MMPI®-A
Minnesota Multiphasic Personality Inventory®— ADOLESCENT

SAMPLE REPORT

Case Description: Tyler — School Interpretive Report

Tyler is a 15-year-old white ninth-grade student who was referred to the school psychologist because of disruptive behaviors, including fighting and verbal outbursts. He got into a dispute with another student and shoved him against a locker. This behavior was observed by the teacher who was serving as hall monitor. Tyler was placed on a three-day suspension. A week after he returned to school, he and two classmates were suspected of bringing alcohol onto school grounds (as reported by one of their classmates), although this charge was not verified. At that point the assistant principal referred him to the school psychologist.

Although Tyler was distant, argumentative, and uncooperative during his initial interview with the psychologist, he agreed to complete an MMPI-A at the end of the session. Despite his attitude during the interview, Tyler's MMPI-A Validity Scales profile indicated that he was open and cooperative in his responses to the MMPI-A items. His Minnesota Report confirms a pattern of multiple and serious behavior problems that was also readily apparent to school personnel. His elevated MAC-R score suggests a referral/evaluation of his alcohol and drug use behaviors may be appropriate. His elevation on ACK, (Alcohol/Drug Problem Acknowledgement Scale), as well as his item-level indicators in the Substance Use/Abuse category, indicated that he was willing to acknowledge problematic use, at least through MMPI-A content. While his conduct problems are prominent in his profiles, there are indicators of excessive worrying, self-criticism, and a potential for suicidal thoughts and/or behaviors that also require further assessment, also highlighted in the Minnesota Report.

Tyler's PSY-5 profile, with the elevation on Negative Emotionality/Neuroticism Scale, combined with his moderate elevation on the A-CYN Content Scale (mostly due to the items on the Interpersonal Suspiciousness Content Component Scale) indicates problems in interpersonal relationships. He is likely very distrustful of others, and expects the worst. This will interfere with establishing a therapeutic relationship. On the other hand, he likely makes a good first impression and did endorse content suggesting a desire to succeed in life.

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 Tyler'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)*: Tyler — School Interpretive Report

After reviewing the Minnesota Report test scores and narrative, the school psychologist decided to use Tyler's next evaluation session to provide feedback from the MMPI-A to see if he will be more forthcoming in describing his problems so that an appropriate plan is developed to meet both his treatment and educational needs.

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School Interpretive Report

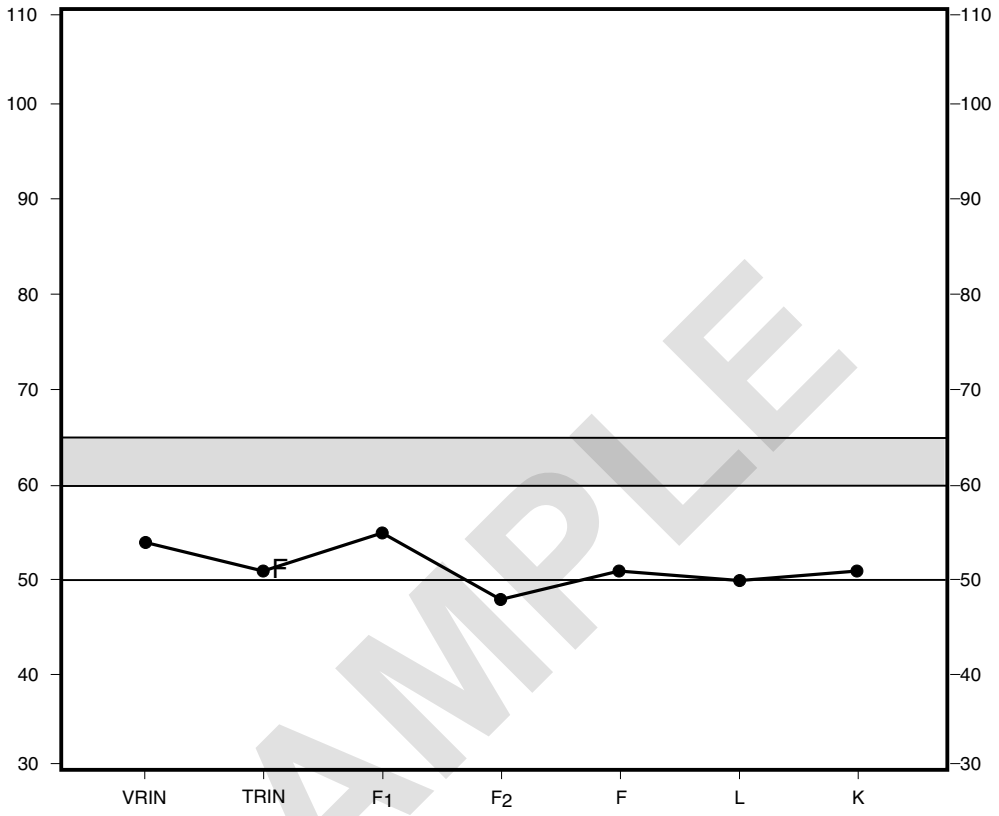
MMPI®-A
The Minnesota Report™: Adolescent Interpretive System, 2nd Edition
James N. Butcher, PhD, & Carolyn L. Williams, PhD

