



Drug/Alcohol Treatment Interpretive Report

MMPI®-A

The Minnesota Report™: Adolescent Interpretive System, 2nd Edition

James N. Butcher, PhD, & Carolyn L. Williams, PhD

Name: Grace SampleCase
ID Number: 6666
Age: 16
Gender: Female
Date Assessed: 1/27/14



Copyright © 1992, 2007 by the Regents of the University of Minnesota. All rights reserved. Portions reproduced from the MMPI-A test booklet. Copyright © 1942, 1943, (renewed 1970), 1992 by the Regents of the University of Minnesota. All rights reserved. Portions excerpted from the *MMPI-A Manual for Administration, Scoring, and Interpretation*. Copyright © 1992 by the Regents of the University of Minnesota. All rights reserved. Portions excerpted from the *Supplement to the MMPI-A Manual for Administration, Scoring, and Interpretation: The Content Component Scales, The Personality Psychopathology Five (PSY-5) Scales, The Critical Items*. Copyright © 2006 by the Regents of the University of Minnesota. All rights reserved. Distributed exclusively under license from the University of Minnesota by NCS Pearson, Inc.

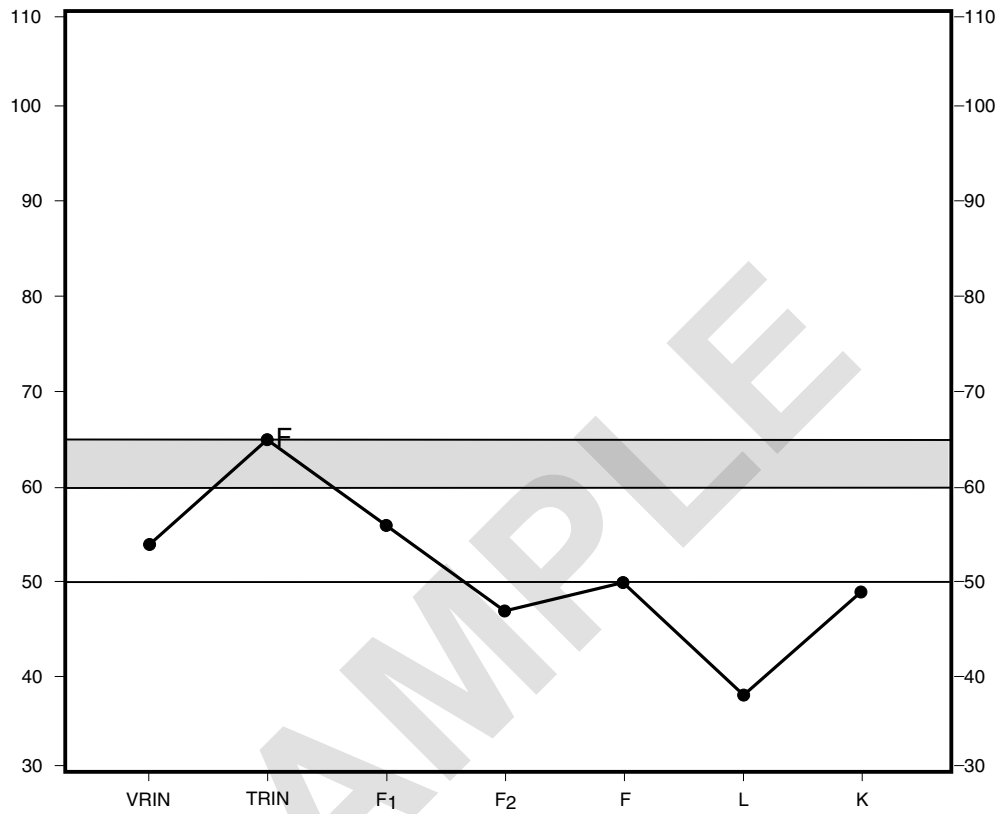
MMPI and **Minnesota Multiphasic Personality Inventory** are registered trademarks and **MMPI-A, Minnesota Multiphasic Personality Inventory-Adolescent**, and **The Minnesota Report** are trademarks of the University of Minnesota. **Pearson**, the **PSI logo**, and **PsychCorp** are trademarks in the U.S. and/or other countries of Pearson Education, Inc., or its affiliate(s).

