

MMPI-2™

Minnesota Multiphasic
Personality Inventory-2™

Child Custody Interpretive Report

MMPI-2™

The Minnesota Report™: Reports for Forensic Settings

James N. Butcher, PhD

ID Number: 2539
Age: 32
Gender: Male
Marital Status: Divorced
Years of Education: 14
Date Assessed: 01/07/2005

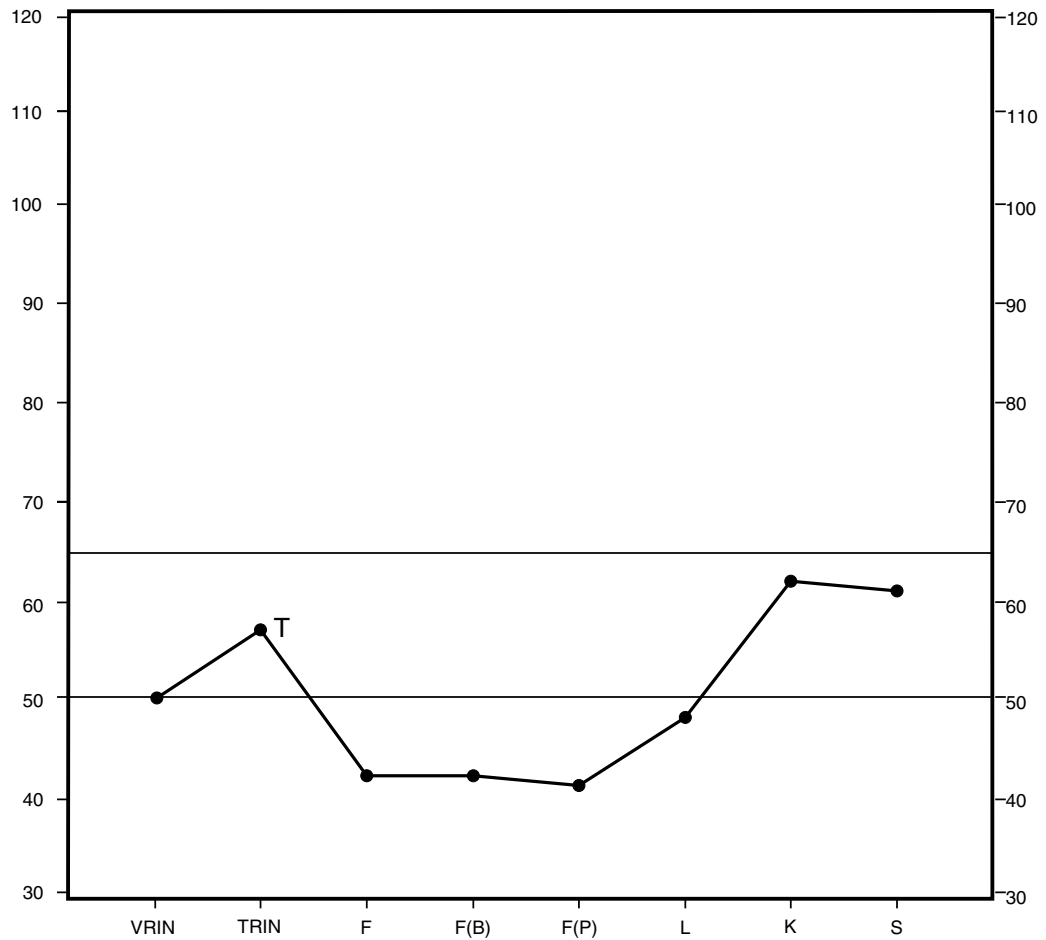


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TRADE SECRET INFORMATION

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

MMPI-2 VALIDITY PATTERN



Raw Score:	5	10	2	0	0	3	21	35
T Score (plotted):	50	57T	42	42	41	48	62	61
Non-Gendered T Score:	50	58T	43	42	42	48	62	61
Response %:	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0
 Percent True: 35
 Percent False: 65

