

# MMPI<sup>®</sup>-2

## Adult Interpretive System Version 4

### Codetype and Content-Based Report

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#### Client Information

<b>Name:</b> sample Case
<b>Client ID:</b> SC2011
<b>Gender:</b> Male
<b>Age:</b> 32
<b>Education:</b> High School Grad.
<b>Ethnicity:</b> Caucasian/White
<b>Test Date:</b> 09/13/2010

The interpretive information contained in this report should be viewed as only one source of hypothesis about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

## PROFILE MATCHES AND SCORES

### Best 2-Point Matches with Client's Profile Based on Validity and Clinical Scales (Using All Profiles)

Discriminant function		Cohen's index			Deviation squared		
Codetype	Prob.	Codetype	$r_c$	%ile	Codetype	$D^2$	%ile
2-4/4-2	0.959	Spike 4	0.610	26	4-6/6-4	1689	31
Spike 2	0.017	Spike 2	0.572	21	4-9/9-4	1352	28
Spike 4	0.006	2-9/9-2	0.592	9	3-4/4-3	1379	25

### Best 3-Point Matches with Client's Profile Based on Validity and Clinical Scales (Using All Profiles)

Cohen's index			Deviation squared		
Codetype	$r_c$	%ile	Codetype	$D^2$	%ile
Spike 2-(4)	0.796	75	Spike 2-(4)	640	54
Spike 2-(3)	0.598	26	Spike 2-(3)	1044	15
Spike 2-(6)	0.597	26	Spike 2-(6)	1045	15

### Best Fit 2 or 3 Point Codetype: Spike 2-(4)

#### Validity and Clinical Scales

Scale	Client <i>T</i> score	Best fit prototype
<i>L</i>	48	55
<i>F</i>	48	53
<i>K</i>	43	49
<i>Hs</i>	51	51
<i>D</i>	74	69
<i>Hy</i>	57	53
<i>Pd</i>	77 +	62
<i>Mf</i>	44	49
<i>Pa</i>	57	53
<i>Pt</i>	55	55
<i>Sc</i>	47	52
<i>Ma</i>	56	47
<i>Si</i>	43 -	54

#### Profile Characteristics

	Client	Best fit prototype
Mean scale	56	55
Scatter	11	6
Client age	32	38
Male percent	X	72
Female percent		28

## **Potential Impact of Demographic Variables**

The client's age, education, and ethnicity are unlikely to have a significant impact on the interpretation of the MMPI-2 scores.

## Dangerousness to Self Items Age Group: 30-39 Years

His responses (either “True” or “Omitted”) to the Dangerousness to Self items (150, 303, 506, 520, 524, 530) should be documented in writing in his clinical record.

<b>Dangerousness to Self - Responses</b>		
<b>Test item number</b>	<b>Client response</b>	<b>Typical percent endorsed TRUE</b>
150	FALSE	9.81
303	FALSE	8.24
506	FALSE	14.21
520	FALSE	9.33
524	FALSE	6.37
530	FALSE	2.83

<b>Dangerousness to Self - Item Count</b>		
<b>Number of items endorsed TRUE</b>	<b>Number endorsed by this client</b>	<b>Typical percent endorsing this number</b>
0	X	77.74
1		9.94
2		4.65
3		3.12
4		2.71
5		1.37
6		0.47

## **Dangerousness to Others Items** **Age Group: 30-39 Years**

His responses (either "True" or "Omitted") to the Dangerousness to Others items (150, 540, 548) should be documented in writing in his clinical record.

<b>Dangerousness to Others - Responses</b>		
<b>Test item number</b>	<b>Client response</b>	<b>Typical percent endorsed TRUE</b>
150	FALSE	9.81
540	FALSE	10.16
548	FALSE	15.36

<b>Dangerousness to Others - Item Count</b>		
<b>Number of items endorsed TRUE</b>	<b>Number endorsed by this client</b>	<b>Typical percent endorsing this number</b>
0	X	74.57
1		17.56
2		6.36
3		1.50

## **Test-Taking Behaviors**

### **Omissions**

He omitted no items.

### **Consistency of Item Endorsement**

He endorsed the items consistently (*VRIN* 38-60, *TRIN*  $\leq$  83).

### **Accuracy of Item Endorsement**

He has endorsed the items accurately (*L*  $<$  61, *F*  $<$  95, *K* 36-57). There are no indications of either a very positive or negative self-description that would impact the interpretation of the MMPI-2.

<b>Best-Fit Prototype (<i>Spike 2-(4)</i>)</b>	<b>Content-Based</b>
<p><b>Moods</b></p> <p>He reports that he is experiencing a very mild level of emotional distress (<i>A</i>, <i>NEGE</i>, <i>RCd</i>) characterized by depression (Scale 2 (<i>D</i>), <i>DEP</i>) and an even milder level of anxiety (Scale 7 (<i>Pt</i>), <i>ANX</i>). He may have a low level of anhedonia (<i>INTR</i>, <i>RC2</i>, <i>DEP<sub>1</sub></i>, <i>TRT<sub>1</sub></i>). It makes him angry when people hurry him (461T), and he lets them know how he feels about it (481T).</p>	<p><b>Moods</b></p> <p><b>Negative Emotionality and General Subjective Distress (<i>A</i>):</b> He has a normal level of general subjective distress and negative affect (<math>A = 45 - 57</math>).</p> <p><b>Anxiety (<i>ANX</i>):</b> <math>ANX \leq 64</math>.</p> <p><b>Depression (Scale 2 (<i>D</i>)):</b> He exhibits a general sadness and depressed mood about either life or himself. The clinician can determine the source of this depressed mood either through direct inquiry or by examining his scores on the other clinical scales. The higher this score, the more pervasive pessimism, depression, and hopelessness are in his life (Scale 2 (<i>D</i>) <math>&gt; 64</math>). If he has not reported suicidal ideation (150F, 303F, 506F, 520F, 530F), it is important to re-evaluate the safety and risk factors for suicidal behavior because of his depressive mood.</p> <p><b>Anger and Irritability (<i>ANG</i>):</b> <math>ANG_1 \leq 64</math>. He also describes himself as being irritable, grouchy, impatient, hotheaded, annoyed, and stubborn (<math>ANG_2 &gt; 64</math>).</p> <p><b>Fears (<i>FRS</i>):</b> <math>FRS \leq 64</math>. <math>FRS_1 \leq 64</math>. <math>FRS_2 \leq 64</math>.</p> <p><b>Hypomania (Scale 9 (<i>Ma</i>)):</b> Scale 9 (<i>Ma</i>) <math>\leq 64</math>.</p>
<p><b>Cognitions</b></p> <p>He reports that his attention, concentration (31F, 299F, 325F), and memory seem to be all right (165T, 475F). He has strong opinions that he expresses directly to other people (437T, 452T). He likes to let people know where he stands on things (365T) and he finds it necessary to stand up for what he thinks is right (120T) or if people do something that makes him angry (481T). He certainly is lacking in self-confidence (73T, 239F) and thinks he is useless at times (130T).</p> <p>His thought processes are very common, with no unusual ideas or experiences (<i>BIZ</i>).</p> <p>He wishes that he could be as happy as others seem to be (56T).</p>	<p><b>Cognitions</b></p> <p><b>Problems with Attention, Concentration, and Memory (<i>Sc<sub>3</sub></i>):</b> <math>Sc_3 \leq 69</math>.</p> <p><b>Cynical Beliefs (<i>CYN</i>):</b> <math>CYN \leq 64</math>. <math>CYN_1 \leq 64</math>. <math>CYN_2 \leq 64</math>.</p> <p><b>Antisocial Attitudes (<i>ASP<sub>1</sub></i>):</b> <math>ASP_1 \leq 64</math>.</p> <p><b>Negative Cognitions (<i>LSE<sub>1</sub></i>):</b> <math>LSE_1 \leq 64</math>.</p> <p><b>Psychotic Symptoms and Behaviors (<i>BIZ</i>):</b> <math>BIZ \leq 64</math>. <math>BIZ_1 \leq 64</math>. <math>BIZ_2 \leq 64</math>.</p>

