client Name:**

Age: Gender: Duration: Administration Date:

## John Sample

30 Male N/A - QuikEntry December 21, 2004 (Online)



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### Introduction

Holden Psychological Screening Inventory (HPSI) was developed to provide a brief measure of the three major dimensions of psychopathology underlying both the Minnesota Multiphasic Personality Inventory and the Basic Personality Inventory.

The main normative base of adult norms was calculated from the responses of 304 women and 259 men. (A more detailed breakdown of this sample can be found in the HPSI User's Manual, published by MHS Inc.).

This report provides information and interpretative statements about John's total score, as well as his scores on the three following components: Psychiatric Symptomatology, Social Symptomatology, and Depression.

See the HPSI User's Manual for more information about this instrument.

# **Cautionary Remarks**

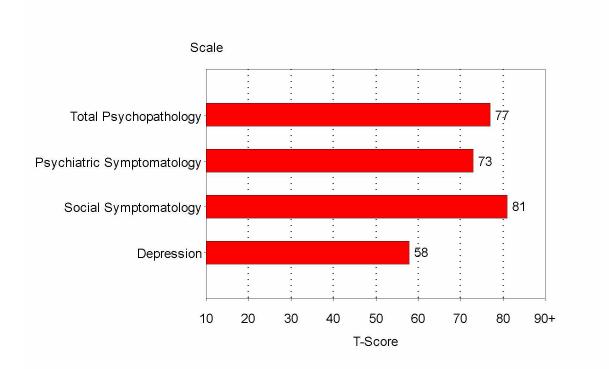
This computerized report is an interpretive aid and should not be used as the sole basis for intervention or clinical diagnosis. The report is based on an algorithm that produces the most common interpretations for the scores that have been obtained, and is most useful when combined with other sources of relevant information.

# **Validity Assessment**

The Raw Total Score does not suggest invalid responding. Although the responses are probably valid, it is always good practice to check the validity by comparing the consistency of the responses with one another and by comparing the responses with information from other sources.

## **T-Scores**

The following graph shows John's T-scores for each HPSI scale.



## **Summary of Scale Scores**

The following table summarizes the scale scores and gives data about how the respondent compares to the normative group.

Scale	Raw	Τ-	Percentile	Guideline
	Score	Score		
Total Psychopathology	69	77	99	Valid Responses
Psychiatric Symptomatology	22	73	99	T-Score is Markedly Elevated
Social Symptomatology	24	81	99	T-Score is Markedly Elevated
Depression	23	58	81	Slightly Above Average

### Interpretation of the Scale Scores

### **Psychiatric Symptomatology** (T-Score = 73)

Markedly Elevated. This score suggests that John endorsed responses indicative of pronounced psychiatric symptomatology. Some or most of the following characteristics might be serious problems for John.

Descriptors: Frequently complains of illness, is preoccupied with bodily problems, becomes afraid easily, is nervous, is confused and distracted, is often inattentive and forgetful.

Defining Adjectives: Tired, disorganized, tense, headachy, worried, mixed-up, sickly, panicky.

Correlates: Hypochondriasis, Psychasthenia, Schizophrenia, Somatic Complaints, Neurotic Disorganization of Thinking, Anxiety.

### **Social Symptomatology** (T-Score = 81)

Markedly Elevated. The score in this area suggests that John endorsed responses indicative of pronounced problematic social symptomatology. Some or most of the following characteristics might cause difficulties for John.

Descriptors: Rebels against authority, behaves deviously, acts without thinking, is easily annoyed, is prone to lying, is bored by routine.

Defining Adjectives: Argumentative, adventurous/reckless, disagreeable, defensive, impulsive.

Correlates: Psychopathic Deviance, Paranoia, Hypomania, Familial Discord, Cynicism, Impulsivity, Interpersonal Problems, Alienation, Impulse Expression.

### **Depression** (T-Score = 58)

Slightly Above Average. This score may warrant further investigation of John's depressive symptomatology. However, unless accompanied by other valid evidence of impaired functioning, the score on the Depression scale should be considered within reasonably acceptable normal limits.

## **Integrating HPSI Results with Other Information**

When used as a screener, elevated scale scores should be followed by further investigation using other tests, interviews, and observers. When used as part of a battery, results from HPSI that are consistent with other findings help corroborate conclusions. When results from HPSI are inconsistent with other findings, the reasons for these inconsistencies should be analyzed before reaching any definitive conclusions.

# Summary

Significant symptomatology is shown in more than one area. The area that stands out the most is Social Symptomatology, as the T-score from that subscale is quite a bit higher than the T-scores from the other subscales.



### Item Responses by Scale

John entered the following values during the HPSI administration. The responses are divided by scale in the table below.

Psychiatric		Social		Depression		
Symptomatology		Sympt	omatology			
Item	Response	Item	Response	Item	Response	
1.	0	2.	1	3.	2	
5.	4	4.	3	7.	3	
8.	0	6.	2	10.	4	
11.	1	9.	2	19.	2	
13.	2	12.	2	22.	1	
15.	3	14.	0	23.	2	
17.	4	16.	2	25.	3	
20.	3	18.	1	27.	0	
21.	0	24.	4	28.	1	
29.	2	26.	2	31.	0	
34.	1	30.	3	33.	4	
35.	2	32.	2	36.	3	

#### Response Key for Items 1 to 19

0 = Never

2 = Often

4 = Always

1 = Sometimes

3 = Very Often

? = Omitted Item

#### Response Key for Items 20 to 36

- 0 = Strongly Disagree
  - 1 = Disagree
  - 2 = Unsure
  - 3 = Agree

  - 4 = Strongly Agree
  - ? = Omitted Item

## **MHS**

### **Item Response Table**

John entered the following values during the HPSI administration.

Item	Response	Item	Response	Item	Response	Item	Response
1.	0	11.	1	20.	3	30.	3
2.	1	12.	2	21.	0	31.	0
3.	2	13.	2	22.	1	32.	2
4.	3	14.	0	23.	2	33.	4
5.	4	15.	3	24.	4	34.	1
6.	2	16.	2	25.	3	35.	2
7.	3	17.	4	26.	2	36.	3
8.	0	18.	1	27.	0		
9.	2	19.	2	28.	1		
10.	4			29.	2		

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