Inpatient Mental Health Interpretive Report

MMPI-2™

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

Name:	Karen Z.
ID Number:	2513
Age:	35
Gender:	Female
Marital Status:	Married
Years of Education:	14
Date Assessed:	12/06/2004

MMPI-2 VALIDITY PATTERN
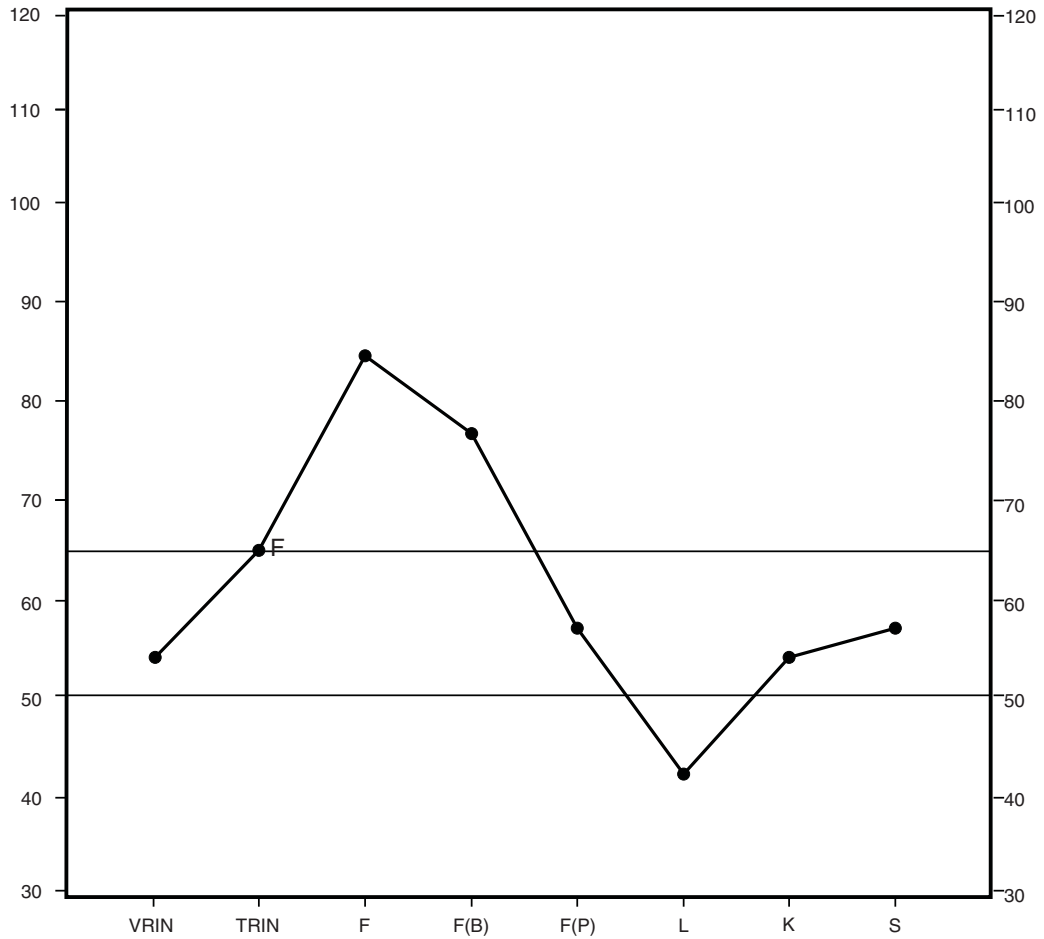
	VRIN	TRIN	F	F(B)	F(P)	L	K	S
Raw Score:	6	7	14	9	2	2	17	31
T Score:	54	65F	85	77	57	42	54	57
Response %:	100	100	100	100	100	100	100	100

Cannot Say (Raw):   0

Percent True: 37

Percent False: 63

	Raw Score	T Score	Resp. %
S1 - Beliefs in Human Goodness	15	69	100
S2 - Serenity	3	41	100
S3 - Contentment with Life	4	52	100
S4 - Patience/Denial of Irritability	4	48	100
S5 - Denial of Moral Flaws	5	61	100