<b>Best-Fit Prototype (<i>Spike 2-(4)</i>)</b>	<b>Content-Based</b>
<p><b>Interpersonal Relations</b></p> <p>He reports a balance between extroverted and introverted behaviors (<b>Scale 0 (Si)</b>). He enjoys social gatherings and parties (353T, 370T) and the excitement of a crowd (359T, <b>367F</b>). He likes making decisions and assigning jobs to others (521T) and believes, if given the chance, he would make a good leader of people (350T). He reports mild levels of conflict with his family (<i>Pd<sub>1</sub></i>, <i>FAM</i>, <i>MDS</i>) and others (<i>Pd<sub>2</sub></i>). He reports a mild level of self-alienation (<i>Pd<sub>5</sub></i>).</p>	<p><b>Interpersonal Relations</b></p> <p><b>Social Introversion (Scale 0 (Si)):</b> Scale 0 (<i>Si</i>) &lt; 64.</p> <p><b>Family Problems (FAM):</b> He reports considerable familial discord and strife. His family is lacking love, support, and companionship, and he likely wants or wanted to leave home (<i>FAM<sub>1</sub></i> &gt; 64). He is alienated from and unattached to his family. He does not see his family as a source of support (<i>FAM<sub>2</sub></i> &gt; 64).</p> <p><b>Social Alienation (Pd<sub>4</sub>):</b> <i>Pd<sub>4</sub></i> ≤ 69.</p> <p><b>Delinquency/Antisocial Behavior (ASP<sub>2</sub>):</b> <i>ASP<sub>2</sub></i> ≤ 64.</p>
<p><b>Other Problem Areas</b></p> <p>He reports that he is in just as good physical health as most of his friends (45T), with only vague physical symptoms (<i>HEA<sub>3</sub></i>). During the past few years he has been well most of the time (141T). He has few or no pains (57T, 224T) and very few headaches (176T). He does not feel weak all over much of the time (<b>175F</b>). He usually has enough energy to do his work (561T) and is about as able to work as he ever was (10T). His sleep is not fitful and disturbed (<b>39F</b>) and he wakes up fresh and rested most mornings (3T). He may abuse alcohol or drugs (<i>AAS</i>, 264T, 487T, 489T, 511T), so a careful review should be made of the consequences of his alcohol and drug use.</p>	<p><b>Other Problem Areas</b></p> <p><b>Somatic Symptoms (HEA):</b> <i>HEA</i> ≤ 64. He reports specific gastrointestinal symptoms such as nausea and vomiting (<i>HEA<sub>1</sub></i> &gt; 64). <i>HEA<sub>2</sub></i> ≤ 64. He worries about his health and about catching disease. He believes that he is experiencing poor health (<i>HEA<sub>3</sub></i> &gt; 64).</p> <p><b>Alcohol/Drug Abuse (AAS):</b> <i>AAS</i> ≤ 64.</p> <p><b>Suicidal Ideation:</b> No Suicidal items were endorsed.</p> <p><b>Sleep Problems:</b> There was not a significant number of items endorsed.</p> <p><b>Sexual Concerns:</b> (L&amp;W Critical Items endorsed: 12F, 34F, 268T.) He reports concern about his sexual behavior and may have been in trouble because of his sexual behavior.</p>



## **Treatment:**

His prognosis is fair because he is experiencing very little distress, which limits his motivation for any kind of intervention (*A, NEGE, RCD*). Short-term, behavioral interventions focused on his reasons for entering treatment will be important initially (Scale 2 (*D*)). If he becomes engaged in the treatment process, cognitive-behavioral therapy focusing on his depressive cognitions (Scale 2 (*D*), *DEP*) will be beneficial.

There are two specific issues that must be kept in mind when establishing and maintaining the therapeutic alliance: he has difficulty starting to do things (233T) and he is very stubborn (486T).

