



SAMPLE REPORT

Case Description: Alan G. — Personal Injury Interpretive Report

Alan G., age 30, is being evaluated at the request of his employer following a workers' compensation claim. When Alan was employed on a maintenance crew for a power company, he was involved in an accident that resulted in internal injuries, several broken bones, and the loss of three fingers on his right hand. The accident occurred when the external lift on which he was working became disabled and dangled for an hour before it fell. He was hospitalized for two weeks.

A year after the fall, he had not recovered sufficiently from his injuries to enable him to resume his job. He felt unable to return to his job as a result of severe pain and limited mobility. He filed a workers' compensation claim for permanent disability.

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 Mr. G.'s responses to the MMPI-2. Additional MMPI-2 sample reports, product offerings, training opportunities, and resources can be found at PearsonClinical.com/mmpi2.

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Personal Injury Interpretive Report

MMPI®-2

The Minnesota Report™: Reports for Forensic Settings

James N. Butcher, PhD

Name:	Alan G.
ID Number:	2540
Age:	30
Gender:	Male
Marital Status:	Married
Years of Education:	12
Date Assessed:	1/31/14



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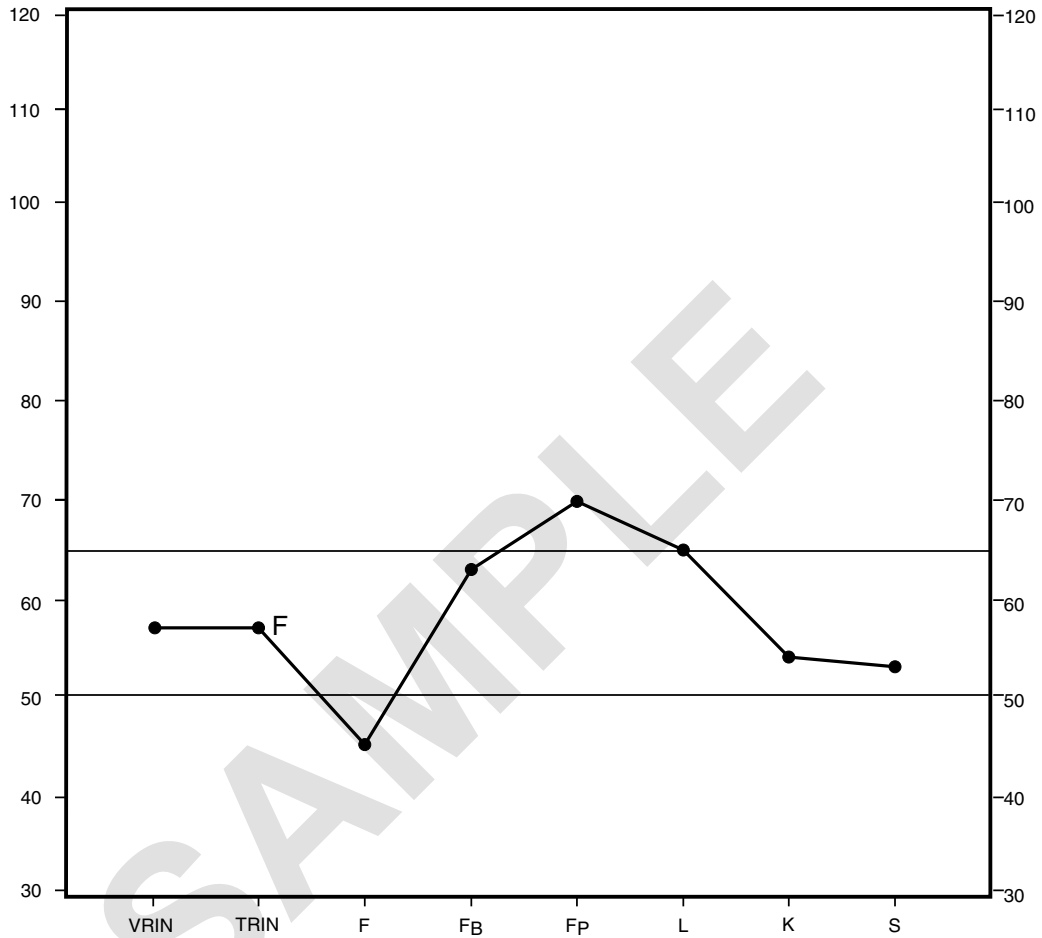
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[3.9 / 1 / QG]

MMPI-2 VALIDITY PATTERN



Raw Score:	7	8	3	5	4	7	17	28
T Score (plotted):	57	57F	45	63	70	65	54	53
Non-Gendered T Score:	58	57F	46	63	72	66	54	53
Response %:	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0
 Percent True: 41
 Percent False: 59

