Competency/Commitment Interpretive Report

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

Name:	Mark D
ID Number:	2544
Age:	42
Gender:	Male
Marital Status:	Married
Years of Education:	12
Date Assessed:	07/07/2008

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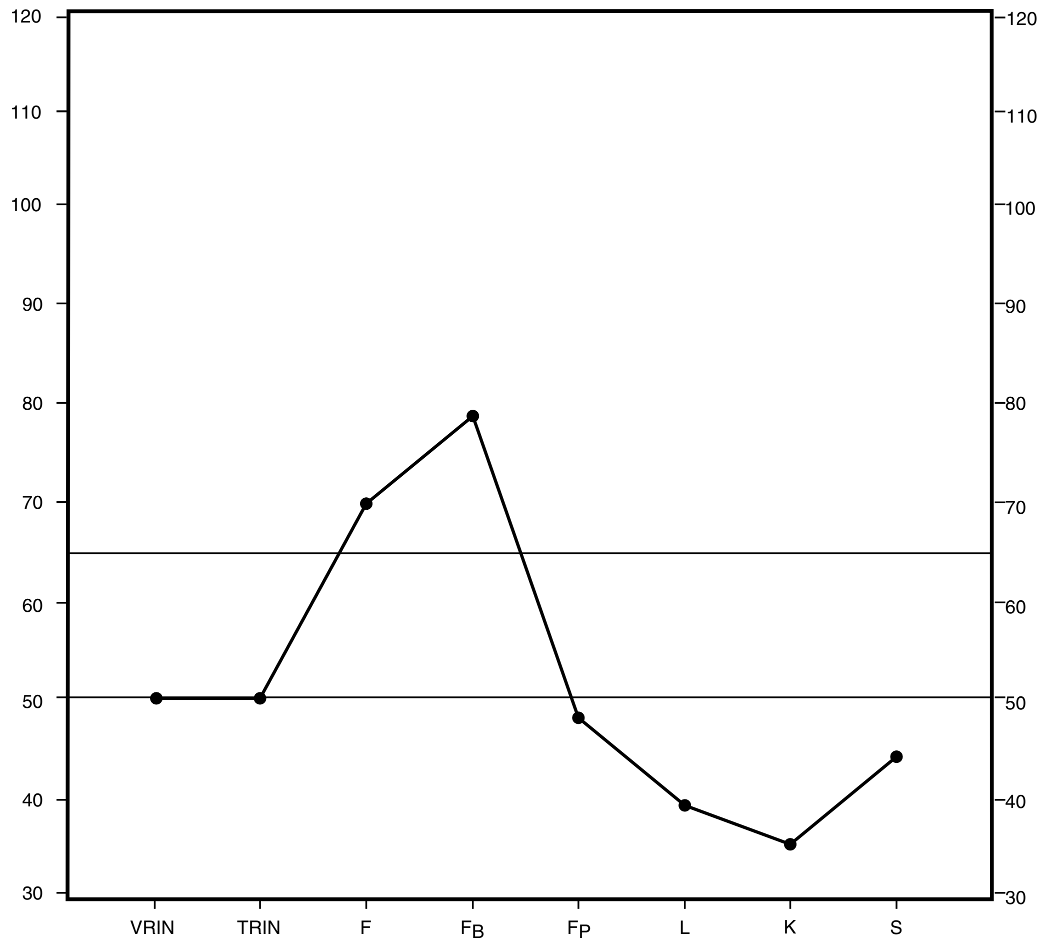


	VRIN	TRIN	F	F_B	F_P	L	K	S
Raw Score:	5	9	11	9	1	1	8	20
T Score (plotted):	50	50	70	79	48	39	35	44
Non-Gendered T Score:	50	50	72	79	49	38	35	44
Response %:	98	100	100	100	100	100	97	98

