



Correctional Interpretive Report

MMPI®-2

The Minnesota Report™: Adult Clinical System-Revised, 4th Edition

James N. Butcher, PhD

ID Number:	2516
Age:	52
Gender:	Male
Marital Status:	Separated
Years of Education:	16
Date Assessed:	1/31/14

SAMPLE



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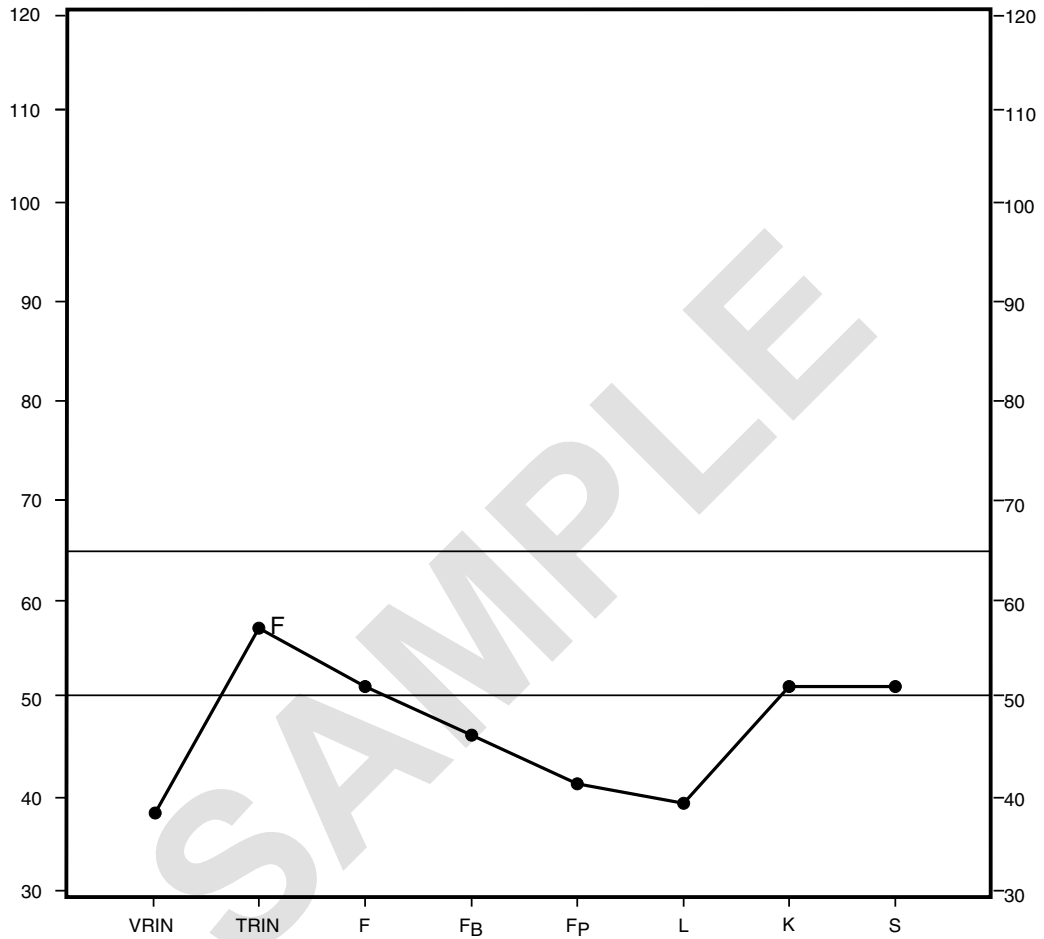
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MMPI-2 VALIDITY PATTERN

