

# SAMPLE REPORT

# **Case Description: William R. — Medical and Psychology Students Interpretive Report**

William R. is a 23-year-old single male who was administered the MMPI-2 as part of an evaluation for his medical school application. His mother is an RN and his father is a paramedic. He spent the past year after graduation from college obtaining additional course credits in pre-med classes, working evenings in a nursing home, volunteering at a local community hospital, and preparing for the MCAT.

Case descriptions do not accompany MMPI-2 reports, but are provided here as background information. The following report was generated from Q-global<sup>™</sup>, Pearson's web-based scoring and reporting application, using Mr. R.'s responses to the MMPI-2. Additional MMPI-2 sample reports, product offerings, training opportunities, and resources can be found at <u>PearsonClinical.com/mmpi2</u>.

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# PEARSON



#### Medical and Psychology Students Interpretive Report

MMPI®-2

The Minnesota Report<sup>™</sup>: Revised Personnel System, 3rd Edition *James N. Butcher, PhD* 

Name:	William R.
ID Number:	2534
Age:	23
Gender:	Male
Years of Education:	17
Date Assessed:	1/31/14

**Standard Level Addiction Potential** 



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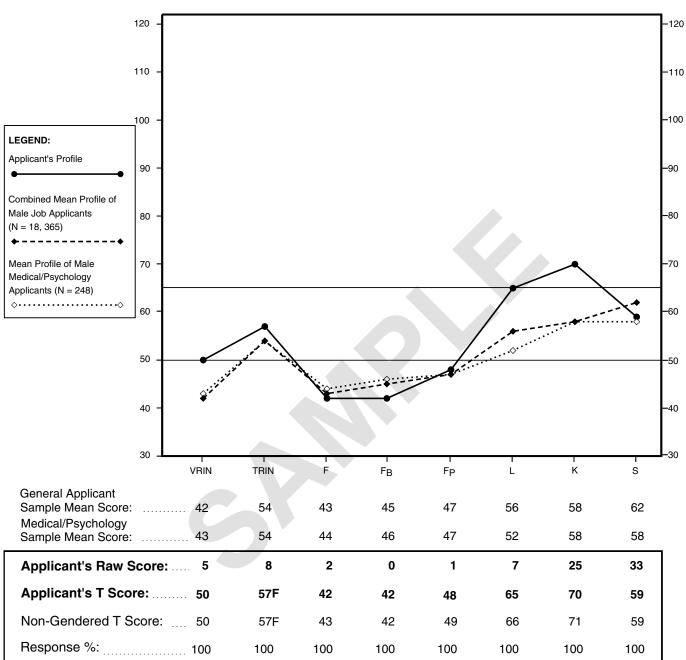
#### TRADE SECRET INFORMATION

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

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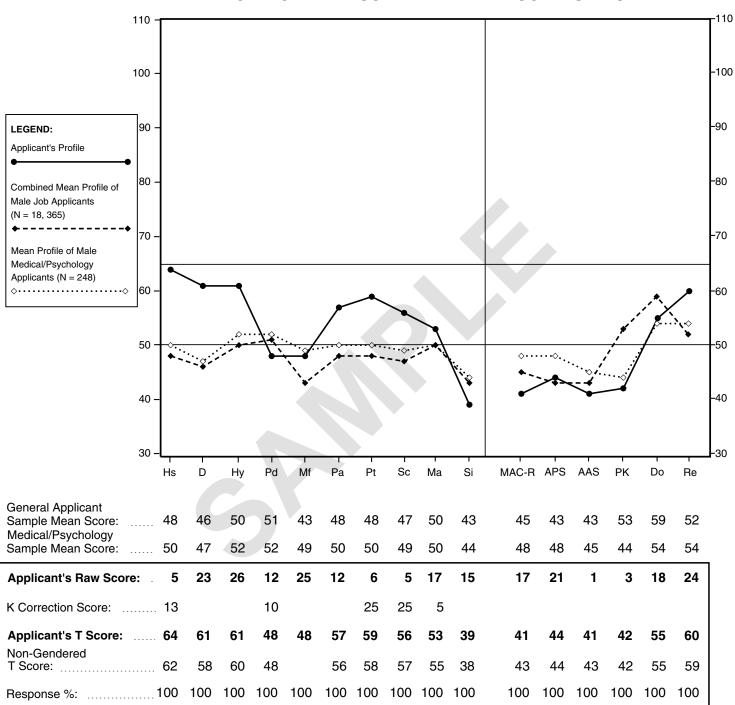


