MMPI®-A
Minnesota Multiphasic Personality Inventory®— ADOLESCENT

SAMPLE REPORT

Case Description: Lauren— Outpatient Mental Health Interpretive Report

Lauren, a 16-year-old white adolescent, was referred to an outpatient mental health clinic for an evaluation following an intense anxiety episode at school. Her mother brought her to the clinic after Lauren told her she felt like killing herself because she was failing in school. Lauren's continued poor academic performance in ninth grade was especially troubling to her, given that she was repeating the grade based on the principal's recommendation from last year. In addition to academic problems, Lauren is repeating a pattern of excessive school absences.

Lauren is an only child. Her parents are divorced and she lives with her mother. Lauren's father left the family when she was two years old and has not maintained contact with them.

During the evaluation interview Lauren was shy, unassertive, and socially distant. She found it difficult to talk about her problems. Her mother reported that Lauren has always had difficulty making and keeping friends. She prefers being alone and spends a great deal of her spare time in her room listening to music.

The Minnesota Report confirmed Lauren's current high level of distress and symptoms of anxiety, and provides descriptive narratives based on elevation from her three profiles (i.e., Clinical and Supplementary Scales, Content Scales, and PSY-5 Scales). In addition to being very introverted and distant from others (apparent from her Si elevation on the Clinical Scales and INTR from the PSY-5 profile), Lauren's narrative highlights other interpersonal difficulties based on elevations on NEGE from the PSY-5 and CYN from the Content Scales profiles.

Her problems at school were also readily apparent given her elevations on School Problems and Low Aspirations from the Content Scales profile. An examination of her scores on the Content Components Scale (scores that meet the criteria for interpretation—parent scale elevation 60 or higher—are highlighted

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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 Lauren'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)*: Lauren — Outpatient Mental Health Interpretive Report

in **boldface**) reveals her negative attitudes to school (but she did not endorse a significant number of behavior problems in school), her lack of initiative, and self-doubt.

The psychologist, based on the initial interview and MMPI-A results agreed with the recommendation in the Minnesota Report for further assessment of possible academic skills deficits, and recommended outpatient mental health treatment for her depression and anxiety.

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Outpatient Mental Health Interpretive Report

MMPI®-A

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

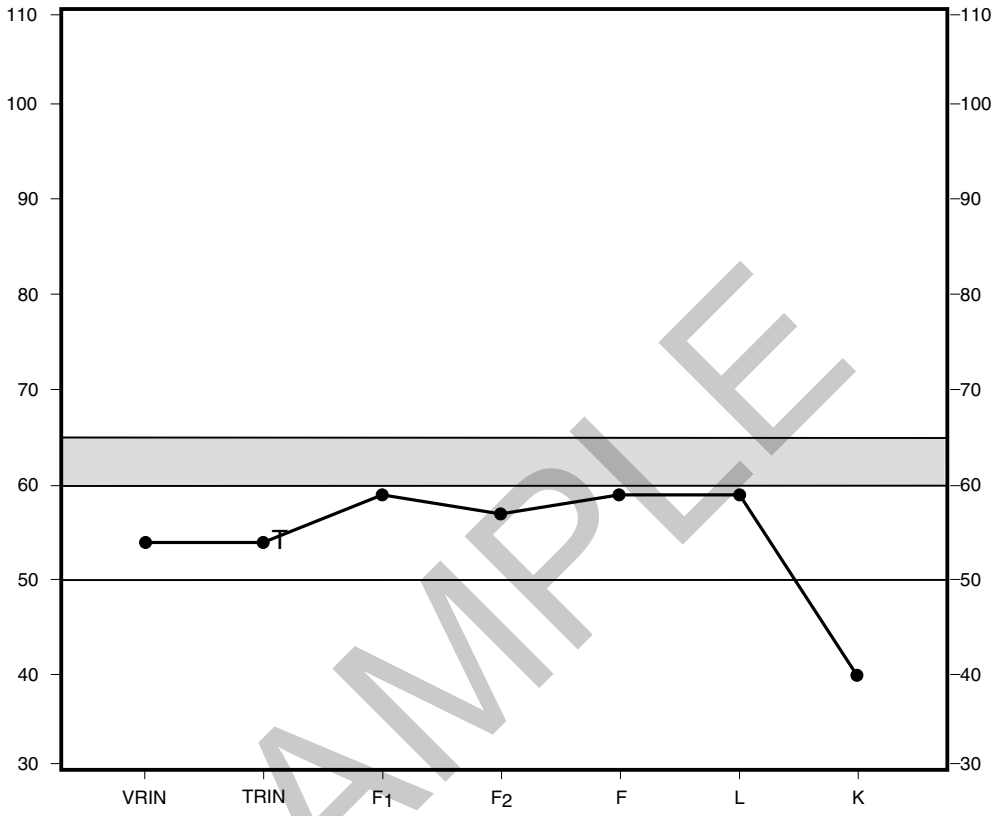
James N. Butcher, PhD, & Carolyn L. Williams, PhD