Cannot Say (Raw):	4
Percent True:	47
Percent False:	53

	Raw Score	T Score	Resp. %
S_1 - Beliefs in Human Goodness	3	39	93
S_2 - Serenity	4	42	100
S_3 - Contentment with Life	4	50	100
S_4 - Patience/Denial of Irritability	4	49	100
S_5 - Denial of Moral Flaws	5	65	100

PROFILE VALIDITY

This is a valid MMPI-2 profile. The client cooperated with the evaluation, admitting to a number of psychological problems in a frank and open manner. Individuals with this profile tend to be blunt and may openly complain to others about their psychological problems. The client tends to be quite self-critical and may appear to have low self-esteem and inadequate psychological defense mechanisms. He may be presenting a picture of one who feels that things are out of control and unmanageable.

SYMPTOMATIC PATTERNS

The clinical scale prototype used to develop this report incorporates correlates of *D and Hy*. Because these scales are not well defined in the clinical profile (the next highest scales are relatively close in elevation), interpretation of the clinical profile should not ignore the adjacent scales in the profile code. Physical concerns and depressed mood appear to be primary problems emerging from a somewhat mixed symptom pattern. The client reports feeling nervous, tense, and unhappy, and he is quite worried at this time. He also appears to be quite indifferent to many of the things he once enjoyed and believes he is no longer able to function well in life. Overly sensitive to criticism, he tends to blame himself a great deal and feels that he has not been treated well. His depressed mood is accompanied by physical complaints and extreme fatigue.

He appears to be inhibited and overcontrolled, relying on denial and repression to deal with anxiety and conflict. He may seek medical attention for his "run-down" condition, but his physical problems are likely to be related to his depressed mood.

In addition, the following description is suggested by the content of the client's item responses. He reports a preoccupation with feeling guilty and unworthy. He feels that he deserves to be punished for wrongs he has committed. He is full of regret and unhappy about life, and he is plagued by anxiety and worry about the future. He feels hopeless at times and feels that he is a condemned person. He endorsed items that reflect low self-esteem and long-standing beliefs about his inadequacy. He finds it difficult to manage routine affairs, and the items he endorsed suggest a poor memory, concentration problems, and an inability to make decisions. He appears to be immobilized and withdrawn and has no energy for life. He views his physical health as failing and reports numerous somatic concerns. He feels that life is no longer worthwhile and that he is losing control of his thought processes.

According to his response content, there is a strong possibility that he has seriously contemplated suicide. He endorsed items suggesting a history of suicidal ideation. It is important to perform a suicide assessment and, if necessary, take appropriate precautions. He acknowledged having suicidal thoughts recently. Although he denies suicidal attempts in the past, given his current mood, an evaluation of suicidal potential appears to be indicated. He endorsed a number of unusual, bizarre ideas that suggest some difficulties with his thinking. 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 clinical scale patterns in various settings. The client's high-point clinical scale score (D) occurs in 7.2% of the MMPI-2 normative sample of men. However, only 2.4% of the sample have D as the peak score at or above a T score of 65, and only 1.1% have well-defined D spikes. His elevated MMPI-2 two-point profile configuration (2-3/3-2) is very rare in samples of normals, occurring in less than 1% of the MMPI-2 normative sample of men.

This high-point MMPI-2 score on the D scale occurs prominently in many inpatient mental health settings. In the Graham and Butcher (1988) sample of psychiatric inpatients, this profile peak score tends to occur with somewhat lower frequency (7.5%) in males than other scale scores; only 6.3% of the cases have high points in the clinically significant range (only 2.5% are well-defined peak scores). However, the Pearson Assessments inpatient sample shows that the high-point clinical scale score on D occurs frequently (15.4%) in inpatient men; 12.8% of the male inpatients have the D scale spike at or over a T score of 65. Moreover, 5.7% of the males in the Pearson Assessments sample have well-defined scores at or above a T score of 65. Veterans Administration inpatients (Arbisi & Ben-Porath, 1997) produce a similar high-point score on D (the most frequent high-point score); 25.1% of the males have D as the highest point, and 13.7% have well-defined scores and a high-point D score equal to or greater than T = 65.