Name:	Tyler SampleCase
ID Number:	1111
Age:	15
Gender:	Male
Date Assessed:	1/27/14

PsychCorp

[4.4 / 1 / QG]

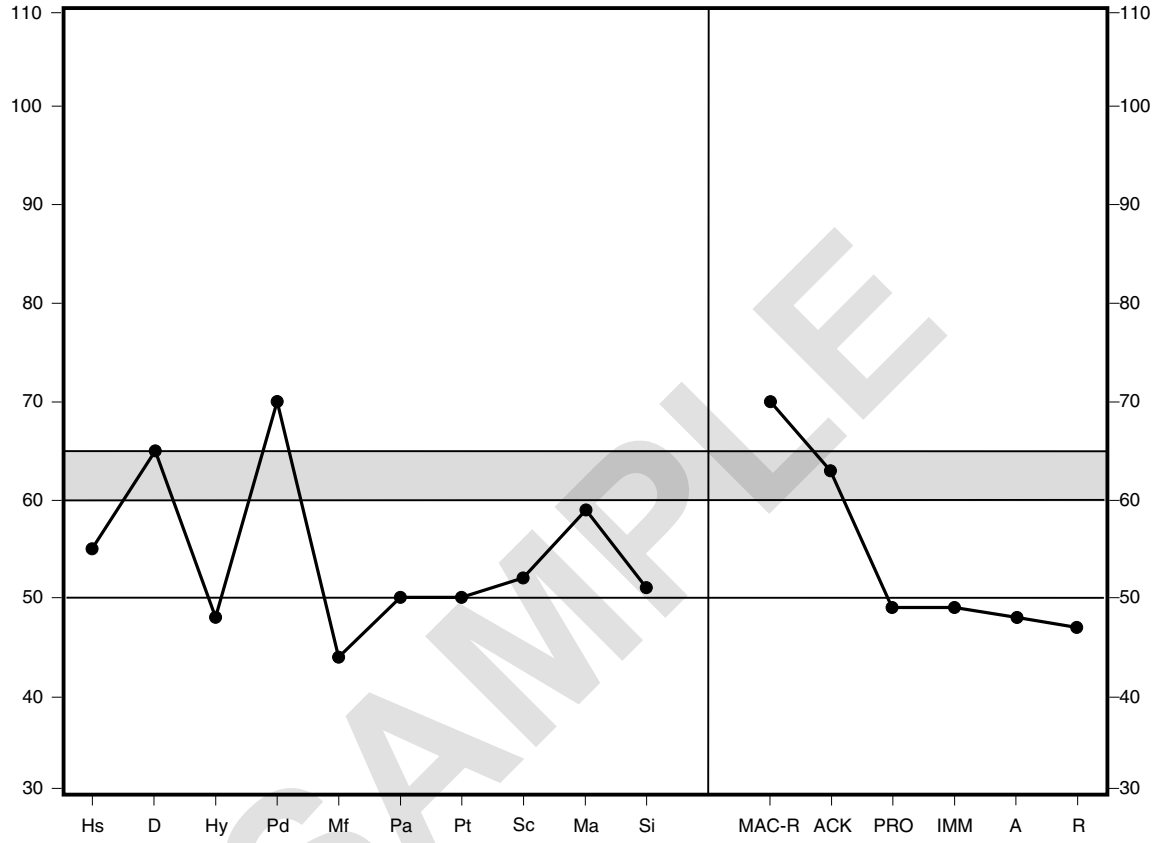
MMPI-A VALIDITY SCALES PROFILE



	VRIN	TRIN	F_1	F_2	F	L	K
Raw Score:	6	9	6	4	10	3	13
T Score:	54	51	55	48	51	50	51
Response %:	100	100	100	100	100	100	100