Name:	Lauren SampleCase
ID Number:	2222
Age:	16
Gender:	Female
Date Assessed:	1/27/14

PsychCorp

[4.4 / 1 / QG]

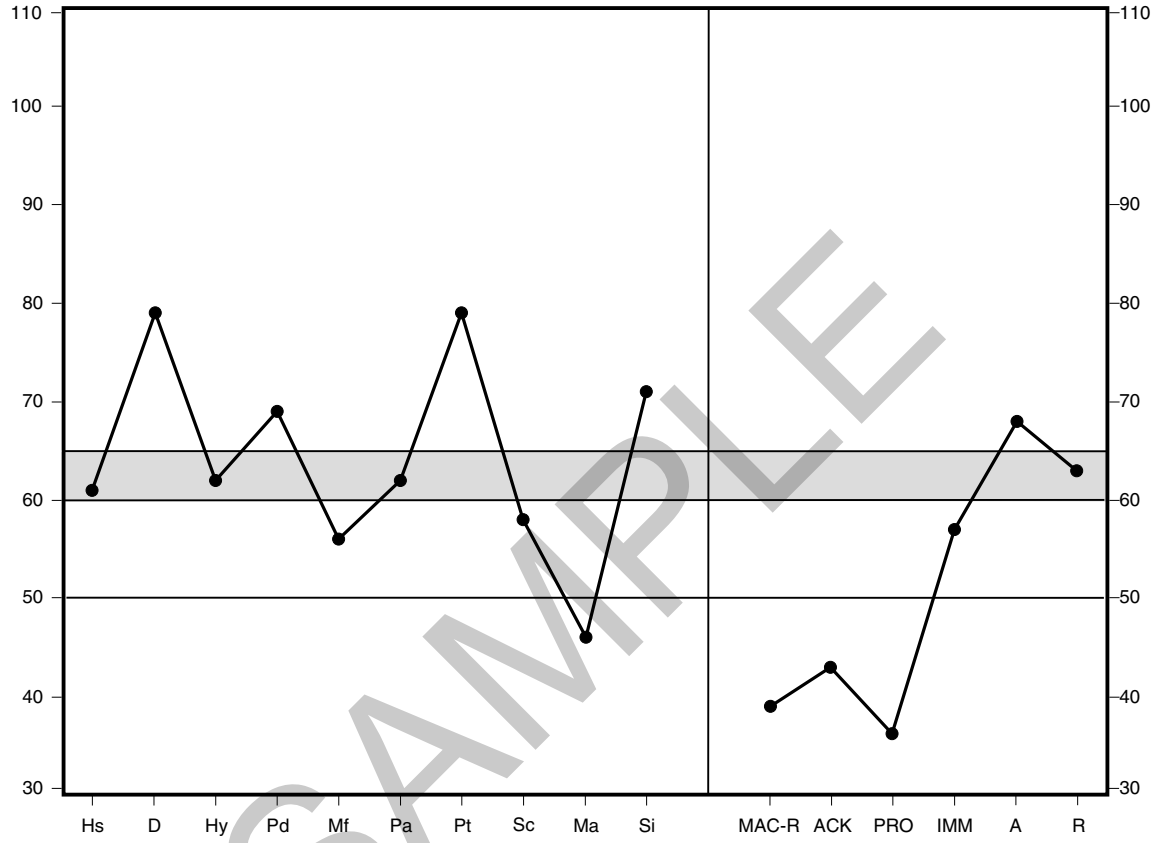
MMPI-A VALIDITY SCALES PROFILE



	VRIN	TRIN	F1	F2	F	L	K
Raw Score:	5	10	6	8	14	4	7
T Score:	54	54	59	57	59	59	40
Response %:	100	100	100	100	100	100	100

