MMPI-2
Minnesota Multiphasic Personality Inventory-2

SAMPLE REPORT

Case Description: Margaret L. — General Corrections Interpretive Report

Margaret L., age 27, is currently serving a 10-year prison term for a felony conviction for drug manufacturing and possession. She had one drug conviction three years ago for which she served a year in prison. She was convicted (along with her boyfriend and a cousin) of producing and selling methamphetamine.

At the request of the correctional system physician, Margaret is being evaluated for transfer to a mental health unit. The physician requested the transfer in response to Margaret's complaints of severe anxiety, obsessive ruminations, and sleeping problems. She acknowledged to him that she has a substance abuse problem that requires treatment.

Case descriptions do not accompany MMPI-2 reports, but are provided here as background information. The following report was generated from Q-global™, Pearson's web-based scoring and reporting application, using Ms. L.'s responses to the MMPI-2. Additional MMPI-2 sample reports, product offerings, training opportunities, and resources can be found at PearsonClinical.com/mmpi2.

MMPI®-2
Minnesota Multiphasic Personality Inventory®-2

General Corrections Interpretive Report

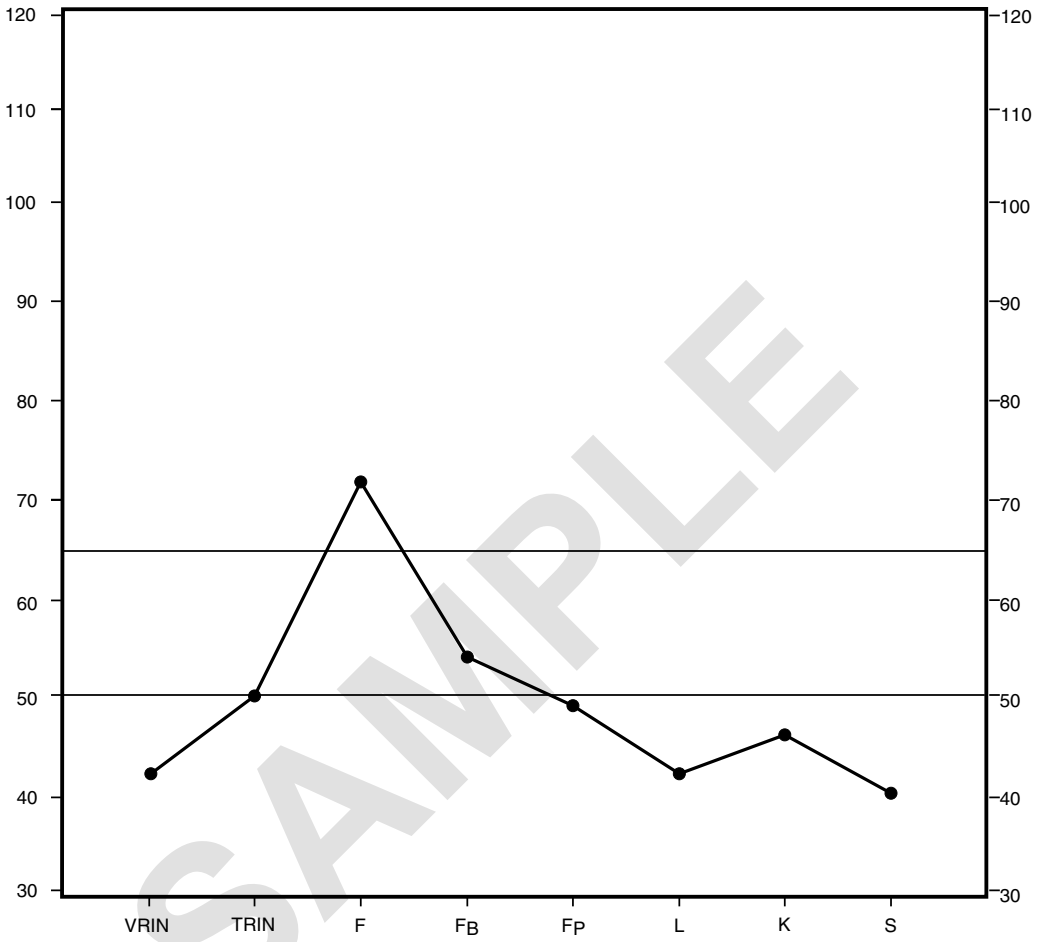
MMPI®-2
The Minnesota Report™: Reports for Forensic Settings
James N. Butcher, PhD