Cannot Say (Raw):	2
Percent True:	46
Percent False:	54

MMPI-A CLINICAL AND SUPPLEMENTARY SCALES PROFILE

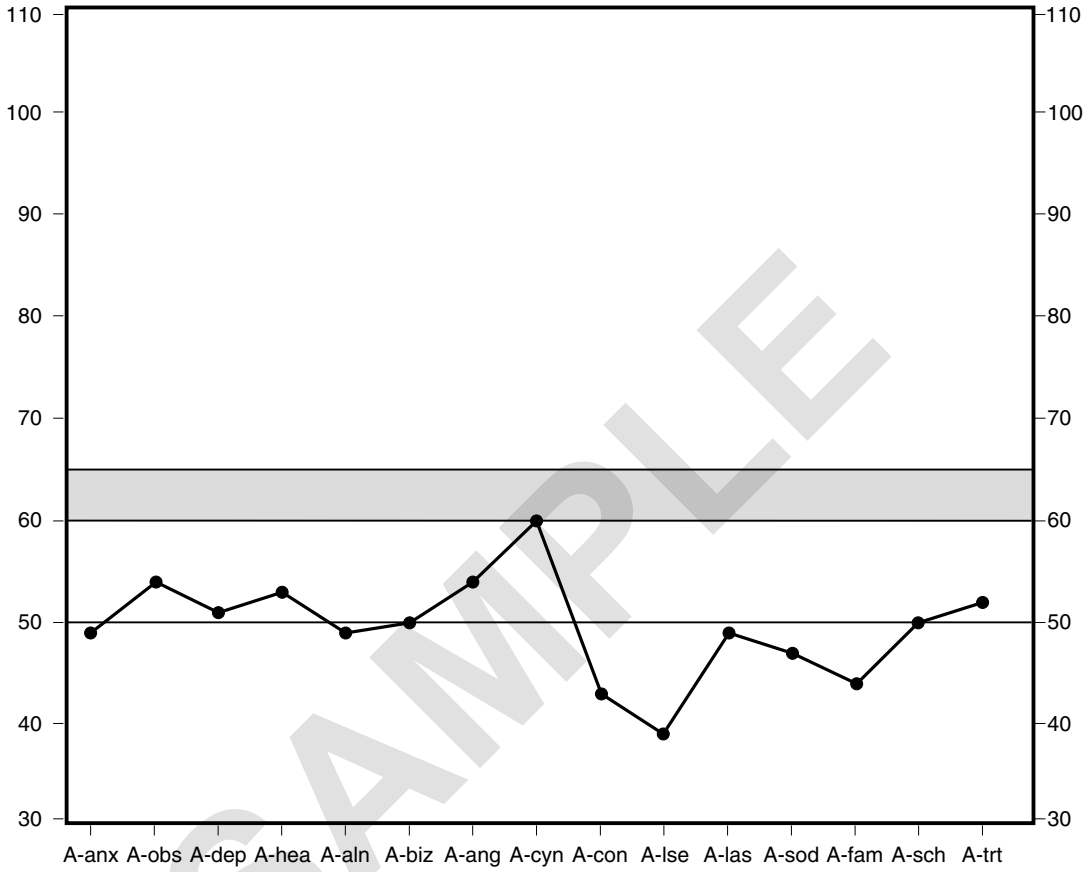


	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	ACK	PRO	IMM	A	R
Raw Score:	11	27	20	29	19	13	19	26	26	27	30	7	16	13	13	12
T Score:	55	65	48	70	44	50	50	52	59	51	70	63	49	49	48	47
Response %:	100	100	100	100	98	100	100	99	98	100	100	100	100	100	100	100