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

MMPI-A CLINICAL AND SUPPLEMENTARY SCALES PROFILE

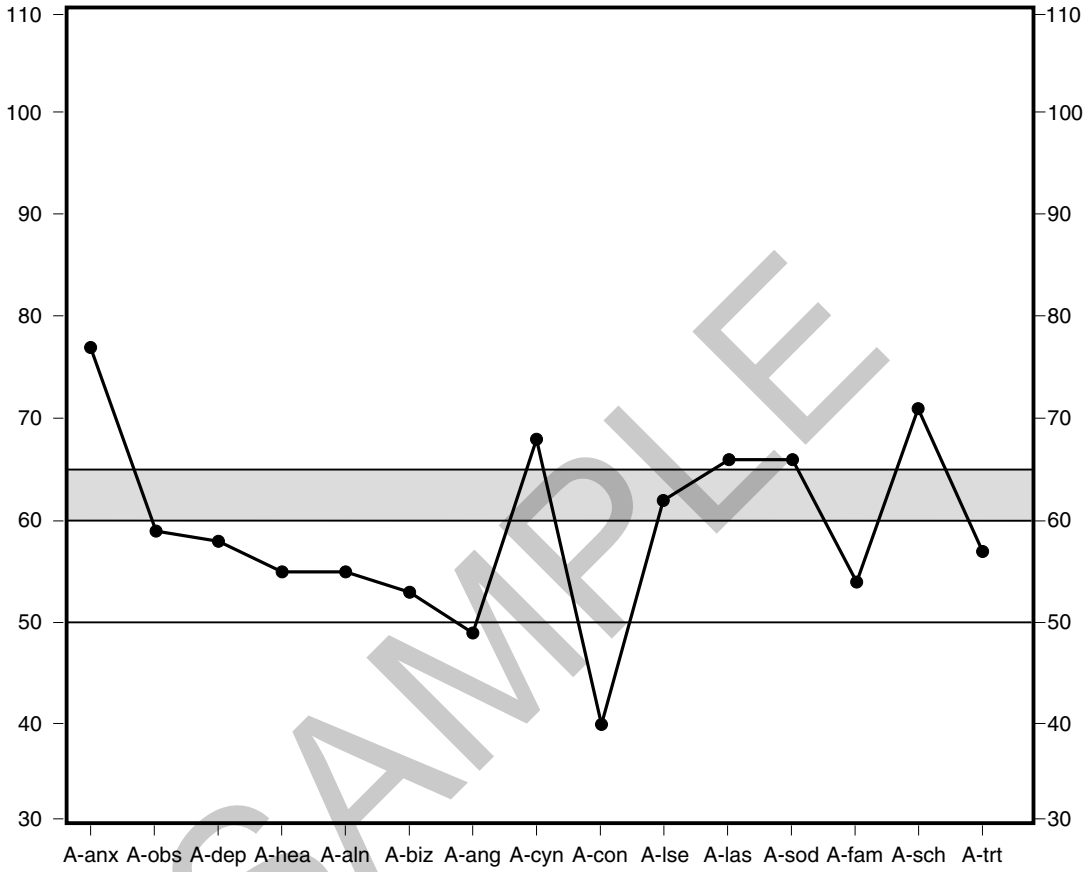


	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	ACK	PRO	IMM	A	R
Raw Score:	15	36	29	30	26	18	40	33	21	44	15	2	11	16	31	18
T Score:	61	79	62	69	56	62	79	58	46	71	39	43	36	57	68	63
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Welsh Code: 270'4+361-85/9: FL/K:

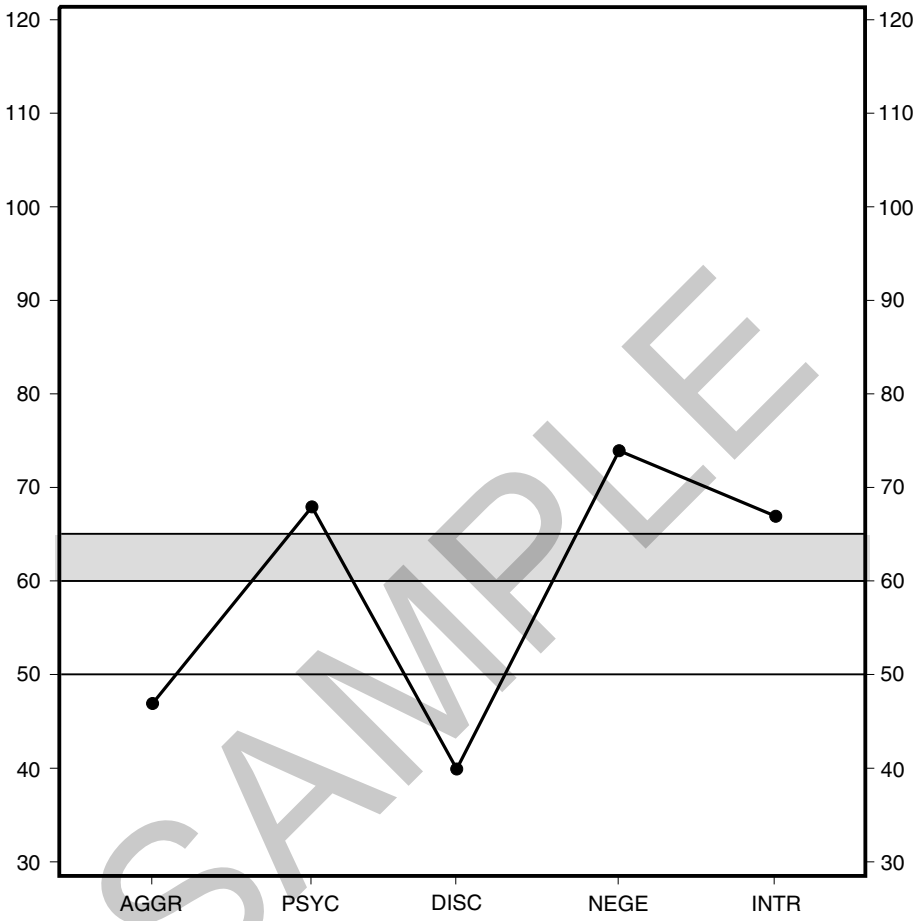
Mean Profile Elevation: 64.5

MMPI-A CONTENT SCALES PROFILE



Raw Score:	18	11	14	12	8	5	9	19	4	10	10	14	16	12	13
T Score:	77	59	58	55	55	53	49	68	40	62	66	66	54	71	57
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:	8	11	3	19	13
T Score:	47	68	40	74	67
Response %:	100	100	100	100	100

VALIDITY CONSIDERATIONS

This adolescent responded to the items in a cooperative manner, producing a valid MMPI-A. Her profiles are likely to be a good indication of her current personality functioning.

SYMPTOMATIC BEHAVIOR

This adolescent's MMPI-A clinical profile reflects much psychological distress at this time. She has major problems with anxiety and depression. She tends to be high-strung and insecure and may also be having somatic problems. She is probably experiencing fearfulness, loss of sleep and appetite, and a slowness in personal tempo.

Her high-point score, D, is the second most frequent peak score in clinical samples (over 18%). This D score is also frequent among normative girls (over 14%). The D score is elevated above a T of 65 for about 20% of girls in clinical samples, but for only 10% of girls in the normative sample.

In a large archival sample of MMPI-A profiles scored by Pearson Assessments (n = 12,744), 9.4% of the girls had a well-defined peak score on D at or above an elevation of 65T with at least 5 points separating it from the next highest scale.

Extreme responding is apparent on her MMPI-A Content Scales profile. She endorsed at least 90% of the items on A-anx in the deviant direction, indicating that the following is quite important in understanding her problem situation. She reported many symptoms of anxiety, tension, and worry. She may have frequent nightmares, fitful sleep, and difficulties falling asleep. Life is very much a strain for her and she may feel that her problems are insurmountable. A feeling of dread is pervasive as are difficulties with concentration and staying on task.

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 has limited expectations of success in school and is not very interested or invested in succeeding.

Personality characteristics that this adolescent has reported on the PSY-5 scales might help to provide a context for the affective symptoms she is presently experiencing. She tends to view the world in a highly negative manner and usually approaches new situations with tension; she tends to develop a "worst-case scenario" in interpreting events that might affect her. She tends to worry to excess and interprets even neutral events as problematic. Her self-critical nature prevents her from viewing relationships in a positive manner. She may also hold some unusual beliefs that may lead her to misinterpret events and others' intentions. Her high score on the Psychoticism scale suggests that she often feels alienated from others and might experience unusual symptoms such as circumstantial and tangential thinking.

