MMPI®-A
Minnesota Multiphasic Personality Inventory®— ADOLESCENT

SAMPLE REPORT

Case Description: Elizabeth — Inpatient Mental Health Interpretive Report

Elizabeth is a 17-year-old white adolescent, 5 feet 7 inches tall, weighing 94 pounds when admitted to an inpatient eating disorders treatment program. Her physician referred her to the program after she failed to improve in outpatient treatment for anorexia over the previous year. The outpatient program included group and individual psychotherapy and weekly sessions with a nutrition specialist.

Elizabeth's parents are both successful attorneys with a prominent law firm in a large southeastern city who travel frequently for work. They employ a live-in nanny who has worked for the family for five years. Elizabeth is the youngest of three children. Her sister (age 20) is in college and her brother (age 24) is in law school.

During the intake interview, Elizabeth was very reluctant to discuss her problems and appeared to be irritable and antagonistic toward the interviewer's questions. She reported a number of physical symptoms and complained about having to participate in the evaluation. However, shortly after the intake interview, Elizabeth was cooperative in her responding to the MMPI-A, as the Validity Considerations section of the Minnesota Report indicates.

Elizabeth's scores on MMPI-A Clinical Scales profile present an unusual symptom pattern of elevations on Scales 1 and 9, suggesting, as the Minnesota Report narrative describes, an usually fast-paced personal tempo combined with significant somatic complaints. Her scores on the Harris-Lingoes Hypomania subscales for Scale 9, provided in the Additional Scales section of the Minnesota Report on p. 9, allow the psychologist to explore further the meaning of her Scale 9 elevation. Given the pattern of scores on Harris-Lingoes, it appears Ma4, Ego Inflation, accounts for its elevation, as opposed to the others whose scores range from 44-54. Her MAC-R elevation is extremely high, indicating likely risk- taking behaviors, as well as the probability of an underlying alcohol or other drug problem. Other indicators of acting out symptoms in this mixed clinical picture, comes from her elevation on the Aggressiveness PSY-5 Scale, and

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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 Elizabeth'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)*: Elizabeth — Inpatient Mental Health Interpretive Report

endorsement of several of the Item Level Indicators on pp 12-14 in the Conduct Problems, School Problems, and Sexual Concerns categories. Also noteworthy is the lack of endorsement of any of the Eating Problems items, given her recent history of treatment, and current placement in an inpatient unit for eating disorders.

There are multiple indications on her Clinical and Content Scales profiles, as well as in the Additional Scales section that somatic complaints are prominent, and should be evaluated further. Other prominent internalizing symptoms include anxiety symptoms and her generally pessimistic approach to life and relationships, suggested by scores on the PSY-5 NEGE and Cynicism scales, and described in the narrative sections of her Minnesota Report. Given her mixed clinical picture on the MMPI-A and her uncooperative stance during the initial interview, the psychologist planned an extensive feedback session, using the Minnesota Report, to explore further her symptoms/behaviors she was willing to share in her MMPI-A responses, but not in the initial interview.