	Raw Score	T Score	Resp. %
S1 - Beliefs in Human Goodness	8	52	100
S2 - Serenity	9	61	100
S3 - Contentment with Life	4	50	100
S4 - Patience/Denial of Irritability	8	68	100
S5 - Denial of Moral Flaws	5	65	100

PROFILE VALIDITY

This is a valid MMPI-2 profile. The client's responses to the MMPI-2 validity items suggest that he cooperated with the evaluation enough to provide useful interpretive information. The resulting clinical profile is probably an adequate indication of his present personality functioning.

SYMPTOMATIC PATTERNS

Very high profile definition characterizes the MMPI-2 profile code that includes Scale *Pa*. This scale was used as the prototype for this report. This well-defined pattern increases confidence that the following personality correlates apply to this individual. Individuals with this MMPI-2 clinical profile are experiencing severe psychological adjustment problems. Extremely sensitive to criticism, the client tends to overreact to minor problems with anger or hostility. He trusts no one and is constantly on guard to prevent others from doing him harm or injustice. When he feels threatened, he may react with aloofness and self-righteous indignation, or he may take a rigidly moralistic stance. He blames others for his problems and rationalizes to avoid personal responsibility. Some individuals with this profile type harbor delusional beliefs or feel that they have a special mission in life of which others are unaware. His suspicious and mistrusting behavior is long-standing. He is not likely to change significantly, although he may become less intensely angry or "clam up" to avoid attention.

PROFILE FREQUENCY

Profile interpretation can be greatly facilitated by examining the relative frequency of clinical scale patterns in various settings. The client's high-point clinical scale score (*Pa*) occurs in 9.6% of the MMPI-2 normative sample of men. However, only 3% of the sample have *Pa* as the peak score at or above a T score of 65, and only 2.2% have well-defined *Pa* spikes.

The relative frequency of this MMPI-2 high-point *Pa* score is high in various outpatient settings. In the large NCS outpatient sample, it occurs in 13.6% of the men. Moreover, 8.1% of the male outpatients have this high-point scale spike at or above a T score of 65, and 5.2% have well-defined *Pa* high-point scores in that range. In a community mental health center population (Graham, Ben-Porath, & McNulty, 1997), male outpatients produced a *Pa* high-point score with a frequency of 12.0%. As in other studies of elevated profile types, 5.6% of male outpatients with well-defined high-point *Pa* spikes at or above a T score of 65 were reported (Graham, Ben-Porath, & McNulty, 1997).

An examination of the relative frequency of high-point profile spikes in custody cases can provide the practitioner with useful information about families undergoing custody evaluations. In a large sample of men being assessed in custody cases (Butcher, 1997a), this high-point clinical scale score (*Pa*) occurs in 29.4% of the cases. This high-point score is the most frequent well-defined peak above a T score of 65 in the profiles of men in custody evaluations: 8.5% of the sample have the *Pa* scale as a well-defined spike at or above a T score of 65.

PROFILE STABILITY

The relative elevation of the highest scales in his clinical profile shows very high profile definition. His peak scores are likely to be very prominent in his profile pattern if he is retested at a later date. However, because of the lower test-retest correlation for the Pa scale, his high-point score on Pa may indicate only moderate test-retest stability. Short-term test-retest studies have shown a correlation of 0.67 for this high-point score. Spiro, Butcher, Levenson, Aldwin, and Bosse (1993) reported a moderate test-retest stability of 0.55 in a large study of normals over a five-year test-retest period.

INTERPERSONAL RELATIONS

He is overly sensitive and rigid in interpersonal relations. His hypersensitivity, lack of trust, and inability to compromise are likely to disrupt or strain relationships. He broods a great deal and becomes hostile when he feels threatened. He also tends to hold grudges and seeks to get even with others for perceived wrongs. His lack of trust may prevent him from developing warm, close relationships. He tends to feel insecure in personal relationships, is hypersensitive to rejection, and may become jealous at times. He tends to need a great deal of reassurance.

