



Chronic Pain Program Interpretive Report

MMPI-2™

The Minnesota Report™: Adult Clinical System-Revised, 4th Edition
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Name: David B.
ID Number: 2515
Age: 47
Gender: Male
Marital Status: Divorced
Years of Education: 14
Date Assessed: 08/19/2005

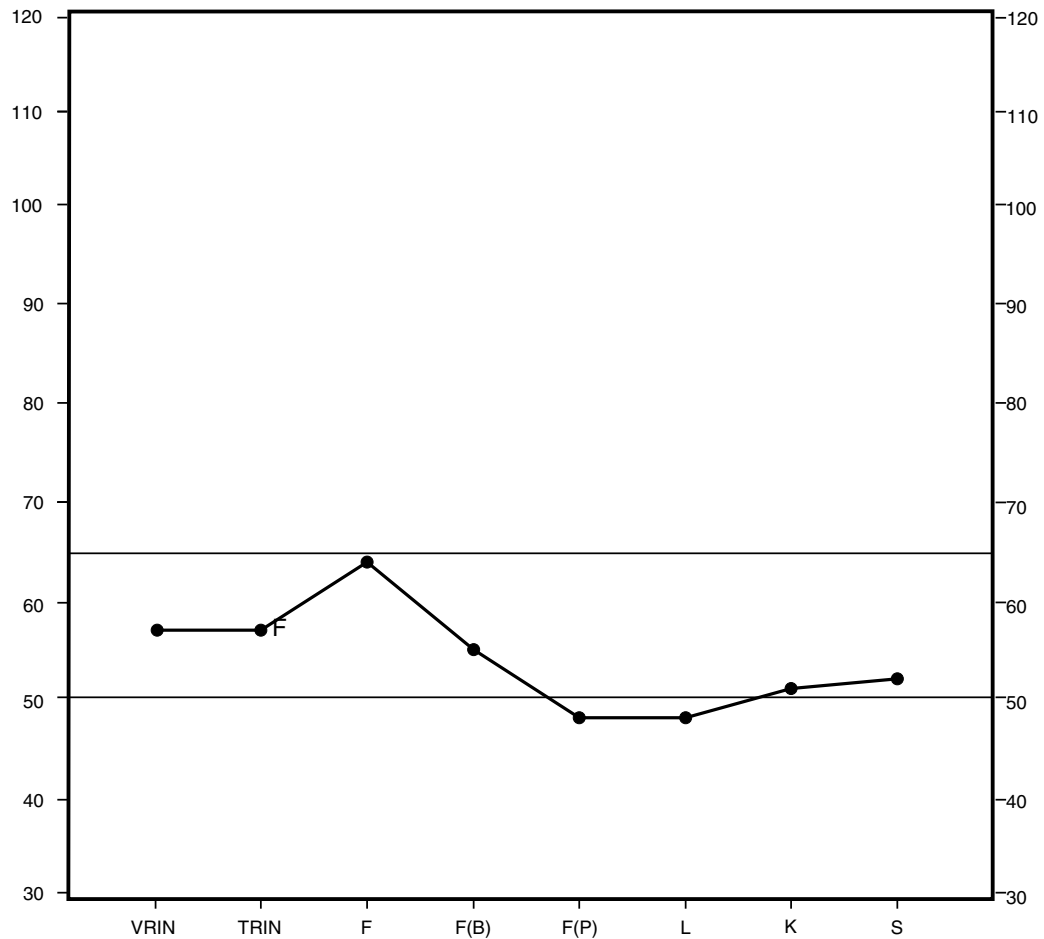


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TRADE SECRET INFORMATION

Not for release under HIPAA or other data disclosure laws that exempt trade secrets from disclosure.