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE
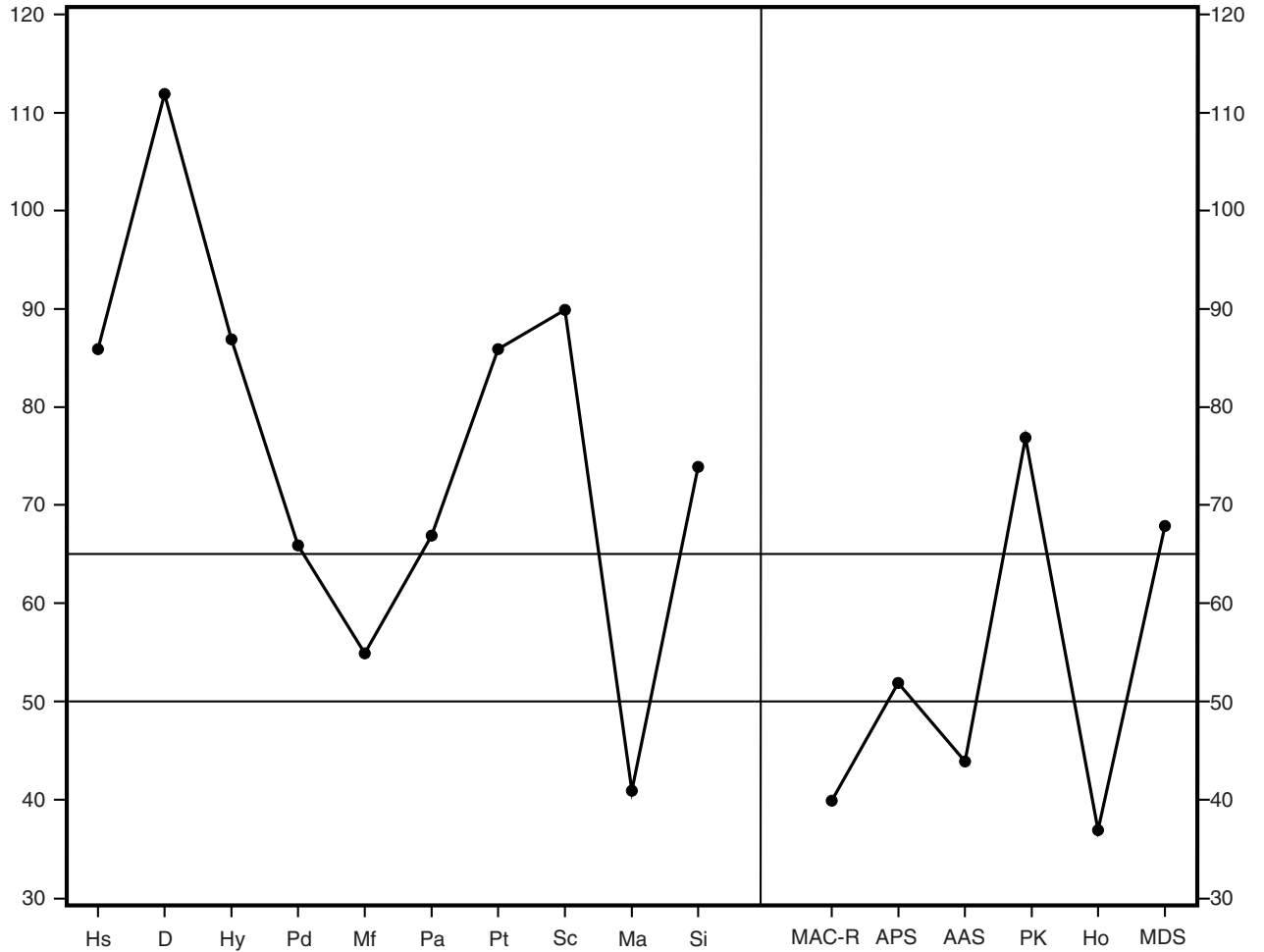
	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si		MAC-R	APS	AAS	PK	Ho	MDS
Raw Score:	21	49	38	22	34	15	30	35	12	50		15	24	1	26	7	7
K Correction:	9			7			17	17	3								
T Score:	86	112	87	66	55	67	86	90	41	74		40	52	44	77	37	68
Response %:	100	100	100	100	100	100	100	100	100	100		100	100	100	100	100	100