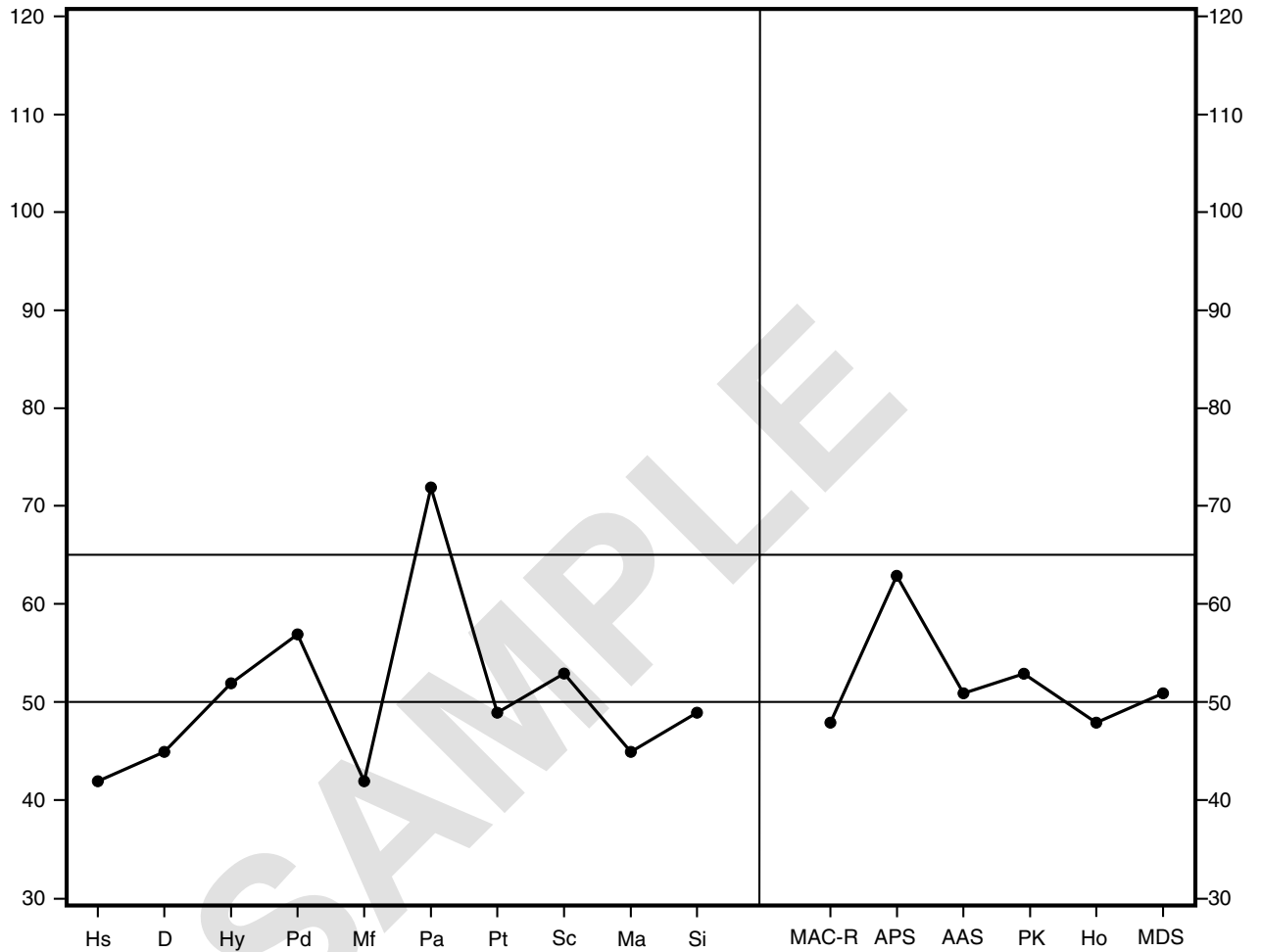


Raw Score:	2	8	5	1	0	1	16	26
T Score:	38	57F	51	46	41	39	51	51
Response %:	98	100	100	100	100	100	97	98

Cannot Say (Raw): 1
 Percent True: 37
 Percent False: 63

	Raw Score	T Score	Resp. %
S1 - Beliefs in Human Goodness	10	57	93
S2 - Serenity	5	46	100
S3 - Contentment with Life	4	50	100
S4 - Patience/Denial of Irritability	5	54	100
S5 - Denial of Moral Flaws	2	43	100