TRADE SECRET INFORMATION

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

[4.4 / 1 / QG]

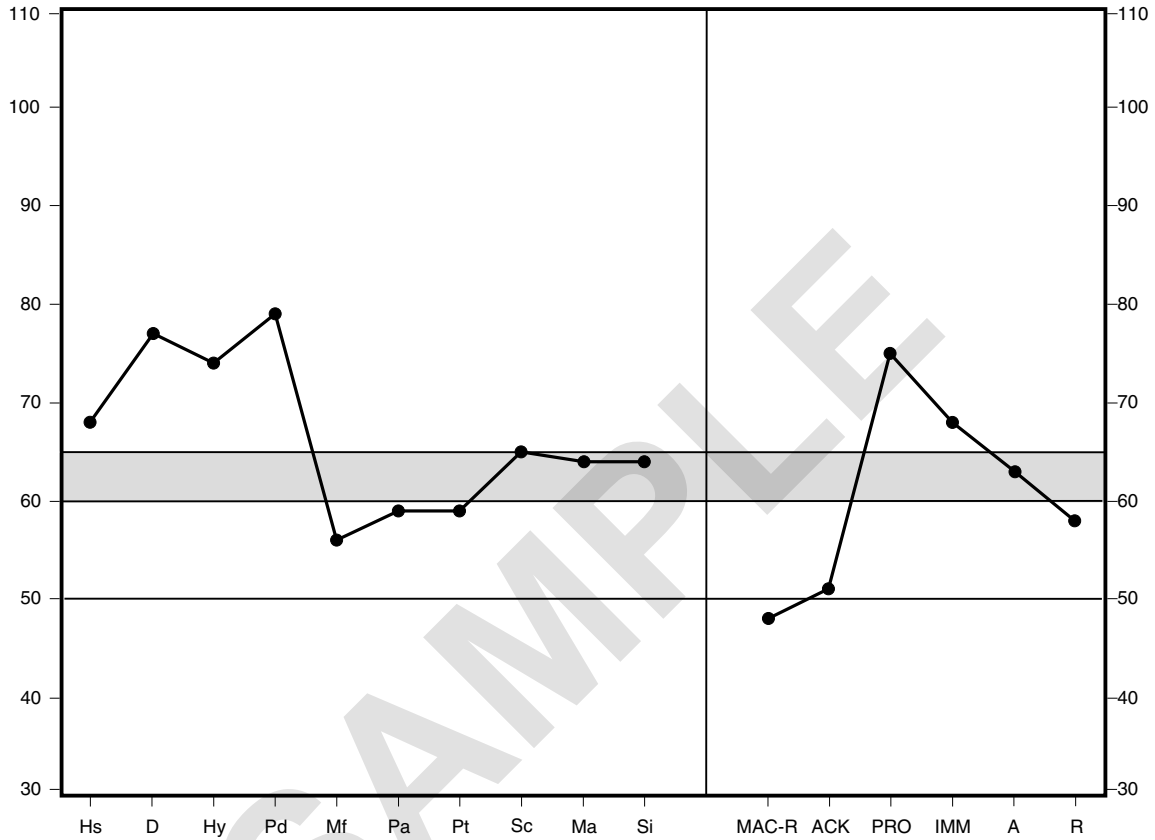
MMPI-A VALIDITY SCALES PROFILE



| | | | | | | | |
|-------------|-----|-----|-----|-----|-----|-----|-----|
| Raw Score: | 5 | 7 | 5 | 3 | 8 | 0 | 11 |
| T Score: | 54 | 65 | 56 | 47 | 50 | 38 | 49 |
| Response %: | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Cannot Say (Raw): 0
 Percent True: 49
 Percent False: 51

