



College Counseling Interpretive Report

MMPI-2™

The Minnesota Report™: Adult Clinical System-Revised, 4th Edition
James N. Butcher, PhD

Name: Elton W.
ID Number: 2517
Age: 18
Gender: Male
Marital Status: Never Married
Years of Education: 12
Date Assessed: 08/22/2005

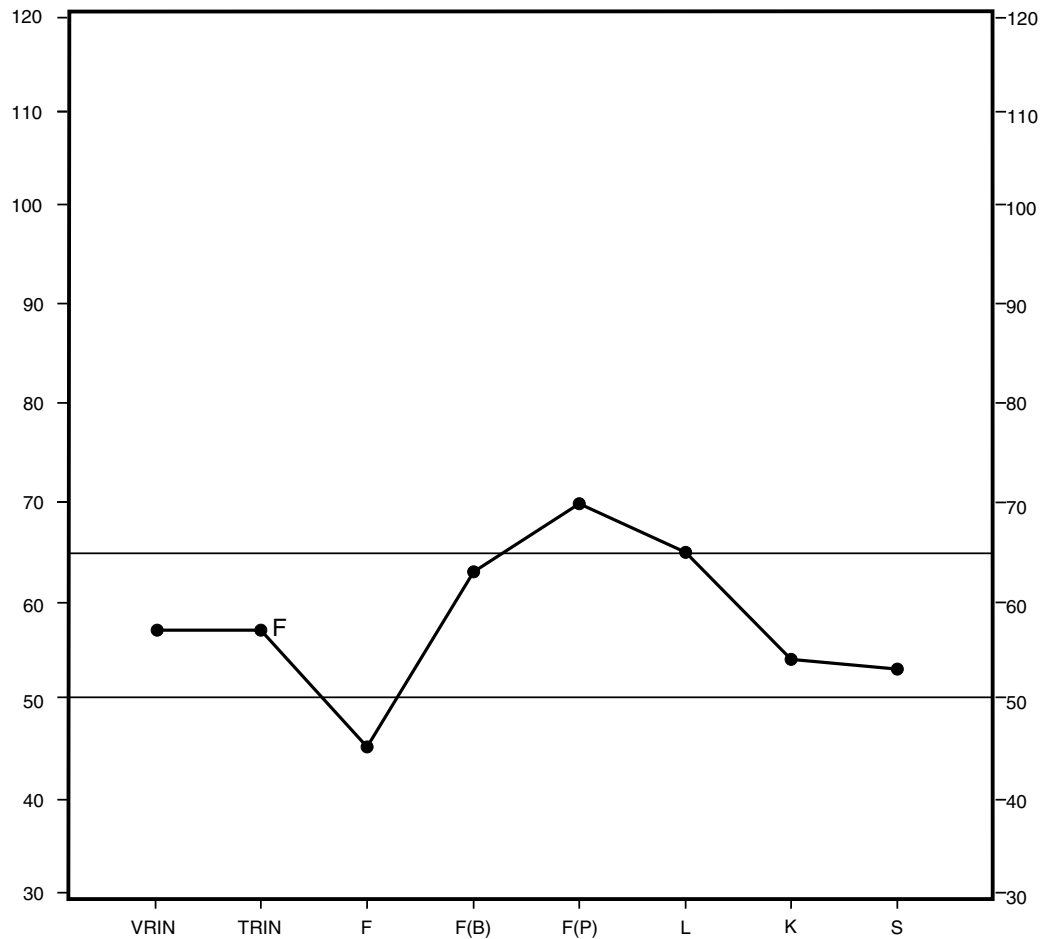


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MMPI-2 VALIDITY PATTERN

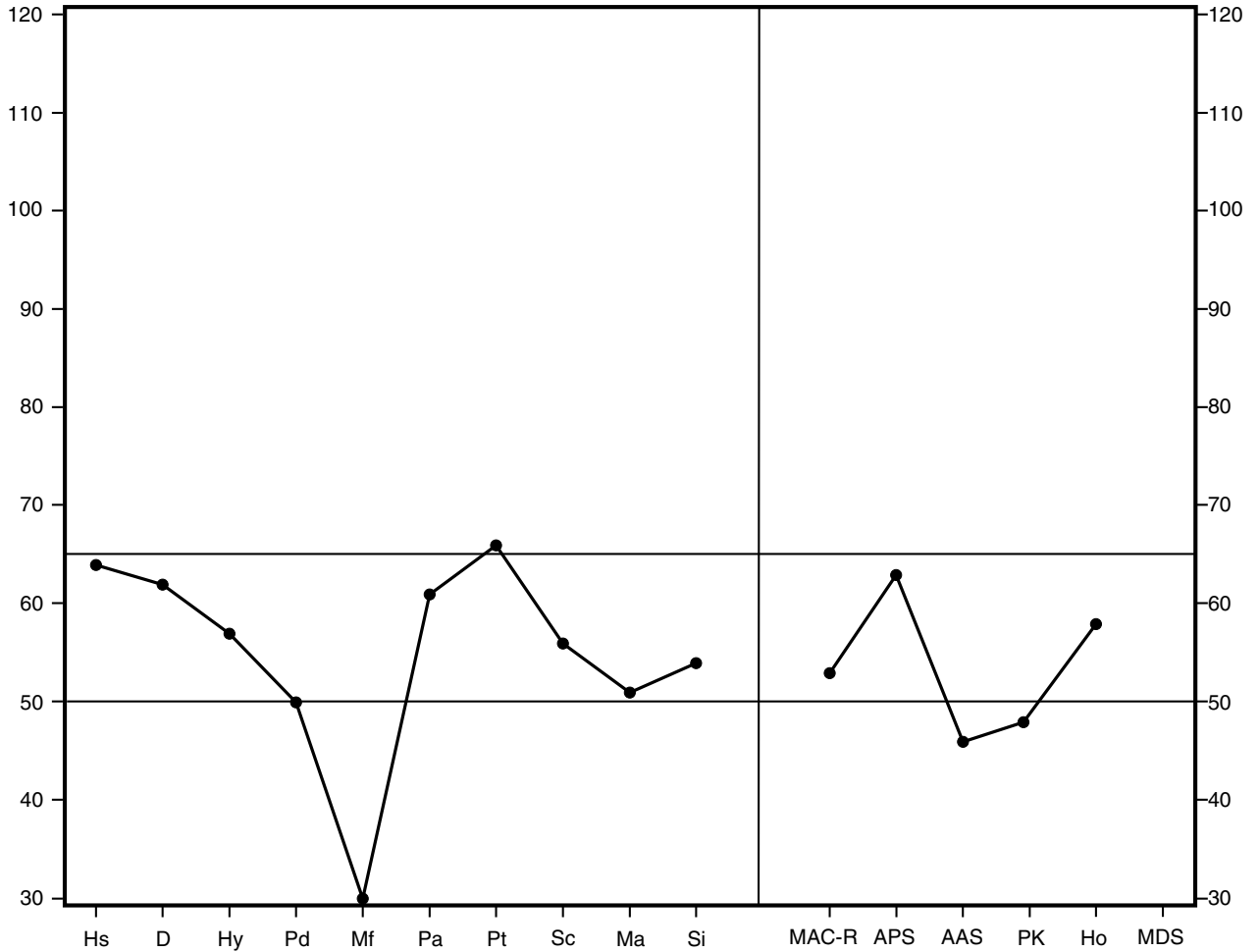


Raw Score:	7	8	3	5	4	7	17	28
T Score:	57	57F	45	63	70	65	54	53
Response %:	100	100	100	100	100	100	100	100

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

	Raw Score	T Score	Resp. %
S1 - Beliefs in Human Goodness	7	49	100
S2 - Serenity	7	53	100
S3 - Contentment with Life	3	45	100
S4 - Patience/Denial of Irritability	5	54	100
S5 - Denial of Moral Flaws	5	65	100

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



Raw Score:	9	24	24	16	15	13	17	13	18	28	22	28	2	7	25	*
K Correction:	9			7			17	17	3							
T Score:	64	62	57	50	30	61	66	56	51	54	53	63	46	48	58	*
Response %:	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

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

PROFILE VALIDITY

This is a marginally valid MMPI-2 clinical profile because the client may have attempted to present an unrealistically favorable picture of his personal virtue and moral values. He may 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-image. Such a pattern could result from reliance on defense mechanisms such as repression or denial. His responses 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. His proneness to anxiety and self-critical attitudes may result in periods of intense stress or tension.