#### MMPI-2 VALIDITY PATTERN

Cannot Say (Raw):	0		Raw Score	T Score	Resp. %
<b>,</b> , ,		S <sub>1</sub> -Beliefs in Human Goodness	11	60	100
Percent True:	33	S <sub>2</sub> -Serenity	7	53	100
Percent False:	67	S <sub>3</sub> -Contentment with Life	3	45	100
		S4-Patience/Denial of Irritability	6	58	100
		S <sub>5</sub> -Denial of Moral Flaws	5	65	100



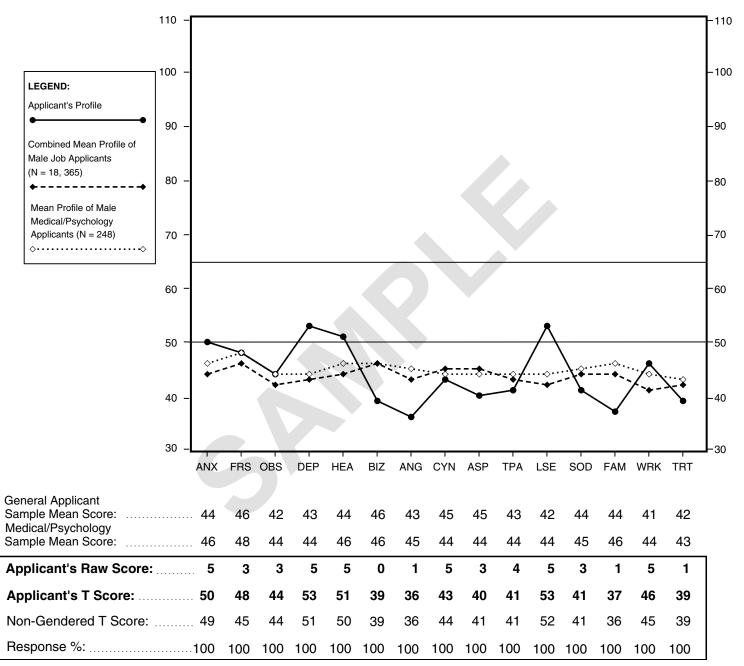
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#### MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE

Welsh Code: 123-7689/45:0# K'L+-/F:

Profile Elevation: 57.4



## **MMPI-2 CONTENT SCALES PROFILE**

#### **PROFILE VALIDITY**

This is a somewhat defensive MMPI-2. The individual was seemingly reluctant to disclose personal information and tended to minimize his faults. It is possible that his defensiveness resulted in an underestimate of his problems.

#### PERSONAL ADJUSTMENT

The applicant, in his attempt to portray himself in an overly positive manner, has probably influenced his scores on the other scales of the MMPI-2. Although interpretations are provided in this report for the clinical and content scales, it should be kept in mind that the applicant has not cooperated sufficiently with the evaluation. The following interpretations should be considered provisional until the applicant's generally defensive test responding can be further evaluated. The applicant's MMPI-2 profile is within normal limits, suggesting no extreme psychological symptoms or problems. His personality profile suggests a generally good adjustment. He apparently sees himself as having few psychological problems. However, some of the personality characteristics he reported, such as somatic concerns and feelings of inadequacy, may reflect a tendency to develop physical symptoms under stressful conditions.

#### **INTERPERSONAL RELATIONS**

He is outgoing and sociable and has a strong need to be around other people. He shows little social anxiety, is probably effective in social situations, and tends to be persuasive in dealing with others.

The content of this applicant's MMPI-2 responses suggests the following additional information concerning his interpersonal relations. He reports that his home life was positive, pleasant, and problem-free. He indicates that he feels strong emotional support from those close to him. He views his home life as pleasant and supportive.

#### **PROFILE FREQUENCY**

Profile interpretation can be greatly facilitated by examining the relative frequency of particular scale patterns in various settings. An elevated score on the Hs scale occurred in 9.8% of the MMPI-2 normative sample of men (N = 1,138). The applicant's MMPI-2 high-point score on Hs fell between a T score of 60 and 64. This high-point scale pattern in the standard profile, at this level of elevation, occurred in 5.18% of the clinical scale peaks in the normative sample of men. His high-point clinical scale score (Hs) occurred in 5.4% of the combined sample of college men (Butcher, Graham, Dahlstrom, & Bowman, 1990, sample = 4.7%; Ben-Porath, 1993, sample = 6.3%). However, only 1.5% of the combined sample had Hs as the peak score at or above a T score of 65, and less than 1% of the combined college men had well-defined Hs spikes in that range.