## **Possible Diagnoses:**

### **Axis I**

R/O Mood Disorders

300.4 Dysthymic Disorder

311 Depressive Disorder NOS

R/O Adjustment Disorders

309.0 Adjustment Disorder with Depressed Mood

309.3 Adjustment Disorder with Disturbance of Conduct

R/O Substance-Related Disorders

291.8 Alcohol-Induced Mood Disorder

305.00 Alcohol Abuse

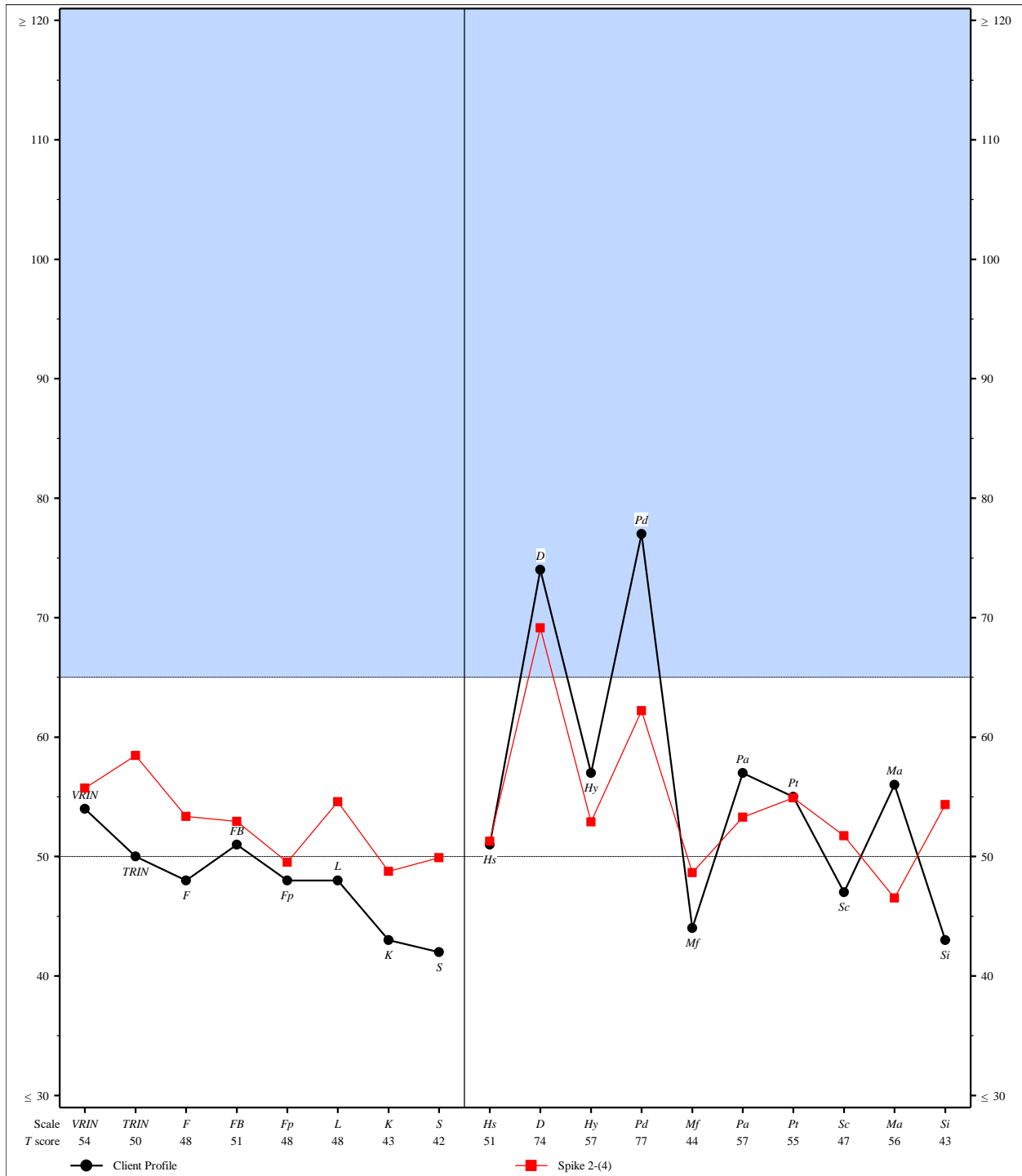
305.40 Sedative, Hypnotic, or Anxiolytic Abuse

