



## Medical and Psychology Students Interpretive Report

MMPI®-2

The Minnesota Report™: Revised Personnel System, 3rd Edition

*James N. Butcher, PhD*

Name:	William R.
ID Number:	2534
Age:	23
Gender:	Male
Years of Education:	17
Date Assessed:	1/31/14

### Standard Level Addiction Potential



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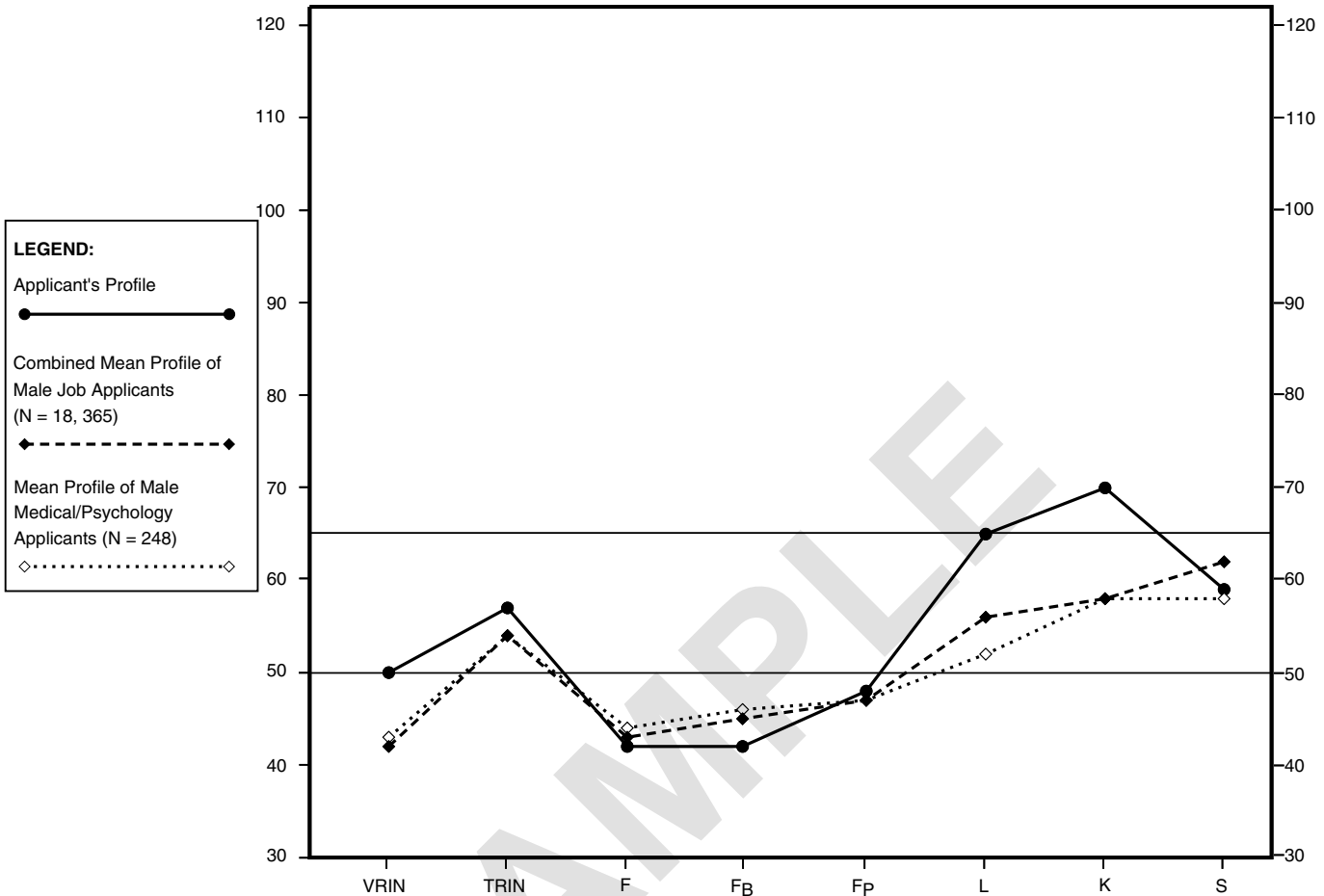
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[ 7.9 / 1 / 3.0.3 ]