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE

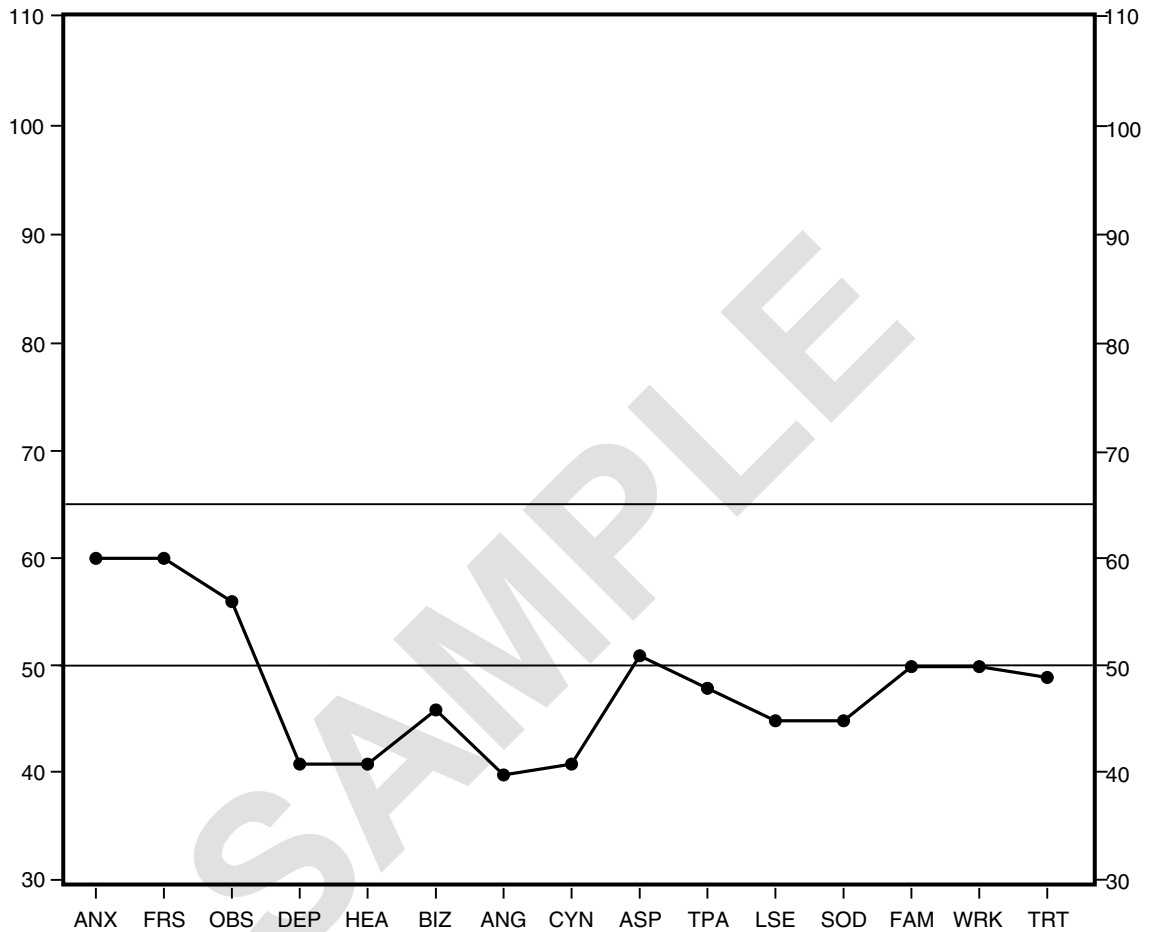


Raw Score:	2	16	22	20	22	16	10	12	15	24	20	28	3	10	17	3
K Correction:	8			6			16	16	3							
T Score:	42	45	52	57	42	72	49	53	45	49	48	63	51	53	48	51
Response %:	100	100	100	100	100	98	100	100	100	99	100	100	100	100	100	100

Welsh Code: 6'+-483/70 29 15: FK/:L#

Profile Elevation: 51.9

MMPI-2 CONTENT SCALES PROFILE



Raw Score:	10	7	7	1	2	1	2	4	9	8	2	5	5	7	4
T Score:	60	60	56	41	41	46	40	41	51	48	45	45	50	50	49
Response %:	100	100	100	100	100	100	100	96	95	100	100	100	100	100	100

PROFILE VALIDITY

This client's approach to the MMPI-2 was open and cooperative. The resulting clinical and content scale profiles are valid and are probably a good indication of his present level of personality functioning. This cooperative performance may be viewed as a positive indication of his involvement with the evaluation.