### **Axis II**

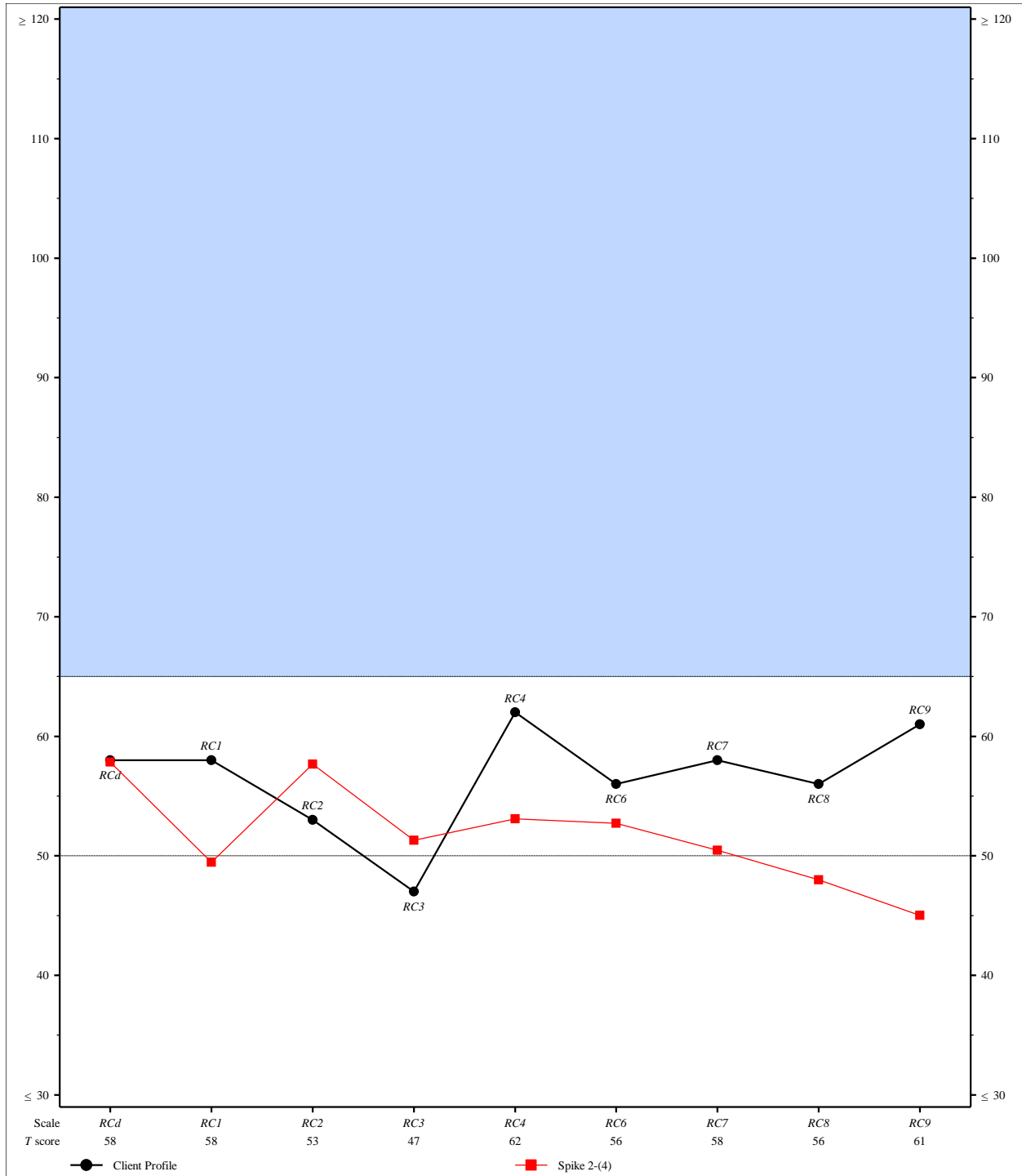
R/O Personality Disorders

301.6 Dependent Personality Disorder

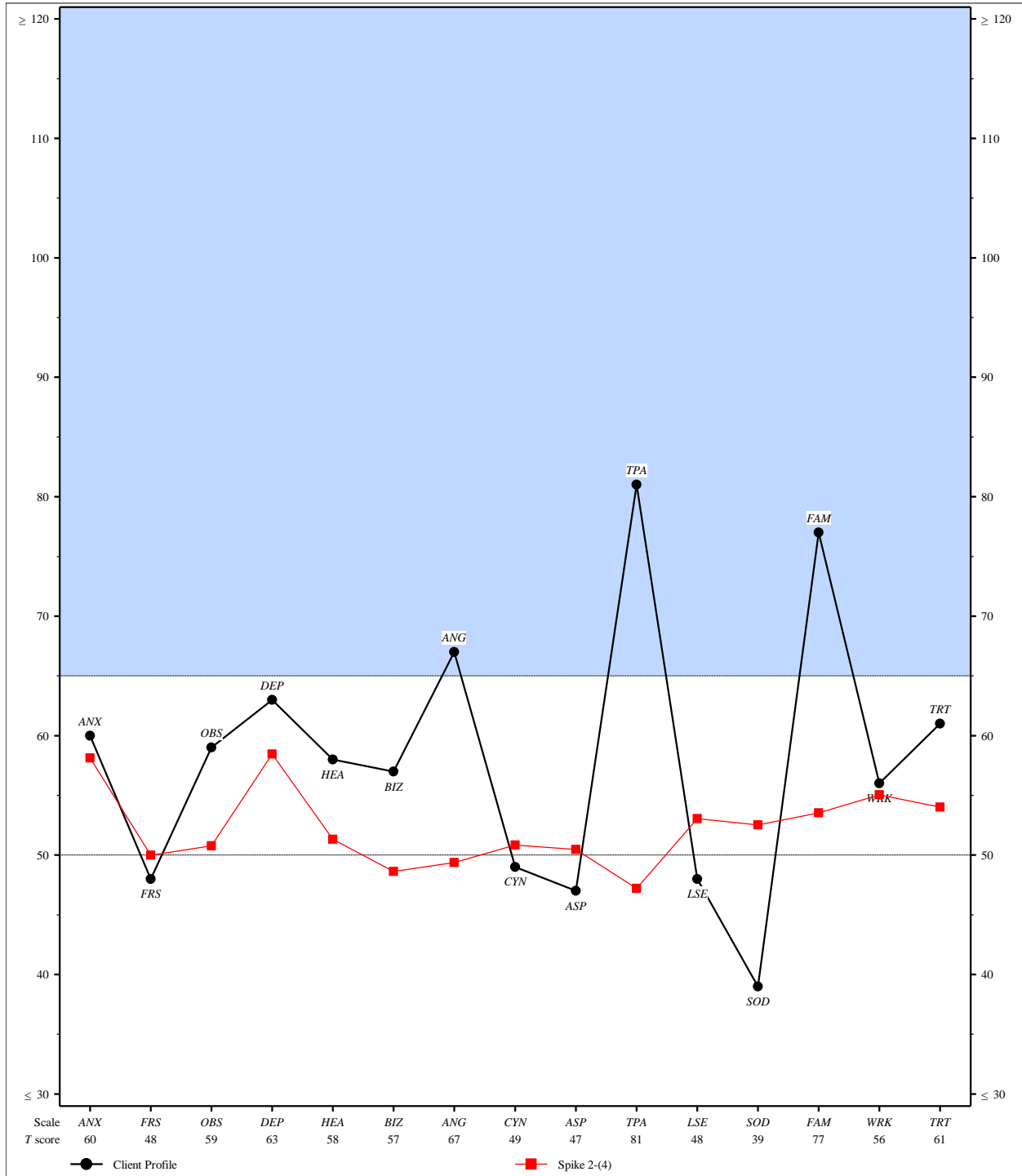
### Validity and K-Corrected Clinical Scales