### MMPI-2 VALIDITY PATTERN



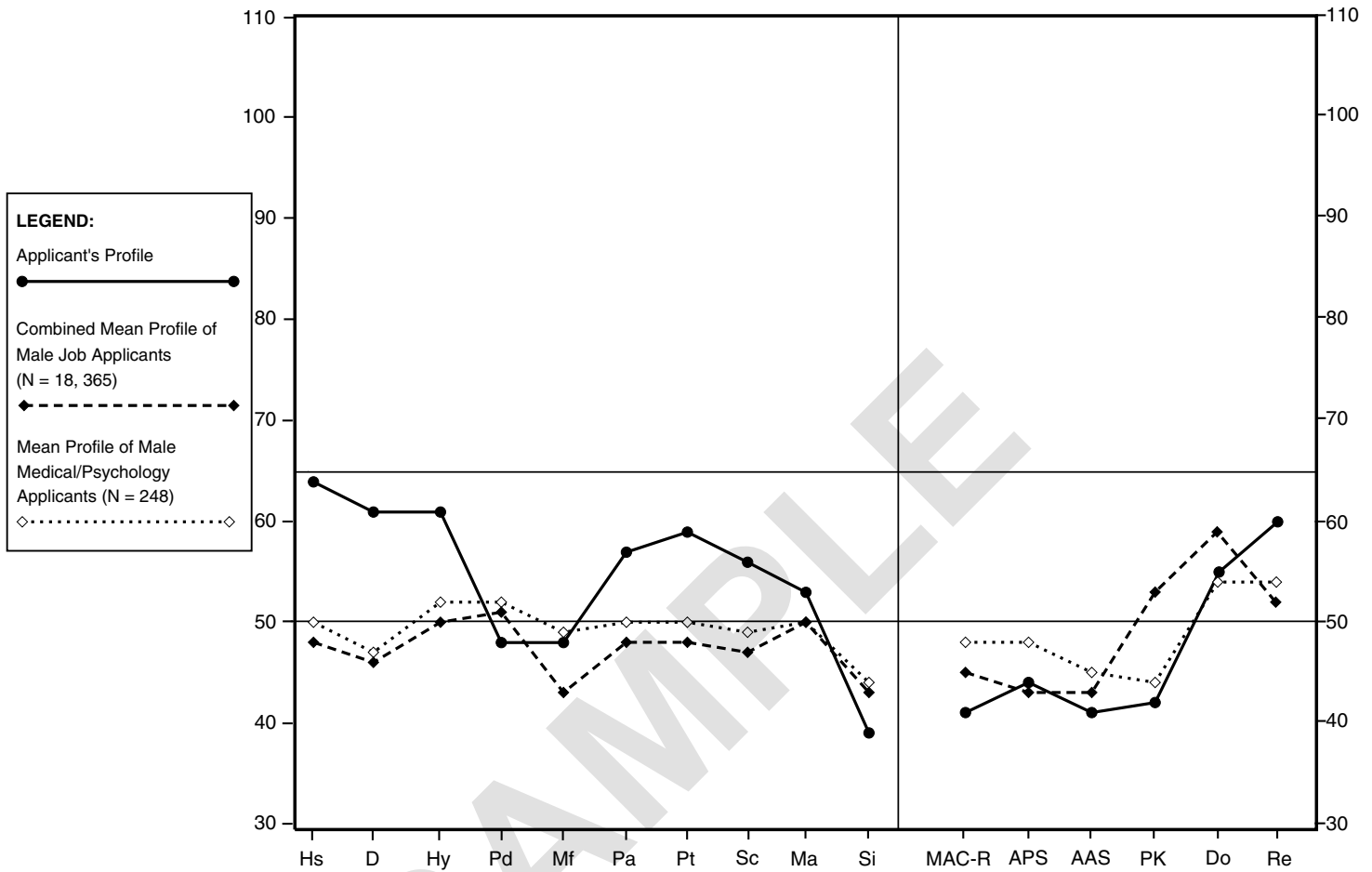
General Applicant								
Sample Mean Score:	42	54	43	45	47	56	58	62
Medical/Psychology								
Sample Mean Score:	43	54	44	46	47	52	58	58