MMPI-2 VALIDITY PATTERN

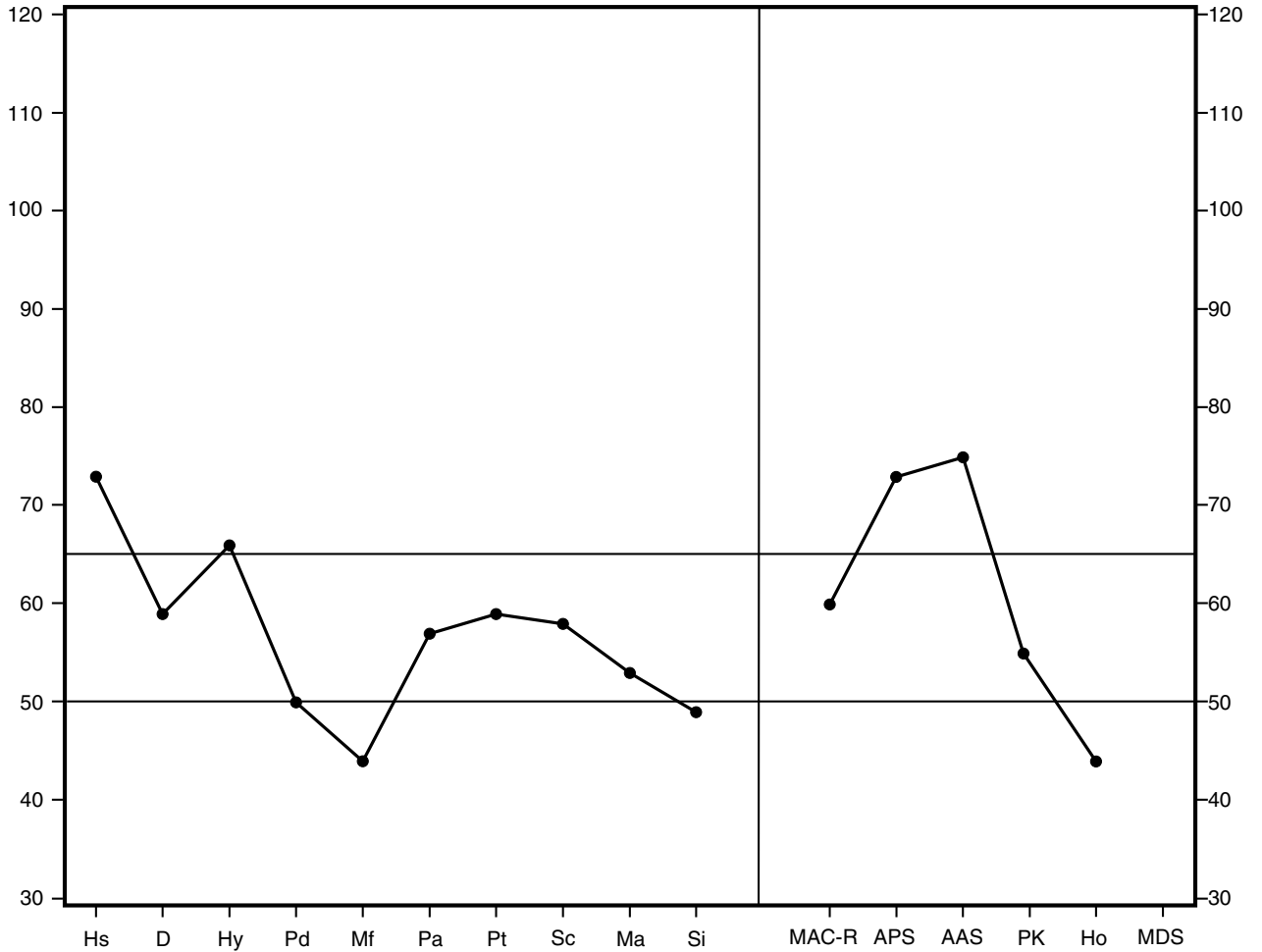


Raw Score:	7	8	9	3	1	3	16	27
T Score:	57	57F	64	55	48	48	51	52
Response %:	98	95	100	100	100	100	100	100

Cannot Say (Raw): 3
 Percent True: 40
 Percent False: 60

	Raw Score	T Score	Resp. %
S1 - Beliefs in Human Goodness	10	57	100
S2 - Serenity	6	50	100
S3 - Contentment with Life	3	45	100
S4 - Patience/Denial of Irritability	4	49	100
S5 - Denial of Moral Flaws	3	51	100

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



Raw Score:	14	22	28	17	23	12	15	15	19	24	25	32	8	11	13	*
K Correction:	8			6			16	16	3							
T Score:	73	59	66	50	44	57	59	58	53	49	60	73	75	55	44	*
Response %:	100	98	98	98	98	100	98	100	98	99	100	100	100	98	100	*