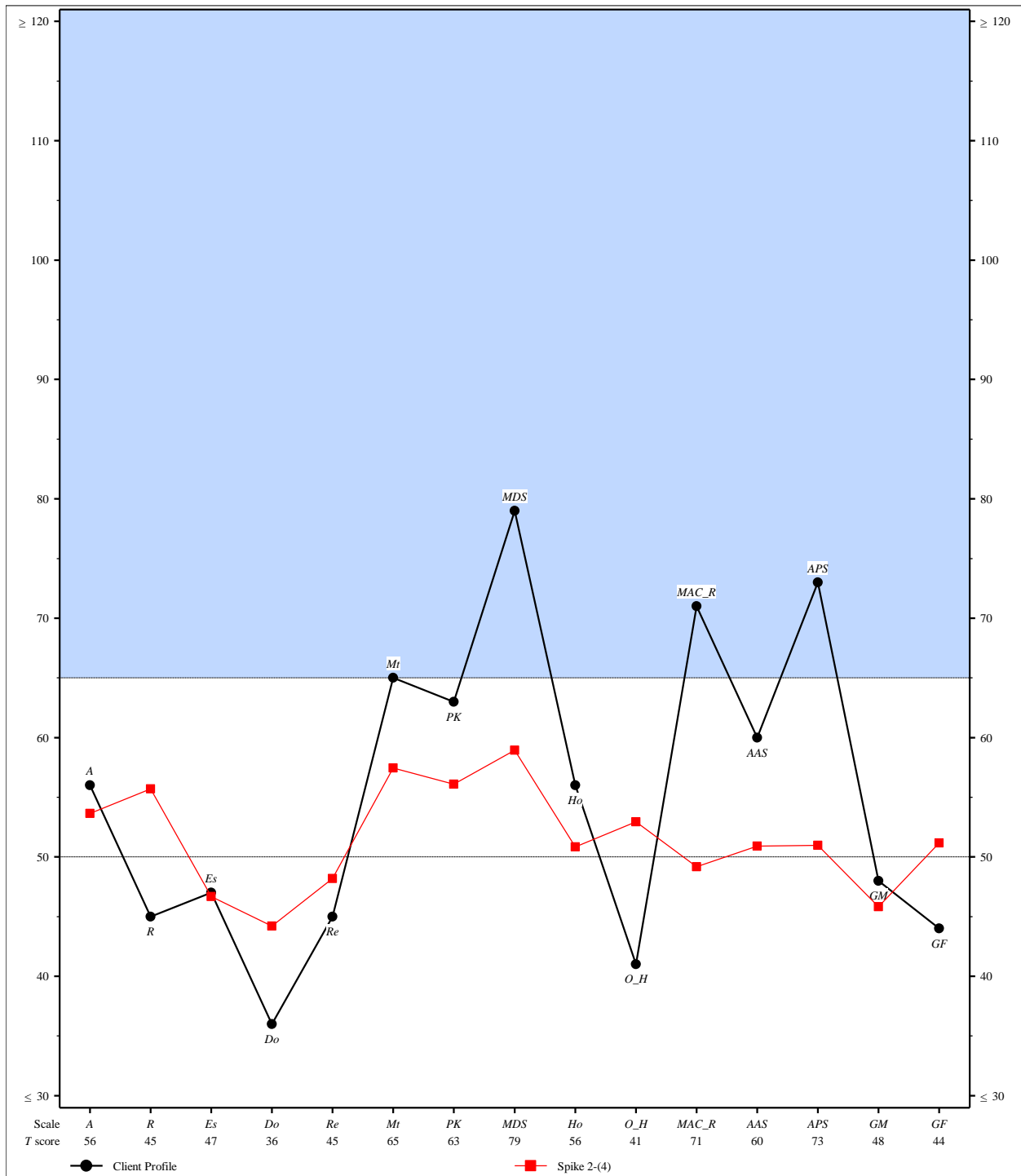
## Restructured Clinical (RC) Scales



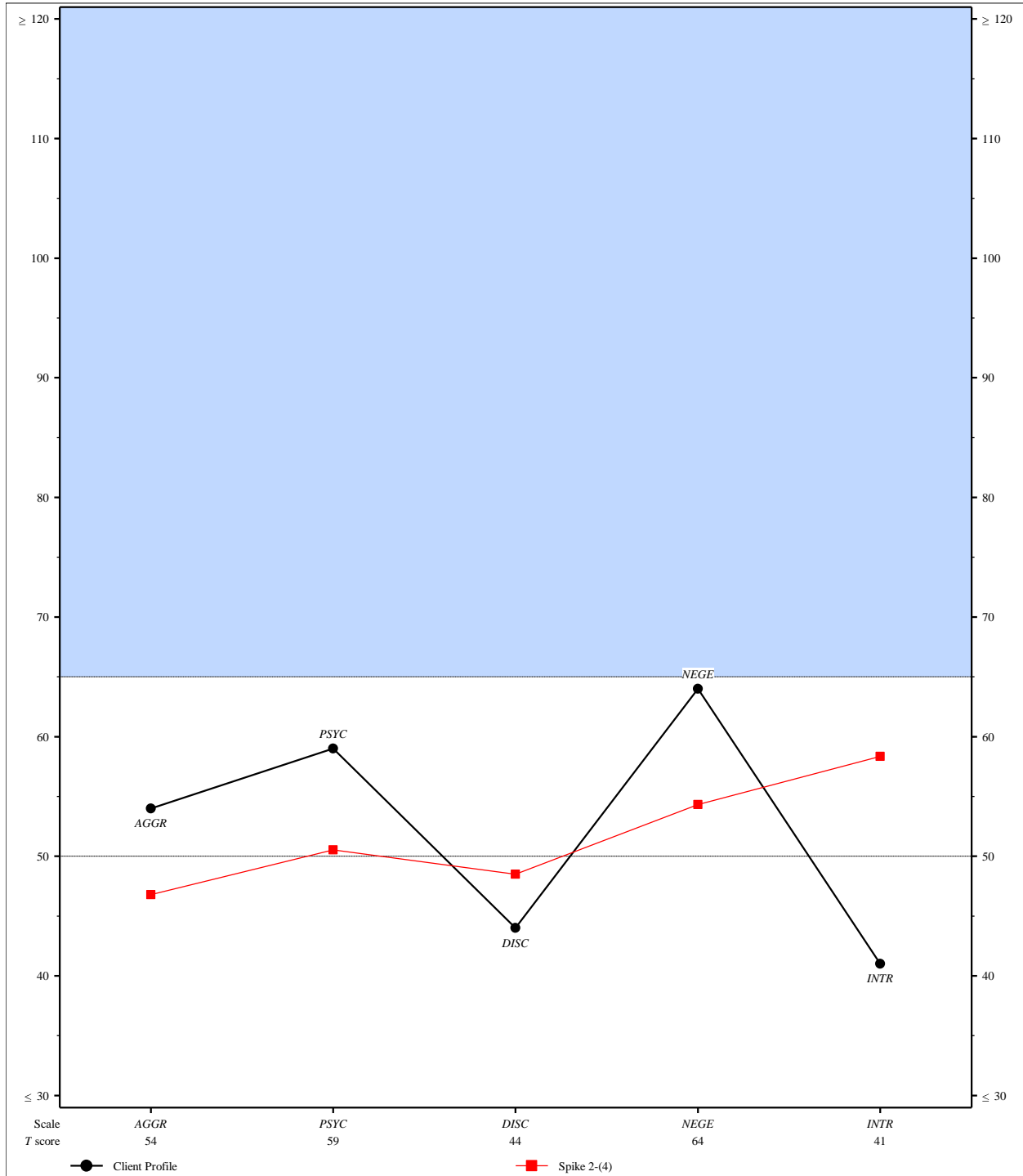
### Content Scales



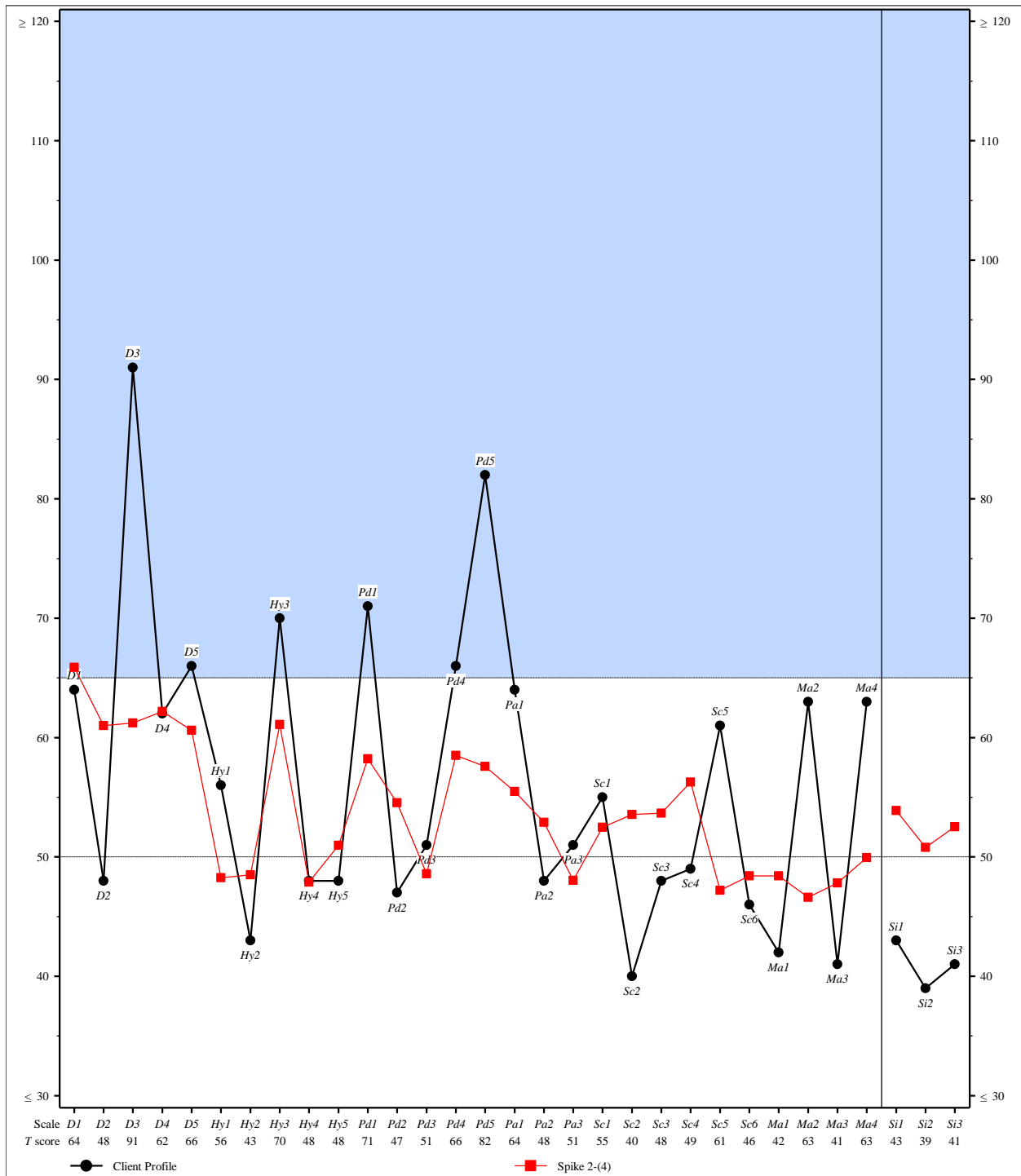
### Supplementary Scales



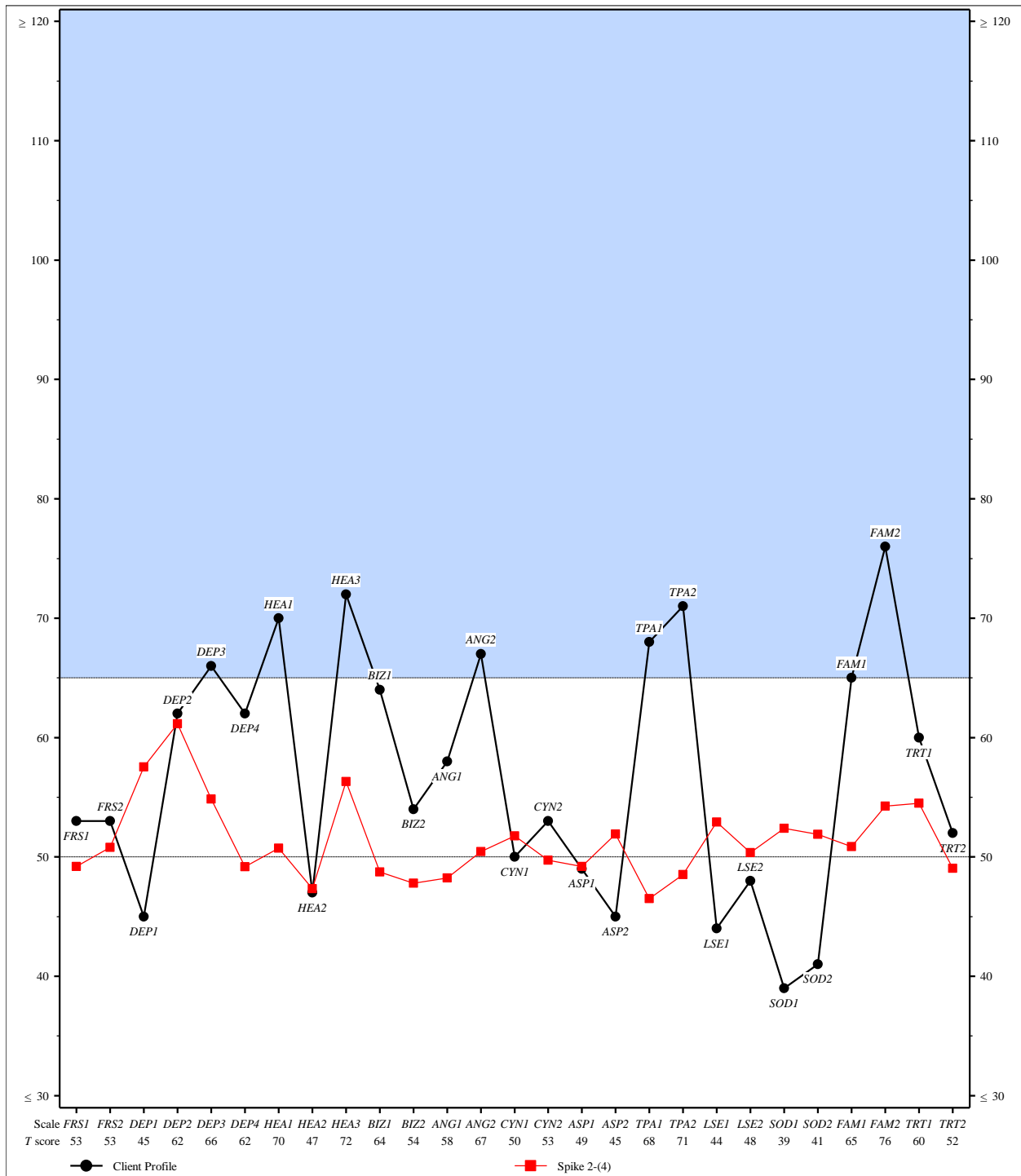
### Personality Psychopathology Five (PSY-5) Scales



## Harris-Lingoes and Social Introversion Subscales



### Content Component Scales





## Scale-by-Scale Interpretation

### Validity Scales

#### **Cannot Say (?)**

? = 0 (Raw Score)

No items were omitted.

#### **Variable Response Inconsistency (VRIN)**

VRIN = 54

He has made a typical number of inconsistent responses.

#### **Infrequency (F)**

F = 48

He is reporting a typical number of unusual experiences.

#### **Back Infrequency (F<sub>B</sub>)**

F<sub>B</sub> = 51

He is reporting a typical number of unusual experiences.

#### **Infrequency-Psychopathology (F<sub>P</sub>)**

F<sub>P</sub> = 48

He has endorsed the items accurately. Scale interpretation may proceed with confidence.

#### **Symptom Validity (FBS)**

FBS = 48

No significant elevation was reported.

#### **Lie (L)**

L = 48

He is able to achieve an appropriate balance between admitting and denying minor social faults. He may be a sophisticated person who is attempting to create a favorable self-image.

#### **Correction (K)**

K = 43

He has limited personal resources and is experiencing severe distress that is being openly acknowledged, but he lacks either the interpersonal skills or the techniques necessary to alter the situation. This score may also indicate that he tends to be excessively open and revealing. In lower socioeconomic class clients, this evaluation reflects a moderate disturbance, whereas in higher socioeconomic class clients, it reflects poor coping skills and more serious distress. The prognosis for a psychological intervention is guarded.