SYMPTOMATIC PATTERNS

The MMPI-2 profile configuration with Scale Pa as the prototype was used to develop this report. This profile configuration shows very high definition. A high degree of confidence can be placed in the behavioral descriptions from the clinical scales that are provided in this report because the client's profile closely matches the prototype pattern in research literature that defines this profile type. Individuals with this MMPI-2 clinical profile are likely to be experiencing intense problems at this time. Overly sensitive to criticism, the client reacts to even minor problems with anger or hostility. He is highly suspicious of other people and is constantly on guard to prevent being taken advantage of; this touchiness often makes him argumentative.

Individuals with this pattern are usually aloof and distant, and they may be rigidly moralistic. The client's great lack of trust makes him feel particularly wary of others. When he feels threatened, he may react with self-righteous indignation and complain that he has been wronged. Individuals with this profile tend to project and externalize blame. He typically does not assume responsibility for his problems, and he tends to blame others or to rationalize his faults.

This individual is not likely to change significantly, although he may become angry if he feels others are taking advantage of him. On the other hand, he may become less intensely angry and may "clam up" in order to reduce the attention being paid him. Symptom intensity may vary with mood and stress.

The client seems to have a rather limited range of cultural interests and tends to prefer stereotyped masculine activities to literary and artistic pursuits or introspective experiences. Interpersonally, he may be somewhat intolerant and insensitive.

In addition, the following description is suggested by the client's scores on the content scales. He views the world as a threatening place, sees himself as having been unjustly blamed for others' problems, and feels that he is getting a raw deal out of life. He considers himself to be in good health and does not complain of somatic difficulties.

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) occurred in 9.6% of the MMPI-2 normative sample of men. However, only 3.0% of the sample had Pa as the peak score at or above a T score of 65, and only 2.2% had well-defined Pa spikes.

The relative frequency of his profile in various correctional settings is informative. Megargee (1993) reported that this high-point clinical scale score (Pa) occurred in 13.4% of men in a state prison and

16.0% of men in a federal prison. Moreover, 7.9% of the state prisoners and 11.7% of the federal prisoners had the Pa scale spike at or above a T score of 65.

PROFILE STABILITY

The relative elevation of the highest scales in his clinical profile shows very high profile definition. His high-point score on Pa is likely to show 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 (2000) reported a moderate test-retest stability of 0.55 in a large study of normals over a five-year test-retest period.

INTERPERSONAL RELATIONS

He is overly sensitive, rigid, and hostile. He tends to brood a great deal, holds grudges, and may actively work to "get even" with others when he feels they are doing him wrong. His lack of trust and inability to compromise often disrupt interpersonal relationships. His lack of trust may prevent him from developing warm, close relationships. His aloofness and detachment may make his marital relationships difficult at times. He tends to be argumentative and may not be able to "forgive and forget" after a quarrel.

DIAGNOSTIC CONSIDERATIONS

Only tentative diagnoses can be provided for this profile type because factors other than the MMPI-2 should be considered. There is strong indication that the client may have a Paranoid Personality Disorder or a Delusional Disorder.

TREATMENT CONSIDERATIONS

Individuals with this profile type tend not to seek psychological help, but more often submit to it at the request or insistence of others. They are often guarded and it is difficult to gain rapport with them. In psychological treatment, they deny responsibility for their problems, have stormy and unproductive treatment sessions, and may terminate therapy prematurely.