This MMPI-2 clinical scale spike on D is the third most frequent configuration for general psychiatric inpatients in the study conducted by Arbisi, Ben-Porath, Marshall, Boyd, and Strauman (1997). They found this high-point score in 17.3% of the high-point codes; 8.3% were well-defined high-point profiles.

This elevated MMPI-2 two-point profile configuration (2-3/3-2) is found in less than 1% of the males in the Graham and Butcher (1988) sample, 3.1% of the males in the Pearson Assessments inpatient sample, and substantially more frequently (11.5%) among men in a Veterans Administration inpatient sample (Arbisi & Ben-Porath, 1997) with 5% elevated at a T score of 65 or above and well defined. The 2-3/3-2 code type occurred with relatively high frequency (7.9%)in the general psychiatric inpatient study conducted by Arbisi, Ben-Porath, Marshall, Boyd, and Strauman (1997). They reported that this high-point pattern occurred with 1.8% frequency as a well-defined high-point profile.

Ben-Porath and Stafford (1997) reported high-point and code type frequencies for men and women undergoing competency evaluations. The high-point score on D that this client received occurred with 9.7% frequency in that sample. Additionally, it occurred with relatively low frequency (2.1%) in terms of well-defined profiles at or above a T score of 65. This MMPI-2 high-point code (2-3/3-2) can best be understood in the context of cases reported by Ben-Porath and Stafford (1997) in their study of individuals undergoing competency evaluations. This profile configuration occurred with modest frequency (4.4%) and with even lower frequency (less than 1%) as a well-defined score at or above a T of 65.

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 1 point. So, for example, if the client is tested at a later date, his profile might involve more behavioral elements related to elevations on Sc. If he is retested, responses related to emotional alienation, unusual thinking, bizarre perceptions of others, and a stronger tendency to engage in extreme fantasy might become more prominent.

INTERPERSONAL RELATIONS

He is passive-dependent in relationships and is easily hurt by others. He is unassertive and keeps anger bottled up, avoiding confrontation for fear of being rejected or hurt. He appears to be somewhat immature and may depend considerably on his wife to take care of him. Many people with this profile have marital problems. They typically have a diminished interest in sex and have little energy to expend on their marital relationship. Moreover, their moodiness and whining are likely to place additional strain on the marriage.

He is somewhat shy, with some social concerns and inhibitions. He is a bit hypersensitive about what others think of him and is occasionally concerned about his relationships with others. He appears to be somewhat inhibited in personal relationships and social situations, and he may have some difficulty expressing his feelings toward others.

His high score on the Marital Distress Scale suggests that his marital situation is problematic at this time. He reported a number of marital problems that are possibly important to understanding his current psychological symptoms.

The content of this client's MMPI-2 responses suggests the following additional information concerning his interpersonal relationships. He tends to approach relationships with some caution and skepticism.

MENTAL HEALTH CONSIDERATIONS

The most frequent diagnosis for individuals with this profile type is dysthymic disorder. Physically disabling conditions related to psychological stress, such as ulcers or hypertension, may be part of the clinical pattern. His unusual thinking and bizarre ideas should be taken into consideration in any diagnostic formulation.

He has a number of personality characteristics that are associated with a substance use or abuse disorder. The client's scores on the addiction proneness indicators, along with the personality characteristics reflected in the profile, suggest that he resembles some individuals who develop addictive disorders. A substance abuse evaluation should explore this possibility through a careful review of his

personality traits and typical behavior. It should be noted, however, that he did not acknowledge a problem with addictive substances.

He is rather uninsightful and may view his problems as being largely physical. Many individuals with this pattern present with psychophysiologic disorders and should be carefully evaluated by a physician for possible medical problems.