<b>Applicant's Raw Score:</b>	5	8	2	0	1	7	25	33
<b>Applicant's T Score:</b>	50	57F	42	42	48	65	70	59
Non-Gendered T Score:	50	57F	43	42	49	66	71	59
Response %:	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0  
 Percent True: 33  
 Percent False: 67

	Raw Score	T Score	Resp. %
S1 -Beliefs in Human Goodness	11	60	100
S2 -Serenity	7	53	100
S3 -Contentment with Life	3	45	100
S4 -Patience/Denial of Irritability	6	58	100
S5 -Denial of Moral Flaws	5	65	100

### MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



General Applicant Sample Mean Score:	48	46	50	51	43	48	48	47	50	43	45	43	43	53	59	52
Medical/Psychology Sample Mean Score:	50	47	52	52	49	50	50	49	50	44	48	48	45	44	54	54

<b>Applicant's Raw Score:</b>	5	23	26	12	25	12	6	5	17	15	17	21	1	3	18	24
K Correction Score:	13			10			25	25	5							
<b>Applicant's T Score:</b>	64	61	61	48	48	57	59	56	53	39	41	44	41	42	55	60
Non-Gendered T Score:	62	58	60	48		56	58	57	55	38	43	44	43	42	55	59
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

[V.1.2]

Welsh Code: 123-7689/45:0# K'L+/-F:

Profile Elevation: 57.4



## PROFILE VALIDITY

This is a somewhat defensive MMPI-2. The individual was seemingly reluctant to disclose personal information and tended to minimize his faults. It is possible that his defensiveness resulted in an underestimate of his problems.

## PERSONAL ADJUSTMENT

The applicant, in his attempt to portray himself in an overly positive manner, has probably influenced his scores on the other scales of the MMPI-2. Although interpretations are provided in this report for the clinical and content scales, it should be kept in mind that the applicant has not cooperated sufficiently with the evaluation. The following interpretations should be considered provisional until the applicant's generally defensive test responding can be further evaluated. The applicant's MMPI-2 profile is within normal limits, suggesting no extreme psychological symptoms or problems. His personality profile suggests a generally good adjustment. He apparently sees himself as having few psychological problems. However, some of the personality characteristics he reported, such as somatic concerns and feelings of inadequacy, may reflect a tendency to develop physical symptoms under stressful conditions.

## INTERPERSONAL RELATIONS

He is outgoing and sociable and has a strong need to be around other people. He shows little social anxiety, is probably effective in social situations, and tends to be persuasive in dealing with others.

The content of this applicant's MMPI-2 responses suggests the following additional information concerning his interpersonal relations. He reports that his home life was positive, pleasant, and problem-free. He indicates that he feels strong emotional support from those close to him. He views his home life as pleasant and supportive.

## PROFILE FREQUENCY

Profile interpretation can be greatly facilitated by examining the relative frequency of particular scale patterns in various settings. An elevated score on the Hs scale occurred in 9.8% of the MMPI-2 normative sample of men (N = 1,138). The applicant's MMPI-2 high-point score on Hs fell between a T score of 60 and 64. This high-point scale pattern in the standard profile, at this level of elevation, occurred in 5.18% of the clinical scale peaks in the normative sample of men. His high-point clinical scale score (Hs) occurred in 5.4% of the combined sample of college men (Butcher, Graham, Dahlstrom, & Bowman, 1990, sample = 4.7%; Ben-Porath, 1993, sample = 6.3%). However, only 1.5% of the combined sample had Hs as the peak score at or above a T score of 65, and less than 1% of the combined college men had well-defined Hs spikes in that range.

This high Hs pattern, at his level of profile elevation, was obtained by 4.20% of the male applicants in the medical/mental health database (Pearson Assessments Archival Data, 1994).

## **CONTEMPORARY PERSONNEL BASE RATE INFORMATION**

No contemporary personnel base rate information is provided for normal-range clinical profiles like this one.

## **PROFILE STABILITY**

No profile stability information is provided for normal-range clinical profiles like this one.

## **POSSIBLE EMPLOYMENT PROBLEMS**

His performance on the MMPI-2 suggests that his work adjustment and motivation are within the average range. He reports few personality characteristics that would make him vulnerable to work-related problems.