Welsh Code: 4'2+-918067/35: FKL/

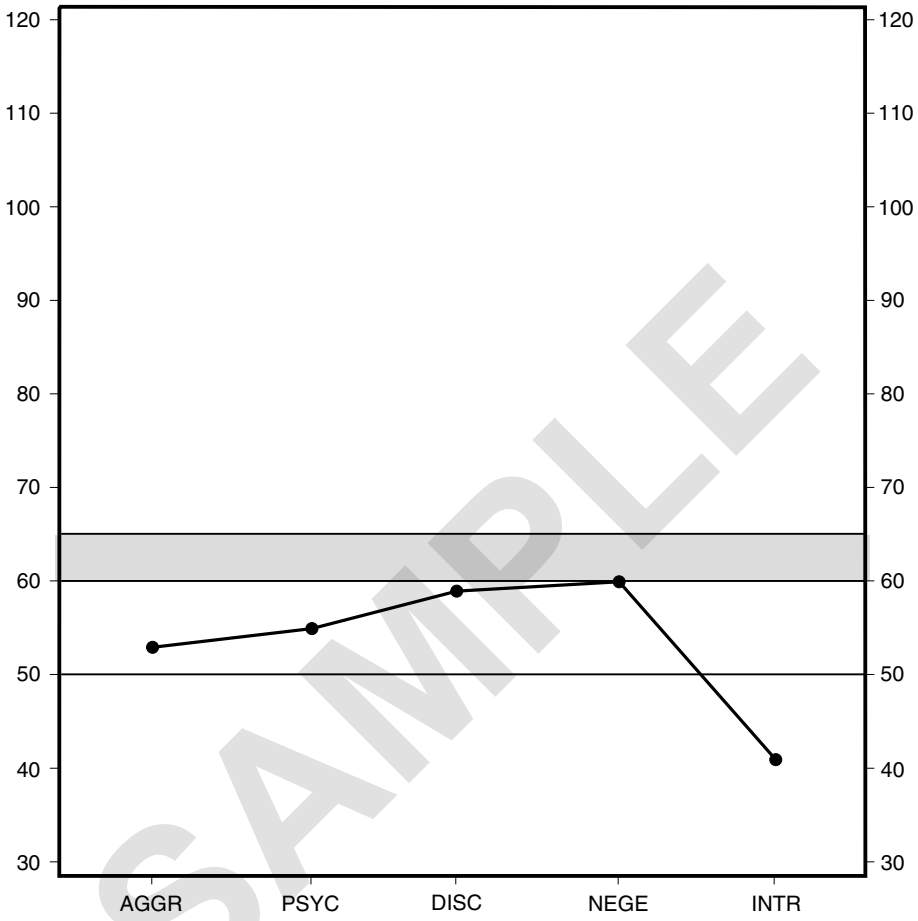
Mean Profile Elevation: 56.1

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:	8	9	8	10	6	4	10	17	7	1	6	7	8	7	11
T Score:	49	54	51	53	49	50	54	60	43	39	49	47	44	50	52
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	97	100	100

MMPI-A PSY-5 SCALES PROFILE



	AGGR	PSYC	DISC	NEGE	INTR
Raw Score:	11	7	13	14	3
T Score:	53	55	59	60	41
Response %:	100	100	100	100	100

VALIDITY CONSIDERATIONS

This adolescent's approach to the MMPI-A was open and cooperative. The resulting MMPI-A is valid and is probably a good indication of his present level of personality functioning. This may be viewed as a positive indication of his involvement with the evaluation.

SYMPTOMATIC BEHAVIOR

This adolescent's MMPI-A clinical profile indicates multiple serious behavior problems including school maladjustment, family discord, and authority conflicts. He can be moody, resentful, and attention-seeking. At times he may appear rebellious, impulsive, and argumentative. His poor judgment may get him into trouble. He can be self-centered and may show little remorse for his bad behavior. He may run away or lie to avoid punishment.

His two highest MMPI-A clinical scales, D and Pd, which are clearly elevated above other scales, occur as a high-point pair in less than 1% of the normative sample.

In a large archival sample of MMPI-A cases scored by Pearson Assessments (n = 19,048), this high-point pair of scale elevations (Pd and D) was found for 2.9% of the boys, using well-defined peak scores of 65 or above, and more than 5 points separation from the third highest scale.

