MMPI®-2 Adult Interpretive System Version 4 Content-Based Report

Developed by Roger L. Greene, PhD and PAR Staff

Client Information

Name: sample Case

Client ID: SC2011

Gender: Male

Age: 32

Education: High School Grad.

Ethnicity: Caucasian/White

Test Date: 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.

Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 2 of 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.

Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 3 of 28

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.

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

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

Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 4 of 28

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.

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

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

 Client: sample Case
 Test Date: 09/13/2010

 ID#: SC2011
 Page 5 of 28

Test-Taking Behaviors

Omissions

He omitted no items.

Consistency of Item Endorsement

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

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.

Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 6 of 28

MMPI-2 Content-Based

Moods

Negative Emotionality and General Subjective Distress (A): He has a normal level of general subjective distress and negative affect (A = 45 - 57).

Anxiety (*ANX*): $ANX \le 64$.

Depression (Scale 2 (D)): 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 (D) > 64). 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.

Anger and Irritability (ANG): $ANG_1 \le 64$. He also describes himself as being irritable, grouchy, impatient, hotheaded, annoyed, and stubborn ($ANG_2 > 64$).

Fears (FRS): $FRS \le 64$. $FRS_1 \le 64$. $FRS_2 \le 64$. Hypomania (Scale 9 (Ma)): Scale 9 (Ma) ≤ 64 .

Cognitions

Problems with Attention, Concentration, and Memory (Sc_3): $Sc_3 \le 69$.

Cynical Beliefs (CYN): $CYN \le 64$. $CYN_1 \le 64$. $CYN_2 \le 64$.

Antisocial Attitudes (ASP_I): $ASP_I \le 64$.

Negative Cognitions (*LSE*₁): $LSE_1 \le 64$.

Psychotic Symptoms and Behaviors (*BIZ*): $BIZ \le 64$. $BIZ_1 \le 64$. $BIZ_2 \le 64$.

Interpersonal Relations

Social Introversion (Scale 0 (Si)): Scale 0 (Si) < 64.

Family Problems (FAM): He reports considerable familial discord and strife. His family is lacking love, support, and companionship, and he likely wants or wanted to leave home ($FAM_1 > 64$). He is alienated from and unattached to his family. He does not see his family as a source of support ($FAM_2 > 64$).

Social Alienation (Pd_4): $Pd_4 \le 69$.

Delinquency/Antisocial Behavior (ASP_2): $ASP_2 \le 64$.

Other Problem Areas

Somatic Symptoms (*HEA*): $HEA \le 64$. He reports specific gastrointestinal symptoms such as nausea and vomiting ($HEA_1 > 64$). $HEA_2 \le 64$. He worries about his health and about catching disease. He believes that he is experiencing poor health ($HEA_3 > 64$).

Alcohol/Drug Abuse (AAS): $AAS \le 64$.

Suicidal Ideation: No Suicidal items were endorsed.

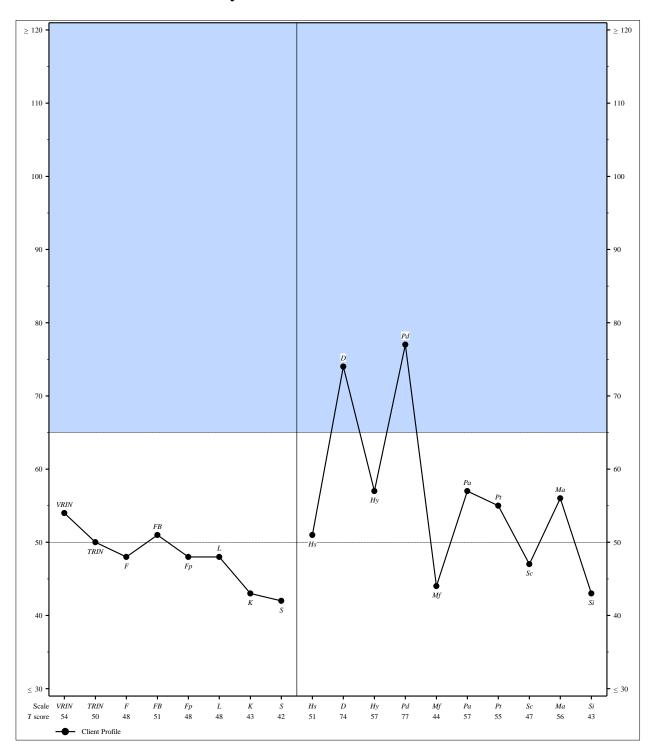
Sleep Problems: There was not a significant number of items endorsed.