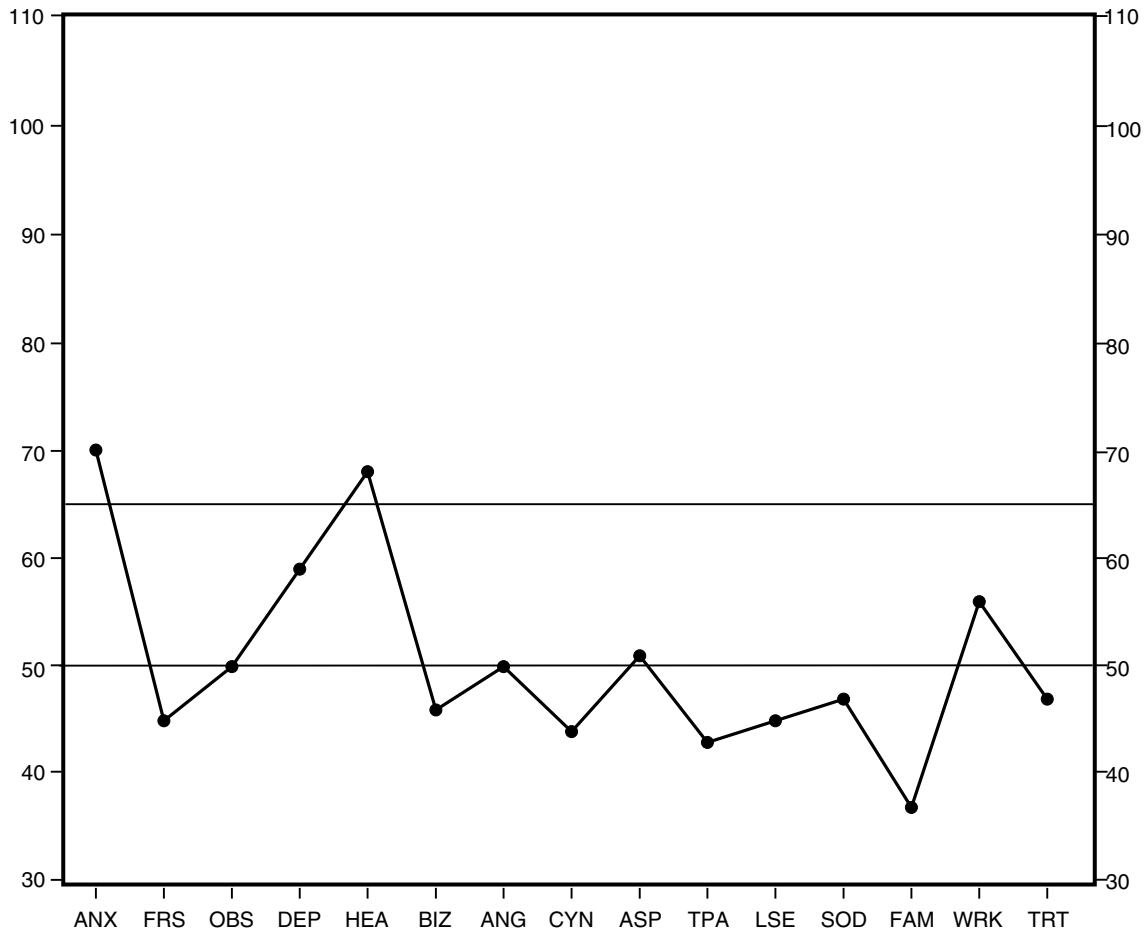
Welsh Code: 1'3+-278694/05: F-K/L:

Profile Elevation: 59.4

Pain Classification: 0

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

MMPI-2 CONTENT SCALES PROFILE



Raw Score:	14	2	5	9	13	1	6	6	9	5	2	6	1	10	3
T Score:	70	45	50	59	68	46	50	44	51	43	45	47	37	56	47
Response %:	100	100	100	97	100	100	100	100	95	100	96	100	100	100	100

PROFILE VALIDITY

His MMPI-2 clinical profile is probably valid. The client's responses to the MMPI-2 validity items suggest that he cooperated with the evaluation enough to provide useful interpretive information. The resulting clinical profile is an adequate indication of his present personality functioning.