INTERPERSONAL RELATIONS

She appears to be quite passive and dependent in interpersonal relationships and does not speak up for herself even when others take advantage of her. She avoids confrontation and seeks nurturance from others, often at the expense of her own independence. She may form deep emotional attachments and tends to be quite vulnerable to being hurt. She also tends to blame herself for interpersonal problems. She seems to require an excessive amount of emotional support from those around her.

She is a very introverted person who has difficulty meeting and interacting with other people. She is shy and emotionally distant, and she tends to be very uneasy, rigid, and overcontrolled in social situations. Her shyness is probably indicative of a broader pattern of social withdrawal. She is probably very timid and avoids relating to the opposite sex. She may feel weak and uncoordinated. She is probably fearful and depressed. She may think about suicide in response to the problems she has being around others.

Some problems with her relationships are evident from her extreme endorsement of items on A-cyn. This young person has numerous misanthropic attitudes. The world is a very hostile place to her and she believes that others are out to get her. She looks for hidden motives whenever someone does anything nice for her. She believes that it is safer to trust no one because people make friends in order to use them. Because she believes that people inwardly dislike helping each other, she reports being on guard when people seem friendlier than she expects. She feels misunderstood by others and thinks they are very jealous of her.

In addition to her extreme endorsements on the MMPI-A Content Scales, she reported other significant interpersonal issues. She reports many problems in social relationships. She finds it difficult to be around others and much prefers to be alone.

BEHAVIORAL STABILITY

The relative elevation of the highest scales (D, Pt) in her clinical profile shows very high profile definition. Her peak scores are likely to remain very prominent in her profile pattern if she is retested at a later date.

Adolescents with this clinical profile are often experiencing psychological distress in response to stressful events. The intense distress may diminish over time or with treatment.

DIAGNOSTIC CONSIDERATIONS

Adolescents with this clinical scales profile tend to be considered emotionally unstable and to receive diagnoses such as depression or anxiety disorder.

Given her elevation on the School Problems scale, her diagnostic evaluation could include assessment of possible academic skills deficits and behavior problems. Academic underachievement, a general lack of interest in any school activities, and low expectations of success are likely to play a role in her problems. Her extreme endorsement of multiple anxiety-based symptoms should be considered in her diagnostic work-up.

Although the alcohol- and other drug-problem scales are not elevated, she has some other indicators of possible problems in this area. An evaluation of her alcohol or other drug use is suggested.

TREATMENT CONSIDERATIONS

Patients with this MMPI-A clinical profile are feeling a great deal of discomfort and are in need of symptomatic relief for their depression. Psychotherapy, particularly a supportive approach, is likely to be beneficial during the initial period of treatment. Cognitive-behavioral treatment may also be beneficial.

This individual tends to blame herself too much for her difficulties. Although she worries a great deal about her problems, she seems to have little energy left over for action to resolve them.

The passive, unassertive personality style that seems to underlie this disorder might be a focus of behavior change. Adolescents with these problems may learn to deal with other people more effectively through assertiveness training.

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 cynical attitudes and beliefs about others and their hidden motivations may create difficulties in therapy. Her therapist should be aware of her general mistrust of others.

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)	**19**	**70**	**100**
Psychomotor Retardation (D_2)	**7**	**62**	**100**
Physical Malfunctioning (D_3)	**7**	**71**	**100**
Mental Dullness (D_4)	**10**	**73**	**100**
Brooding (D_5)	**7**	**65**	**100**
Hysteria Subscales			
Denial of Social Anxiety (Hy_1)	2	43	100
Need for Affection (Hy_2)	3	42	100
Lassitude-Malaise (Hy_3)	**11**	**72**	**100**
Somatic Complaints (Hy_4)	**8**	**60**	**100**
Inhibition of Aggression (Hy_5)	3	51	100
Psychopathic Deviate Subscales			
Familial Discord (Pd_1)	**6**	**61**	**100**
Authority Problems (Pd_2)	2	45	100
Social Imperturbability (Pd_3)	2	43	100
Social Alienation (Pd_4)	**9**	**66**	**100**
Self-Alienation (Pd_5)	**9**	**67**	**100**
Paranoia Subscales			
Persecutory Ideas (Pa_1)	**8**	**64**	**100**
Poignancy (Pa_2)	5	57	100
Naivete (Pa_3)	2	41	100
Schizophrenia Subscales			
Social Alienation (Sc_1)	10	61	100
Emotional Alienation (Sc_2)	4	59	100
Lack of Ego Mastery, Cognitive (Sc_3)	8	71	100
Lack of Ego Mastery, Conative (Sc_4)	9	67	100
Lack of Ego Mastery, Defective Inhibition (Sc_5)	5	54	100
Bizarre Sensory Experiences (Sc_6)	6	52	100
Hypomania Subscales			
Amorality (Ma_1)	1	39	100
Psychomotor Acceleration (Ma_2)	7	49	100
Imperturbability (Ma_3)	2	44	100
Ego Inflation (Ma_4)	6	58	100