**Superlative (S)**

*S* = 42

He is reporting emotional distress and a number of unusual behaviors and symptoms. He clearly has not made a self-favorable reporting of psychopathology.

## Clinical Scales

### Scale 1 (*Hs*)

Scale 1 (*Hs*) = 51

**Other Problem Areas:** He is reporting a typical number of physical symptoms.

### Scale 2 (*D*)

Scale 2 (*D*) = 74

**Moods:** He exhibits a general sadness and depressed mood about either life or himself. The clinician can determine the source of this depressed mood either through direct inquiry or by examining his scores on the other clinical scales. The higher this score, the more pervasive pessimism, depression, and hopelessness are in his life. If he has not reported suicidal ideation (150F, 303F, 506F, 520F, 530F), it is important to re-evaluate the safety and risk factors for suicidal behavior because of his depressive moods. **Cognitions:** If these are significant parts of his life, he tends to be guilty and self-deprecating and to generally view the world in negative terms. **Interpersonal Relations:** He withdraws from and frequently avoids social interaction because of his pessimistic views of life.

### Scale 3 (*Hy*)

Scale 3 (*Hy*) = 57

**Cognitions:** He has an appropriate understanding of the motives of other people; he is neither too trusting nor too mistrusting. **Other Problem Areas:** He has a typical number of concerns about his physical functioning.