ADDITIONAL SCALES

	Raw Score	T Score	Resp %
Personality Psychopathology Five (PSY-5) Scales			
Aggressiveness (AGGR)	7	45	100
Psychoticism (PSYC)	5	56	100
Disconstraint (DISC)	15	51	97
Negative Emotionality/Neuroticism (NEGE)	12	54	100
Introversion/Low Positive Emotionality (INTR)	7	41	100
Supplementary Scales			
Anxiety (A)	10	50	100
Repression (R)	16	52	100
Ego Strength (Es)	40	56	100
Dominance (Do)	21	65	100
Social Responsibility (Re)	20	50	100
Harris-Lingoes Subscales			
Depression Subscales			
Subjective Depression (D ₁)	6	48	100
Psychomotor Retardation (D ₂)	5	48	100
Physical Malfunctioning (D ₃)	3	51	100
Mental Dullness (D ₄)	0	38	100
Brooding (D ₅)	2	51	100
Hysteria Subscales			
Denial of Social Anxiety (Hy ₁)	5	56	100
Need for Affection (Hy ₂)	9	59	100
Lassitude-Malaise (Hy ₃)	2	48	100
Somatic Complaints (Hy ₄)	2	48	100
Inhibition of Aggression (Hy ₅)	2	40	100
Psychopathic Deviate Subscales			
Familial Discord (Pd ₁)	2	51	100
Authority Problems (Pd ₂)	6	67	100
Social Imperturbability (Pd ₃)	5	57	100
Social Alienation (Pd ₄)	6	61	100
Self-Alienation (Pd ₅)	3	48	100
Paranoia Subscales			
Persecutory Ideas (Pa ₁)	5	70	100
Poignancy (Pa ₂)	3	55	100
Naivete (Pa ₃)	7	60	89

	Raw Score	T Score	Resp %
Schizophrenia Subscales			
Social Alienation (Sc ₁)	3	51	100
Emotional Alienation (Sc ₂)	1	50	100
Lack of Ego Mastery, Cognitive (Sc ₃)	0	42	100
Lack of Ego Mastery, Conative (Sc ₄)	1	44	100
Lack of Ego Mastery, Defective Inhibition (Sc ₅)	3	61	100
Bizarre Sensory Experiences (Sc ₆)	1	46	100
Hypomania Subscales			
Amorality (Ma ₁)	3	58	100
Psychomotor Acceleration (Ma ₂)	5	49	100
Imperturbability (Ma ₃)	3	47	100
Ego Inflation (Ma ₄)	2	43	100
Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)			
Shyness/Self-Consciousness (Si ₁)	5	51	100
Social Avoidance (Si ₂)	0	37	100
Alienation--Self and Others (Si ₃)	4	47	94
Content Component Scales (Ben-Porath & Sherwood)			
Fears Subscales			
Generalized Fearfulness (FRS ₁)	1	53	100
Multiple Fears (FRS ₂)	6	63	100
Depression Subscales			
Lack of Drive (DEP ₁)	0	40	100
Dysphoria (DEP ₂)	1	50	100
Self-Depreciation (DEP ₃)	0	41	100
Suicidal Ideation (DEP ₄)	0	45	100
Health Concerns Subscales			
Gastrointestinal Symptoms (HEA ₁)	0	44	100
Neurological Symptoms (HEA ₂)	0	40	100
General Health Concerns (HEA ₃)	1	48	100
Bizarre Mentation Subscales			
Psychotic Symptomatology (BIZ ₁)	1	54	100
Schizotypal Characteristics (BIZ ₂)	0	41	100
Anger Subscales			
Explosive Behavior (ANG ₁)	0	39	100
Irritability (ANG ₂)	1	41	100
Cynicism Subscales			
Misanthropic Beliefs (CYN ₁)	3	41	93
Interpersonal Suspiciousness (CYN ₂)	1	39	100

	Raw Score	T Score	Resp %
Antisocial Practices Subscales			
Antisocial Attitudes (ASP ₁)	7	52	94
Antisocial Behavior (ASP ₂)	2	52	100
Type A Subscales			
Impatience (TPA ₁)	1	39	100
Competitive Drive (TPA ₂)	5	60	100
Low Self-Esteem Subscales			
Self-Doubt (LSE ₁)	0	39	100
Submissiveness (LSE ₂)	2	55	100
Social Discomfort Subscales			
Introversion (SOD ₁)	2	42	100
Shyness (SOD ₂)	3	52	100
Family Problems Subscales			
Family Discord (FAM ₁)	1	40	100
Familial Alienation (FAM ₂)	1	49	100
Negative Treatment Indicators Subscales			
Low Motivation (TRT ₁)	1	48	100
Inability to Disclose (TRT ₂)	3	60	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.