MMPI-A CLINICAL AND SUPPLEMENTARY SCALES PROFILE

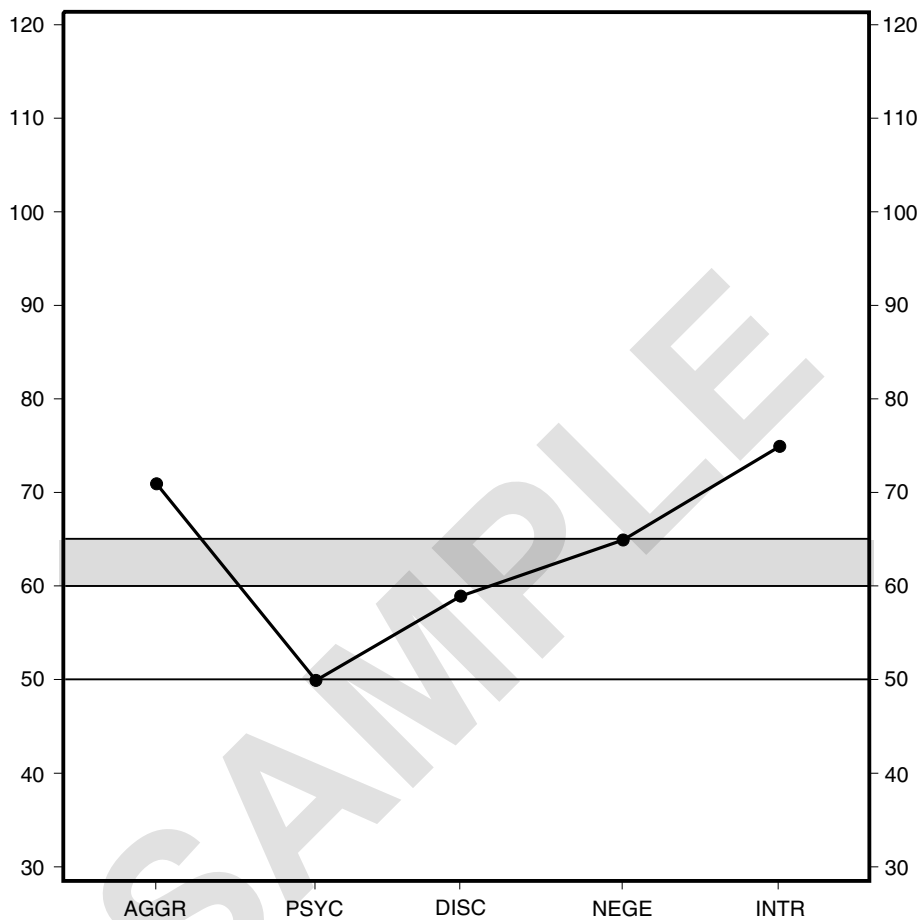


| | | | | | | | | | | | | | | | | |
|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Raw Score: | 18 | 35 | 34 | 34 | 26 | 17 | 29 | 38 | 28 | 38 | 19 | 4 | 27 | 23 | 27 | 16 |
| T Score: | 68 | 77 | 74 | 79 | 56 | 59 | 59 | 65 | 64 | 64 | 48 | 51 | 75 | 68 | 63 | 58 |
| Response %: | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Welsh Code: 423'18+90-675/ F/K:L#

Mean Profile Elevation: 68.1

MMPI-A PSY-5 SCALES PROFILE



| | | | | | |
|-------------|-----|-----|-----|-----|-----|
| Raw Score: | 15 | 5 | 11 | 17 | 16 |
| T Score: | 71 | 50 | 59 | 65 | 75 |
| Response %: | 100 | 100 | 100 | 100 | 100 |

VALIDITY CONSIDERATIONS

This is a valid MMPI-A. The individual was cooperative in describing her symptoms and problems. Her generally frank and open responses to the items can be viewed as a positive indication of her involvement with the evaluation. The MMPI-A profiles are probably a good indication of her present personality functioning and symptoms.