SYMPTOMATIC PATTERNS

The personality descriptions provided in this report are likely to be a good indication of the client's present personality functioning. Correlates of Hs and Hy were used to develop this report. This scale configuration shows high profile definition, reflecting a close prototypal match with the research literature that was used to develop the descriptors. The client's MMPI-2 clinical profile suggests that he is reporting a number of vague physical complaints. He has a tendency to develop physical problems when he is under stress. His medical history is likely to be characterized by excessive and vague physical complaints, weakness, and pain.

He may not now be greatly incapacitated by his physical symptoms. He tends to rely on hysterical defenses of denial and repression in the face of conflict. He may show a "Pollyannish" attitude, even though he may express physical complaints that, if genuine, would trouble most other people.

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. His high endorsement of general anxiety content is likely to be important to understanding his clinical picture.

PROFILE FREQUENCY

Profile interpretation can be greatly facilitated by examining the relative frequency of particular scale patterns in various settings. The client's high-point clinical scale score (Hs) occurred in 9.8% of the MMPI-2 normative sample of men. However, only 2.9% of the sample had the Hs scale peak score equal to or above a T score of 65, and only 1.6% had well-defined Hs spikes. This elevated MMPI-2 profile configuration (1-3/3-1) is rare in samples of normals, occurring in 1.8% of the MMPI-2 normative sample of men.

His MMPI-2 profile peak score on the Hs scale occurs with relatively high frequency in chronic pain samples. Keller and Butcher (1991) reported that 35% of men in chronic pain samples produce this high-point score.

PROFILE STABILITY

The relative elevation of the highest scales in his clinical profile reflects high profile definition. If he is retested at a later date, his peak scores on Hs and Hy are likely to retain their relative salience in his retest profile.

INTERPERSONAL RELATIONS

He is somewhat passive-dependent and demanding in relationships. Although he may at first appear skillful in handling social relationships, he tends to be rather immature, superficial, and unskilled with the opposite sex. Individuals with this profile tend to use physical complaints to influence or manipulate other people.

He has an average interest in being with others and is not socially isolated or withdrawn. He meets and talks with other people with relative ease and is not overly anxious at social gatherings.

DIAGNOSTIC CONSIDERATIONS

He reported a number of specific physical and psychological symptoms that need to be considered in any diagnostic formulation. Although organic problems need to be ruled out, his personality make-up is consistent with a psychological basis to his symptoms.

His high scores on the addiction proneness indicators suggest the possible development of alcohol or drug problems. In his responses to the MMPI-2, he acknowledged some problems with excessive use or abuse of addictive substances. Further evaluation of substance use or abuse problems is strongly recommended.

TREATMENT CONSIDERATIONS

Because his presenting problem is likely to be somatic in nature, he may not be very amenable to psychological treatment approaches. His tendency to repress or deny problems makes him particularly resistant to the idea that psychological factors can influence his symptoms. He does not appear to be very motivated for psychological change at this time. He may be receiving secondary gain from his symptoms that helps to maintain them.

Some individuals with this profile may gain from treatment in a chronic pain program where the exaggerated symptomatic behavior centering on their extreme pain complaints can be extinguished and more adaptive behavior substituted. Individuals with this profile type may experience an exacerbation of symptoms under stressful conditions. It may be possible to implement a stress inoculation program to assist the client in reducing stress.

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

ADDITIONAL SCALES

	Raw Score	T Score	Resp %
Personality Psychopathology Five (PSY-5) Scales			
Aggressiveness (AGGR)	10	54	100
Psychoticism (PSYC)	3	49	100
Disconstraint (DISC)	18	60	100
Negative Emotionality/Neuroticism (NEGE)	11	52	100
Introversion/Low Positive Emotionality (INTR)	13	54	94
Supplementary Scales			
Anxiety (A)	15	57	97
Repression (R)	15	50	100
Ego Strength (Es)	34	43	100
Dominance (Do)	21	65	100
Social Responsibility (Re)	17	42	100
Harris-Lingoes Subscales			
Depression Subscales			
Subjective Depression (D1)	12	64	97
Psychomotor Retardation (D2)	6	54	100
Physical Malfunctioning (D3)	4	59	100
Mental Dullness (D4)	7	72	100
Brooding (D5)	4	62	90
Hysteria Subscales			
Denial of Social Anxiety (Hy1)	4	51	100
Need for Affection (Hy2)	7	51	92
Lassitude-Malaise (Hy3)	6	66	100
Somatic Complaints (Hy4)	8	77	100
Inhibition of Aggression (Hy5)	1	33	100
Psychopathic Deviate Subscales			
Familial Discord (Pd1)	0	38	100
Authority Problems (Pd2)	6	67	100
Social Imperturbability (Pd3)	5	57	100
Social Alienation (Pd4)	3	45	92
Self-Alienation (Pd5)	5	58	92
Paranoia Subscales			
Persecutory Ideas (Pa1)	1	46	100
Poignancy (Pa2)	5	68	100
Naivete (Pa3)	4	46	100