### Scale 4 (*Pd*)

Scale 4 (*Pd*) = 77

**Cognitions:** He is likely to be unreliable, egocentric, and irresponsible. He may be unable to learn from experience or to plan ahead. **Interpersonal Relations:** He is fighting against something, which is usually some form of conflict with members of his family or with authority figures. These conflicts may not necessarily be acted out overtly, but the rebelliousness and anger toward others can be readily apparent even in these cases. He has a good social façade and makes a good initial impression, but the problematic features in his interpersonal relationships will surface in longer interactions or under stress. **Treatment:** Psychological interventions are less effective than maturation in achieving change. Group therapy with similar individuals is often beneficial.

### Scale 5 (*Mf*)

Scale 5 (*Mf*) = 44

**Interpersonal Relations:** He identifies very strongly with the traditional masculine role, and he may be very focused on and inflexible about his masculinity.

### Scale 6 (*Pa*)

Scale 6 (*Pa*) = 57

**Cognitions:** He thinks clearly and rationally. **Interpersonal Relations:** He is interpersonally sensitive.

**Scale 7 (Pt)**

Scale 7 (Pt) = 55

**Moods:** He can handle work and personal responsibilities without undue worry or anxiety.

**Scale 8 (Sc)**

Scale 8 (Sc) = 47

**Interpersonal Relations:** He reports a typical number of concerns about himself and how he relates to others. In addition, people with chronic schizophrenia who have adjusted to and are not experiencing distress from their psychotic process also may obtain a *T* score between 45 and 57.

**Scale 9 (Ma)**

Scale 9 (Ma) = 56

**Moods:** Normal college students and adolescents obtain *T* scores between 45 and 57, or even slightly higher. He has a normal activity level.

**Scale 0 (Si)**

Scale 0 (Si) = 43

**Interpersonal Relations:** He is socially extroverted, gregarious, and socially poised. If he has an extremely low score ( $T < 35$ ), he may have very superficial social relationships without any real depth. **Treatment:** The clinician should be very cautious of labeling these clients as having schizophrenia.

## Clinical Subscales

### Harris-Lingoes Subscales

#### Subjective Depression ( $D_1$ )

$D_1 = 64$

#### Psychomotor Retardation ( $D_2$ )

$D_2 = 48$

#### Physical Malfunctioning ( $D_3$ )

$D_3 = 91$

He is preoccupied with health and physical functioning, and he typically reports a wide variety of specific physical symptoms.

#### Mental Dullness ( $D_4$ )

$D_4 = 62$

#### Brooding ( $D_5$ )

$D_5 = 66$

#### Denial of Social Anxiety ( $Hy_1$ )

$Hy_1 = 56$

He is socially extroverted and comfortable around other people. He is not easily influenced by social standards and customs.

#### Need for Affection ( $Hy_2$ )

$Hy_2 = 43$

#### Lassitude-Malaise ( $Hy_3$ )

$Hy_3 = 70$

He generally feels unhappy, uncomfortable, and in poor health. He presents vague physical symptoms, including weakness and fatigue, and is concerned about functioning below par both physically and mentally. He may have a poor appetite and problems in sleeping.

#### Somatic Complaints ( $Hy_4$ )

$Hy_4 = 48$

#### Inhibition of Aggression ( $Hy_5$ )

$Hy_5 = 48$

#### Familial Discord ( $Pd_1$ )

$Pd_1 = 71$

He views his home situation as unpleasant and lacking in love, support, and understanding. He describes his family as rejecting, critical, and controlling.

**Authority Problems ( $Pd_2$ )**

$Pd_2 = 47$

**Social Imperturbability ( $Pd_3$ )**

$Pd_3 = 51$

**Social Alienation ( $Pd_4$ )**

$Pd_4 = 66$

**Self-Alienation ( $Pd_5$ )**

$Pd_5 = 82$

He describes himself as feeling uncomfortable and unhappy. He has problems in concentration and attention, and he does not find his life to be especially interesting or rewarding. He verbalizes guilt and regret and displays negative emotions in an exhibitionistic manner. Alcohol abuse may be a problem.

**Persecutory Ideas ( $Pa_1$ )**

$Pa_1 = 64$

**Poignancy ( $Pa_2$ )**

$Pa_2 = 48$

**Naïveté ( $Pa_3$ )**

$Pa_3 = 51$

**Social Alienation ( $Sc_1$ )**

$Sc_1 = 55$

**Emotional Alienation ( $Sc_2$ )**

$Sc_2 = 40$

He does not report feelings of depression and despair. He is not apathetic, and he feels that life is worth living.

**Lack of Ego Mastery, Cognitive ( $Sc_3$ )**

$Sc_3 = 48$

He is not concerned about his thought processes, feelings of unreality, or problems in concentration and attention.

**Lack of Ego Mastery, Conative ( $Sc_4$ )**

$Sc_4 = 49$

He does not report depression or worry. He finds his everyday life interesting, and he seems to have the energy to cope with everyday problems.

**Lack of Ego Mastery, Defective Inhibition ( $Sc_5$ )**

$Sc_5 = 61$

**Bizarre Sensory Experiences ( $Sc_6$ )**

$Sc_6 = 46$

He does not report neuralgic symptoms, feelings of depersonalization, or other strange experiences.

**Amorality ( $Ma_1$ )**

$Ma_1 = 42$

He sees other people and himself as honest and concerned.

**Psychomotor Acceleration ( $Ma_2$ )**

$Ma_2 = 63$

**Imperturbability ( $Ma_3$ )**

$Ma_3 = 41$

**Ego Inflation ( $Ma_4$ )**

$Ma_4 = 63$

**Social Introversion Subscales**

**Shyness/Self-Consciousness ( $Si_1$ )**

$Si_1 = 43$

He is comfortable interacting with others.

**Social Avoidance ( $Si_2$ )**

$Si_2 = 39$

He likes to be with groups of people and will seek them out if given the opportunity.

**Alienation-Self and Others ( $Si_3$ )**

$Si_3 = 41$

He has confidence in himself and his activities.

## **Restructured Clinical (RC) Scales**

**Demoralization (RCd)**

*RCd* = 58

**Somatic Complaints (RC1)**

*RC1* = 58

**Low Positive Emotions (RC2)**

*RC2* = 53

**Cynicism (RC3)**

*RC3* = 47

**Antisocial Behavior (RC4)**

*RC4* = 62

**Ideas of Persecution (RC6)**

*RC6* = 56

**Dysfunctional Negative Emotions (RC7)**

*RC7* = 58

**Aberrant Experiences (RC8)**

*RC8* = 56

**Hypomanic Activation (RC9)**

*RC9* = 61



## Content and Content Component Scales

### **Anxiety (ANX)**

ANX = 60

### **Fears (FRS)**

FRS = 48

#### **Generalized Fearfulness (FRS<sub>1</sub>)**

FRS<sub>1</sub> = 53

#### **Multiple Fears (FRS<sub>2</sub>)**

FRS<sub>2</sub> = 53

### **Obsessions (OBS)**

OBS = 59

### **Depression (DEP)**

DEP = 63

#### **Lack of Drive (DEP<sub>1</sub>)**

DEP<sub>1</sub> = 45

#### **Dysphoria (DEP<sub>2</sub>)**

DEP<sub>2</sub> = 62

#### **Self-Depreciation (DEP<sub>3</sub>)**

DEP<sub>3</sub> = 66

He finds his life empty and meaningless. He cries easily and is self-critical and guilty.