Sexual Concerns: (L&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.

Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 7 of 28

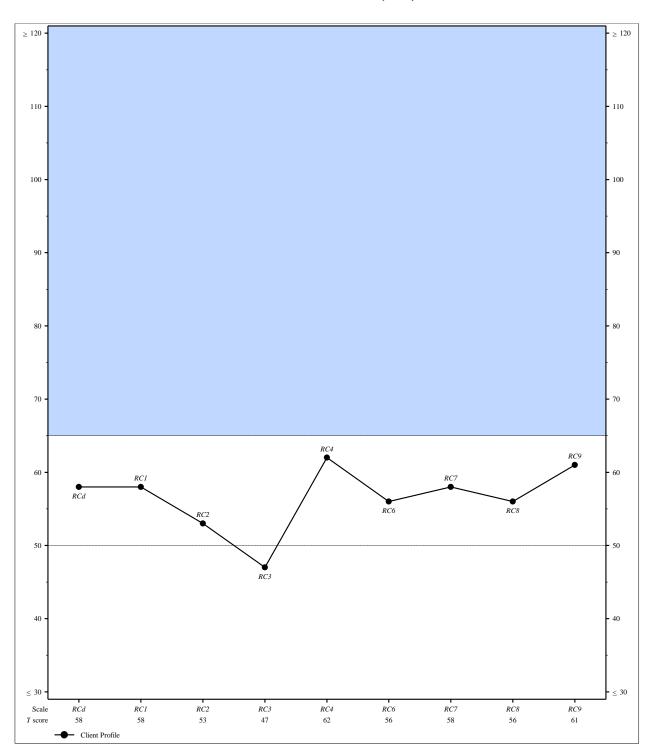
Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 8 of 28

Validity and K-Corrected Clinical Scales



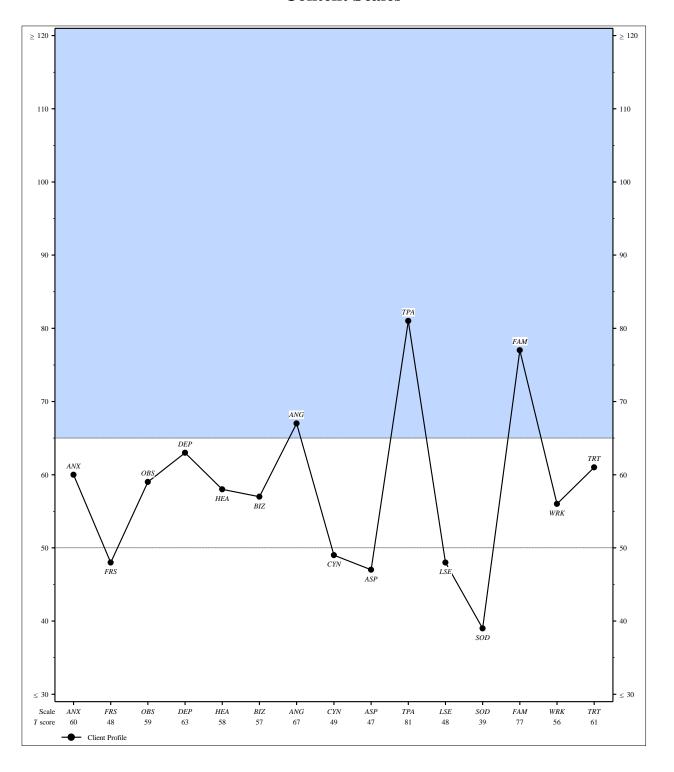
Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 9 of 28