	Raw Score	T Score	Resp %
Schizophrenia Subscales			
Social Alienation (Sc1)	0	39	100
Emotional Alienation (Sc2)	2	59	100
Lack of Ego Mastery, Cognitive (Sc3)	4	66	100
Lack of Ego Mastery, Conative (Sc4)	5	65	100
Lack of Ego Mastery, Defective Inhibition (Sc5)	1	47	100
Bizarre Sensory Experiences (Sc6)	6	70	100
Hypomania Subscales			
Amorality (Ma1)	3	58	100
Psychomotor Acceleration (Ma2)	6	53	100
Imperturbability (Ma3)	5	59	100
Ego Inflation (Ma4)	2	43	89
Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)			
Shyness/Self-Consciousness (Si1)	4	48	100
Social Avoidance (Si2)	4	54	100
Alienation--Self and Others (Si3)	5	50	94

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.

CONTENT COMPONENT SCALES (Ben-Porath & Sherwood)

	Raw Score	T Score	Resp %
Fears Subscales			
Generalized Fearfulness (FRS1)	1	53	100
Multiple Fears (FRS2)	1	41	100
Depression Subscales			
Lack of Drive (DEP1)	2	51	100
Dysphoria (DEP2)	4	74	83
Self-Depreciation (DEP3)	2	55	100
Suicidal Ideation (DEP4)	0	45	100
Health Concerns Subscales			
Gastrointestinal Symptoms (HEA1)	2	70	100
Neurological Symptoms (HEA2)	3	60	100
General Health Concerns (HEA3)	1	48	100
Bizarre Mentation Subscales			
Psychotic Symptomatology (BIZ1)	0	44	100
Schizotypal Characteristics (BIZ2)	1	47	100

	Raw Score	T Score	Resp %
Anger Subscales			
Explosive Behavior (ANG1)	2	52	100
Irritability (ANG2)	3	51	100
Cynicism Subscales			
Misanthropic Beliefs (CYN1)	5	47	100
Interpersonal Suspiciousness (CYN2)	1	39	100
Antisocial Practices Subscales			
Antisocial Attitudes (ASP1)	6	49	94
Antisocial Behavior (ASP2)	3	59	100
Type A Subscales			
Impatience (TPA1)	2	45	100
Competitive Drive (TPA2)	3	50	100
Low Self-Esteem Subscales			
Self-Doubt (LSE1)	1	44	91
Submissiveness (LSE2)	1	48	100
Social Discomfort Subscales			
Introversion (SOD1)	5	50	100
Shyness (SOD2)	1	41	100
Family Problems Subscales			
Family Discord (FAM1)	0	35	100
Familial Alienation (FAM2)	1	49	100
Negative Treatment Indicators Subscales			
Low Motivation (TRT1)	1	48	100
Inability to Disclose (TRT2)	0	37	100

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 by various reference groups are presented in brackets following the listing of the item. The first endorsement percentage in the brackets ("N") is the percentage of the MMPI-2 normative sample of 1,138 men who endorsed the item in the scored direction. The designation "Cp" refers to a sample of 268 men from a group of chronic pain patients described by Keller and Butcher, 1991.

Acute Anxiety State (Koss-Butcher Critical Items)

Of the 17 possible items in this section, 6 were endorsed in the scored direction:

- 3. Omitted Item (False)
[N = 31.5; Cp = 84]
- 15. Omitted Item (True)
[N = 37.0; Cp = 41.2]
- 28. Omitted Item (True)
[N = 8.1; Cp = 28.0]
- 39. Omitted Item (True)
[N = 11.4; Cp = 65.5]
- 301. Omitted Item (True)
[N = 14.8; Cp = 24.1]
- 463. Omitted Item (True)
[N = 4.4; Cp = 10.4]



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.

