MMPI®-A
Minnesota Multiphasic Personality Inventory®– ADOLESCENT

SAMPLE REPORT

Case Description: Grace — Drug/Alcohol Treatment Interpretive Report

Grace, a 16-year-old African American, was being evaluated in an alcohol and drug treatment center following a drinking incident and an automobile accident. Her 18-year-old boyfriend was driving the car. The investigating officer found an open liquor bottle and a small amount of marijuana in the car, and arrested both of them at the scene.

Grace lives with her maternal grandmother. Her parents are divorced and her mother lives and works in another state. Grace visits her mother during the summer and at Christmas. For the rest of the year, their only contact is occasional phone calls. Grace's father left the family when she was five months old. Over the course of the last year, she has had increasing difficulties with her grandmother. Three weeks prior to the current incident, Grace did not come home for three days and did not let her grandmother know where she was. When she returned home and her grandmother confronted her about her behavior, Grace left in anger for two more days. Her grandmother reported that Grace is very sullen and argumentative at home.

Increasing difficulties in school over the past year were also reported during the initial session with Grace. She was under disciplinary suspension for fighting with a classmate in the lunchroom just before the drinking incident. Although her academic performance was strong during middle school, her performance in high school has been marginal. She has had a number of unexcused absences, and she is failing many of her classes.

The Minnesota Report was included during Grace's initial evaluation in the alcohol and drug treatment center, revealing considerable psychological distress and acting out problems from all three profiles (i.e., Clinical and Supplementary Scales, Content Scales, and PSY-5 Scales). Problems with anger control, aggressive behaviors, and possible violence are especially prominent in the narrative given the elevations on the Anger Content Scale and the Aggressiveness PSY-5 Scale. Her life at home and in school is full of conflicts. Although placed in an alcohol/drug treatment center, Grace did not acknowledge problems in

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

Case Description *(continued)*: Grace — Drug/Alcohol Treatment
Interpretive Report

this area, given her score on ACK, and that she only endorsed one of the nine substance abuse item level indicators (see p. 15 of her Report). However, her score was highly elevated on the Alcohol/Drug Problem Proneness Scale, and the narrative indicates that substance abuse is a strong likelihood.

Grace's Minnesota Report also indicates several internalizing problems found in her somewhat mixed symptom pattern. Interestingly, given the prominence of her acting out problems, and high score on Proneness, suggesting negative peer group influences as part of her issues with alcohol and drugs, she appeared shy, possibly socially withdrawn and anxious. In addition to information in the narrative sections about tension, worries, and sleep, the clinician can use the Harris-Lingoes Subscales and Content Component Scales (pp. 10–11) to refine the interpretation of Grace's MMPI-A. Of note are the indicators of feelings of depression, somatic complaints, alienation and social isolation, in addition to her problems of impulse control, anger, and authority problems.

MMPI®-A
Minnesota Multiphasic Personality Inventory®— ADOLESCENT

Drug/Alcohol Treatment Interpretive Report

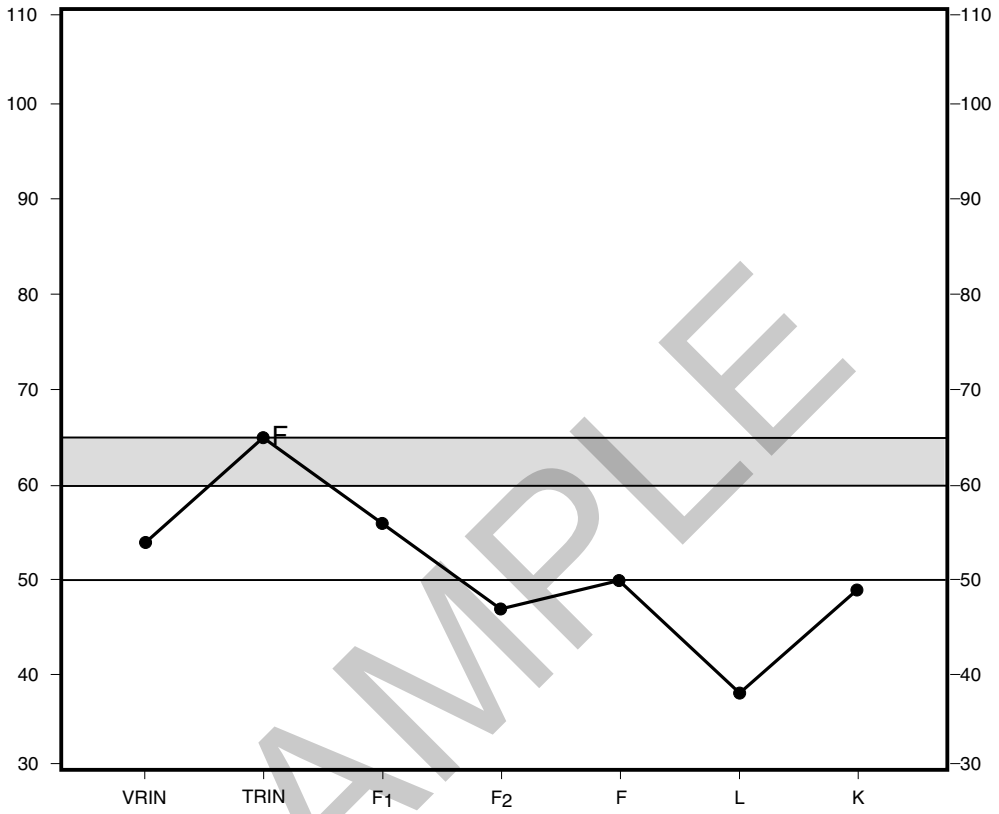
MMPI®-A
The Minnesota Report™: Adolescent Interpretive System, 2nd Edition
James N. Butcher, PhD, & Carolyn L. Williams, PhD