	Raw Score	T Score	Resp. %
S ₁ - Beliefs in Human Goodness	7	49	100
S ₂ - Serenity	7	53	100
S ₃ - Contentment with Life	3	45	100
S ₄ - Patience/Denial of Irritability	5	54	100
S ₅ - Denial of Moral Flaws	5	65	100

PROFILE VALIDITY

This MMPI-2 validity profile suggests an attempt to present himself in a very positive manner. The client may have attempted to present an unrealistically favorable picture of his virtue and moral values. He appears to feel the need to present an image of strong moral character or to deny human frailties. His approach to the MMPI-2 items suggests a rather naive or unsophisticated self-appraisal. Such a pattern could result from his perceived need to appear responsible and well adjusted in a forensic evaluation. His responses could also suggest an inflexible life adjustment that may lead to the development of psychological symptoms when stress is present.

SYMPTOMATIC PATTERNS

Scale *Pt* was used as the prototype to develop this report. Sensitive and somewhat emotional, the client tends to worry about small matters. He is quite conscientious, something of a perfectionist, rather dissatisfied with himself, and a bit unhappy about his life. In addition, he is concerned about being accepted by others. Individuals with this pattern usually lack confidence in themselves. They are often indecisive, even about everyday matters. Many individuals with this pattern are prone to worry and may become anxious at times without apparent cause. Their proneness to anxiety and self-critical attitudes may result in periods of intense stress or tension. His high endorsement of general anxiety content is likely to be important to understanding his clinical picture.

PROFILE FREQUENCY

It is usually valuable in MMPI-2 clinical profile interpretation to consider the relative frequency of a given profile pattern in various settings. The client's MMPI-2 high-point clinical scale score (*Pt*) is found in only 4.9% of the MMPI-2 normative sample of men. Only 3.1% of the sample have *Pt* as the peak score at or above a T score of 65, and only 1.6% have well-defined *Pt* spikes.

In the Pearson Assessments medical sample, 6.8% of the males have this MMPI-2 high-point clinical scale score (*Pt*). Moreover, 5.7% of the men in the medical sample have the *Pt* scale spike at or above a T score of 65, and 2.1% have a well-defined *Pt* high point in that range.

According to Keller and Butcher (1991), only 4% of men in chronic pain treatment programs produce this high-point score on *Pt*.

In the general sample of personal injury litigants reported by Butcher (1997b), the MMPI-2 profile peak score on the *Pt* scale occurred with low frequency (3.2%), with less than 1% being well-defined profiles at or above a T of 65. This MMPI-2 profile peak score on the *Pt* scale does not occur with litigants who obtain a somewhat defensive profile (Butcher, 1997b).

PROFILE STABILITY

The relative elevation of his clinical scale scores suggests that his profile is not as well defined as many other profiles. That is, his highest scale or scales are very close to his next scale score elevations. There could be some shifting of the most prominent scale elevations in the profile code if he 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, his profile might involve more behavioral elements related to elevations on Hs. If he is retested, responses related to extensive expression of physical complaints might be more prominent.

INTERPERSONAL RELATIONS

He does not enjoy social activities very much. He avoids participating in groups, where he often feels anxious. He is considered to be hard to get to know and may be somewhat judgmental and perfectionistic, even with close friends. He may be rather critical of the behavior of others. He seems to feel inadequate and insecure in his marriage.

MENTAL HEALTH CONSIDERATIONS

Anxiety is likely to be central in any diagnostic formulation.

Individuals with this profile often seek help for their concerns and general unhappiness. Although generally motivated for treatment, they tend to resist psychological interpretations and may rationalize a great deal. It is difficult for them to focus on specific problems. They tend to remain in therapy, but their intellectualization and circular ruminations make progress slow.

PERSONAL INJURY CONSIDERATIONS

His performance on the MMPI-2 validity indicators suggests that he attempted to present a very positive picture of his psychological adjustment. This is not uncommon with people who are involved in personal injury litigation and who try to avoid disclosing any personal problems they might be experiencing. In spite of his effort to put on a good face and show his better side, some problems are evident in his MMPI-2 profile.