Individuals with this MMPI-2 clinical profile tend to feel quite tense and depressed and may need relief for their psychological symptoms. Perhaps the most frequent form of treatment given to individuals with this pattern is antidepressant medication. Many patients with this profile require a great deal of reassurance. They tend to lack insight into their behavior and will tolerate a great deal of tension before they will seek help. Some individuals with this profile respond to a directive, action-oriented treatment approach and possibly to assertiveness training.

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

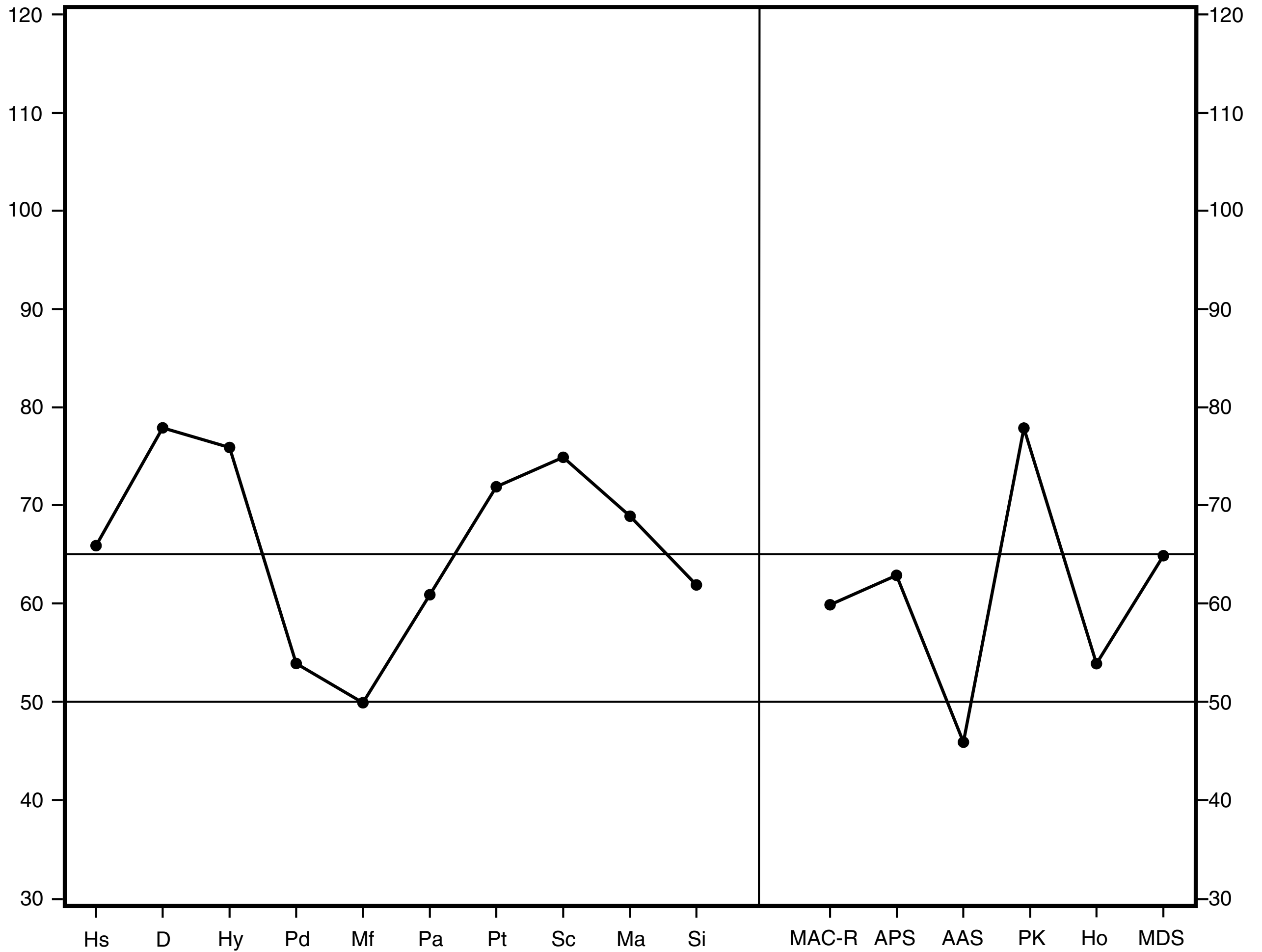
COMPETENCY/COMMITMENT CONSIDERATIONS

He has responded to the MMPI-2 validity items in a very open manner and reported a number of mental health symptoms. Some problems are evident in his MMPI-2 profile. His MMPI-2 profile code is often obtained by individuals being assessed in court-ordered evaluations who are presenting the view that they may have problems dealing effectively with stressful circumstances. He reported some feelings and attitudes that reflect extensive psychological adjustment problems that could affect his daily functioning. He is likely to be functioning at a reduced level of efficiency because of his characteristic moodiness, high state of tension, and tendency to develop physical problems in the face of stressful life events.

These mood problems are likely to influence his current relationships. Individuals with this clinical pattern tend to be uninsightful when it comes to understanding the causes of their problems.

In addition to the problems he reported on the MMPI-2 clinical scales, he endorsed some items on the content scales that could reflect difficulties for him. His proneness to experience anxiety, depression, health problems, and unusual thoughts might make it difficult for him to think clearly or function effectively. His low self-esteem probably characterizes a somewhat ineffective manner of approaching new tasks. His basic insecurity and lack of self-confidence might make it difficult for him to implement change-oriented plans.