The client has a low Mf score, suggesting that he has a rather limited range of interests and tends to prefer stereotyped masculine activities over literary and artistic pursuits or introspective experiences. He tends to be somewhat competitive and needs to see himself as masculine. He probably prefers to view women in subservient roles. Interpersonally, he is likely to be intolerant and insensitive, and others may find him rather crude, coarse, or narrow-minded. 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) was found in only 4.9% of the MMPI-2 normative sample of men. Only 3.1% of the sample had Pt as the peak score at or above a T score of 65, and only 1.6% had well-defined Pt spikes.

His MMPI-2 high-point clinical scale score (Pt) was found in 11.1% of the combined sample of college men (Butcher, Graham, Dahlstrom, & Bowman, 1990, sample = 8.5%; Ben-Porath, 1993, sample = 13.0%). Moreover, 7.1% of the students in the combined sample of college men had Pt scale peaks at or above a T score of 65, and 3.7% had well-defined Pt spikes in that range.

PROFILE STABILITY

The relative elevation of his clinical scale scores suggests that his profile is not as well defined as many other profiles. There could be some shifting of the most prominent scale elevations in the profile code if he were to be retested. The difference between the profile type used to develop the present report

(reflecting the high point on Pt) 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 so, then on retesting, he might report more physical complaints.

INTERPERSONAL RELATIONS

He tends not to enjoy social activities much. He stands back from 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. His feelings of inadequacy may impair intimate relationships.

DIAGNOSTIC CONSIDERATIONS

Anxiety is likely to be central in any diagnostic formulation.

TREATMENT CONSIDERATIONS

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.

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)	13	46	100
Negative Emotionality/Neuroticism (NEGE)	10	51	100
Introversion/Low Positive Emotionality (INTR)	5	37	100
Supplementary Scales			
Anxiety (A)	21	65	100
Repression (R)	16	52	100
Ego Strength (Es)	36	47	100
Dominance (Do)	13	38	100
Social Responsibility (Re)	16	39	100
Harris-Lingoes Subscales			
Depression Subscales			
Subjective Depression (D1)	9	56	100
Psychomotor Retardation (D2)	6	54	100
Physical Malfunctioning (D3)	5	67	100
Mental Dullness (D4)	3	53	100
Brooding (D5)	1	45	100
Hysteria Subscales			
Denial of Social Anxiety (Hy1)	5	56	100
Need for Affection (Hy2)	7	51	100
Lassitude-Malaise (Hy3)	2	48	100
Somatic Complaints (Hy4)	7	72	100
Inhibition of Aggression (Hy5)	3	48	100
Psychopathic Deviate Subscales			
Familial Discord (Pd1)	1	45	100
Authority Problems (Pd2)	2	40	100
Social Imperturbability (Pd3)	5	57	100
Social Alienation (Pd4)	4	50	100
Self-Alienation (Pd5)	3	48	100
Paranoia Subscales			
Persecutory Ideas (Pa1)	5	70	100
Poignancy (Pa2)	1	41	100
Naivete (Pa3)	6	56	100

	Raw Score	T Score	Resp %
Schizophrenia Subscales			
Social Alienation (Sc1)	1	43	100
Emotional Alienation (Sc2)	1	50	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)	2	54	100
Bizarre Sensory Experiences (Sc6)	5	65	100
Hypomania Subscales			
Amorality (Ma1)	1	42	100
Psychomotor Acceleration (Ma2)	7	58	100
Imperturbability (Ma3)	4	53	100
Ego Inflation (Ma4)	3	50	100
Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)			
Shyness/Self-Consciousness (Si1)	5	51	100
Social Avoidance (Si2)	0	37	100
Alienation--Self and Others (Si3)	9	62	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.