It should be kept in mind that his approach to the test was defensive and that he gave an overly favorable self-appraisal. Had he responded more openly, he may have endorsed more symptoms.

## CONTENT THEMES

MMPI-2 content themes may serve as a source of hypotheses for further investigation. These content themes summarize similar item responses that appear with greater frequency with this applicant than with most people.

He may have low self-esteem that interferes with his taking on new tasks.

He may have low energy or lack enthusiasm.

He may have problems with somatic distress.

He may be unusually sensitive to criticism.

SAMPLE

**ADDITIONAL SCALES**

	Raw Score	T Score	Non-Gendered T Score	Resp %
<b>Personality Psychopathology Five (PSY-5) Scales</b>				
Aggressiveness (AGGR)	5	40	42	100
Psychoticism (PSYC)	0	35	35	100
Disconstraint (DISC)	13	46	51	100
Negative Emotionality/Neuroticism (NEGE)	8	48	46	100
Introversion/Low Positive Emotionality (INTR)	11	50	50	100
<b>Supplementary Scales</b>				
Anxiety (A)	9	49	48	100
Repression (R)	21	63	62	100
Ego Strength (Es)	39	54	56	100
Hostility (Ho)	7	36	37	100
<b>Harris-Lingoes Subscales</b>				
Depression Subscales				
Subjective Depression (D <sub>1</sub> )	8	53	52	100
Psychomotor Retardation (D <sub>2</sub> )	9	70	69	100
Physical Malfunctioning (D <sub>3</sub> )	5	67	65	100
Mental Dullness (D <sub>4</sub> )	4	58	57	100
Brooding (D <sub>5</sub> )	1	45	44	100
Hysteria Subscales				
Denial of Social Anxiety (Hy <sub>1</sub> )	4	51	51	100
Need for Affection (Hy <sub>2</sub> )	10	63	63	100
Lassitude-Malaise (Hy <sub>3</sub> )	3	52	52	100
Somatic Complaints (Hy <sub>4</sub> )	2	48	46	100
Inhibition of Aggression (Hy <sub>5</sub> )	5	63	62	100
Psychopathic Deviate Subscales				
Familial Discord (Pd <sub>1</sub> )	1	45	44	100
Authority Problems (Pd <sub>2</sub> )	2	40	43	100
Social Imperturbability (Pd <sub>3</sub> )	3	45	46	100
Social Alienation (Pd <sub>4</sub> )	1	35	34	100
Self-Alienation (Pd <sub>5</sub> )	3	48	48	100
Paranoia Subscales				
Persecutory Ideas (Pa <sub>1</sub> )	1	46	46	100
Poignancy (Pa <sub>2</sub> )	2	48	47	100
Naivete (Pa <sub>3</sub> )	7	60	60	100