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE

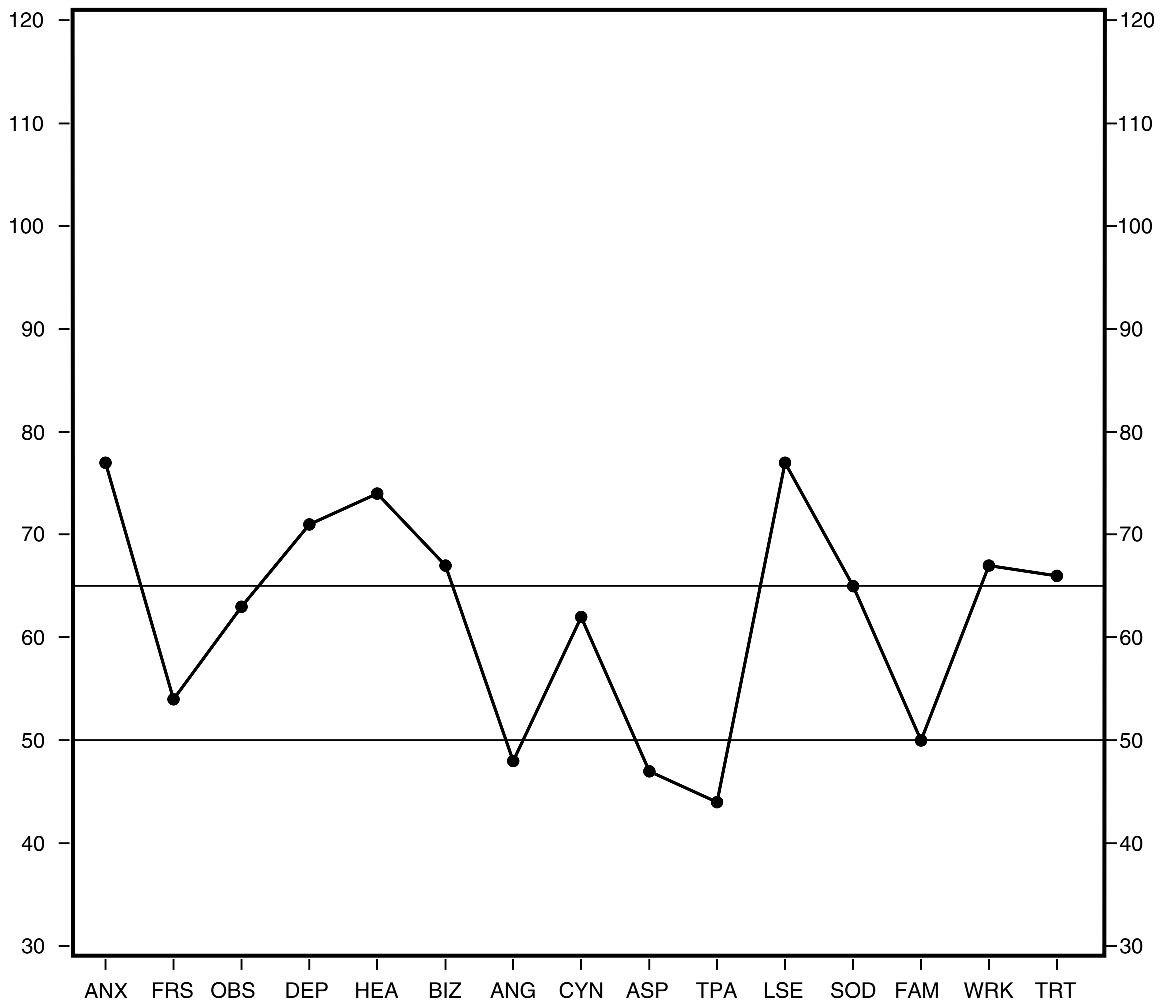


	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	APS	AAS	PK	Ho	MDS
Raw Score:	15	32	32	22	26	13	29	33	25	35	25	28	2	25	22	6
K Correction:	4			3			8	8	2							
T Score (plotted):	66	78	76	54	50	61	72	75	69	62	60	63	46	78	54	65
Non-Gendered T Score:	64	76	74	55		60	70	74	69	60	63	63	48	77	55	63
Response %:	97	96	98	100	100	98	100	100	100	96	100	100	100	100	98	100

Welsh Code: 2387'91+06-45/ F'+-/:LK#

Profile Elevation: 68.9

MMPI-2 CONTENT SCALES PROFILE



	ANX	FRS	OBS	DEP	HEA	BIZ	ANG	CYN	ASP	TPA	LSE	SOD	FAM	WRK	TRT
Raw Score:	17	5	9	16	16	7	5	16	7	6	15	15	5	16	11
T Score (plotted):	77	54	63	71	74	67	48	62	47	44	77	65	50	67	66
Non-Gendered T Score:	75	50	61	70	72	67	48	63	49	45	75	65	49	65	65
Response %:	100	100	100	97	97	100	100	96	95	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	43	44	100
Psychoticism (PSYC)	7	62	62	100
Disconstraint (DISC)	13	46	51	100
Negative Emotionality/Neuroticism (NEGE)	16	61	59	100