Name:	Margaret L.
ID Number:	2543
Age:	27
Gender:	Female
Marital Status:	Never Married
Years of Education:	12
Date Assessed:	1/31/14

PsychCorp

[3.9 / 1 / QG]

MMPI-2 VALIDITY PATTERN



	VRIN	TRIN	F	FB	FP	L	K	S
Raw Score:	3	9	10	3	1	2	13	17
T Score (plotted):	42	50	72	54	49	42	46	40
Non-Gendered T Score:	42	50	69	55	49	43	45	40
Response %:	100	100	100	100	100	100	100	100

Cannot Say (Raw):	0
Percent True:	46
Percent False:	54

	Raw Score	T Score	Resp. %
S_1 - Beliefs in Human Goodness	5	42	100
S_2 - Serenity	4	44	100
S_3 - Contentment with Life	3	47	100
S_4 - Patience/Denial of Irritability	4	48	100
S_5 - Denial of Moral Flaws	1	30	100

PROFILE VALIDITY

The client has a number of problems, which are reflected in her somewhat exaggerated responses to the test items. Her endorsement of a wide range of symptoms makes her appear defenseless at this time. She may be experiencing a great deal of stress, and she may feel that she cannot manage her life very well. The profile is valid and suggests that the client probably feels a need to discuss her problems. A tendency toward self-deprecation is suggested and should be taken into consideration in the clinical interpretation.

SYMPTOMATIC PATTERNS

The clinical scale prototype that incorporates correlates of *Pd and Pt* was used to develop this report. Because her profile has lower definition than those of many other patients in this setting, interpretation of her MMPI-2 should take into consideration other clinical scales that are prominent in the profile. Individuals with this MMPI-2 clinical profile tend to exhibit a pattern of chronic psychological maladjustment. This client appears to be quite impulsive, tending to act out in socially unacceptable ways. She also exhibits a pattern of superficial guilt, remorse, and negative self-evaluation following her episodes of acting out. The self-blame does not seem to alter her impulsive behavior, however, and she frequently repeats the pattern.

Individuals with this profile may engage in negative behavior or excessive drinking or drug use and then feel guilty temporarily. Some show anxiety and somatic distress, including fatigue, headaches, and stomach pains.

The client may report feeling very tense, agitated, and unable to manage her present problems. She feels quite insecure at this time and seems to need constant reassurance. She may also engage in some compulsive behavior.

In addition, the following description is suggested by the content of the client's item responses. The client's recent thinking is likely to be characterized by obsessiveness and indecision. She may feel somewhat estranged and alienated from people. She is suspicious of the actions of others, and she may tend to blame them for her negative frame of mind. She views the world as a threatening place, sees herself as having been unjustly blamed for others' problems, and feels that she is getting a raw deal from life. She is rather high-strung and believes that she feels things more or more intensely than others do. She feels quite lonely and misunderstood at times.

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 (Pd) occurs in 9.5% of the MMPI-2 normative sample of women. However, only 4.7% of the sample have Pd scale peak scores at or above a T score of 65, and only 2.9% have well-defined Pd spikes. Her high MMPI-2 two-point profile configuration (4-7/7-4) is very rare in samples of normals, occurring in less than 1% of the

MMPI-2 normative sample of women.

A high-point clinical scale score on Pd occurs in 7.2% of the sample of military women (Butcher, Jeffrey, et al., 1990). However, only 5% of the sample have Pd scale scores at or over a T score of 65, and 4.4% of these are well defined at that high level of elevation.

The relative frequency of her profile in various correctional settings is informative. Megargee (1993) reported that this high-point clinical scale score (Pd) occurred in 27.9% of the females in a state prison sample and 18.1% of the women in a federal prison sample. Moreover, 25.8% of the sample of state prison women and 15.5% of the federal prison women had Pd scale spike scores at or above a T score of 65. Megargee (1993) reported that this high MMPI-2 two-point profile configuration (4-7/7-4) is somewhat rare in samples of female prisoners, occurring in less than 1% of the women in a state prison sample and 1.5% of the women in a federal prison.