MMPI®-A
Minnesota Multiphasic Personality Inventory®— ADOLESCENT

Inpatient Mental Health Interpretive Report

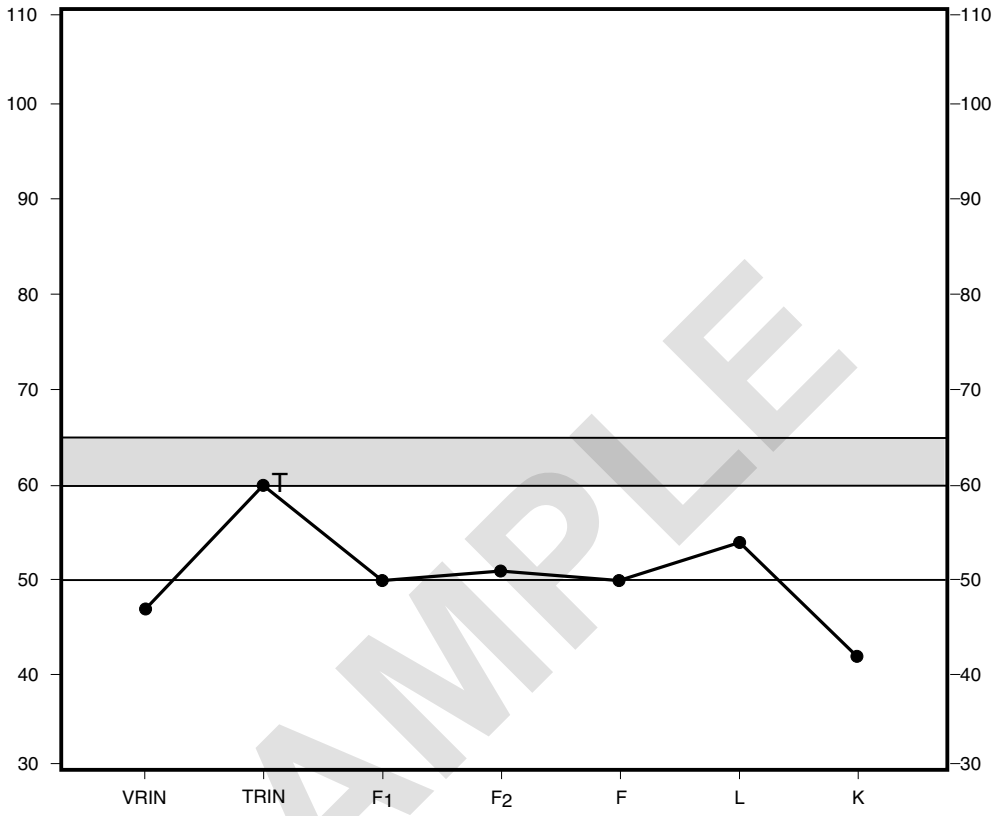
MMPI®-A
The Minnesota Report™: Adolescent Interpretive System, 2nd Edition
James N. Butcher, PhD, & Carolyn L. Williams, PhD

Name:	Elizabeth SampleCase
ID Number:	3333
Age:	17
Gender:	Female
Date Assessed:	1/27/14

PsychCorp

[4.4 / 1 / QG]