Restructured Clinical (RC) Scales



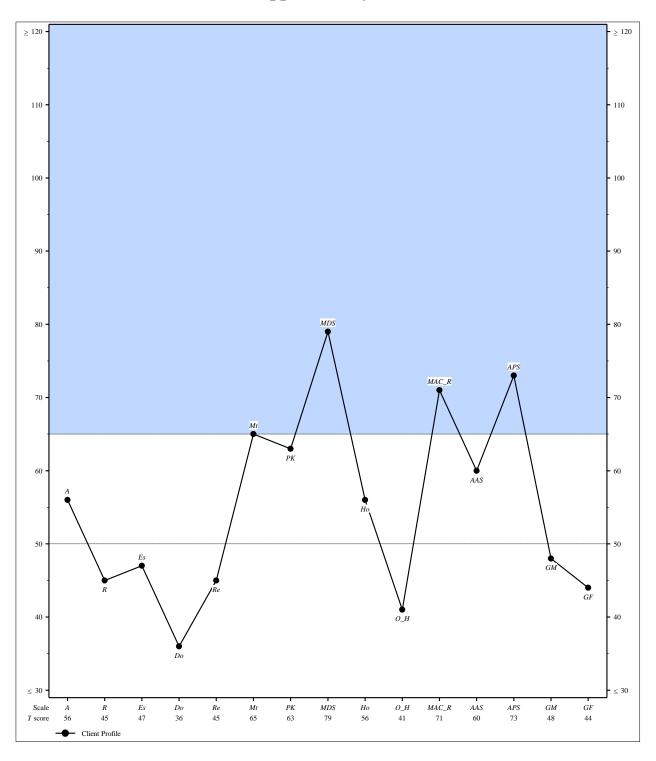
Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 10 of 28

Content Scales



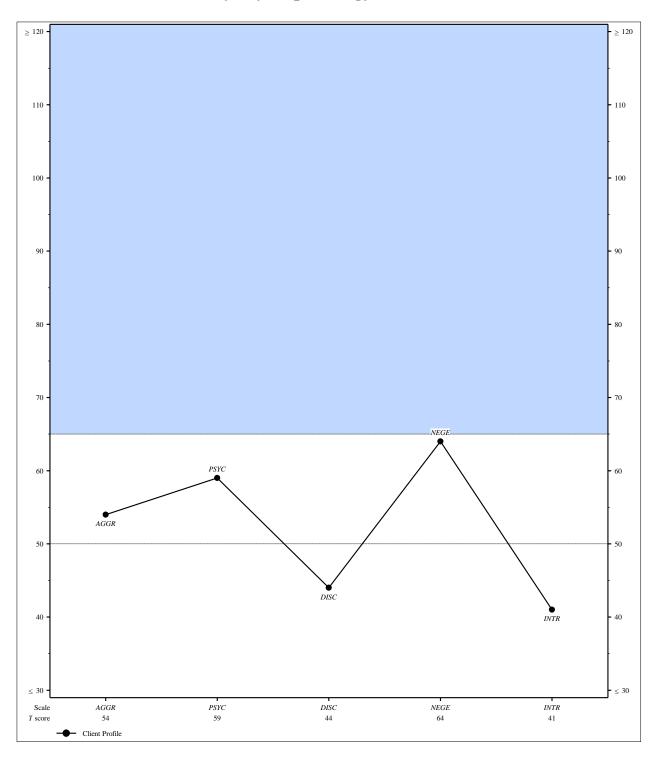
Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 11 of 28