Welsh Code: 2**8*<u>317</u>"0'<u>64</u>+-5/9: F"'+-K/L:

Profile Elevation: 79.4

MMPI-2 CONTENT SCALES PROFILE

	ANX	FRS	OBS	DEP	HEA	BIZ	ANG	CYN	ASP	TPA	LSE	SOD	FAM	WRK	TRT
Raw Score:	19	3	10	24	22	0	6	1	2	5	15	23	3	21	17
T Score:	79	41	63	82	81	39	50	35	39	43	73	84	42	73	79
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

PROFILE VALIDITY

This MMPI-2 profile should be interpreted with caution. There is some possibility that the clinical report is an exaggerated picture of the client's present situation and problems. She is presenting an unusual number of psychological symptoms. This response set could result from poor reading ability, confusion, disorientation, stress, or a need to seek a great deal of attention for her problems.

SYMPTOMATIC PATTERNS

This report was developed using the D and Sc scales as the prototype. The client is quite depressed at this time. In addition, she exhibits a chronic pattern of alienation and isolation. She appears to be quite tense, anxious, and withdrawn. She is having a great deal of difficulty concentrating and cannot keep her mind on tasks. She appears to worry a lot and is functioning at a low level of efficiency as a result of her depressed mood. She may seem lethargic and apathetic and may show little interest in life. Life seems to have little meaning for her and she has scarce energy left over from mere survival to expend on any pleasures. Individuals with this profile often appear to be unable to feel pleasure as most people can. Life is drudgery for them.

Her emotional life is flat and blunted. She may show some signs of a thought disorder in addition to an affective disorder. Many individuals with this profile consider committing suicide and she may actually have serious plans for self-destruction. Individuals with this MMPI-2 clinical profile tend to be faced with multiple problems resulting from a long-standing lack of achievement and ineffective work behavior.

In addition, the following description is suggested by the client's scores on the content scales. She endorsed a number of items suggesting that she is experiencing low morale and a depressed mood. She reports a preoccupation with feeling guilty and unworthy. She feels that she deserves to be punished for wrongs she has committed. She feels regretful and unhappy about life, and she seems plagued by anxiety and worry about the future. She feels hopeless at times and feels that she is a condemned person. She endorsed response content that reflects low self-esteem and long-standing beliefs about her inadequacy. She has difficulty managing routine affairs, and the items she endorsed suggest a poor memory, concentration problems, and an inability to make decisions. She appears to be immobilized and withdrawn and has no energy for life. She views her physical health as failing and reports numerous somatic concerns. She feels that life is no longer worthwhile and that she is losing control of her thought processes.

According to her response content, there is a strong possibility that she has seriously contemplated suicide. She acknowledged having suicidal thoughts recently. Although she denies suicidal attempts in the past, given her current mood, an evaluation of suicidal potential appears to be indicated. 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.

Long-term personality factors identified by her PSY-5 scale elevations may help provide a clinical context for the symptoms she is presently experiencing. She shows a meager capacity to experience pleasure in life. Persons with high scores on INTR (Introversion/Low Positive Emotionality) tend to be pessimistic.

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 (D) occurred in 7.0% of the MMPI-2 normative sample of women. However, only 4.4% of the women had D scale peak scores at or above a T score of 65, and only 2.1% had well-defined D spikes. This high MMPI-2 profile configuration (2-8/8-2) is very rare in samples of normals, occurring in less than 1% of the MMPI-2 normative sample of women.

This high-point MMPI-2 score is very frequent among various samples of inpatient women. In the Graham and Butcher (1988) sample, the D scale occurred as the high point in 12.2% of the females (all of the cases were at or above a T score of 65, and 8.4% were well defined in that range). In the NCS Pearson inpatient sample, the high-point clinical scale score on D occurred in 25.4% of the women. Moreover, 24.3% had the D scale spike at or over a T score of 65, and 13.8% produced well-defined D scale peak scores in that range.

Her high MMPI-2 profile configuration (2-8/8-2) was found in 4.6% of the females in the Graham and Butcher (1988) sample and in 4.0% of the females in the NCS Pearson inpatient sample.