MENTAL HEALTH CONSIDERATIONS

This profile strongly suggests a diagnosis of paranoid personality or paranoid disorder.

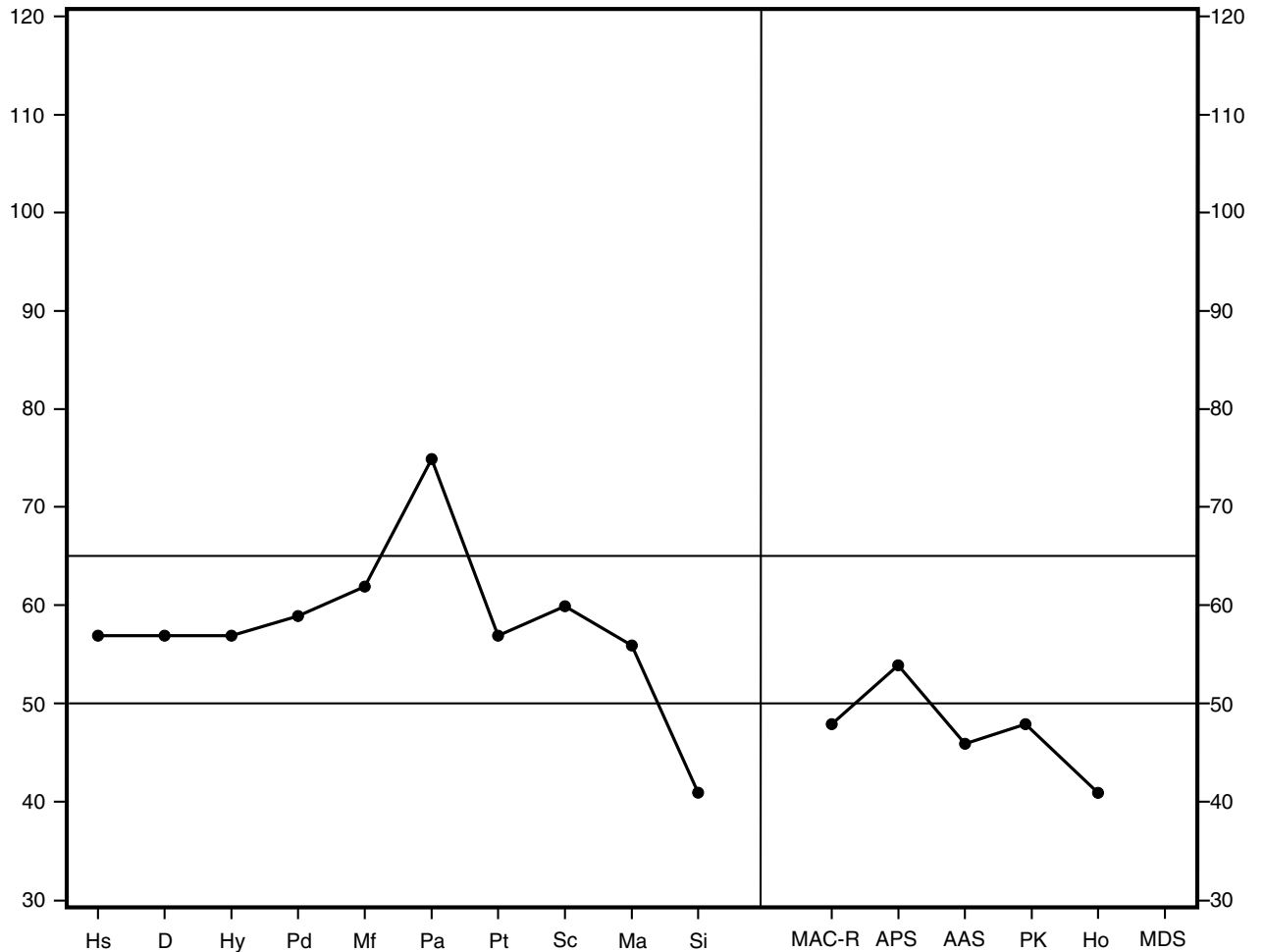
Individuals with this profile tend not to seek psychological help; instead, they are usually brought to treatment at the insistence of others. Because they are likely to be quite guarded, suspicious of the therapist, and oppositional or detached in treatment, their therapy sessions will probably be stormy. Treatment is likely to be terminated prematurely.