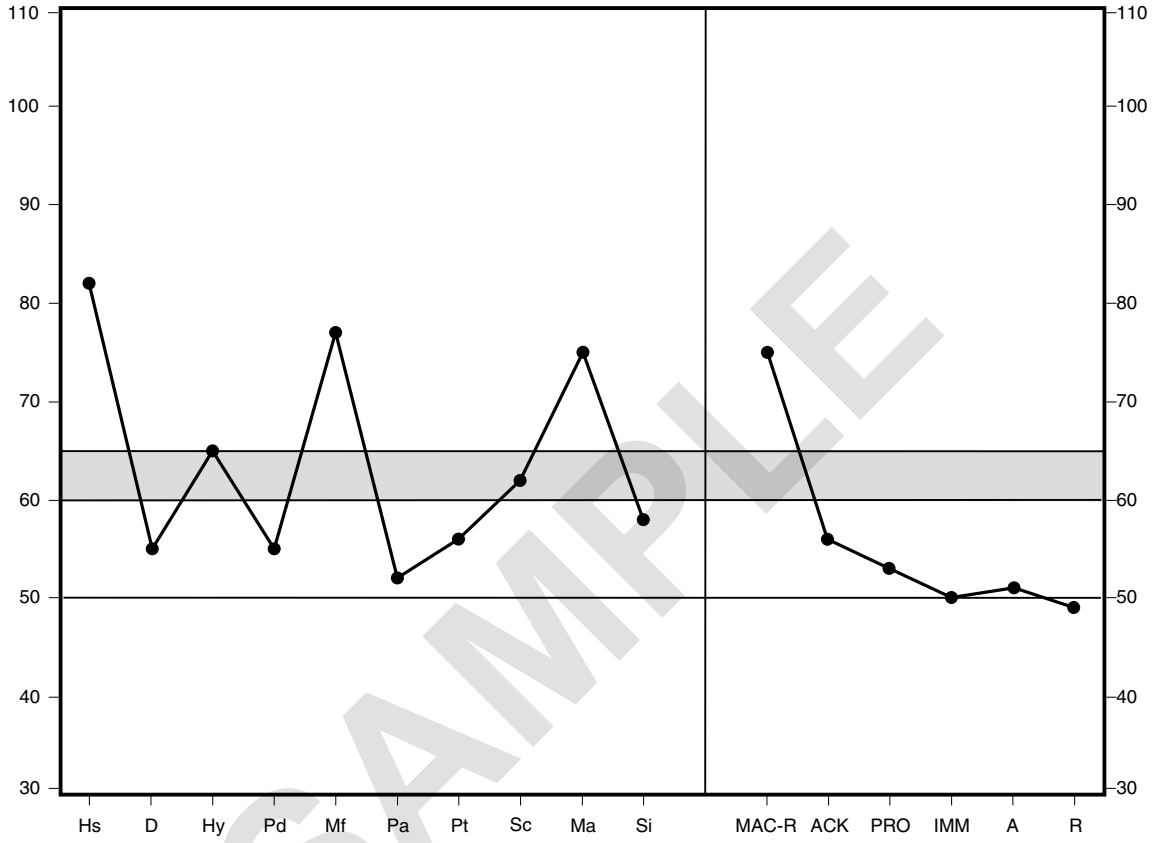
MMPI-A VALIDITY SCALES PROFILE



	VRIN	TRIN	F_1	F_2	F	L	K
Raw Score:	3	11	3	5	8	3	8
T Score:	47	60	50	51	50	54	42
Response %:	100	95	100	100	100	100	100

Cannot Say (Raw):	1
Percent True:	58
Percent False:	42

MMPI-A CLINICAL AND SUPPLEMENTARY SCALES PROFILE

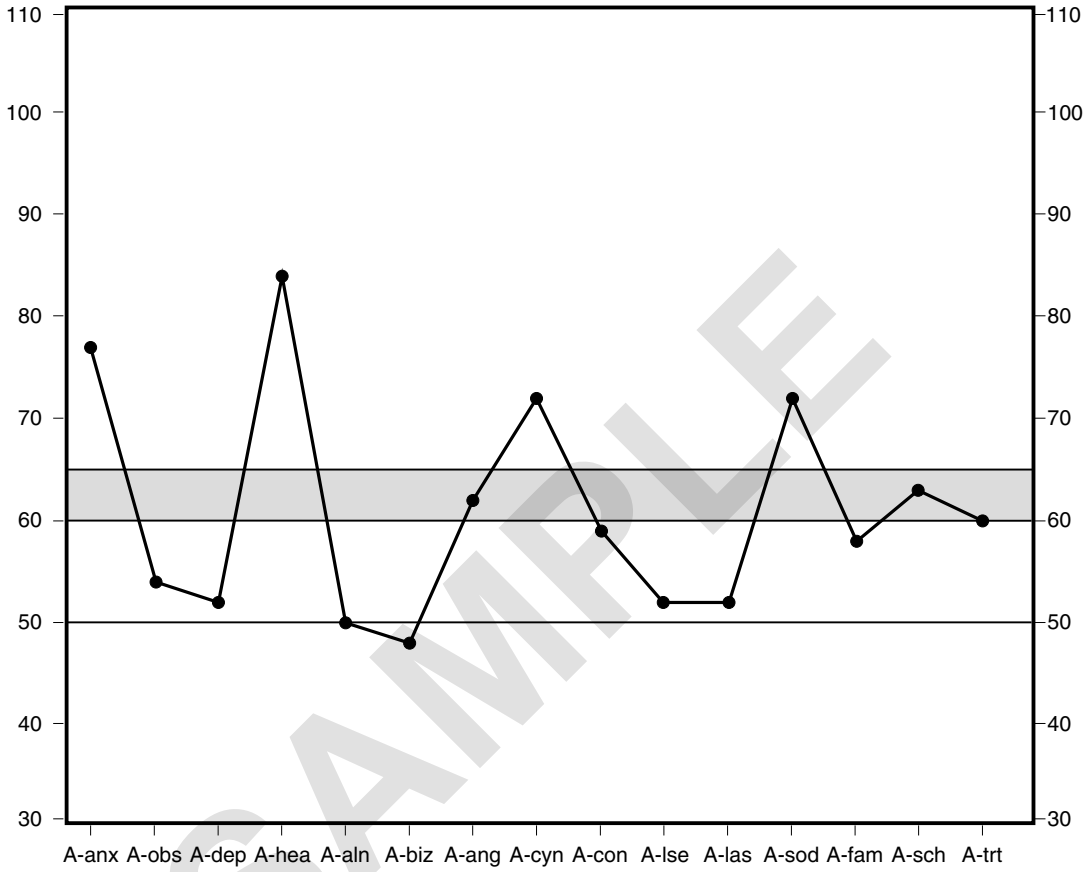


	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	ACK	PRO	IMM	A	R
Raw Score:	24	24	30	24	18	14	27	36	31	33	30	5	18	12	18	13
T Score:	82	55	65	55	77	52	56	62	75	58	75	56	53	50	51	49
Response %:	100	100	100	100	100	98	100	100	100	100	100	100	100	100	100	100