PROFILE STABILITY

The relative elevation of her highest clinical scale scores suggests some lack of clarity in profile definition. Although her most elevated clinical scales are likely to be present in her profile pattern if she is retested at a later date, there could be some shifting of the most prominent scale elevations in the profile code. The difference between the profile type used to develop the present report (involving D and Sc) and the next highest scale in the profile code was 3 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 so, then on retesting, intensification of defense mechanisms such as repression and denial might occur along with the presentation of vague physical problems.

INTERPERSONAL RELATIONS

She has great problems with alienation in social relationships. She feels vulnerable to interpersonal hurt, lacks trust, and may never form close, satisfying interpersonal ties. She feels very insecure in relationships and may be preoccupied with guilt and self-defeating behavior. Her marital situation is likely to be unrewarding and impoverished. Married individuals with this profile typically are insecure in relationships. They lack confidence in their marriage and feel that something bad is going to happen to them. The client is likely to feel that things have gone wrong in her marriage.

She is a very introverted person who has difficulty meeting and interacting with other people. She is shy and emotionally distant. She tends to be very uneasy, rigid, and overcontrolled in social situations. Her shyness is probably symptomatic of a broader pattern of social withdrawal. Personality characteristics related to social introversion tend to be stable over time. Her generally reclusive behavior, introverted lifestyle, and tendency toward interpersonal avoidance may be prominent in any future test results.

Her high score on the Marital Distress Scale suggests that her marital situation is problematic at this time. She reported a number of problems with her marriage that are possibly important to understanding her current psychological symptoms.

The client's scores on the content scales suggest the following additional information concerning her interpersonal relations. Her social relationships are likely to be viewed by others as problematic. She may be visibly uneasy around others, sits alone in group situations, and dislikes engaging in group activities.

DIAGNOSTIC CONSIDERATIONS

Similar clients tend to have features of both an affective disorder and a thought disorder. In addition, there seems to be a long-standing pattern of maladjustment that is characteristic of people with severe personality disorders. She is likely to be diagnosed as having a Schizophrenic or Major Affective Disorder. Her scores on the content scales indicate that her acknowledged tendency toward experiencing depressed mood should be taken into consideration in any diagnostic formulation.

TREATMENT CONSIDERATIONS

Multiple problems and difficulties forming interpersonal relationships make patients with this profile poor candidates for relationship-based psychotherapy. Their basic lack of trust and withdrawal also make psychotherapy difficult. Some outpatients with this profile seem to benefit from minimal contact treatment, such as brief periodic visits with a directive, supportive therapist. Many need psychotropic medication to control their bizarre thinking or to elevate their mood.

The client's scores on the content scales seem to indicate low potential for change. She may feel that her problems are not addressable through therapy and that she is not likely to benefit much from psychological treatment at this time. Her apparently negative treatment attitudes may need to be explored early in therapy if treatment is to be successful.

In any intervention or psychological evaluation program involving occupational adjustment, her negative work attitudes could become an important problem to overcome. She has a number of attitudes and feelings that could interfere with work adjustment.

ADDITIONAL SCALES

	Raw Score	T Score	Resp %
Personality Psychopathology Five (PSY-5) Scales			
Aggressiveness (AGGR)	0	30	100
Psychoticism (PSYC)	3	50	100
Disconstraint (DISC)	6	39	100
Negative Emotionality/Neuroticism (NEGE)	17	59	100
Introversion/Low Positive Emotionality (INTR)	30	99	100
Supplementary Scales			
Anxiety (A)	27	69	100
Repression (R)	29	83	100
Ego Strength (Es)	19	30	100
Dominance (Do)	13	39	100
Social Responsibility (Re)	24	59	100
Harris-Lingoes Subscales			
Depression Subscales			
Subjective Depression (D1)	29	101	100
Psychomotor Retardation (D2)	11	79	100
Physical Malfunctioning (D3)	9	93	100
Mental Dullness (D4)	14	102	100
Brooding (D5)	9	83	100
Hysteria Subscales			
Denial of Social Anxiety (Hy1)	1	35	100
Need for Affection (Hy2)	10	63	100
Lassitude-Malaise (Hy3)	14	95	100
Somatic Complaints (Hy4)	7	65	100
Inhibition of Aggression (Hy5)	4	54	100
Psychopathic Deviate Subscales			
Familial Discord (Pd1)	3	56	100
Authority Problems (Pd2)	3	53	100
Social Imperturbability (Pd3)	1	35	100
Social Alienation (Pd4)	6	60	100
Self-Alienation (Pd5)	6	63	100
Paranoia Subscales			
Persecutory Ideas (Pa1)	2	51	100
Poignancy (Pa2)	5	65	100
Naivete (Pa3)	8	65	100