SYMPTOMATIC BEHAVIOR

This adolescent's MMPI-A clinical profile reflects a high degree of psychological distress at this time. An intense and somewhat mixed pattern of symptoms is indicated. She appears rather tense and depressed and may be feeling agitated over problems in her environment. She may be experiencing a great deal of stress following a period of acting-out behavior, possibly including problem use of alcohol or other drugs.

She appears to be developing a pattern of poor impulse control and a lack of acceptance of societal standards of behavior. This individual may also be angry about her present situation and may blame others for her problems. She may be seeking a temporary respite from situational stress. She may attempt to manipulate others through her symptoms in order to escape responsibility for the problems she has created.

Her two-point MMPI-A clinical profile configuration includes high points D and Pd. This is the most frequently occurring two-point scale pair for adolescent girls in alcohol/drug or mental health treatment units. Over 15% of girls in treatment programs have this clinical profile. It should be noted that this high-point code occurs somewhat less frequently among girls in the normative population (about 4%) and at a lower level of elevation than in clinical samples.

In a large archival sample of MMPI-A cases scored by Pearson Assessments ($n = 12,744$), this high-point pair of scale elevations (Pd and D) was found for 3.3% of the girls, using well-defined peak scores of 65 or above, and more than 5 points separation from the third highest scale.

Extreme responding is apparent on her MMPI-A Content Scales profile. She endorsed at least 90% of the items on A-ang in the deviant direction, indicating that the following is quite important in understanding her problem situation. Assaultive or very aggressive acting-out behavior is likely because she reports considerable problems in controlling her anger. She may be unusually interested in violence and aggression.

In addition to the extreme endorsements found in her MMPI-A Content Scales profile, she also described other important problem areas. This young person reports numerous difficulties in school. She probably has poor academic performance and does not participate in school activities. She may have a history of truancy or suspensions from school. She probably has very negative attitudes about school, possibly reporting that the only positive aspect of school is being with her friends. She may have some anxiety or fears about going to school.

She reported several symptoms of anxiety, including tension, worries, and difficulties sleeping. She endorsed several very negative attitudes about herself and her abilities.

An examination of the adolescent's underlying personality factors with the PSY-5 scales might help explain any behavioral problems she might be presently experiencing. She shows a meager capacity to experience pleasure in life. Persons with high scores on the Introversion/Low Positive Emotionality scale tend to be pessimistic, anhedonic (unable to experience pleasure), and socially withdrawn with few or no friends. She is likely viewed as being aggressive toward others given her high Aggressiveness scale score. This aggression may be manifest through her using intimidating tactics or physical aggression in order to accomplish her immediate goals. Elevated Aggressiveness scores also suggest the possibility of sexual acting out.

INTERPERSONAL RELATIONS

Her relationships may be somewhat superficial. She may use others for her own gratification. She is somewhat hedonistic and may act out impulsively without due concern for the feelings of friends or relatives. She has probably been experiencing strained interpersonal relationships.

She is somewhat shy, with some social anxiety and inhibitions. She is a bit hypersensitive about what others think of her and is occasionally concerned about her relationships with others. She appears to be somewhat inhibited in personal relationships and social situations, and she may have some difficulty expressing her feelings toward others. She may try to avoid crowds, parties, or school activities.

Some problems with her relationships are evident from her extreme endorsement of items on A-ang. She reports considerable problems controlling her anger, and she may swear or yell when she becomes annoyed. Temper tantrums, irritability, and impatience probably interfere with her relationships. Her anger may result in aggressive actions directed at others or their property.