Welsh Code: 1"59'3+8-07246/ LF/K:

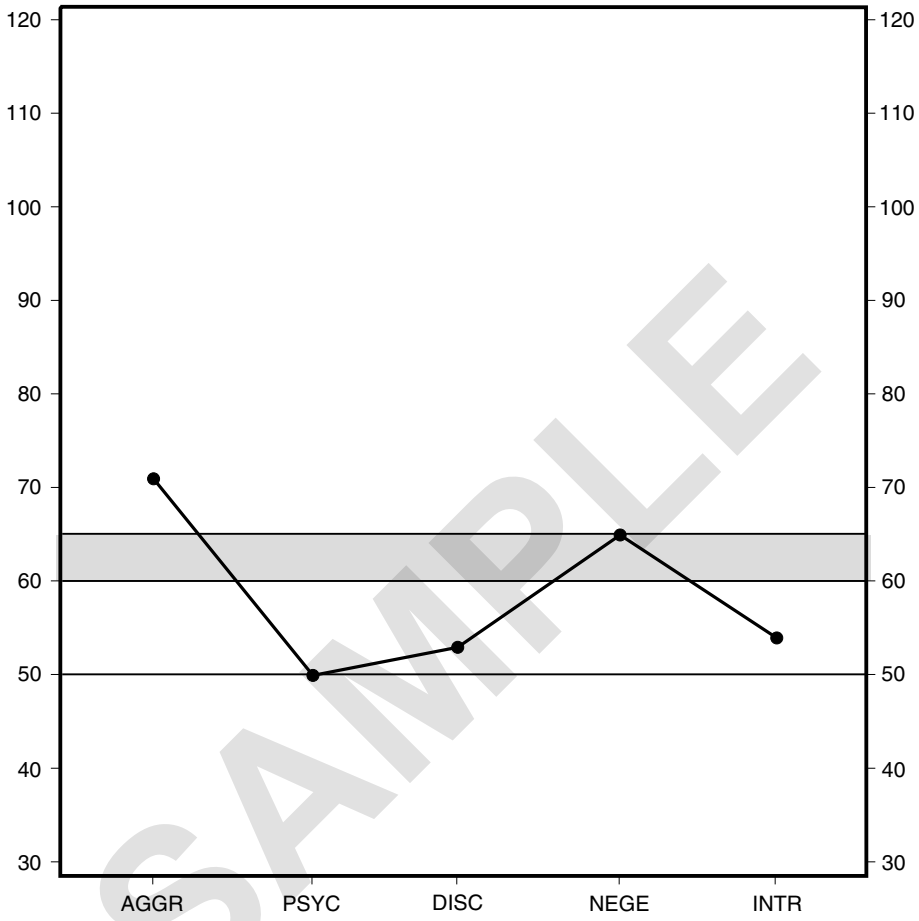
Mean Profile Elevation: 62.8

MMPI-A CONTENT SCALES PROFILE



	A-anx	A-obs	A-dep	A-hea	A-aln	A-biz	A-ang	A-cyn	A-con	A-lse	A-las	A-sod	A-fam	A-sch	A-trt
Raw Score:	18	10	11	27	6	3	12	20	12	7	7	16	18	10	14
T Score:	77	54	52	84	50	48	62	72	59	52	52	72	58	63	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	9	17	8
T Score:	71	50	53	65	54
Response %:	100	100	100	100	100

VALIDITY CONSIDERATIONS

This is a valid MMPI-A. She is neither denying problems nor claiming an excessive number of unusual symptoms. Her low K score suggests an overly frank self-appraisal, possibly presenting a more negative picture than is warranted. This may reflect a need to get attention for her problems.

SYMPTOMATIC BEHAVIOR

Her clinical profile reflects an intense and somewhat mixed pattern of symptoms. This MMPI-A clinical profile suggests an unusual diagnostic picture. This adolescent is a rather active individual whose normally fast personal tempo may have been slowed down by her concern about her physical health. She seems to be experiencing a great deal of somatic distress.

Possible organic problems should be evaluated. Some individuals with this clinical profile show symptoms of neurological problems or a drug-related reaction.

Her high-point MMPI-A score, Hs, is the least frequently occurring well-defined peak score among adolescent girls in alcohol/drug or psychiatric treatment units. Approximately 2% of girls in treatment programs have this peak scale elevation in their clinical profile. It should be noted that this high-point score also occurs with relatively low frequency (almost 4%) as a peak score for girls in the normative sample but at a lower level of elevation than in treatment program samples.