	Raw Score	T Score	Non-Gendered T Score	Resp %
<b>Schizophrenia Subscales</b>				
Social Alienation (Sc <sub>1</sub> )	0	39	38	100
Emotional Alienation (Sc <sub>2</sub> )	1	50	49	100
Lack of Ego Mastery, Cognitive (Sc <sub>3</sub> )	0	42	42	100
Lack of Ego Mastery, Conative (Sc <sub>4</sub> )	3	55	55	100
Lack of Ego Mastery, Defective Inhibition (Sc <sub>5</sub> )	0	40	40	100
Bizarre Sensory Experiences (Sc <sub>6</sub> )	0	41	41	100
<b>Hypomania Subscales</b>				
Amorality (Ma <sub>1</sub> )	1	42	44	100
Psychomotor Acceleration (Ma <sub>2</sub> )	6	53	54	100
Imperturbability (Ma <sub>3</sub> )	6	65	67	100
Ego Inflation (Ma <sub>4</sub> )	2	43	43	100
<b>Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, &amp; Graham)</b>				
Shyness/Self-Consciousness (Si <sub>1</sub> )	1	39	39	100
Social Avoidance (Si <sub>2</sub> )	2	45	46	100
Alienation--Self and Others (Si <sub>3</sub> )	1	38	38	100
<b>Content Component Scales (Ben-Porath &amp; Sherwood)</b>				
<b>Fears Subscales</b>				
Generalized Fearfulness (FRS <sub>1</sub> )	1	53	51	100
Multiple Fears (FRS <sub>2</sub> )	2	45	42	100
<b>Depression Subscales</b>				
Lack of Drive (DEP <sub>1</sub> )	4	62	61	100
Dysphoria (DEP <sub>2</sub> )	0	42	41	100
Self-Depreciation (DEP <sub>3</sub> )	1	48	48	100
Suicidal Ideation (DEP <sub>4</sub> )	0	45	46	100
<b>Health Concerns Subscales</b>				
Gastrointestinal Symptoms (HEA <sub>1</sub> )	0	44	44	100
Neurological Symptoms (HEA <sub>2</sub> )	2	54	52	100
General Health Concerns (HEA <sub>3</sub> )	1	48	49	100
<b>Bizarre Mentation Subscales</b>				
Psychotic Symptomatology (BIZ <sub>1</sub> )	0	44	44	100
Schizotypal Characteristics (BIZ <sub>2</sub> )	0	41	41	100
<b>Anger Subscales</b>				
Explosive Behavior (ANG <sub>1</sub> )	0	39	39	100
Irritability (ANG <sub>2</sub> )	1	41	40	100
<b>Cynicism Subscales</b>				
Misanthropic Beliefs (CYN <sub>1</sub> )	3	41	42	100
Interpersonal Suspiciousness (CYN <sub>2</sub> )	2	43	45	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
<b>Antisocial Practices Subscales</b>				
Antisocial Attitudes (ASP <sub>1</sub> )	2	37	39	100
Antisocial Behavior (ASP <sub>2</sub> )	1	45	48	100
<b>Type A Subscales</b>				
Impatience (TPA <sub>1</sub> )	1	39	40	100
Competitive Drive (TPA <sub>2</sub> )	1	39	39	100
<b>Low Self-Esteem Subscales</b>				
Self-Doubt (LSE <sub>1</sub> )	0	39	40	100
Submissiveness (LSE <sub>2</sub> )	5	76	72	100
<b>Social Discomfort Subscales</b>				
Introversion (SOD <sub>1</sub> )	2	42	43	100
Shyness (SOD <sub>2</sub> )	1	41	41	100
<b>Family Problems Subscales</b>				
Family Discord (FAM <sub>1</sub> )	1	40	39	100
Familial Alienation (FAM <sub>2</sub> )	0	40	41	100
<b>Negative Treatment Indicators Subscales</b>				
Low Motivation (TRT <sub>1</sub> )	0	42	42	100
Inability to Disclose (TRT <sub>2</sub> )	0	37	38	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.

## WORK DYSFUNCTION ITEMS

The following items may be significant in understanding the client's work performance. These items have been found to be related to dysfunctional attitudes or negative behavior in employment situations. Although these items may serve as a source of hypotheses for further investigation, caution should be used in interpreting individual items because the respondent may have misread the item or inadvertently marked the wrong answer.

Any Work Dysfunction items he endorsed are listed below with the direction of his endorsement indicated in parentheses. The endorsement percentages of different reference groups are presented in brackets following the item. The first number "N" is the percentage of the MMPI-2 normative sample who endorsed that item in the scored direction. The second number "P" is the percentage of individuals in the large job applicant sample (Pearson Assessments, 1995) who endorsed the item in the scored direction.

- 233. Item Content Omitted. (True) [N = 35%, P = 14%]
- 409. Item Content Omitted. (True) [N = 39%, P = 24%]
- 428. Item Content Omitted. (True) [N = 57%, P = 39%]
- 464. Item Content Omitted. (True) [N = 25%, P = 9%]
- 566. Item Content Omitted. (True) [N = 31%, P = 14%]



**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.

### End of Report

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NOTE: This MMPI-2 report can serve as a useful guide for employment decisions in which personality adjustment is considered important for success on the job. The decision rules on which these classifications are based were developed through a review of the empirical literature on the MMPI and MMPI-2 with normal-range individuals (including job applicants) and the author's practical experience using the test in employee selection. The report can assist psychologists and physicians involved in personnel selection by providing an "outside opinion" about the applicant's adjustment. The MMPI-2 should NOT be used as the sole means of determining the applicant's suitability for employment. The information in this report should be used by qualified test interpretation specialists only.

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