CRITICAL ITEMS

The following critical items have been found to have possible significance in analyzing a client's problem situation. Although these items may serve as a source of hypotheses for further investigation, caution should be used in interpreting individual items because they may have been checked inadvertently.

The percentages of endorsement for each critical item are presented in brackets following the listing of the item. The percentage of the MMPI-2 normative sample of 1,138 men who endorsed the item in the scored direction is given.

Acute Anxiety State (Koss-Butcher Critical Items)

Of the 17 possible items in this section, 2 were endorsed in the scored direction:

- 140. Item Content Omitted. (False) [N = 23]
- 301. Item Content Omitted. (True) [N = 15]



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.

Situational Stress Due to Alcoholism (Koss-Butcher Critical Items)

Of the 7 possible items in this section, 2 were endorsed in the scored direction:

- 125. Item Content Omitted. (False) [N = 11]
- 264. Item Content Omitted. (True) [N = 45]

Persecutory Ideas (Koss-Butcher Critical Items)

Of the 16 possible items in this section, 3 were endorsed in the scored direction:

- 99. Item Content Omitted. (True) [N = 5]
- 138. Item Content Omitted. (True) [N = 2]
- 314. Item Content Omitted. (False) [N = 12]

Antisocial Attitude (Lachar-Wrobel Critical Items)

Of the 9 possible items in this section, 4 were endorsed in the scored direction:

- 27. Item Content Omitted. (True) [N = 27]

- 35. Item Content Omitted. (True) [N = 58]
- 227. Item Content Omitted. (True) [N = 40]
- 266. Item Content Omitted. (False) [N = 41]



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.

Family Conflict (Lachar-Wrobel Critical Items)

Of the 4 possible items in this section, 1 was endorsed in the scored direction:

- 125. Item Content Omitted. (False) [N = 11]

Sexual Concern and Deviation (Lachar-Wrobel Critical Items)

Of the 6 possible items in this section, 2 were endorsed in the scored direction:

- 34. Item Content Omitted. (False) [N = 19]
- 121. Item Content Omitted. (False) [N = 37]

Anxiety and Tension (Lachar-Wrobel Critical Items)

Of the 11 possible items in this section, 2 were endorsed in the scored direction:

- 261. Item Content Omitted. (False) [N = 44]
- 301. Item Content Omitted. (True) [N = 15]

Sleep Disturbance (Lachar-Wrobel Critical Items)

Of the 6 possible items in this section, 1 was endorsed in the scored direction:

- 140. Item Content Omitted. (False) [N = 23]

Deviant Thinking and Experience (Lachar-Wrobel Critical Items)

Of the 10 possible items in this section, 1 was endorsed in the scored direction:

- 122. Item Content Omitted. (True) [N = 80]

Depression and Worry (Lachar-Wrobel Critical Items)

Of the 16 possible items in this section, 2 were endorsed in the scored direction:

339. Item Content Omitted. (True) [N = 37]

415. Item Content Omitted. (True) [N = 27]



Special Note:

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Deviant Beliefs (Lachar-Wrobel Critical Items)

Of the 15 possible items in this section, 3 were endorsed in the scored direction:

99. Item Content Omitted. (True) [N = 5]

138. Item Content Omitted. (True) [N = 2]

314. Item Content Omitted. (False) [N = 12]

Substance Abuse (Lachar-Wrobel Critical Items)

Of the 3 possible items in this section, 1 was endorsed in the scored direction:

264. Item Content Omitted. (True) [N = 45]

SAMPLE

OMITTED ITEMS

The following items were omitted by the client. It may be helpful to discuss these item omissions with this individual to determine the reason for noncompliance with the test instructions.

284. Item Content Omitted.



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

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 in diverse groups of patients. 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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