Introversion/Low Positive Emotionality (INTR)	17	64	64	100
Supplementary Scales				
Anxiety (A)	19	63	61	97
Repression (R)	19	58	58	100
Ego Strength (Es)	21	30	30	98
Dominance (Do)	7	30	30	100
Social Responsibility (Re)	18	45	43	100
Harris-Lingoes Subscales				
Depression Subscales				
Subjective Depression (D_1)	19	82	79	97
Psychomotor Retardation (D_2)	8	65	64	100
Physical Malfunctioning (D_3)	6	75	73	91
Mental Dullness (D_4)	9	82	80	100
Brooding (D_5)	6	74	70	90
Hysteria Subscales				
Denial of Social Anxiety (Hy_1)	2	40	40	100
Need for Affection (Hy_2)	5	43	43	92
Lassitude-Malaise (Hy_3)	12	93	90	100
Somatic Complaints (Hy_4)	6	67	63	100
Inhibition of Aggression (Hy_5)	4	55	55	100
Psychopathic Deviate Subscales				
Familial Discord (Pd_1)	2	51	51	100
Authority Problems (Pd_2)	3	47	50	100
Social Imperturbability (Pd_3)	1	33	34	100
Social Alienation (Pd_4)	9	77	76	100
Self-Alienation (Pd_5)	8	72	72	100
Paranoia Subscales				
Persecutory Ideas (Pa_1)	6	76	76	100
Poignancy (Pa_2)	3	55	54	100
Naivete (Pa_3)	3	41	41	89