Supplementary Scales

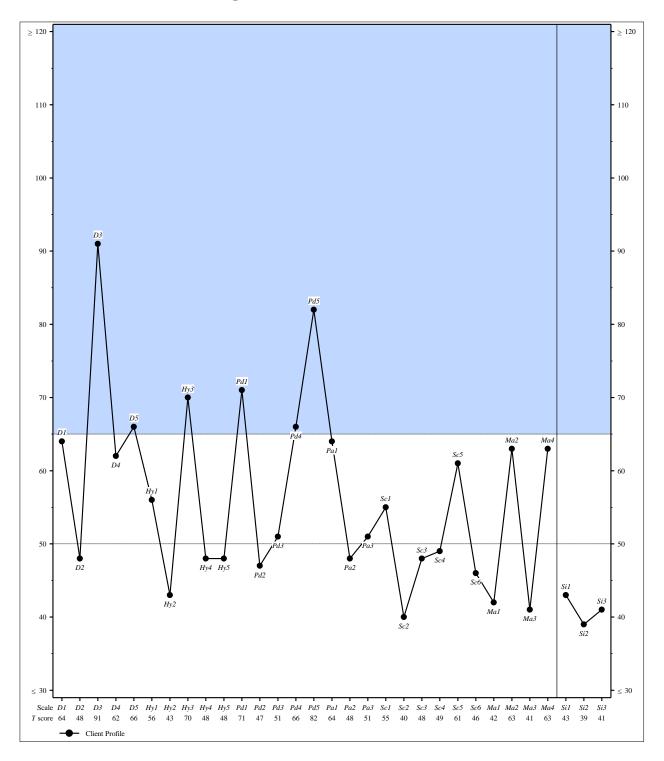


Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 12 of 28

Personality Psychopathology Five (PSY-5) Scales



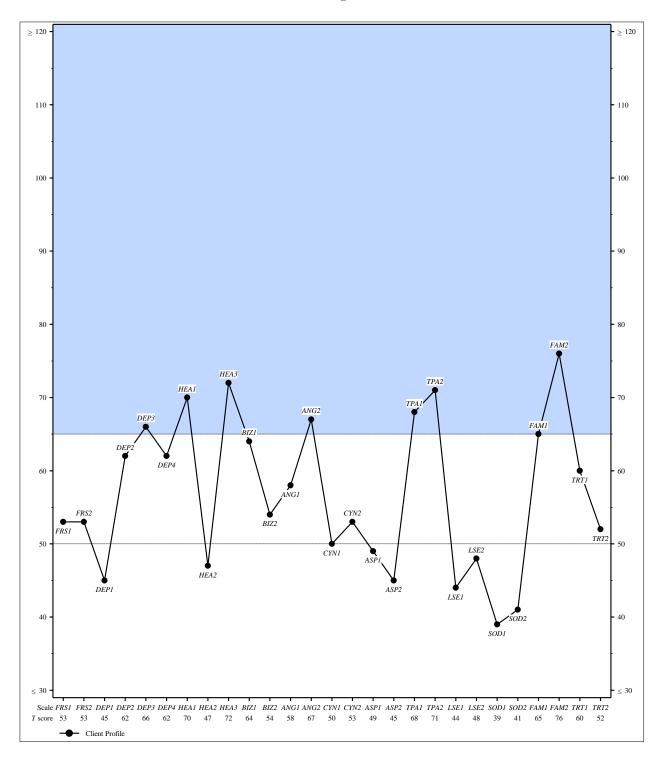
Harris-Lingoes and Social Introversion Subscales



 Client: sample Case
 Test Date: 09/13/2010

 ID#: SC2011
 Page 14 of 28

Content Component Scales



Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 15 of 28

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_B)

 $F_{R} = 51$

He is reporting a typical number of unusual experiences.

Infrequency-Psychopathology (F_P)

 $F_P = 48$

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.

Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 16 of 28

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.

Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 19 of 28

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 (Hy₄)

 $Hy_4 = 48$

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 (Pa₂)

 $Pa_2 = 48$

Naïveté (Pa₃)

 $Pa_3 = 51$

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.