In addition to her extreme endorsements on the MMPI-A Content Scales, she reported other significant interpersonal issues. Family problems are quite significant in this person's life. She reports numerous problems with her parents and other family members. She describes her family in terms of discord, jealousy, fault finding, anger, serious disagreements, lack of love and understanding, and very limited communication. She looks forward to the day when she can leave home for good, and she does not feel that she can count on her family in times of trouble. Her parents and she often disagree about her friends. She indicates that her parents treat her like a child and frequently punish her without cause. Her family problems probably have a negative effect on her behavior in school. She reports many problems in social relationships. She finds it difficult to be around others and much prefers to be alone. She may feel distant from others, believing that they do not understand or care about her. She may feel that she has no one to rely on.

BEHAVIORAL STABILITY

The relative scale elevation of her highest clinical scales (D, Pd) suggests clear profile definition. Her most elevated clinical scales are likely to be present in her profile pattern if she is retested at a later date.

This clinical profile reflects some maladaptive characteristics that could develop into personality problems. Although she appears to be experiencing much acute distress, her personality problems may continue even after current stresses subside and she feels more comfortable.

DIAGNOSTIC CONSIDERATIONS

An adolescent with this clinical profile may receive a diagnosis of oppositional or conduct disorder with some depressive features.

Given her elevation on the School Problems scale, her diagnostic evaluation could include assessment of possible academic skills deficits and behavior problems. Her endorsement of several anxiety-based symptoms should be considered in her diagnostic work-up.

TREATMENT CONSIDERATIONS

Although individuals with this clinical profile usually express a great need for help, they tend not to be good candidates for traditional psychotherapy. They may resist behavior change and tend to terminate treatment early when their situational stress is reduced.

Some individuals with this MMPI-A pattern attempt to manipulate others through suicidal gestures when their needs are not being met.

Because substance abuse is a strong possibility among individuals with this clinical profile, any use of medications should be cautiously monitored.

Her very high potential for developing alcohol or drug problems requires attention in therapy if important life changes are to be made. However, her relatively low awareness of or reluctance to acknowledge problems in this area might impede treatment efforts.

She should be evaluated for the presence of suicidal thoughts and any possible suicidal behaviors. If she is at risk, appropriate precautions should be taken.

Her family situation, which is full of conflict, should be considered in her treatment planning. Family therapy may be helpful if her parents or guardians are willing and able to work on conflict resolution. However, if family therapy is not feasible, it may be profitable during the course of her treatment to explore her considerable anger at and disappointment in her family. Alternate sources of emotional support from adults (e.g., foster parent, teacher, other relative, friend's parent, or neighbor) could be explored and facilitated in the absence of caring parents.

There are some symptom areas suggested by the Content Scales profile that the therapist may wish to consider in initial treatment sessions. Her endorsement of several anxiety-based symptoms could be explored further.

Conditions in her environment that may be contributing to her aggressive and assaultive behaviors could be explored. Adolescents with anger-control problems may benefit from modeling approaches and rewards for appropriate behaviors. Stress-inoculation training or other cognitive-behavioral interventions could be used to teach self-control. Observations of her behavior around her peers may provide opportunities to intervene and prevent aggressive actions toward others.

She endorsed some items that indicate possible difficulties in establishing a therapeutic relationship. She may be reluctant to self-disclose, she may be distrustful of helping professionals and others, and she may believe that her problems cannot be solved. She may be unwilling to assume responsibility for behavior change or to plan for her future.