CHILD CUSTODY CONSIDERATIONS

He responded to the MMPI-2 validity items in a sufficiently open and cooperative manner to produce an interpretable profile. Some problems are evident in his MMPI-2 profile. He reported a number of symptoms and beliefs that indicate that his psychological adjustment is poor and that his interpersonal relationships are likely to be strained. Some individuals who are undergoing custody disputes experience a heightened state of interpersonal sensitivity and anger toward their spouse, which is reflected in a modest elevation on the MMPI-2 Pa scale. However, his scores are too extreme to be accounted for by a transitory state of anger. Individuals who score in the extremely high range on the Pa scale, as he has, usually exhibit frankly bizarre behavior, disturbed thinking, delusions of persecution or grandeur, or ideas of reference. He appears not to be thinking rationally and tends to feel mistreated and picked on by others. He is apparently very angry and resentful and may harbor grudges against other people. His extreme mistrust and suspicion are probably the result of his tendency to use projection as a defense mechanism. Any plans to work with him should include the general caution that his severe paranoid thinking will probably result in his viewing others as working against him. Therefore, he may not be

very open to changing his own thinking.

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



Raw Score:	4	21	24	19	32	17	9	11	19	17	20	25	2	7	11	*
K Correction:	11			8			21	21	4							
T Score (plotted):	57	57	57	59	62	75	57	60	56	41	48	54	46	48	41	*
Non-Gendered T Score:	55	54	55	60		75	56	60	57	40	51	55	48	48	42	*
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	*

Welsh Code: 6'+58-4 12379/0: K-/LF:

Profile Elevation: 59.8

*MDS scores are reported only for clients who indicate that they are married or separated.

SUPPLEMENTARY SCORE REPORT

	Raw Score	T Score	Non-Gendered T Score	Resp %
Anxiety (A)	8	47	46	100
Repression (R)	14	47	46	100
Ego Strength (Es)	39	54	56	100
Dominance (Do)	18	55	55	100
Social Responsibility (Re)	21	52	51	100
Aggressiveness (AGGR)	6	43	44	100
Psychoticism (PSYC)	3	49	49	100
Disconstraint (DISC)	14	49	53	100
Negative Emotionality/Neuroticism (NEGE)	8	48	46	100
Introversion/Low Positive Emotionality (INTR)	8	43	44	100
Depression Subscales (Harris-Lingoes)				
Subjective Depression (D1)	7	50	49	100
Psychomotor Retardation (D2)	6	54	53	100
Physical Malfunctioning (D3)	4	59	57	100
Mental Dullness (D4)	1	43	43	100
Brooding (D5)	3	57	55	100
Hysteria Subscales (Harris-Lingoes)				
Denial of Social Anxiety (Hy1)	6	61	62	100
Need for Affection (Hy2)	8	55	55	100
Lassitude-Malaise (Hy3)	1	43	43	100
Somatic Complaints (Hy4)	2	48	46	100
Inhibition of Aggression (Hy5)	5	63	62	100
Psychopathic Deviate Subscales (Harris-Lingoes)				
Familial Discord (Pd1)	2	51	51	100
Authority Problems (Pd2)	5	60	64	100
Social Imperturbability (Pd3)	6	63	63	100
Social Alienation (Pd4)	5	56	55	100
Self-Alienation (Pd5)	2	43	43	100
Paranoia Subscales (Harris-Lingoes)				
Persecutory Ideas (Pa1)	4	64	64	100
Poignancy (Pa2)	4	62	60	100
Naivete (Pa3)	6	56	55	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
Schizophrenia Subscales (Harris-Lingoes)				
Social Alienation (Sc1)	4	55	54	100
Emotional Alienation (Sc2)	0	40	40	100
Lack of Ego Mastery, Cognitive (Sc3)	0	42	42	100
Lack of Ego Mastery, Conative (Sc4)	0	39	39	100
Lack of Ego Mastery, Defective Inhibition (Sc5)	4	68	67	100
Bizarre Sensory Experiences (Sc6)	3	55	55	100
Hypomania Subscales (Harris-Lingoes)				
Amorality (Ma1)	0	35	36	100
Psychomotor Acceleration (Ma2)	7	58	59	100
Imperturbability (Ma3)	5	59	61	100
Ego Inflation (Ma4)	2	43	43	100
Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, and Graham)				
Shyness/Self-Consciousness (Si1)	0	36	36	100
Social Avoidance (Si2)	0	37	37	100
Alienation--Self and Others (Si3)	3	44	44	100