	Raw Score	**T Score**	**Resp %**
Schizophrenia Subscales			
Social Alienation (Sc1)	8	69	100
Emotional Alienation (Sc2)	5	86	100
Lack of Ego Mastery, Cognitive (Sc3)	6	80	100
Lack of Ego Mastery, Conative (Sc4)	10	90	100
Lack of Ego Mastery, Defective Inhibition (Sc5)	2	53	100
Bizarre Sensory Experiences (Sc6)	9	81	100
Hypomania Subscales			
Amorality (Ma1)	2	54	100
Psychomotor Acceleration (Ma2)	5	50	100
Imperturbability (Ma3)	1	37	100
Ego Inflation (Ma4)	1	37	100
Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)			
Shyness/Self-Consciousness (Si1)	12	68	100
Social Avoidance (Si2)	8	74	100
Alienation--Self and Others (Si3)	7	55	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	48	100
Multiple Fears (FRS2)	2	37	100
Depression Subscales			
Lack of Drive (DEP1)	11	95	100
Dysphoria (DEP2)	6	79	100
Self-Depreciation (DEP3)	3	61	100
Suicidal Ideation (DEP4)	2	77	100
Health Concerns Subscales			
Gastrointestinal Symptoms (HEA1)	3	75	100
Neurological Symptoms (HEA2)	8	83	100
General Health Concerns (HEA3)	6	87	100
Bizarre Mentation Subscales			
Psychotic Symptomatology (BIZ1)	0	44	100
Schizotypal Characteristics (BIZ2)	0	41	100

	Raw Score	**T Score**	**Resp %**
Anger Subscales			
Explosive Behavior (ANG1)	2	54	100
Irritability (ANG2)	3	49	100
Cynicism Subscales			
Misanthropic Beliefs (CYN1)	0	34	100
Interpersonal Suspiciousness (CYN2)	1	40	100
Antisocial Practices Subscales			
Antisocial Attitudes (ASP1)	1	36	100
Antisocial Behavior (ASP2)	1	51	100
Type A Subscales			
Impatience (TPA1)	4	58	100
Competitive Drive (TPA2)	1	40	100
Low Self-Esteem Subscales			
Self-Doubt (LSE1)	7	71	100
Submissiveness (LSE2)	5	69	100
Social Discomfort Subscales			
Introversion (SOD1)	16	85	100
Shyness (SOD2)	6	65	100
Family Problems Subscales			
Family Discord (FAM1)	2	42	100
Familial Alienation (FAM2)	0	41	100
Negative Treatment Indicators Subscales			
Low Motivation (TRT1)	9	86	100
Inability to Disclose (TRT2)	3	60	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 1,462 women who endorsed the item in the scored direction. The designation "Ip1" refers to a sample of 131 female inpatients (Graham & Butcher, 1988); "Ip2" refers to a sample of 5,942 female inpatients (NCS Assessments, 1993).

Acute Anxiety State (Koss-Butcher Critical Items)

Of the 17 possible items in this section, 12 were endorsed in the scored direction:

   2. Omitted Item (False)
         [N = 4.1; Ip1 = 30.4; Ip2 = 29.1]
   3. Omitted Item (False)
         [N = 34.4; Ip1 = 56.0; Ip2 = 68.0]
  10. Omitted Item (False)
         [N = 13.5; Ip1 = 46.6; Ip2 = 54.7]
  15. Omitted Item (True)
         [N = 36.4; Ip1 = 49.7; Ip2 = 55.6]
  28. Omitted Item (True)
         [N = 9.1; Ip1 = 28.3; Ip2 = 35.8]
  59. Omitted Item (True)
         [N = 10.9; Ip1 = 33.9; Ip2 = 37.9]
 140. Omitted Item (False)
         [N = 27.2; Ip1 = 52.9; Ip2 = 65.4]
 218. Omitted Item (True)
         [N = 23.7; Ip1 = 61.8; Ip2 = 57.7]
 223. Omitted Item (False)
         [N = 18.3; Ip1 = 51.3; Ip2 = 54.7]
 301. Omitted Item (True)
         [N = 20.2; Ip1 = 50.5; Ip2 = 56.2]
 444. Omitted Item (True)
         [N = 28.2; Ip1 = 55.9; Ip2 = 50.3]
 469. Omitted Item (True)
         [N = 31.0; Ip1 = 66.8; Ip2 = 75.4]

ITEMS NOT SHOWN

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, 17 were endorsed in the scored direction:

  9. Omitted Item (False)
     [N = 17.8; Ip1 = 46.0; Ip2 = 57.3]
 38. Omitted Item (True)
     [N = 27.5; Ip1 = 63.9; Ip2 = 66.8]
 65. Omitted Item (True)
     [N = 9.0; Ip1 = 45.2; Ip2 = 53.4]
 71. Omitted Item (True)
     [N = 32.4; Ip1 = 70.0; Ip2 = 58.5]
 75. Omitted Item (False)
     [N = 4.8; Ip1 = 30.9; Ip2 = 27.5]
 92. Omitted Item (True)
     [N = 3.2; Ip1 = 27.2; Ip2 = 25.5]
 95. Omitted Item (False)
     [N = 10.9; Ip1 = 51.3; Ip2 = 57.5]
130. Omitted Item (True)
     [N = 38.1; Ip1 = 70.0; Ip2 = 74.4]
146. Omitted Item (True)
     [N = 46.4; Ip1 = 58.6; Ip2 = 65.0]
215. Omitted Item (True)
     [N = 17.5; Ip1 = 43.4; Ip2 = 42.8]
233. Omitted Item (True)
     [N = 32.4; Ip1 = 57.6; Ip2 = 56.2]
273. Omitted Item (True)
     [N = 17.9; Ip1 = 60.2; Ip2 = 61.8]
388. Omitted Item (False)
     [N = 35.7; Ip1 = 64.9; Ip2 = 72.7]
411. Omitted Item (True)
     [N = 24.6; Ip1 = 62.1; Ip2 = 61.6]
454. Omitted Item (True)
     [N = 4.0; Ip1 = 34.6; Ip2 = 32.3]
485. Omitted Item (True)
     [N = 22.8; Ip1 = 60.7; Ip2 = 57.6]
506. Omitted Item (True)
     [N = 3.8; Ip1 = 49.2; Ip2 = 40.0]

Threatened Assault (Koss-Butcher Critical Items)

Of the 5 possible items in this section, 1 was endorsed in the scored direction:

 37. Omitted Item (True)
     [N = 37.8; Ip1 = 52.4; Ip2 = 52.8]

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. Omitted Item (False)
      [N = 12.5; Ip1 = 55.5; Ip2 = 50.6]
502. Omitted Item (True)
      [N = 20.5; Ip1 = 49.2; Ip2 = 43.2]

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 = 12.5; Ip1 = 51.3; Ip2 = 54.8]
180. Omitted Item (True)
      [N = 3.4; Ip1 = 40.5; Ip2 = 34.4]
299. Omitted Item (True)
      [N = 14.8; Ip1 = 48.4; Ip2 = 47.0]
325. Omitted Item (True)
      [N = 17.0; Ip1 = 53.4; Ip2 = 53.2]

Antisocial Attitude (Lachar-Wrobel Critical Items)

Of the 9 possible items in this section, 1 was endorsed in the scored direction:

 35. Omitted Item (True)
      [N = 36.9; Ip1 = 57.6; Ip2 = 41.9]

Family Conflict (Lachar-Wrobel Critical Items)

Of the 4 possible items in this section, 2 were endorsed in the scored direction:

 21. Omitted Item (True)
      [N = 41.2; Ip1 = 72.6; Ip2 = 65.4]
125. Omitted Item (False)
      [N = 12.5; Ip1 = 55.5; Ip2 = 50.6]