An examination of the adolescent's underlying personality factors with the PSY-5 scales might help explain any behavioral problems he might be presently experiencing. He tends to view the world in a negative manner as shown by his moderate score on the Negative Emotionality/Neuroticism scale. Adolescents with moderate scorers may develop the worst-case scenario to events affecting him. There is some suggestion that he tends to worry to excess and may view even neutral events as problematic. His characteristic self-critical nature may prevent him from viewing relationships in a positive manner.

INTERPERSONAL RELATIONS

Initially, he may seem likable and may make a good impression on others; however, his relationships tend to be very troubled. His behavior is primarily hedonistic and self-centered, and he is quite insensitive to the needs of other people, exploiting them and feeling no guilt about it.

The MMPI-A Content Scales profile provides some additional information about his interpersonal relationships. He reported some misanthropic attitudes, indicating distrust of others and their motivations. He may be on guard when people seem friendlier than he thinks they should be.

BEHAVIORAL STABILITY

The relative scale elevation of the highest scale (Pd) in his clinical profile reflects high profile definition. If he is retested at a later date, the peak score on this test is likely to retain its relative salience in his profile pattern. Adolescents with this clinical profile may have a history of acting-out behaviors and relationship problems.

DIAGNOSTIC CONSIDERATIONS

More information is needed about his behavior problems before a definitive diagnosis can be made. His Pd elevation suggests that behavior problems should be considered.

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

He has endorsed items that confirm his increasing involvement with alcohol or other drugs. He acknowledges that his use is problematic and reports being criticized for it. He may feel that alcohol or other drugs facilitate social interactions, thus serving as a coping strategy.

TREATMENT CONSIDERATIONS

His conduct disturbance should figure prominently in any treatment planning. His clinical scales profile suggests that he is a poor candidate for traditional, insight-oriented psychotherapy. A behavioral strategy is suggested. Clearly stated contingencies that are consistently followed are important for shaping more appropriate behaviors.

His very high potential for developing alcohol or drug problems requires attention in therapy if important life changes are to be made. He has acknowledged some problems in this area, which is a valuable first step for intervention.

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

He 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	56	100
Psychomotor Retardation (D_2)	6	56	100
Physical Malfunctioning (D_3)	**7**	**75**	**100**
Mental Dullness (D_4)	5	56	100
Brooding (D_5)	3	51	100
Hysteria Subscales			
Denial of Social Anxiety (Hy_1)	3	49	100
Need for Affection (Hy_2)	1	33	100
Lassitude-Malaise (Hy_3)	5	54	100
Somatic Complaints (Hy_4)	7	60	100
Inhibition of Aggression (Hy_5)	2	44	100
Psychopathic Deviate Subscales			
Familial Discord (Pd_1)	4	53	100
Authority Problems (Pd_2)	**5**	**60**	**100**
Social Imperturbability (Pd_3)	4	54	100
Social Alienation (Pd_4)	**9**	**69**	**100**
Self-Alienation (Pd_5)	5	53	100
Paranoia Subscales			
Persecutory Ideas (Pa_1)	8	64	100
Poignancy (Pa_2)	0	30	100
Naivete (Pa_3)	3	45	100
Schizophrenia Subscales			
Social Alienation (Sc_1)	6	49	95
Emotional Alienation (Sc_2)	0	37	100
Lack of Ego Mastery, Cognitive (Sc_3)	2	46	100
Lack of Ego Mastery, Conative (Sc_4)	2	42	100
Lack of Ego Mastery, Defective Inhibition (Sc_5)	6	62	100
Bizarre Sensory Experiences (Sc_6)	11	68	100
Hypomania Subscales			
Amorality (Ma_1)	4	59	100
Psychomotor Acceleration (Ma_2)	8	57	100
Imperturbability (Ma_3)	3	49	100
Ego Inflation (Ma_4)	4	48	89