SAMPLE

ADDITIONAL SCALES

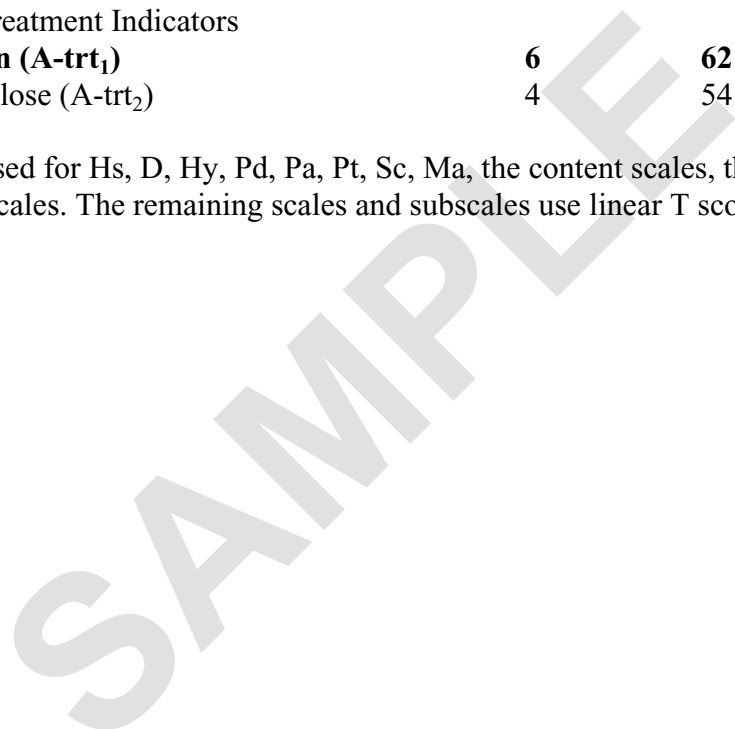
A subscale or content component scale should be interpreted only when its corresponding parent scale has an elevated T score of 60 or above. Subscales and content component scales printed below in bold meet that criterion for interpretation.

| | Raw Score | T Score | Resp % |
|--|-----------|-----------|------------|
| <u>Harris-Lingoes Subscales</u> | | | |
| Depression Subscales | | | |
| Subjective Depression (D₁) | 22 | 76 | 100 |
| Psychomotor Retardation (D₂) | 8 | 67 | 100 |
| Physical Malfunctioning (D₃) | 7 | 71 | 100 |
| Mental Dullness (D₄) | 9 | 70 | 100 |
| Brooding (D₅) | 7 | 65 | 100 |
| Hysteria Subscales | | | |
| Denial of Social Anxiety (Hy ₁) | 3 | 48 | 100 |
| Need for Affection (Hy ₂) | 5 | 50 | 100 |
| Lassitude-Malaise (Hy₃) | 11 | 72 | 100 |
| Somatic Complaints (Hy₄) | 10 | 66 | 100 |
| Inhibition of Aggression (Hy ₅) | 3 | 51 | 100 |
| Psychopathic Deviate Subscales | | | |
| Familial Discord (Pd₁) | 8 | 71 | 100 |
| Authority Problems (Pd₂) | 5 | 65 | 100 |
| Social Imperturbability (Pd ₃) | 3 | 49 | 100 |
| Social Alienation (Pd ₄) | 7 | 57 | 100 |
| Self-Alienation (Pd₅) | 9 | 67 | 100 |
| Paranoia Subscales | | | |
| Persecutory Ideas (Pa ₁) | 4 | 50 | 100 |
| Poignancy (Pa ₂) | 4 | 51 | 100 |
| Naivete (Pa ₃) | 6 | 61 | 100 |
| Schizophrenia Subscales | | | |
| Social Alienation (Sc₁) | 10 | 61 | 100 |
| Emotional Alienation (Sc ₂) | 2 | 48 | 100 |
| Lack of Ego Mastery, Cognitive (Sc₃) | 8 | 71 | 100 |
| Lack of Ego Mastery, Conative (Sc₄) | 8 | 63 | 100 |
| Lack of Ego Mastery, Defective Inhibition (Sc ₅) | 5 | 54 | 100 |
| Bizarre Sensory Experiences (Sc₆) | 9 | 60 | 100 |
| Hypomania Subscales | | | |
| Amorality (Ma ₁) | 1 | 39 | 100 |
| Psychomotor Acceleration (Ma ₂) | 8 | 54 | 100 |
| Imperturbability (Ma ₃) | 3 | 50 | 100 |
| Ego Inflation (Ma₄) | 7 | 64 | 100 |