This high Hs pattern, at his level of profile elevation, was obtained by 4.20% of the male applicants in the medical/mental health database (Pearson Assessments Archival Data, 1994).

## **CONTEMPORARY PERSONNEL BASE RATE INFORMATION**

No contemporary personnel base rate information is provided for normal-range clinical profiles like this one.

## **PROFILE STABILITY**

No profile stability information is provided for normal-range clinical profiles like this one.

#### **POSSIBLE EMPLOYMENT PROBLEMS**

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His performance on the MMPI-2 suggests that his work adjustment and motivation are within the average range. He reports few personality characteristics that would make him vulnerable to work-related problems.

It should be kept in mind that his approach to the test was defensive and that he gave an overly favorable self-appraisal. Had he responded more openly, he may have endorsed more symptoms.

#### **CONTENT THEMES**

MMPI-2 content themes may serve as a source of hypotheses for further investigation. These content themes summarize similar item responses that appear with greater frequency with this applicant than with most people.

He may have low self-esteem that interferes with his taking on new tasks.

He may have low energy or lack enthusiasm.

He may have problems with somatic distress.

He may be unusually sensitive to criticism.

## **ADDITIONAL SCALES**

	Non-Gendered			ed
	<b>Raw Score</b>		T Score	Resp %
Personality Psychopathology Five (PSY-5) Scales				
Aggressiveness (AGGR)	5	40	42	100
Psychoticism (PSYC)	0	35	35	100
Disconstraint (DISC)	13	46	51	100
Negative Emotionality/Neuroticism (NEGE)	8	48	46	100
Introversion/Low Positive Emotionality (INTR)	) 11	50	50	100
Supplementary Scales				
Anxiety (A)	9	49	48	100
Repression (R)	21	63	62	100
Ego Strength (Es)	39	54	56	100
Hostility (Ho)	7	36	37	100
Harris-Lingoes Subscales				
Depression Subscales				
Subjective Depression $(D_1)$	8	53	52	100
Psychomotor Retardation $(D_2)$	9	70	69	100
Physical Malfunctioning $(D_3)$	5	67	65	100
Mental Dullness $(D_4)$	4	58	57	100
Brooding (D <sub>5</sub> )	1	45	44	100
Hysteria Subscales				
Denial of Social Anxiety (Hy <sub>1</sub> )	4	51	51	100
Need for Affection $(Hy_2)$	10	63	63	100
Lassitude-Malaise (Hy <sub>3</sub> )	3	52	52	100
Somatic Complaints (Hy <sub>4</sub> )	2	48	46	100
Inhibition of Aggression (Hy <sub>5</sub> )	5	63	62	100
Psychopathic Deviate Subscales				
Familial Discord (Pd <sub>1</sub> )	1	45	44	100
Authority Problems (Pd <sub>2</sub> )	2	40	43	100
Social Imperturbability (Pd <sub>3</sub> )	3	45	46	100
Social Alienation (Pd <sub>4</sub> )	1	35	34	100
Self-Alienation $(Pd_5)$	3	48	48	100
Paranoia Subscales				
Persecutory Ideas (Pa <sub>1</sub> )	1	46	46	100
Poignancy (Pa <sub>2</sub> )	2	48	47	100
Naivete (Pa <sub>3</sub> )	7	60	60	100