She scored relatively high on MAC-R, APS, and AAS, suggesting the possibility of a drug- or alcohol-abuse problem. The base rate data for her profile type among residents in alcohol and drug programs should be evaluated. This MMPI-2 profile configuration contains the most frequent high point (Pd) among alcohol- and drug-abusing populations. More than 26% of the women in substance-abuse treatment programs have this pattern (McKenna & Butcher, 1987). In addition, 24.3% of female veterans in inpatient substance abuse treatment have this high-point spike as a well-defined high-point score (Ben-Porath, McNulty, Waats, & McCormick, 1997). However, 36.2% of the women in this sample produced high-point Pd scores, although they were not necessarily well defined or in the elevated range.

PROFILE STABILITY

The relative elevation of her clinical scale scores suggests that her profile is not as well defined as many other profiles. That is, her highest scale or scales are very close to her next scale score elevations. There could be some shifting of the most prominent scale elevations in the profile code if she is retested at a later date. The difference between the profile type used to develop the present report and the next highest scale in the profile code was 2 points. So, for example, if the client is tested at a later date, her profile might involve more behavioral elements related to elevations on Hy. If she is retested, responses related to intensification of defense mechanisms such as repression and denial might occur along with the presentation of vague physical problems.

INTERPERSONAL RELATIONS

She tends to be somewhat insecure and dependent in social relationships. She may manipulate others for her own ends and express superficial guilt and remorse about abusing others.

MENTAL HEALTH CONSIDERATIONS

Individuals with this profile typically receive a diagnosis of personality disorder.

She appears to have a number of personality characteristics that have been associated with substance abuse or substance use problems. Her scores on the addiction proneness indicators suggest the possibility of an addictive disorder. Further evaluation for the likelihood of a substance use or abuse disorder is indicated. In her responses to the MMPI-2, she acknowledged some problems with excessive use or abuse of addictive substances.

Individuals with this profile may request treatment during periods of remorse and may say they want to "live a better life." However, they often do not participate fully in psychological treatment and tend to terminate treatment early without making any significant changes in their behavior.

The item content she endorsed indicates attitudes and feelings that suggest a low capacity for change. Her potentially high resistance to change should be addressed early in treatment to promote a more treatment-expectant attitude.

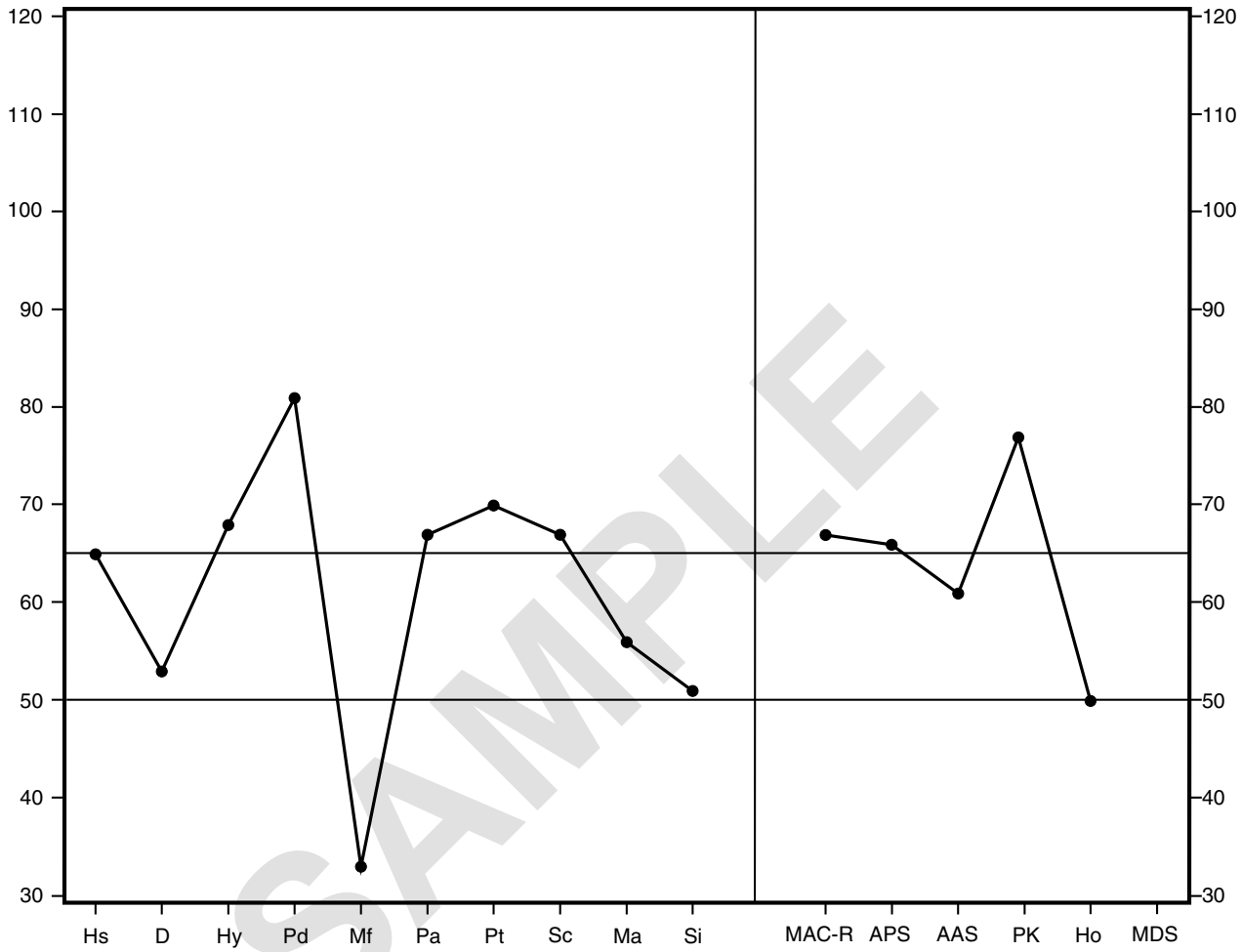
Her acknowledged problems with alcohol or drug use should be addressed in therapy.