| | Raw Score | T Score | Resp % |
|--|-----------|-----------|------------|
| <u>Social Introversion Subscales</u> | | | |
| Shyness / Self-Consciousness (Si ₁) | 7 | 52 | 100 |
| Social Avoidance (Si₂) | 4 | 61 | 100 |
| Alienation--Self and Others (Si₃) | 13 | 63 | 100 |
| <u>Content Component Scales</u> | | | |
| Adolescent Depression | | | |
| Dysphoria (A-dep ₁) | 2 | 50 | 100 |
| Self-Depreciation (A-dep ₂) | 3 | 55 | 100 |
| Lack of Drive (A-dep ₃) | 6 | 71 | 100 |
| Suicidal Ideation (A-dep ₄) | 0 | 42 | 100 |
| Adolescent Health Concerns | | | |
| Gastrointestinal Complaints (A-hea ₁) | 0 | 44 | 100 |
| Neurological Symptoms (A-hea ₂) | 7 | 57 | 100 |
| General Health Concerns (A-hea ₃) | 3 | 56 | 100 |
| Adolescent Alienation | | | |
| Misunderstood (A-aln₁) | 5 | 69 | 100 |
| Social Isolation (A-aln₂) | 3 | 63 | 100 |
| Interpersonal Skepticism (A-aln ₃) | 1 | 48 | 100 |
| Adolescent Bizarre Mentation | | | |
| Psychotic Symptomatology (A-biz ₁) | 4 | 56 | 100 |
| Paranoid Ideation (A-biz ₂) | 0 | 43 | 100 |
| Adolescent Anger | | | |
| Explosive Behavior (A-ang₁) | 7 | 73 | 100 |
| Irritability (A-ang₂) | 8 | 66 | 100 |
| Adolescent Cynicism | | | |
| Misanthropic Beliefs (A-cyn ₁) | 8 | 51 | 100 |
| Interpersonal Suspiciousness (A-cyn ₂) | 3 | 43 | 100 |
| Adolescent Conduct Problems | | | |
| Acting-Out Behaviors (A-con ₁) | 7 | 69 | 100 |
| Antisocial Attitudes (A-con ₂) | 3 | 49 | 100 |
| Negative Peer Group Influences (A-con ₃) | 0 | 42 | 100 |
| Adolescent Low Self-Esteem | | | |
| Self-Doubt (A-lse₁) | 8 | 66 | 100 |
| Interpersonal Submissiveness (A-lse ₂) | 3 | 59 | 100 |
| Adolescent Low Aspirations | | | |
| Low Achievement Orientation (A-las ₁) | 5 | 58 | 100 |
| Lack of Initiative (A-las₂) | 4 | 60 | 100 |

| | Raw Score | T Score | Resp % |
|--|-----------|-----------|------------|
| Adolescent Social Discomfort | | | |
| Introversion (A-sod₁) | 8 | 68 | 100 |
| Shyness (A-sod ₂) | 6 | 58 | 100 |
| Adolescent Family Problems | | | |
| Familial Discord (A-fam₁) | 18 | 73 | 100 |
| Familial Alienation (A-fam₂) | 7 | 74 | 100 |
| Adolescent School Problems | | | |
| School Conduct Problems (A-sch₁) | 2 | 65 | 100 |
| Negative Attitudes (A-sch₂) | 6 | 70 | 100 |
| Adolescent Negative Treatment Indicators | | | |
| Low Motivation (A-trt₁) | 6 | 62 | 100 |
| Inability to Disclose (A-trt ₂) | 4 | 54 | 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.