	Raw Score	T Score	Resp %
Social Introversion Subscales			
Shyness / Self-Consciousness (Si_1)	7	53	100
Social Avoidance (Si_2)	2	47	100
Alienation--Self and Others (Si_3)	7	48	100
Content Component Scales			
Adolescent Depression			
Dysphoria (A-dep_1)	2	55	100
Self-Depreciation (A-dep_2)	3	59	100
Lack of Drive (A-dep_3)	2	47	100
Suicidal Ideation (A-dep_4)	0	42	100
Adolescent Health Concerns			
Gastrointestinal Complaints (A-hea_1)	1	59	100
Neurological Symptoms (A-hea_2)	6	56	100
General Health Concerns (A-hea_3)	2	51	100
Adolescent Alienation			
Misunderstood (A-aln_1)	2	50	100
Social Isolation (A-aln_2)	1	46	100
Interpersonal Skepticism (A-aln_3)	3	64	100
Adolescent Bizarre Mentation			
Psychotic Symptomatology (A-biz_1)	1	43	100
Paranoid Ideation (A-biz_2)	1	53	100
Adolescent Anger			
Explosive Behavior (A-ang_1)	4	55	100
Irritability (A-ang_2)	5	54	100
Adolescent Cynicism			
Misanthropic Beliefs (A-cyn_1)	9	54	100
Interpersonal Suspiciousness (A-cyn_2)	**8**	**65**	**100**
Adolescent Conduct Problems			
Acting-Out Behaviors (A-con_1)	4	50	100
Antisocial Attitudes (A-con_2)	3	46	100
Negative Peer Group Influences (A-con_3)	0	41	100
Adolescent Low Self-Esteem			
Self-Doubt (A-lse_1)	1	40	100
Interpersonal Submissiveness (A-lse_2)	0	38	100
Adolescent Low Aspirations			
Low Achievement Orientation (A-las_1)	3	47	100
Lack of Initiative (A-las_2)	2	49	100

	Raw Score	T Score	Resp %
Adolescent Social Discomfort			
Introversion (A-sod$_1$)	4	50	100
Shyness (A-sod$_2$)	3	44	100
Adolescent Family Problems			
Familial Discord (A-fam$_1$)	8	50	95
Familial Alienation (A-fam$_2$)	0	39	100
Adolescent School Problems			
School Conduct Problems (A-sch$_1$)	3	69	100
Negative Attitudes (A-sch$_2$)	1	41	100
Adolescent Negative Treatment Indicators			
Low Motivation (A-trt$_1$)	3	49	100
Inability to Disclose (A-trt$_2$)	5	59	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, one was endorsed in the scored direction):

163. Item Content Omitted. (23.1% of the normative boys responded True.)

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

224. Item Content Omitted. (11.7% of the normative boys responded True.)
249. Item Content Omitted. (29.3% of the normative boys responded False.)
440. Item Content Omitted. (26.2% of the normative boys responded True.)
460. Item Content Omitted. (25.6% of the normative boys responded False.)

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 boys responded True.)
294. Item Content Omitted. (28.1% of the normative boys responded False.)
332. Item Content Omitted. (10.1% of the normative boys responded True.)
428. Item Content Omitted. (14.1% of the normative boys 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.

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

80. Item Content Omitted. (14.6% of the normative boys responded True.)
101. Item Content Omitted. (24.2% of the normative boys responded True.)
380. Item Content Omitted. (22.4% of the normative boys responded True.)

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

392. Item Content Omitted. (18.5% of the normative boys responded True.)

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

159. Item Content Omitted. (33.7% of the normative boys responded True.)
251. Item Content Omitted. (38.0% of the normative boys responded True.)

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

138. Item Content Omitted. (23.0% of the normative boys responded False.)
165. Item Content Omitted. (25.6% of the normative boys responded True.)
169. Item Content Omitted. (19.0% of the normative boys responded False.)
172. Item Content Omitted. (14.6% of the normative boys responded False.)
175. Item Content Omitted. (13.3% of the normative boys responded True.)
275. Item Content Omitted. (25.4% of the normative boys responded False.)

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

144. Item Content Omitted. (13.6% of the normative boys responded True.)
161. Item Content Omitted. (29.2% of the normative boys responded True.)
429. Item Content Omitted. (28.9% of the normative boys responded True.)
458. Item Content Omitted. (17.3% of the normative boys responded True.)
467. Item Content Omitted. (22.9% of the normative boys 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.

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 boys responded True.)

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

Aggression
Cognitive Problems
Depression/Suicidal Ideation
Eating Problems
Family Problems
Hallucinatory Experiences

OMITTED ITEMS

The following items were omitted by the client. It may be helpful to ask the client to explain these omissions.

126. Item Content Omitted.
181. 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.

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.