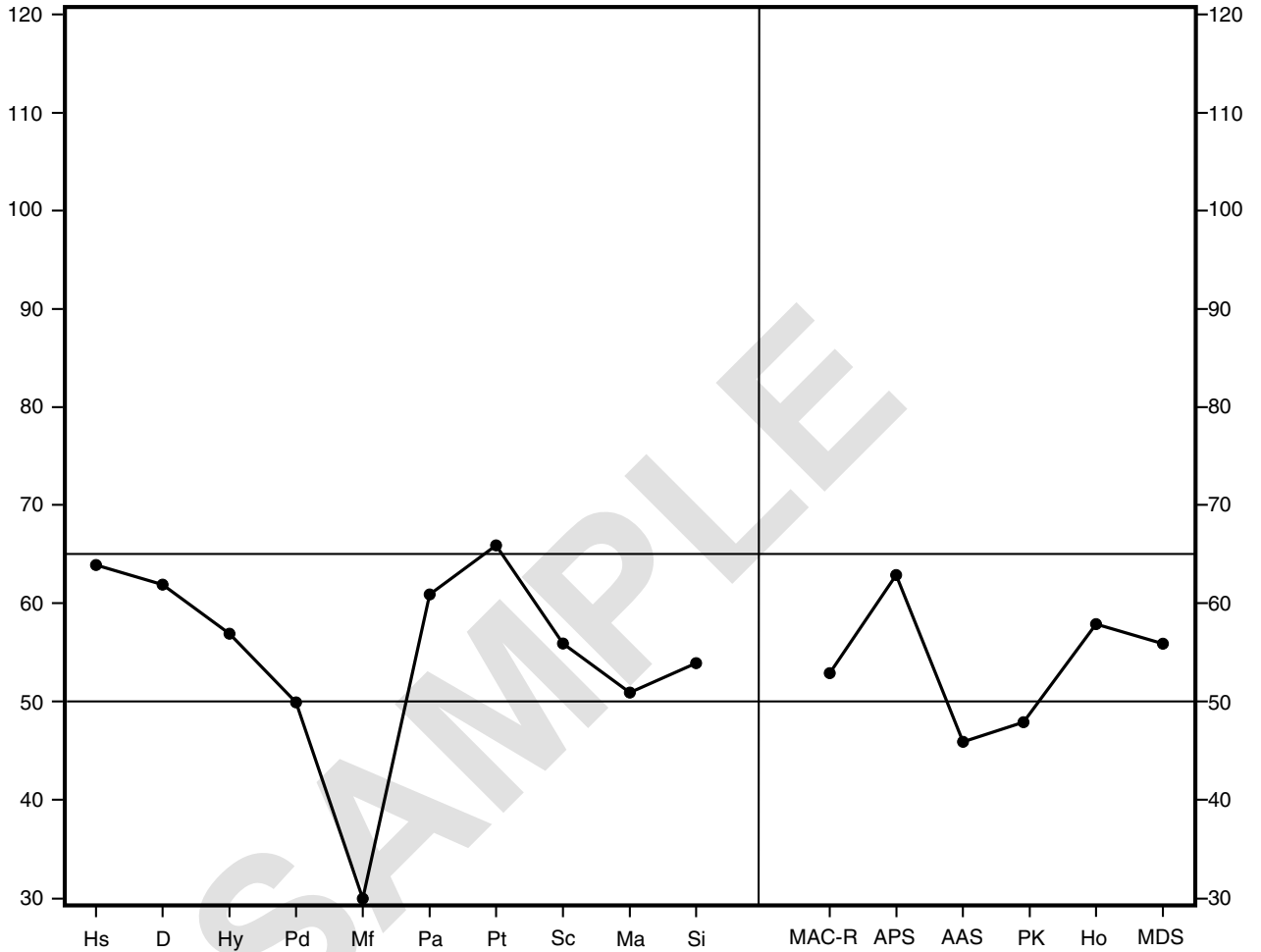
It is important to consider the psychological symptoms he reported. He has a high score on the *Pt* scale, and he reported that he feels quite anxious and ineffective at times. He may become tense and agitated to the point that his daily activities and relationships are affected. He is probably a perfectionistic and high-strung person who has concentration difficulties and is having problems dealing with day-to-day activities. He may have trouble following through and taking effective, direct action to resolve problems.

On the other hand, individuals with this MMPI-2 pattern tend to be conscientious individuals and somewhat perfectionistic. They also tend to be introspective, open to outside help, and concerned about doing the "right thing." They tend to need a good bit of reassurance in their undertakings.

In addition to the problems indicated by his MMPI-2 clinical scale scores, he endorsed some items on the content scales that could reflect difficulties for him. His proneness to experience problems with anxiety might make it difficult for him to think clearly or function effectively.

SAMPLE

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



Raw Score:	9	24	24	16	15	13	17	13	18	28	22	28	2	7	25	4
K Correction:	9			7			17	17	3							
T Score (plotted):	64	62	57	50	30	61	66	56	51	54	53	63	46	48	58	56
Non-Gendered T Score:	62	60	55	50		60	64	57	52	52	55	63	48	48	59	55
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Welsh Code: 7+126-38094/:5# L+-K/F:

Profile Elevation: 58.4

ADDITIONAL SCALES

	Raw Score	T Score	Non-Gendered T Score	Resp %
Personality Psychopathology Five (PSY-5) Scales				
Aggressiveness (AGGR)	7	45	47	100
Psychoticism (PSYC)	5	56	56	100
Disconstraint (DISC)	13	46	51	100
Negative Emotionality/Neuroticism (NEGE)	10	51	49	100
Introversion/Low Positive Emotionality (INTR)	5	37	37	100
Supplementary Scales				
Anxiety (A)	21	65	64	100
Repression (R)	16	52	51	100
Ego Strength (Es)	36	47	50	100
Dominance (Do)	13	38	38	100
Social Responsibility (Re)	16	39	37	100
Harris-Lingoes Subscales				
Depression Subscales				
Subjective Depression (D ₁)	9	56	54	100
Psychomotor Retardation (D ₂)	6	54	53	100
Physical Malfunctioning (D ₃)	5	67	65	100
Mental Dullness (D ₄)	3	53	52	100
Brooding (D ₅)	1	45	44	100
Hysteria Subscales				
Denial of Social Anxiety (Hy ₁)	5	56	56	100
Need for Affection (Hy ₂)	7	51	51	100
Lassitude-Malaise (Hy ₃)	2	48	47	100
Somatic Complaints (Hy ₄)	7	72	68	100
Inhibition of Aggression (Hy ₅)	3	48	47	100
Psychopathic Deviate Subscales				
Familial Discord (Pd ₁)	1	45	44	100
Authority Problems (Pd ₂)	2	40	43	100
Social Imperturbability (Pd ₃)	5	57	58	100
Social Alienation (Pd ₄)	4	50	50	100
Self-Alienation (Pd ₅)	3	48	48	100
Paranoia Subscales				
Persecutory Ideas (Pa ₁)	5	70	70	100
Poignancy (Pa ₂)	1	41	40	100
Naivete (Pa ₃)	6	56	55	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
Schizophrenia Subscales				
Social Alienation (Sc ₁)	1	43	42	100
Emotional Alienation (Sc ₂)	1	50	49	100
Lack of Ego Mastery, Cognitive (Sc ₃)	4	66	67	100
Lack of Ego Mastery, Conative (Sc ₄)	5	65	65	100
Lack of Ego Mastery, Defective Inhibition (Sc ₅)	2	54	53	100
Bizarre Sensory Experiences (Sc ₆)	5	65	64	100
Hypomania Subscales				
Amorality (Ma ₁)	1	42	44	100
Psychomotor Acceleration (Ma ₂)	7	58	59	100
Imperturbability (Ma ₃)	4	53	54	100
Ego Inflation (Ma ₄)	3	50	50	100
Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)				
Shyness/Self-Consciousness (Si ₁)	5	51	50	100
Social Avoidance (Si ₂)	0	37	37	100
Alienation--Self and Others (Si ₃)	9	62	61	100
Content Component Scales (Ben-Porath & Sherwood)				
Fears Subscales				
Generalized Fearfulness (FRS ₁)	1	53	51	100
Multiple Fears (FRS ₂)	7	67	61	100
Depression Subscales				
Lack of Drive (DEP ₁)	1	46	46	100
Dysphoria (DEP ₂)	0	42	41	100
Self-Depreciation (DEP ₃)	1	48	48	100
Suicidal Ideation (DEP ₄)	0	45	46	100
Health Concerns Subscales				
Gastrointestinal Symptoms (HEA ₁)	2	70	67	100
Neurological Symptoms (HEA ₂)	2	54	52	100
General Health Concerns (HEA ₃)	2	56	57	100
Bizarre Mentation Subscales				
Psychotic Symptomatology (BIZ ₁)	1	54	54	100
Schizotypal Characteristics (BIZ ₂)	3	60	61	100
Anger Subscales				
Explosive Behavior (ANG ₁)	0	39	39	100
Irritability (ANG ₂)	4	56	56	100
Cynicism Subscales				
Misanthropic Beliefs (CYN ₁)	6	50	50	100
Interpersonal Suspiciousness (CYN ₂)	6	62	63	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
Antisocial Practices Subscales				
Antisocial Attitudes (ASP ₁)	7	52	54	100
Antisocial Behavior (ASP ₂)	0	38	41	100
Type A Subscales				
Impatience (TPA ₁)	3	51	52	100
Competitive Drive (TPA ₂)	5	60	62	100
Low Self-Esteem Subscales				
Self-Doubt (LSE ₁)	1	44	44	100
Submissiveness (LSE ₂)	3	62	60	100
Social Discomfort Subscales				
Introversion (SOD ₁)	0	36	37	100
Shyness (SOD ₂)	4	58	57	100
Family Problems Subscales				
Family Discord (FAM ₁)	1	40	39	100
Familial Alienation (FAM ₂)	1	49	50	100
Negative Treatment Indicators Subscales				
Low Motivation (TRT ₁)	2	54	53	100
Inability to Disclose (TRT ₂)	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.

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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