GENERAL CORRECTIONAL CONSIDERATIONS

She responded to the MMPI-2 validity indicators in a very open manner presenting a number of mental health symptoms. Some problems are evident in her MMPI-2 profile. She presented some clear personality problems that are probably pertinent to an assessment of her functioning and behavior central to her adjustment in prison. Her high elevation on the *Pd* scale is often associated with a tendency to engage in irresponsible, immature, and possibly antisocial behavior. Individuals with this pattern tend to have rebellious attitudes toward authority figures, have stormy family relationships, and tend to blame others for their problems. They often have a spotty history of employment or school performance. They tend to have turbulent relationships and marital problems. Their impulsivity, low frustration tolerance, and need for immediate gratification probably affect their social relationships. They tend to be somewhat self-centered and may engage a great deal in self-gratification in a pleasure-oriented lifestyle. It should be kept in mind that individuals with this extreme personality-disordered pattern are unlikely to change or learn from experience.

In addition to the problems indicated by her MMPI-2 clinical scale scores, she endorsed some items on the content scales that could reflect difficulties for her. Her proneness to experience obsessive thinking and health problems might make it difficult for her to think clearly or function effectively. She is likely to have substance abuse or use problems that could be a possible source of future problems.

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



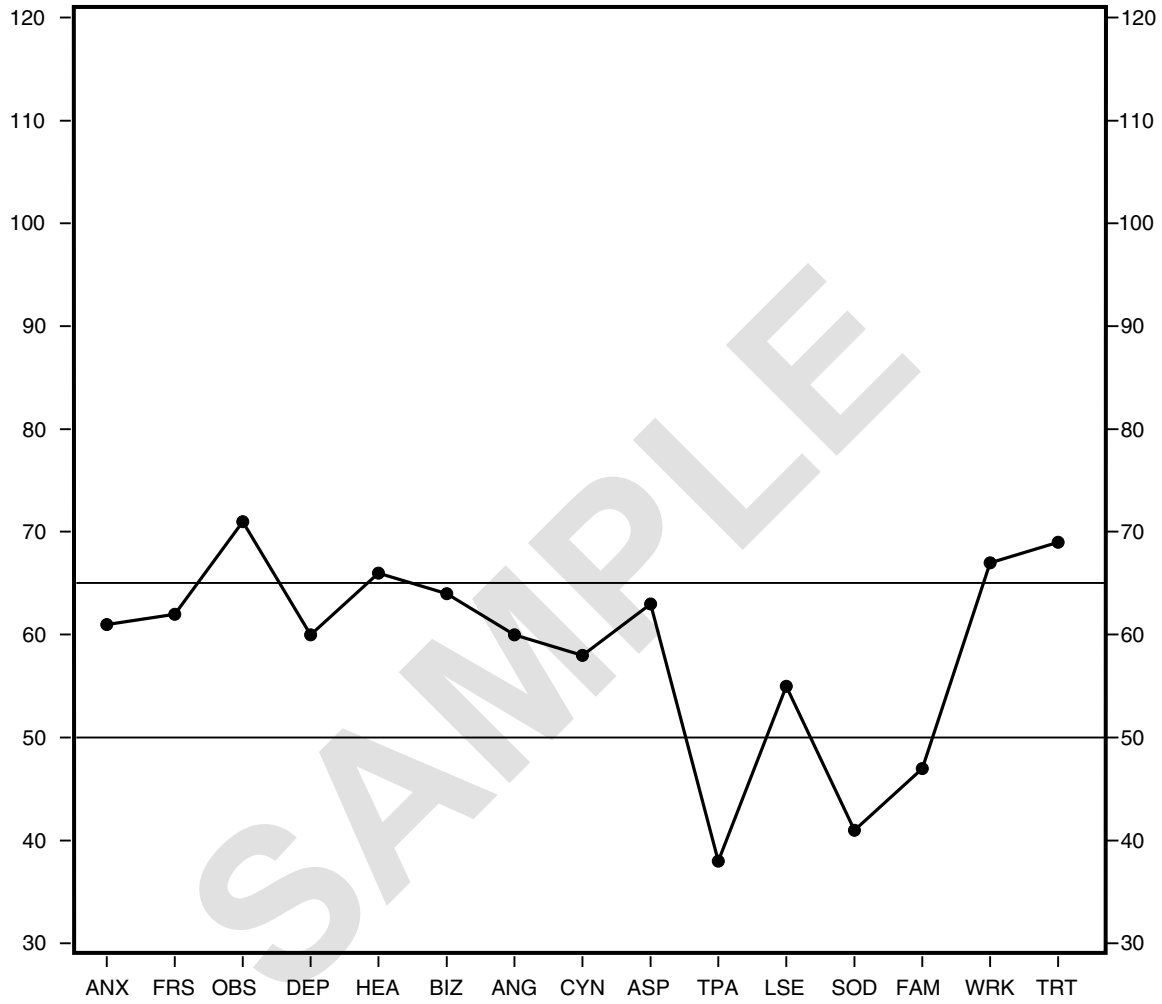
	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	APS	AAS	PK	Ho	MDS
Raw Score:	13	22	30	30	43	15	25	24	19	28	25	29	4	26	17	*
K Correction:	7			5			13	13	3							
T Score (plotted):	65	53	68	81	33	67	70	67	56	51	67	66	61	77	50	*
Non-Gendered T Score:	66	56	69	81		67	72	68	55	52	63	65	58	78	49	*
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	*

Welsh Code: 4"7'3681+-920/:5# F'+-/KL:

Profile Elevation: 65.9

*MDS scores are reported only for clients who indicate that they are married or separated.

MMPI-2 CONTENT SCALES PROFILE



	ANX	FRS	OBS	DEP	HEA	BIZ	ANG	CYN	ASP	TPA	LSE	SOD	FAM	WRK	TRT
Raw Score:	12	11	12	11	14	6	9	14	11	3	8	3	5	18	13
T Score (plotted):	61	62	71	60	66	64	60	58	63	38	55	41	47	67	69
Non-Gendered T Score:	63	66	72	61	68	64	59	57	58	38	57	41	49	69	70
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