Depressed Suicidal Ideation (Koss-Butcher Critical Items)

Of the 22 possible items in this section, 8 were endorsed in the scored direction:

- 38. Omitted Item (True)
[N = 25.0; Cp = 50.7]
- 65. Omitted Item (True)
[N = 5.9; Cp = 31.3]
- 95. Omitted Item (False)
[N = 10.6; Cp = 40.3]
- 130. Omitted Item (True)
[N = 34.3; Cp = 72.4]
- 146. Omitted Item (True)
[N = 12.9; Cp = 20.5]
- 233. Omitted Item (True)

[N = 35.2; Cp = 40.3]

273. Omitted Item (True)

[N = 16.0; Cp = 36.7]

388. Omitted Item (False)

[N = 25.0; Cp = 50.6]

Threatened Assault (Koss-Butcher Critical Items)

Of the 5 possible items in this section, 2 were endorsed in the scored direction:

37. Omitted Item (True)

[N = 39.4; Cp = 48.1]

85. Omitted Item (True)

[N = 18.5; Cp = 20.9]

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

Of the 7 possible items in this section, 5 were endorsed in the scored direction:

264. Omitted Item (True)

[N = 44.5; Cp = 43.7]

487. Omitted Item (True)

[N = 34.2; Cp = 20.2]

489. Omitted Item (True)

[N = 6.7; Cp = 15.0]

502. Omitted Item (True)

[N = 27.8; Cp = 31.0]

511. Omitted Item (True)

[N = 19.6; Cp = 7.5]

Mental Confusion (Koss-Butcher Critical Items)

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

31. Omitted Item (True)

[N = 13.3; Cp = 39.2]

180. Omitted Item (True)

[N = 4.6; Cp = 7.8]

Persecutory Ideas (Koss-Butcher Critical Items)

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

241. Omitted Item (True)

[N = 19.7; Cp = 26.2]

251. Omitted Item (True)

[N = 23.8; Cp = 33.6]

Antisocial Attitude (Lachar-Wrobel Critical Items)

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

- 27. Omitted Item (True)
[N = 26.7; Cp = 31.0]
- 84. Omitted Item (True)
[N = 17.3; Cp = 34.3]
- 105. Omitted Item (True)
[N = 30.9; Cp = 51.9]
- 266. Omitted Item (False)
[N = 40.9; Cp = 59.7]

Somatic Symptoms (Lachar-Wrobel Critical Items)

Of the 23 possible items in this section, 11 were endorsed in the scored direction:

- 28. Omitted Item (True)
[N = 8.1; Cp = 28.0]
- 40. Omitted Item (True)
[N = 3.3; Cp = 26.1]
- 44. Omitted Item (True)
[N = 2.4; Cp = 19.0]
- 47. Omitted Item (False)
[N = 18.5; Cp = 33.6]
- 53. Omitted Item (True)
[N = 18.8; Cp = 83.6]
- 57. Omitted Item (False)
[N = 26.6; Cp = 76.4]
- 176. Omitted Item (False)
[N = 14.6; Cp = 49.4]
- 224. Omitted Item (False)
[N = 18.2; Cp = 96.6]
- 229. Omitted Item (True)
[N = 7.5; Cp = 15.3]
- 247. Omitted Item (True)
[N = 9.5; Cp = 64.8]
- 464. Omitted Item (True)
[N = 24.5; Cp = 63.1]

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.

- 26. Omitted Item
- 56. Omitted Item
- 61. Omitted Item



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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ITEM RESPONSES

1: 1	2: 1	3: 2	4: 2	5: 2	6: 1	7: 1	8: 2	9: 1	10: 1
11: 2	12: 1	13: 1	14: 1	15: 1	16: 2	17: 2	18: 2	19: 2	20: 2
21: 2	22: 2	23: 2	24: 2	25: 1	26: /	27: 1	28: 1	29: 1	30: 1
31: 1	32: 2	33: 1	34: 1	35: 2	36: 2	37: 1	38: 1	39: 1	40: 1
41: 1	42: 2	43: 2	44: 1	45: 1	46: 2	47: 2	48: 2	49: 2	50: 2
51: 1	52: 2	53: 1	54: 2	55: 1	56: /	57: 2	58: 2	59: 2	60: 2
61: /	62: 2	63: 1	64: 2	65: 1	66: 2	67: 1	68: 1	69: 2	70: 2
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