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

PsychCorp

[4.4 / 1 / QG]

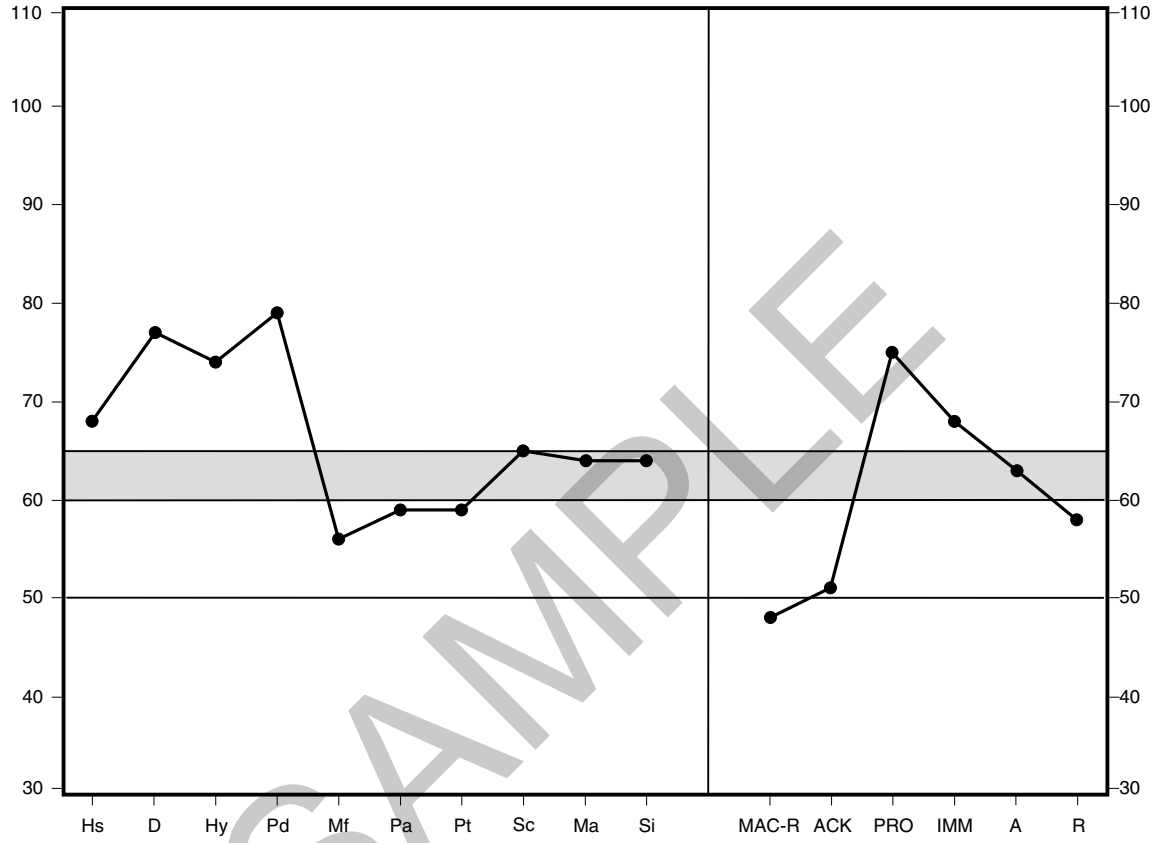
MMPI-A VALIDITY SCALES PROFILE



	VRIN	TRIN	F_1	F_2	F	L	K
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

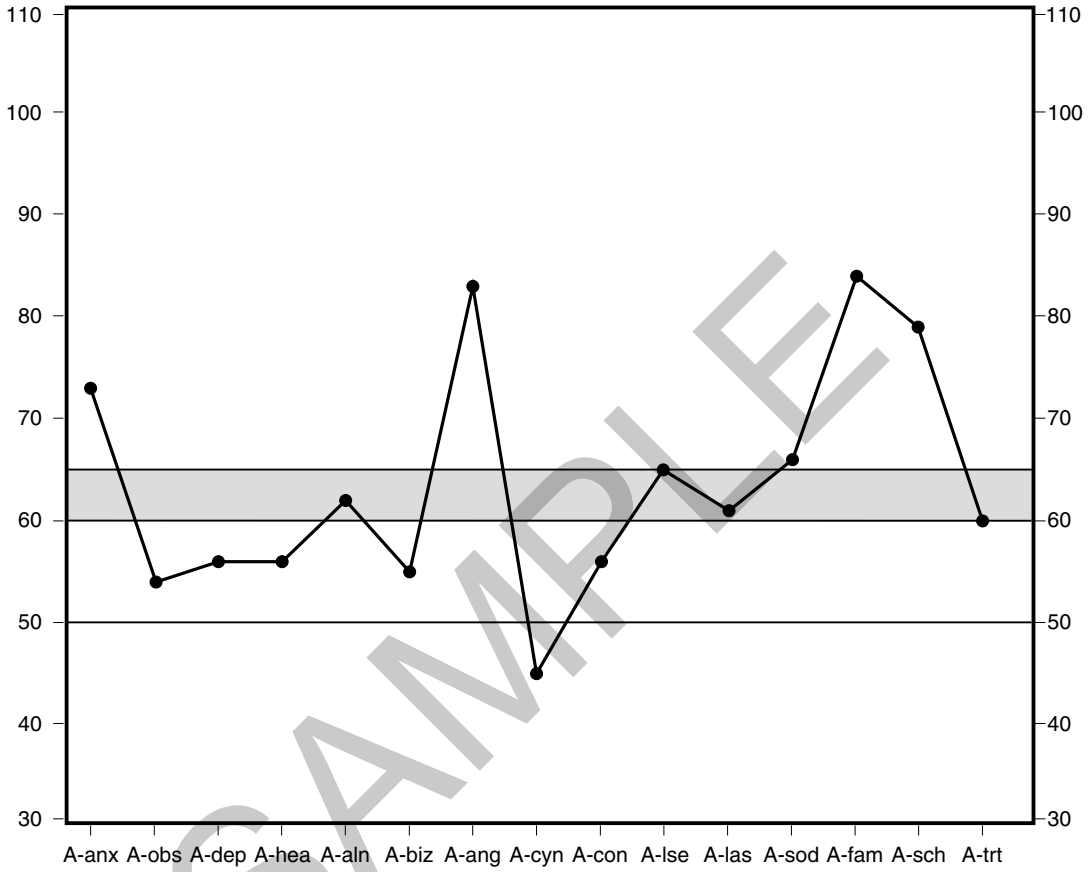


	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	ACK	PRO	IMM	A	R
Raw Score:	18	35	34	34	26	17	29	38	28	38	19	4	27	23	27	16
T Score:	68	77	74	79	56	59	59	65	64	64	48	51	75	68	63	58
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