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		Non-Gendered		
	<b>Raw Score</b>	T Score	T Score	Resp %
Schizophrenia Subscales				
Social Alienation $(Sc_1)$	0	39	38	100
Emotional Alienation (Sc <sub>2</sub> )	1	50	49	100
Lack of Ego Mastery, Cognitive $(Sc_3)$	0	42	42	100
Lack of Ego Mastery, Conative (Sc <sub>4</sub> )	3	55	55	100
Lack of Ego Mastery, Defective Inhibition (Sc <sub>5</sub>	/	40	40	100
Bizarre Sensory Experiences (Sc <sub>6</sub> )	0	41	41	100
Hypomania Subscales				
Amorality $(Ma_1)$	1	42	44	100
Psychomotor Acceleration (Ma <sub>2</sub> )	6	53	54	100
Imperturbability (Ma <sub>3</sub> )	6	65	67	100
Ego Inflation (Ma <sub>4</sub> )	2	43	43	100
Social Introversion Subscales (Ben-Porath, Hostetle	er. Butcher. &	z Graham		
			·	100
Shyness/Self-Consciousness (Si <sub>1</sub> ) Social Avoidance (Si <sub>2</sub> )	1 2	39 45	39 46	100 100
AlienationSelf and Others (Si <sub>3</sub> )	$\frac{2}{1}$	43 38	40 38	100
Allehationself and Others (SI <sub>3</sub> )	1	30	30	100
Content Component Scales (Ben-Porath & Sherwoo	od)			
Fears Subscales				
Generalized Fearfulness (FRS <sub>1</sub> )	1	53	51	100
Multiple Fears (FRS <sub>2</sub> )	2	45	42	100
Depression Subscales				
Lack of Drive (DEP <sub>1</sub> )	4	62	61	100
Dysphoria (DEP <sub>2</sub> )	0	42	41	100
Self-Depreciation (DEP <sub>3</sub> )	1	48	48	100
Suicidal Ideation (DEP <sub>4</sub> )	0	45	46	100
Health Concerns Subscales Gastrointestinal Symptoms (HEA <sub>1</sub> )	0	44	44	100
Neurological Symptoms (HEA <sub>2</sub> )	2	54	52	100
General Health Concerns (HEA <sub>3</sub> )	1	48	49	100
· -/	1	40	77	100
Bizarre Mentation Subscales	0			100
Psychotic Symptomatology (BIZ <sub>1</sub> )	0	44	44	100
Schizotypal Characteristics (BIZ <sub>2</sub> )	0	41	41	100
Anger Subscales				
Explosive Behavior $(ANG_1)$	0	39	39	100
Irritability (ANG <sub>2</sub> )	1	41	40	100
Cynicism Subscales				
Misanthropic Beliefs $(CYN_1)$	3	41	42	100
Interpersonal Suspiciousness (CYN <sub>2</sub> )	2	43	45	100
interpersonal suspiciousness (CTTV2)	2	15	гJ	100

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		Non-Gendered		
	<b>Raw Score</b>	T Score	T Score	Resp %
Antisocial Practices Subscales				
Antisocial Attitudes (ASP <sub>1</sub> )	2	37	39	100
Antisocial Behavior (ASP <sub>2</sub> )	1	45	48	100
Type A Subscales				
Impatience $(TPA_1)$	1	39	40	100
Competitive Drive (TPA <sub>2</sub> )	1	39	39	100
Low Self-Esteem Subscales				
Self-Doubt (LSE <sub>1</sub> )	0	39	40	100
Submissiveness (LSE <sub>2</sub> )	5	76	72	100
Social Discomfort Subscales				
Introversion $(SOD_1)$	2	42	43	100
Shyness (SOD <sub>2</sub> )	1	41	41	100
Family Problems Subscales				
Family Discord (FAM <sub>1</sub> )	1	40	39	100
Familial Alienation (FAM <sub>2</sub> )	0	40	41	100
Negative Treatment Indicators Subscales				
Low Motivation $(TRT_1)$	0	42	42	100
Inability to Disclose $(TRT_2)$	ů 0	37	38	100
	, , , , , , , , , , , , , , , , , , ,	2,		

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.

#### WORK DYSFUNCTION ITEMS

The following items may be significant in understanding the client's work performance. These items have been found to be related to dysfunctional attitudes or negative behavior in employment situations. Although these items may serve as a source of hypotheses for further investigation, caution should be used in interpreting individual items because the respondent may have misread the item or inadvertently marked the wrong answer.

Any Work Dysfunction items he endorsed are listed below with the direction of his endorsement indicated in parentheses. The endorsement percentages of different reference groups are presented in brackets following the item. The first number "N" is the percentage of the MMPI-2 normative sample who endorsed that item in the scored direction. The second number "P" is the percentage of individuals in the large job applicant sample (Pearson Assessments, 1995) who endorsed the item in the scored direction.

233. Item Content Omitted. (True) [N = 35%, P = 14%]
409. Item Content Omitted. (True) [N = 39%, P = 24%]
428. Item Content Omitted. (True) [N = 57%, P = 39%]
464. Item Content Omitted. (True) [N = 25%, P = 9%]
566. Item Content Omitted. (True) [N = 31%, P = 14%]

#### **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 report can serve as a useful guide for employment decisions in which personality adjustment is considered important for success on the job. The decision rules on which these classifications are based were developed through a review of the empirical literature on the MMPI and MMPI-2 with normal-range individuals (including job applicants) and the author's practical experience using the test in employee selection. The report can assist psychologists and physicians involved in personnel selection by providing an "outside opinion" about the applicant's adjustment. The MMPI-2 should NOT be used as the sole means of determining the applicant's suitability for employment. The information in this report should be used by qualified test interpretation specialists only.

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