	Raw Score	T Score	Resp %
Social Introversion Subscales			
Shyness / Self-Consciousness (Si_1)	**10**	**62**	**100**
Social Avoidance (Si_2)	**6**	**72**	**100**
Alienation--Self and Others (Si_3)	**16**	**71**	**100**
Content Component Scales			
Adolescent Depression			
Dysphoria (A-dep_1)	4	64	100
Self-Depreciation (A-dep_2)	4	62	100
Lack of Drive (A-dep_3)	4	59	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)	6	54	100
General Health Concerns (A-hea_3)	4	63	100
Adolescent Alienation			
Misunderstood (A-aln_1)	2	49	100
Social Isolation (A-aln_2)	2	54	100
Interpersonal Skepticism (A-aln_3)	3	65	100
Adolescent Bizarre Mentation			
Psychotic Symptomatology (A-biz_1)	4	56	100
Paranoid Ideation (A-biz_2)	1	55	100
Adolescent Anger			
Explosive Behavior (A-ang_1)	2	44	100
Irritability (A-ang_2)	6	55	100
Adolescent Cynicism			
Misanthropic Beliefs (A-cyn_1)	**11**	**61**	**100**
Interpersonal Suspiciousness (A-cyn_2)	**8**	**65**	**100**
Adolescent Conduct Problems			
Acting-Out Behaviors (A-con_1)	2	43	100
Antisocial Attitudes (A-con_2)	1	37	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)	2	51	100
Adolescent Low Aspirations			
Low Achievement Orientation (A-las_1)	4	52	100
Lack of Initiative (A-las_2)	**5**	**66**	**100**

	Raw Score	T Score	Resp %
Adolescent Social Discomfort			
Introversion (A-sod$_1$)	**6**	**61**	**100**
Shyness (A-sod$_2$)	**8**	**67**	**100**
Adolescent Family Problems			
Familial Discord (A-fam$_1$)	10	53	100
Familial Alienation (A-fam$_2$)	4	58	100
Adolescent School Problems			
School Conduct Problems (A-sch$_1$)	0	43	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$_2$)	5	60	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.

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.)
297. Item Content Omitted. (15.5% of the normative girls responded True.)
309. Item Content Omitted. (14.9% of the normative girls responded True.)
353. Item Content Omitted. (16.3% of the normative girls responded True.)

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

141. Item Content Omitted. (17.0% of the normative girls responded True.)
158. Item Content Omitted. (11.9% of the normative girls responded False.)

Depression/Suicidal Ideation
(Of the seven possible items in this section, two were endorsed in the scored direction):

62. Item Content Omitted. (20.1% of the normative girls responded True.)
88. Item Content Omitted. (11.4% of the normative girls responded True.)

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.

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.)

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

433. Item Content Omitted. (12.0% of the normative girls responded True.)

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

95. Item Content Omitted. (19.2% of the normative girls responded True.)
136. Item Content Omitted. (7.1% of the normative girls responded True.)
315. Item Content Omitted. (8.8% of the normative girls responded True.)
337. Item Content Omitted. (13.8% 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, one was endorsed in the scored direction):

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

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

138. Item Content Omitted. (23.0% of the normative girls responded False.)
214. Item Content Omitted. (25.2% of the normative girls responded True.)

Special Note:
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Substance Use/Abuse
(Of the nine possible items in this section, one was endorsed in the scored direction):

431. Item Content Omitted. (23.8% of the normative girls responded False.)

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

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

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

Aggression
Conduct Problems
Eating Problems
School Problems

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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