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

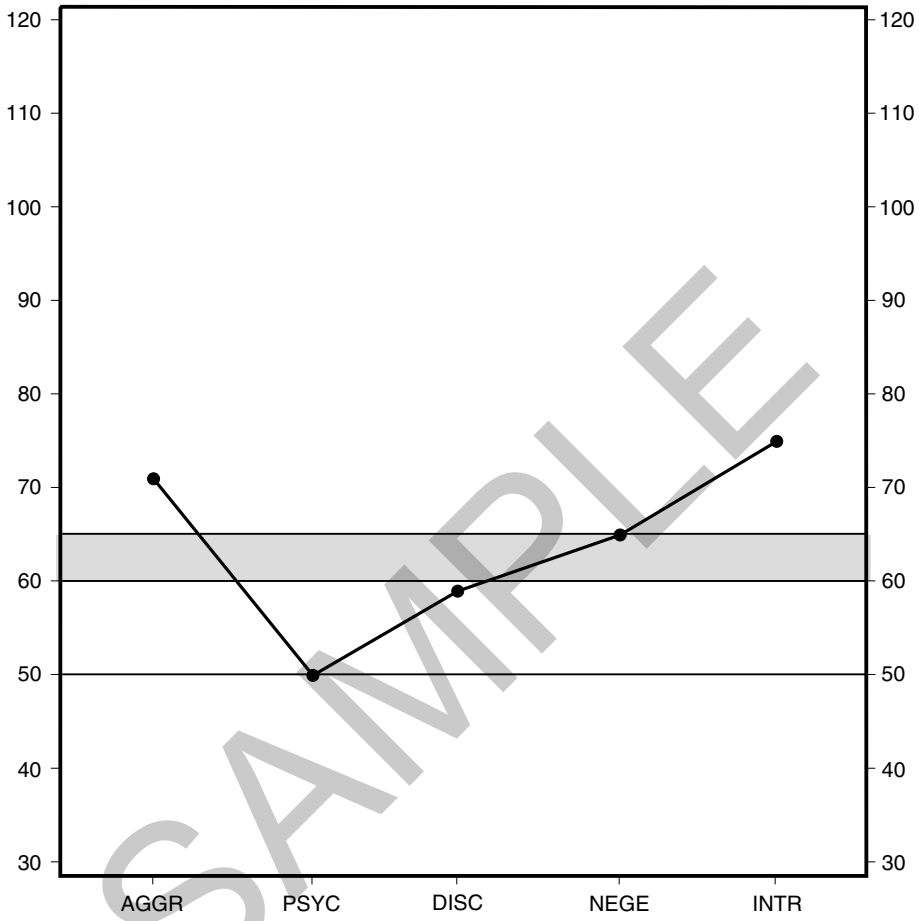
Mean Profile Elevation: 68.1

MMPI-A CONTENT SCALES PROFILE



Raw Score:	17	10	13	13	10	6	16	11	11	11	9	14	27	14	14
T Score:	73	54	56	56	62	55	83	45	56	65	61	66	84	79	60
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

MMPI-A PSY-5 SCALES PROFILE



	AGGR	PSYC	DISC	NEGE	INTR
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.

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 %
Harris-Lingoes Subscales			
Depression Subscales			
Subjective Depression (D_1)	**22**	**76**	**100**
Psychomotor Retardation (D_2)	**8**	**67**	**100**
Physical Malfunctioning (D_3)	**7**	**71**	**100**
Mental Dullness (D_4)	**9**	**70**	**100**
Brooding (D_5)	**7**	**65**	**100**
Hysteria Subscales			
Denial of Social Anxiety (Hy_1)	3	48	100
Need for Affection (Hy_2)	5	50	100
Lassitude-Malaise (Hy_3)	**11**	**72**	**100**
Somatic Complaints (Hy_4)	**10**	**66**	**100**
Inhibition of Aggression (Hy_5)	3	51	100
Psychopathic Deviate Subscales			
Familial Discord (Pd_1)	**8**	**71**	**100**
Authority Problems (Pd_2)	**5**	**65**	**100**
Social Imperturbability (Pd_3)	3	49	100
Social Alienation (Pd_4)	7	57	100
Self-Alienation (Pd_5)	**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 (Sc_1)	**10**	**61**	**100**
Emotional Alienation (Sc_2)	2	48	100
Lack of Ego Mastery, Cognitive (Sc_3)	**8**	**71**	**100**
Lack of Ego Mastery, Conative (Sc_4)	**8**	**63**	**100**
Lack of Ego Mastery, Defective Inhibition (Sc_5)	5	54	100
Bizarre Sensory Experiences (Sc_6)	**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 (Ma_4)	**7**	**64**	**100**

	Raw Score	T Score	Resp %
Social Introversion Subscales			
Shyness / Self-Consciousness (Si_1)	7	52	100
Social Avoidance (Si_2)	**4**	**61**	**100**
Alienation--Self and Others (Si_3)	**13**	**63**	**100**
Content Component Scales			
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-aln_1)	**5**	**69**	**100**
Social Isolation (A-aln_2)	**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-ang_1)	**7**	**73**	**100**
Irritability (A-ang_2)	**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-lse_1)	**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-las_2)	**4**	**60**	**100**

	Raw Score	T Score	Resp %
Adolescent Social Discomfort			
Introversion (A-sod$_1$)	**8**	**68**	**100**
Shyness (A-sod$_2$)	6	58	100
Adolescent Family Problems			
Familial Discord (A-fam$_1$)	**18**	**73**	**100**
Familial Alienation (A-fam$_2$)	**7**	**74**	**100**
Adolescent School Problems			
School Conduct Problems (A-sch$_1$)	**2**	**65**	**100**
Negative Attitudes (A-sch$_2$)	**6**	**70**	**100**
Adolescent Negative Treatment Indicators			
Low Motivation (A-trt$_1$)	**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.

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