ADDITIONAL SCALES

	Raw Score	T Score	Non-Gendered T Score	Resp %
Personality Psychopathology Five (PSY-5) Scales				
Aggressiveness (AGGR)	6	46	44	100
Psychoticism (PSYC)	9	69	69	100
Disconstraint (DISC)	13	56	51	100
Negative Emotionality/Neuroticism (NEGE)	19	63	65	100
Introversion/Low Positive Emotionality (INTR)	13	55	55	100
Supplementary Scales				
Anxiety (A)	24	66	68	100
Repression (R)	15	46	48	100
Ego Strength (Es)	23	30	30	100
Dominance (Do)	13	39	38	100
Social Responsibility (Re)	15	32	35	100
Harris-Lingoes Subscales				
Depression Subscales				
Subjective Depression (D_1)	10	56	57	100
Psychomotor Retardation (D_2)	6	51	53	100
Physical Malfunctioning (D_3)	6	70	73	100
Mental Dullness (D_4)	3	52	52	100
Brooding (D_5)	4	58	60	100
Hysteria Subscales				
Denial of Social Anxiety (Hy_1)	5	56	56	100
Need for Affection (Hy_2)	5	42	43	100
Lassitude-Malaise (Hy_3)	8	71	73	100
Somatic Complaints (Hy_4)	7	65	68	100
Inhibition of Aggression (Hy_5)	2	39	39	100
Psychopathic Deviate Subscales				
Familial Discord (Pd_1)	3	56	57	100
Authority Problems (Pd_2)	5	69	64	100
Social Imperturbability (Pd_3)	6	64	63	100
Social Alienation (Pd_4)	9	75	76	100
Self-Alienation (Pd_5)	8	72	72	100
Paranoia Subscales				
Persecutory Ideas (Pa_1)	6	75	76	100
Poignancy (Pa_2)	5	65	67	100
Naivete (Pa_3)	3	41	41	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
Schizophrenia Subscales				
Social Alienation (Sc_1)	6	61	62	100
Emotional Alienation (Sc_2)	1	49	49	100
Lack of Ego Mastery, Cognitive (Sc_3)	5	74	73	100
Lack of Ego Mastery, Conative (Sc_4)	6	70	70	100
Lack of Ego Mastery, Defective Inhibition (Sc_5)	3	59	60	100
Bizarre Sensory Experiences (Sc_6)	6	68	69	100
Hypomania Subscales				
Amorality (Ma_1)	2	54	52	100
Psychomotor Acceleration (Ma_2)	4	45	44	100
Imperturbability (Ma_3)	4	56	54	100
Ego Inflation (Ma_4)	5	62	62	100
Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)				
Shyness/Self-Consciousness (Si_1)	3	44	44	100
Social Avoidance (Si_2)	0	37	37	100
Alienation--Self and Others (Si_3)	11	66	67	100
Content Component Scales (Ben-Porath & Sherwood)				
Fears Subscales				
Generalized Fearfulness (FRS_1)	1	48	51	100
Multiple Fears (FRS_2)	9	66	69	100
Depression Subscales				
Lack of Drive (DEP_1)	5	65	67	100
Dysphoria (DEP_2)	1	47	48	100
Self-Depreciation (DEP_3)	3	61	62	100
Suicidal Ideation (DEP_4)	0	45	46	100
Health Concerns Subscales				
Gastrointestinal Symptoms (HEA_1)	0	43	44	100
Neurological Symptoms (HEA_2)	4	61	64	100
General Health Concerns (HEA_3)	3	64	64	100
Bizarre Mentation Subscales				
Psychotic Symptomatology (BIZ_1)	1	54	54	100
Schizotypal Characteristics (BIZ_2)	5	72	73	100
Anger Subscales				
Explosive Behavior (ANG_1)	2	54	53	100
Irritability (ANG_2)	5	59	61	100
Cynicism Subscales				
Misanthropic Beliefs (CYN_1)	8	56	56	100
Interpersonal Suspiciousness (CYN_2)	6	64	63	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
Antisocial Practices Subscales				
Antisocial Attitudes (ASP_1)	7	55	54	100
Antisocial Behavior (ASP_2)	4	81	72	100
Type A Subscales				
Impatience (TPA_1)	1	40	40	100
Competitive Drive (TPA_2)	2	46	45	100
Low Self-Esteem Subscales				
Self-Doubt (LSE_1)	2	48	49	100
Submissiveness (LSE_2)	4	63	66	100
Social Discomfort Subscales				
Introversion (SOD_1)	1	40	40	100
Shyness (SOD_2)	1	40	41	100
Family Problems Subscales				
Family Discord (FAM_1)	3	47	49	100
Familial Alienation (FAM_2)	0	41	41	100
Negative Treatment Indicators Subscales				
Low Motivation (TRT_1)	3	56	58	100
Inability to Disclose (TRT_2)	5	75	76	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.

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 with diverse groups of people. 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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