Uniform T scores are used for Hs, D, Hy, Pd, Pa, Pt, Sc, Ma, and the content scales; all other MMPI-2 scales use linear T scores.

CONTENT COMPONENT SCALES (Ben-Porath & Sherwood)

	Raw Score	T Score	Non-Gendered T Score	Resp %
Fears Subscales				
Generalized Fearfulness (FRS1)	0	44	43	100
Multiple Fears (FRS2)	0	37	34	100
Depression Subscales				
Lack of Drive (DEP1)	0	40	40	100
Dysphoria (DEP2)	3	66	62	100
Self-Depreciation (DEP3)	0	41	41	100
Suicidal Ideation (DEP4)	0	45	46	100
Health Concerns Subscales				
Gastrointestinal Symptoms (HEA1)	1	57	55	100
Neurological Symptoms (HEA2)	1	47	46	100
General Health Concerns (HEA3)	0	40	41	100
Bizarre Mentation Subscales				
Psychotic Symptomatology (BIZ1)	1	54	54	100
Schizotypal Characteristics (BIZ2)	1	47	48	100
Anger Subscales				
Explosive Behavior (ANG1)	0	39	39	100
Irritability (ANG2)	0	35	35	100
Cynicism Subscales				
Misanthropic Beliefs (CYN1)	5	47	48	100
Interpersonal Suspiciousness (CYN2)	2	43	45	100
Antisocial Practices Subscales				
Antisocial Attitudes (ASP1)	3	40	42	100
Antisocial Behavior (ASP2)	3	59	64	100
Type A Subscales				
Impatience (TPA1)	0	34	34	100
Competitive Drive (TPA2)	0	33	34	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
Low Self-Esteem Subscales				
Self-Doubt (LSE1)	0	39	40	100
Submissiveness (LSE2)	0	41	40	100
Social Discomfort Subscales				
Introversion (SOD1)	0	36	37	100
Shyness (SOD2)	0	36	36	100
Family Problems Subscales				
Family Discord (FAM1)	2	45	44	100
Familial Alienation (FAM2)	1	49	50	100
Negative Treatment Indicators Subscales				
Low Motivation (TRT1)	0	42	42	100
Inability to Disclose (TRT2)	0	37	38	100

End of Report

NOTE: This MMPI-2 interpretation can serve as a useful source of hypotheses about clients. This report is based on objectively derived scale indices and scale interpretations that have been developed with diverse groups of people. 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. The information in this report should only be used by a trained and qualified test interpreter. The report was not designed or intended to be provided directly to clients. The information contained in the report is technical and was developed to aid professional interpretation.

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ITEM RESPONSES

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