In a large Pearson Assessments archival sample of adolescent girls (n = 12,744), only 2.1% had a well-defined elevated Hs scale as their most frequent peak score at or above a T score of 65 and more than 5 points separating it from the next highest scale.

She endorsed an unusual pattern of interests compared to other young women her age. She acknowledged interests that seem stereotypically masculine.

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. She reports numerous somatic symptoms, including gastrointestinal difficulties, neurological problems, sensory deficits, cardiovascular symptoms, pain, or respiratory problems.

Although adolescents with this MMPI-A high point may emphasize physical problems, she has also acknowledged some personality characteristics on the PSY-5 scales that likely impact her adjustment. She may use aggressive tactics against others in order to achieve her goals. This aggression may be reflected in her use of intimidation or assaultive behaviors. Elevated Aggressiveness scale scores also

suggest the possibility of sexual acting out. She may also view the world in a negative manner and may develop a worst-case scenario to events affecting her. Her somewhat self-critical nature prevents her from viewing relationships in a positive manner.

INTERPERSONAL RELATIONS

Her personal relationships are likely to be somewhat strained right now. Her behavior has probably been erratic recently and may have caused some concern for people close to her.

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 that it is very difficult to be around other people, and she much prefers to be alone. She frequently avoids situations where there are likely to be a lot of people. She reports having difficulty making friends and she does not like to meet new people. She reported some irritability and impatience with others. She may have problems controlling her anger.

BEHAVIORAL STABILITY

The relative elevation of the highest scales (Hs, Ma) 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 may be quite unpredictable and active, with periods of somatic distress and physiologic slowdown.

DIAGNOSTIC CONSIDERATIONS

Several possible diagnoses should be considered. An organically based or drug-induced disorder should be ruled out. Some individuals with this clinical profile are clearly maladjusted psychologically and have intense somatic distress. Others have developing personality problems and may feel somatic distress because of an intemperate and excessive lifestyle. Another possibility is a major affective disorder. Her extreme endorsement of multiple anxiety-based symptoms should be considered in her diagnostic work-up.

Her extremely high score on the MAC-R scale suggests substantial problems with alcohol or other drugs. She probably engages in risk-taking behaviors and tends towards exhibitionism. Further evaluation of her alcohol or other drug use is strongly recommended.

However, her ACK score does not show acknowledgment of substantial problematic use of alcohol or other drugs. She is not willing to admit to problems with alcohol or other drugs or she may be unaware of the extent to which her use interferes with her ability to meet her responsibilities.

TREATMENT CONSIDERATIONS

An actual organic basis to her problems should be ruled out. If psychological treatment methods are considered appropriate in her case, it is important to verify her motivation for treatment and her openness to psychological interpretation. Because she views her problems as having a physical basis, she may not be willing to discuss possible psychological factors in her clinical picture. Insight-oriented psychotherapy may not be very productive because many individuals with this clinical profile tend to use denial to a great extent and are not very introspective.

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.

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.

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. 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.

She did endorse content suggesting a desire to succeed in life. There may be some positive aspects about school that could be reinforced. This could be an asset to build on during treatment.

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)	11	52	100
Psychomotor Retardation (D_2)	7	62	100
Physical Malfunctioning (D_3)	6	64	100
Mental Dullness (D_4)	4	50	100
Brooding (D_5)	3	46	100
Hysteria Subscales			
Denial of Social Anxiety (Hy_1)	2	43	100
Need for Affection (Hy_2)	2	38	100
Lassitude-Malaise (Hy_3)	7	58	100
Somatic Complaints (Hy_4)	**14**	**79**	**100**
Inhibition of Aggression (Hy_5)	4	58	100
Psychopathic Deviate Subscales			
Familial Discord (Pd_1)	4	51	100
Authority Problems (Pd_2)	6	72	100
Social Imperturbability (Pd_3)	3	49	100
Social Alienation (Pd_4)	7	57	100
Self-Alienation (Pd_5)	5	51	100
Paranoia Subscales			
Persecutory Ideas (Pa_1)	6	57	94
Poignancy (Pa_2)	4	51	100
Naivete (Pa_3)	2	41	100
Schizophrenia Subscales			
Social Alienation (Sc_1)	9	58	100
Emotional Alienation (Sc_2)	3	54	100
Lack of Ego Mastery, Cognitive (Sc_3)	1	41	100
Lack of Ego Mastery, Conative (Sc_4)	4	49	100
Lack of Ego Mastery, Defective Inhibition (Sc_5)	**7**	**63**	**100**
Bizarre Sensory Experiences (Sc_6)	**11**	**66**	**100**
Hypomania Subscales			
Amorality (Ma_1)	3	55	100
Psychomotor Acceleration (Ma_2)	8	54	100
Imperturbability (Ma_3)	2	44	100
Ego Inflation (Ma_4)	**8**	**70**	**100**