CONTENT COMPONENT SCALES (Ben-Porath & Sherwood)

	Raw Score	T Score	Resp %
Fears Subscales			
Generalized Fearfulness (FRS1)	1	53	100
Multiple Fears (FRS2)	7	67	100
Depression Subscales			
Lack of Drive (DEP1)	1	46	100
Dysphoria (DEP2)	0	42	100
Self-Depreciation (DEP3)	1	48	100
Suicidal Ideation (DEP4)	0	45	100
Health Concerns Subscales			
Gastrointestinal Symptoms (HEA1)	2	70	100
Neurological Symptoms (HEA2)	2	54	100
General Health Concerns (HEA3)	2	56	100
Bizarre Mentation Subscales			
Psychotic Symptomatology (BIZ1)	1	54	100
Schizotypal Characteristics (BIZ2)	3	60	100

	Raw Score	T Score	Resp %
Anger Subscales			
Explosive Behavior (ANG1)	0	39	100
Irritability (ANG2)	4	56	100
Cynicism Subscales			
Misanthropic Beliefs (CYN1)	6	50	100
Interpersonal Suspiciousness (CYN2)	6	62	100
Antisocial Practices Subscales			
Antisocial Attitudes (ASP1)	7	52	100
Antisocial Behavior (ASP2)	0	38	100
Type A Subscales			
Impatience (TPA1)	3	51	100
Competitive Drive (TPA2)	5	60	100
Low Self-Esteem Subscales			
Self-Doubt (LSE1)	1	44	100
Submissiveness (LSE2)	3	62	100
Social Discomfort Subscales			
Introversion (SOD1)	0	36	100
Shyness (SOD2)	4	58	100
Family Problems Subscales			
Family Discord (FAM1)	1	40	100
Familial Alienation (FAM2)	1	49	100
Negative Treatment Indicators Subscales			
Low Motivation (TRT1)	2	54	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 "Co" refers to a sample of 1,177 male college students from a combined group of students provided by Butcher, Graham, Dahlstrom, and Bowman (1990) and Ben-Porath (1993).

Acute Anxiety State (Koss-Butcher Critical Items)

Of the 17 possible items in this section, 5 were endorsed in the scored direction:

- 5. Omitted Item (True)
[N = 41.4; Co = 35.0]
- 140. Omitted Item (False)
[N = 22.6; Co = 41.4]
- 172. Omitted Item (True)
[N = 9.2; Co = 14.8]
- 301. Omitted Item (True)
[N = 14.8; Co = 22.5]
- 463. Omitted Item (True)
[N = 4.4; Co = 8.0]



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, 3 were endorsed in the scored direction:

- 71. Omitted Item (True)
[N = 30.7; Co = 37.3]
- 233. Omitted Item (True)
[N = 35.2; Co = 35.1]
- 273. Omitted Item (True)
[N = 16.0; Co = 19.8]

Mental Confusion (Koss-Butcher Critical Items)

Of the 11 possible items in this section, 4 were endorsed in the scored direction:

- 31. Omitted Item (True)
[N = 13.3; Co = 24.3]

299. Omitted Item (True)
[N = 14.9; Co = 24.9]
311. Omitted Item (True)
[N = 8.3; Co = 11.3]
325. Omitted Item (True)
[N = 18.9; Co = 30.9]

Persecutory Ideas (Koss-Butcher Critical Items)

Of the 16 possible items in this section, 4 were endorsed in the scored direction:

124. Omitted Item (True)
[N = 29.2; Co = 35.5]
251. Omitted Item (True)
[N = 23.8; Co = 42.7]
314. Omitted Item (False)
[N = 11.6; Co = 14.0]
333. Omitted Item (True)
[N = 6.2; Co = 13.4]

Antisocial Attitude (Lachar-Wrobel Critical Items)

Of the 9 possible items in this section, 2 were endorsed in the scored direction:

227. Omitted Item (True)
[N = 39.9; Co = 60.6]
254. Omitted Item (True)
[N = 23.8; Co = 32.4]

Somatic Symptoms (Lachar-Wrobel Critical Items)

Of the 23 possible items in this section, 6 were endorsed in the scored direction:

47. Omitted Item (False)
[N = 18.5; Co = 22.5]
164. Omitted Item (False)
[N = 9.2; Co = 10.7]
176. Omitted Item (False)
[N = 14.6; Co = 17.1]
224. Omitted Item (False)
[N = 18.2; Co = 13.8]
255. Omitted Item (False)
[N = 21.7; Co = 19.6]
464. Omitted Item (True)
[N = 24.5; Co = 28.3]

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: 1 4: 2 5: 1 6: 1 7: 2 8: 1 9: 1 10: 1
11: 2 12: 1 13: 2 14: 1 15: 2 16: 2 17: 2 18: 2 19: 2 20: 2
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