	Raw Score	T Score	Non-Gendered T Score	Resp %
Schizophrenia Subscales				
Social Alienation (Sc_1)	6	64	62	100
Emotional Alienation (Sc_2)	4	78	78	100
Lack of Ego Mastery, Cognitive (Sc_3)	7	84	85	100
Lack of Ego Mastery, Conative (Sc_4)	8	82	81	100
Lack of Ego Mastery, Defective Inhibition (Sc_5)	4	68	67	100
Bizarre Sensory Experiences (Sc_6)	10	90	87	100
Hypomania Subscales				
Amorality (Ma_1)	3	58	60	100
Psychomotor Acceleration (Ma_2)	7	58	59	100
Imperturbability (Ma_3)	4	53	54	100
Ego Inflation (Ma_4)	5	63	62	100

Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)

	Raw Score	T Score	Non-Gendered T Score	Resp %
Shyness/Self-Consciousness (Si_1)	8	59	58	100
Social Avoidance (Si_2)	8	71	72	100
Alienation--Self and Others (Si_3)	7	56	56	94

Content Component Scales (Ben-Porath & Sherwood)

	Raw Score	T Score	Non-Gendered T Score	Resp %
Fears Subscales				
Generalized Fearfulness (FRS_1)	3	71	65	100
Multiple Fears (FRS_2)	2	45	42	100
Depression Subscales				
Lack of Drive (DEP_1)	5	68	67	100
Dysphoria (DEP_2)	4	74	69	83
Self-Depreciation (DEP_3)	4	69	70	100
Suicidal Ideation (DEP_4)	2	79	79	100
Health Concerns Subscales				
Gastrointestinal Symptoms (HEA_1)	1	57	55	80
Neurological Symptoms (HEA_2)	5	74	70	100
General Health Concerns (HEA_3)	4	72	72	100
Bizarre Mentation Subscales				
Psychotic Symptomatology (BIZ_1)	2	64	64	100
Schizotypal Characteristics (BIZ_2)	4	67	67	100
Anger Subscales				
Explosive Behavior (ANG_1)	1	45	46	100
Irritability (ANG_2)	3	51	51	100
Cynicism Subscales				
Misanthropic Beliefs (CYN_1)	10	60	61	93
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	94
Antisocial Behavior (ASP_2)	0	38	41	100
Type A Subscales				
Impatience (TPA_1)	1	39	40	100
Competitive Drive (TPA_2)	4	55	56	100
Low Self-Esteem Subscales				
Self-Doubt (LSE_1)	7	75	73	100
Submissiveness (LSE_2)	5	76	72	100
Social Discomfort Subscales				
Introversion (SOD_1)	9	62	64	100
Shyness (SOD_2)	6	68	67	100
Family Problems Subscales				
Family Discord (FAM_1)	4	55	54	100
Familial Alienation (FAM_2)	0	40	41	100
Negative Treatment Indicators Subscales				
Low Motivation (TRT_1)	5	71	69	100
Inability to Disclose (TRT_2)	1	45	46	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.

OMITTED ITEMS

The following items were omitted by the client. It may be helpful to discuss these item omissions with him to determine the reason for noncompliance with the test instructions.

20. Omitted Item.
110. Omitted Item.
215. Omitted Item.
335. 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 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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ITEM RESPONSES

1: 1	2: 2	3: 2	4: 2	5: 1	6: 1	7: 2	8: 1	9: 2	10: 2
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