	Raw Score	T Score	Resp %
Social Introversion Subscales			
Shyness / Self-Consciousness (Si_1)	11	65	100
Social Avoidance (Si_2)	3	56	100
Alienation--Self and Others (Si_3)	9	52	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)	3	52	100
Suicidal Ideation (A-dep_4)	2	60	100
Adolescent Health Concerns			
Gastrointestinal Complaints (A-hea_1)	**4**	**82**	**100**
Neurological Symptoms (A-hea_2)	**12**	**72**	**100**
General Health Concerns (A-hea_3)	**8**	**89**	**100**
Adolescent Alienation			
Misunderstood (A-aln_1)	3	56	100
Social Isolation (A-aln_2)	3	63	100
Interpersonal Skepticism (A-aln_3)	0	40	100
Adolescent Bizarre Mentation			
Psychotic Symptomatology (A-biz_1)	1	42	100
Paranoid Ideation (A-biz_2)	1	55	100
Adolescent Anger			
Explosive Behavior (A-ang_1)	**5**	**62**	**100**
Irritability (A-ang_2)	6	55	100
Adolescent Cynicism			
Misanthropic Beliefs (A-cyn_1)	**11**	**61**	**100**
Interpersonal Suspiciousness (A-cyn_2)	**9**	**70**	**100**
Adolescent Conduct Problems			
Acting-Out Behaviors (A-con_1)	6	64	100
Antisocial Attitudes (A-con_2)	4	55	100
Negative Peer Group Influences (A-con_3)	1	53	100
Adolescent Low Self-Esteem			
Self-Doubt (A-lse_1)	4	50	100
Interpersonal Submissiveness (A-lse_2)	3	59	100
Adolescent Low Aspirations			
Low Achievement Orientation (A-las_1)	4	52	100
Lack of Initiative (A-las_2)	3	54	100

	Raw Score	T Score	Resp %
Adolescent Social Discomfort			
Introversion (A-sod$_1$)	**6**	**61**	**100**
Shyness (A-sod$_2$)	**10**	**75**	**100**
Adolescent Family Problems			
Familial Discord (A-fam$_1$)	14	63	100
Familial Alienation (A-fam$_2$)	2	48	100
Adolescent School Problems			
School Conduct Problems (A-sch$_1$)	**2**	**65**	**100**
Negative Attitudes (A-sch$_2$)	2	48	100
Adolescent Negative Treatment Indicators			
Low Motivation (A-trt$_1$)	4	53	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, three 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.)
353. Item Content Omitted. (16.3% of the normative girls responded True.)

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

249. Item Content Omitted. (29.3% of the normative girls responded False.)
345. Item Content Omitted. (24.6% of the normative girls responded True.)
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, two were endorsed in the scored direction):

177. Item content Omitted. (30.2% of the normative girls responded True.)
283. Item content Omitted. (15.7% of the normative girls responded True.)

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

366. Item content Omitted. (16.2% of the normative girls responded True.)

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

278. Item content Omitted. (30.4% of the normative girls responded True.)

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.)
380. Item content Omitted. (22.4% of the normative girls responded True.)

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

321. Item content Omitted. (13.5% of the normative girls responded True.)

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

31. Item content Omitted. (20.2% 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.)

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.

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

113. Item Content Omitted. (26.7% of the normative girls responded False.)
138. Item Content Omitted. (23.0% of the normative girls responded False.)
165. Item Content Omitted. (25.6% of the normative girls responded True.)
169. Item Content Omitted. (19.0% of the normative girls responded False.)
175. Item Content Omitted. (13.3% of the normative girls responded True.)

Substance Use/Abuse
(Of the nine possible items in this section, two were endorsed in the scored direction):

161. Item Content Omitted. (29.2% of the normative girls responded True.)
429. Item Content Omitted. (28.9% 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
Paranoid Ideation
Unusual Thinking

OMITTED ITEMS

The following item was omitted by the client. It may be helpful to ask the client to explain this omission.

294. Item Content Omitted.

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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