Somatic Symptoms (Lachar-Wrobel Critical Items)

Of the 23 possible items in this section, 16 were endorsed in the scored direction:

 28. Omitted Item (True)
      [N = 9.1; Ip1 = 28.3; Ip2 = 35.8]
 33. Omitted Item (False)
      [N = 36.0; Ip1 = 53.2; Ip2 = 41.9]
 40. Omitted Item (True)

        [N = 7.0; Ip1 = 26.3; Ip2 = 31.5]
  53. Omitted Item (True)
        [N = 25.4; Ip1 = 51.6; Ip2 = 48.2]
  57. Omitted Item (False)
        [N = 31.7; Ip1 = 31.1; Ip2 = 54.4]
  59. Omitted Item (True)
        [N = 10.9; Ip1 = 33.9; Ip2 = 37.9]
101. Omitted Item (True)
        [N = 7.0; Ip1 = 26.2; Ip2 = 29.2]
111. Omitted Item (True)
        [N = 8.9; Ip1 = 25.1; Ip2 = 28.7]
142. Omitted Item (False)
        [N = 6.5; Ip1 = 30.4; Ip2 = 21.5]
175. Omitted Item (True)
        [N = 4.7; Ip1 = 35.6; Ip2 = 37.4]
176. Omitted Item (False)
        [N = 25.5; Ip1 = 38.7; Ip2 = 50.9]
224. Omitted Item (False)
        [N = 18.7; Ip1 = 35.1; Ip2 = 48.9]
229. Omitted Item (True)
        [N = 4.7; Ip1 = 39.3; Ip2 = 26.5]
247. Omitted Item (True)
        [N = 8.7; Ip1 = 24.7; Ip2 = 21.9]
295. Omitted Item (False)
        [N = 16.4; Ip1 = 39.8; Ip2 = 30.7]
464. Omitted Item (True)
        [N = 33.9; Ip1 = 56.0; Ip2 = 68.7]

Sexual Concern and Deviation (Lachar-Wrobel Critical Items)

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

  12. Omitted Item (False)
        [N = 25.9; Ip1 = 49.4; Ip2 = 52.0]

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: 2	2: 2	3: 2	4: 2	5: 2	6: 1	7: 2	8: 1	9: 2	10: 2
11: 2	12: 2	13: 2	14: 2	15: 1	16: 1	17: 2	18: 2	19: 1	20: 2
21: 1	22: 1	23: 2	24: 2	25: 2	26: 1	27: 2	28: 1	29: 1	30: 1
31: 1	32: 2	33: 2	34: 1	35: 1	36: 1	37: 1	38: 1	39: 2	40: 1
41: 1	42: 2	43: 2	44: 2	45: 2	46: 1	47: 1	48: 2	49: 2	50: 2
51: 2	52: 2	53: 1	54: 2	55: 2	56: 1	57: 2	58: 2	59: 1	60: 2
61: 1	62: 1	63: 2	64: 2	65: 1	66: 2	67: 2	68: 2	69: 2	70: 1
71: 1	72: 2	73: 1	74: 2	75: 2	76: 2	77: 1	78: 1	79: 2	80: 2
81: 2	82: 2	83: 1	84: 2	85: 2	86: 2	87: 1	88: 1	89: 1	90: 1
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101: 1	102: 1	103: 2	104: 2	105: 2	106: 2	107: 1	108: 1	109: 2	110: 2
111: 1	112: 2	113: 2	114: 2	115: 1	116: 1	117: 1	118: 2	119: 2	120: 2
121: 1	122: 1	123: 2	124: 2	125: 2	126: 1	127: 1	128: 2	129: 2	130: 1
131: 1	132: 2	133: 2	134: 2	135: 2	136: 2	137: 2	138: 2	139: 1	140: 2
141: 2	142: 2	143: 1	144: 2	145: 2	146: 1	147: 1	148: 2	149: 1	150: 2
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251: 2	252: 1	253: 2	254: 2	255: 1	256: 1	257: 2	258: 2	259: 2	260: 1
261: 2	262: 2	263: 2	264: 2	265: 1	266: 1	267: 2	268: 2	269: 2	270: 2
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