#### **Suicidal Ideation (DEP<sub>4</sub>)**

DEP<sub>4</sub> = 62

### **Health Concerns (HEA)**

HEA = 58

#### **Gastrointestinal Symptoms (HEA<sub>1</sub>)**

HEA<sub>1</sub> = 70

He reports specific gastrointestinal symptoms such as nausea and vomiting.

#### **Neurological Symptoms (HEA<sub>2</sub>)**

HEA<sub>2</sub> = 47

#### **General Health Concerns (HEA<sub>3</sub>)**

HEA<sub>3</sub> = 72

He worries about his health and about catching disease. He believes that he is experiencing poor health.

**Bizarre Mentation (BIZ)**

*BIZ* = 57

**Psychotic Symptomatology (*BIZ*<sub>1</sub>)**

*BIZ*<sub>1</sub> = 64

**Schizotypal Characteristics (*BIZ*<sub>2</sub>)**

*BIZ*<sub>2</sub> = 54

**Anger (*ANG*)**

*ANG* = 67

**Explosive Behavior (*ANG*<sub>1</sub>)**

*ANG*<sub>1</sub> = 58

**Irritability (*ANG*<sub>2</sub>)**

*ANG*<sub>2</sub> = 67

He describes himself as being irritable, grouchy, impatient, hotheaded, annoyed, and stubborn.

**Cynicism (*CYN*)**

*CYN* = 49

**Misanthropic Beliefs (*CYN*<sub>1</sub>)**

*CYN*<sub>1</sub> = 50

**Interpersonal Suspiciousness (*CYN*<sub>2</sub>)**

*CYN*<sub>2</sub> = 53

**Antisocial Practices (*ASP*)**

*ASP* = 47

**Antisocial Attitudes (*ASP*<sub>1</sub>)**

*ASP*<sub>1</sub> = 49

**Antisocial Behavior (*ASP*<sub>2</sub>)**

*ASP*<sub>2</sub> = 45

**Type A (*TPA*)**

*TPA* = 81

**Impatience (*TPA*<sub>1</sub>)**

*TPA*<sub>1</sub> = 68

He does not like to wait or to be interrupted and frequently becomes impatient, grouchy, irritable, and annoyed.

**Competitive Drive (*TPA*<sub>2</sub>)**

*TPA*<sub>2</sub> = 71

He is hard-driving, fast-moving, and work-oriented and is seen as someone willing to do anything necessary to succeed.

**Low Self-Esteem (*LSE*)**

*LSE* = 48

**Self-Doubt (*LSE<sub>1</sub>*)**

*LSE<sub>1</sub>* = 44

**Submissiveness (*LSE<sub>2</sub>*)**

*LSE<sub>2</sub>* = 48

**Social Discomfort (*SOD*)**

*SOD* = 39

**Introversion (*SOD<sub>1</sub>*)**

*SOD<sub>1</sub>* = 39

**Shyness (*SOD<sub>2</sub>*)**

*SOD<sub>2</sub>* = 41

**Family Problems (*FAM*)**

*FAM* = 77

**Family Discord (*FAM<sub>1</sub>*)**

*FAM<sub>1</sub>* = 65

He reports considerable familial discord and strife. His family is lacking love, support, and companionship, and he likely wants or wanted to leave home.

**Familial Alienation (*FAM<sub>2</sub>*)**

*FAM<sub>2</sub>* = 76

He is alienated from and unattached to his family. He does not see his family as a source of support.

**Work Interference (*WRK*)**

*WRK* = 56

**Negative Treatment Indicators (*TRT*)**

*TRT* = 61

**Low Motivation (*TRT<sub>1</sub>*)**

*TRT<sub>1</sub>* = 60

**Inability to Disclose (*TRT<sub>2</sub>*)**

*TRT<sub>2</sub>* = 52

## Supplementary Scales

### Broad Personality Characteristics

#### Anxiety (A)

A = 56

*Moods:* He has a normal level of general subjective distress and negative affect.

#### Repression (R)

R = 45

*Cognitions:* He shows an appropriate level of willingness to discuss his behavior and problems.

#### Ego Strength (Es)

Es = 47

*Moods:* He is reporting a normal level of general subjective distress and negative affect.

#### Dominance (Do)

Do = 36

*Cognitions:* He lacks confidence in his abilities to overcome any obstacles that he may encounter. *Interpersonal Relations:* He prefers to have others take responsibility for his life.

#### Social Responsibility (Re)

Re = 45

*Interpersonal Relations:* He had a variety of behavior problems while he was in school. He has antisocial attitudes.

### Generalized Emotional Distress

#### College Maladjustment (Mt)

Mt = 65

*Moods:* He is generally emotionally distressed, anxious, and lacking confidence in his abilities. Because of this discomfort, he is likely motivated to enter into psychological treatment.

#### Post-Traumatic Stress Disorder-Keane (PK)

PK = 63

*Moods:* He is reporting some general subjective distress and negative affect that should motivate him to seek psychological treatment.

#### Marital Distress (MDS)

MDS = 79

*Moods:* He is generally emotionally distressed, anxious, and lacking confidence in his abilities. Because of this discomfort, he is likely motivated to enter into psychological treatment.

### Behavioral Dyscontrol

#### Hostility (Ho)

Ho = 56

*Moods:* He is reporting a typical level of distress.

### **Overcontrolled Hostility (O-H)**

O-H = 41

**Moods:** He is able to acknowledge that he is nervous, and he worries about what happens around him. He is aware of being angry and irritable.

### **MacAndrew Alcoholism-Revised (MAC-R)**

MAC-R = 71

**Interpersonal Relations:** He is an extroverted risk-taker who is impulsive and sensation-seeking. **Other Problem Areas:** If he abuses substances, he will prefer alcohol or stimulants, and he is likely to be a primary alcoholic.

### **Addiction Admission (AAS)**

AAS = 60

**Other Problem Areas:** He is reporting some use of alcohol and/or drugs. It is important to determine whether his use of alcohol and/or drugs is problematic and whether it reflects ongoing or earlier behavior patterns.

### **Addiction Potential (APS)**

APS = 73

**Moods:** He is generally distressed and upset as well as angry and resentful. **Cognitions:** He describes himself in negative terms and he is concerned about what others think of him. **Other Problem Areas:** He is prone to abuse alcohol and/or drugs.

## **Gender Role**

### **Gender Role-Masculine (GM)**

GM = 48

**Interpersonal Relations:** He has a typical level of masculine interests and engagement in masculine activities.

### **Gender Role-Feminine (GF)**

GF = 44

**Interpersonal Relations:** He has little interest in typical feminine activities. **Other Problem Areas:** He may abuse substances.

## **Personality Psychopathology Five (PSY-5) Scales**

**Aggressiveness (AGGR)**

*AGGR* = 54

**Psychoticism (PSYC)**

*PSYC* = 59

**Disconstraint (DISC)**

*DISC* = 44

**Negative Emotionality/Neuroticism (NEGE)**

*NEGE* = 64

**Introversion/Low Positive Emotionality (INTR)**

*INTR* = 41

**End of Report**