 Client: sample Case
 Test Date: 09/13/2010

 ID#: SC2011
 Page 21 of 28

Psychomotor Acceleration (Ma_2)

 $Ma_2 = 63$

Imperturbability (Ma₃)

 $Ma_3 = 41$

Ego Inflation (Ma₄)

 $Ma_4 = 63$

Social Introversion Subscales

Shyness/Self-Consciousness (Si₁)

 $Si_1 = 43$

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.

Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 22 of 28

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

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Anxiety (ANX)
ANX = 60
Fears (FRS)
FRS = 48
  Generalized Fearfulness (FRS_1)
  FRS_1 = 53
  Multiple Fears (FRS<sub>2</sub>)
  FRS_2 = 53
Obsessions (OBS)
OBS = 59
Depression (DEP)
DEP = 63
  Lack of Drive (DEP<sub>1</sub>)
  DEP_1 = 45
  Dysphoria (DEP<sub>2</sub>)
  DEP_2 = 62
  Self-Depreciation (DEP_3)
  DEP_{3} = 66
  He finds his life empty and meaningless. He cries easily and is self-critical and guilty.
  Suicidal Ideation (DEP<sub>4</sub>)
  DEP_4 = 62
Health Concerns (HEA)
HEA = 58
  Gastrointestinal Symptoms (HEA1)
  HEA_1 = 70
  He reports specific gastrointestinal symptoms such as nausea and vomiting.
  Neurological Symptoms (HEA2)
  HEA_2 = 47
  General Health Concerns (HEA<sub>3</sub>)
  HEA_3 = 72
  He worries about his health and about catching disease. He believes that he is experiencing
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poor health.

Bizarre Mentation (BIZ)

BIZ = 57

Psychotic Symptomatology (BIZ₁)

 $BIZ_1 = 64$

Schizotypal Characteristics (BIZ₂)

 $BIZ_2 = 54$

Anger (ANG)

ANG = 67

Explosive Behavior (ANG_1)

 $ANG_1 = 58$

Irritability (ANG₂)

 $ANG_2 = 67$

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

Cynicism (CYN)

CYN = 49

Misanthropic Beliefs (CYN_1)

 $CYN_1 = 50$

Interpersonal Suspiciousness (CYN2)

 $CYN_2 = 53$

Antisocial Practices (ASP)

ASP = 47

Antisocial Attitudes (ASP_I)

 $ASP_1 = 49$

Antisocial Behavior (ASP_2)

 $ASP_2 = 45$

Type A (TPA)

TPA = 81

Impatience (TPA_1)

 $TPA_1 = 68$

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

Competitive Drive (TPA_2)

 $TPA_2 = 71$

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 = 48Self-Doubt (LSE₁) $LSE_1 = 44$ Submissiveness (LSE₂) $LSE_2 = 48$ Social Discomfort (SOD) SOD = 39Introversion (SOD₁) $SOD_1 = 39$ Shyness (SOD₂)

Family Problems (FAM)

FAM = 77

Family Discord (FAM_1)

 $FAM_1 = 65$

 $SOD_2 = 41$

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_2)

 $FAM_2 = 76$

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_1)

 $TRT_1 = 60$

Inability to Disclose (TRT_2)

 $TRT_2 = 52$

Client: sample Case Test Date: 09/13/2010
ID#: SC2011 Page 26 of 28

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.

Client: sample Case Test Date: 09/13/2010 ID#: SC2011 Page 27 of 28

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.

 Client: sample Case
 Test Date: 09/13/2010

 ID#: SC2011
 Page 28 of 28

Personality Psychopathology Five (PSY-5) Scales

Aggressiveness (AGGR)

AGGR = 54

Psychoticism (PSYC)

PSYC = 59

 $\textbf{Disconstraint} \ (DISC)$

DISC = 44

Negative Emotionality/Neuroticism (*NEGE***)**

NEGE = 64

Introversion/Low Positive Emotionality (INTR)

INTR = 41

End of Report