ITEM-LEVEL INDICATORS

The MMPI-A contains a number of items whose content may indicate the presence of psychological symptoms when endorsed in the deviant direction. The MMPI-A critical item list includes 15 categories that may provide an additional source of hypotheses about this young person.

However, caution should be used when interpreting item-level indicators like the MMPI-A critical items because responses to single items are much less reliable than scores on full-length scales. An individual can easily mismark or misunderstand a single item, and not intend the answer given. Furthermore, many adolescents in the normative sample endorsed some of the MMPI-A critical items in the deviant direction. For this reason, the responses to the item-level indicators printed below include the endorsement frequency for the item in the normative sample to give the clinician an indication of how common or rare the response is in the general population.

Aggression

(Of the three possible items in this section, two were endorsed in the scored direction):

- 453. Item Content Omitted. (20.2% of the normative girls responded True.)
- 465. Item Content Omitted. (26.9% of the normative girls responded False.)

Anxiety

(Of the six possible items in this section, four were endorsed in the scored direction):

- 36. Item Content Omitted. (15.3% of the normative girls responded True.)
- 163. Item Content Omitted. (23.1% of the normative girls responded True.)
- 173. Item Content Omitted. (12.5% of the normative girls responded True.)
- 353. Item Content Omitted. (16.3% of the normative girls responded True.)

Conduct Problems

(Of the seven possible items in this section, five were endorsed in the scored direction):

- 249. Item Content Omitted. (29.3% of the normative girls responded False.)
- 354. Item Content Omitted. (28.1% of the normative girls responded True.)
- 440. Item Content Omitted. (26.2% of the normative girls responded True.)
- 445. Item Content Omitted. (21.3% of the normative girls responded True.)
- 460. Item Content Omitted. (25.6% of the normative girls responded False.)



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.

Depression/Suicidal Ideation

(Of the seven possible items in this section, one was endorsed in the scored direction):

71. Item Content Omitted. (15.7% of the normative girls responded False.)

Family Problems

(Of the three possible items in this section, one was endorsed in the scored direction):

365. Item Content Omitted. (28.9% of the normative girls responded False.)

School Problems

(Of the five possible items in this section, two were endorsed in the scored direction):

101. Item Content Omitted. (24.2% of the normative girls responded True.)

389. Item Content Omitted. (18.8% of the normative girls responded True.)

Self-Denigration

(Of the five possible items in this section, one was endorsed in the scored direction):

90. Item Content Omitted. (22.7% of the normative girls responded True.)

Sexual Concerns

(Of the four possible items in this section, three were endorsed in the scored direction):

59. Item Content Omitted. (33.9% of the normative girls responded False.)

159. Item Content Omitted. (33.7% of the normative girls responded True.)

251. Item Content Omitted. (38.0% of the normative girls responded True.)

Somatic Complaints

(Of the nine possible items in this section, three were endorsed in the scored direction):

138. Item Content Omitted. (23.0% of the normative girls responded False.)

165. Item Content Omitted. (25.6% of the normative girls responded True.)

214. Item Content Omitted. (25.2% of the normative girls responded True.)



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.

Substance Use/Abuse

(Of the nine possible items in this section, one was endorsed in the scored direction):

161. Item Content Omitted. (29.2% of the normative girls responded True.)

Unusual Thinking

(Of the four possible items in this section, two were endorsed in the scored direction):

291. Item Content Omitted. (36.5% of the normative girls responded True.)

417. Item Content Omitted. (27.5% of the normative girls responded True.)

This young person did not endorse any items from the following MMPI-A critical items categories:

Cognitive Problems
Eating Problems
Hallucinatory Experiences
Paranoid Ideation



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-A interpretation can serve as a useful source of hypotheses about adolescent clients. This report is based on objectively derived scale indexes and scale interpretations that have been developed with diverse groups of clients from adolescent treatment settings. 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. Only a qualified, trained professional should use the information in this report.

This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.
