Case Description: David B. — Chronic Pain Program
Interpretive Report

David B., a 47-year-old aviation mechanic, was evaluated when he was referred to a chronic pain treatment program for persistent low back pain. He reportedly has experienced back pain for the past year after hurting his back lifting jet engine parts. Although he initially missed no work, within a week of the incident he reported that he was incapable of standing or sitting without intense back pain. He was evaluated by the company physician at that time; his x-rays and back scans revealed no major problems.

Mr. B. graduated from high school and attended a two-year technical college. He spent six years in the air force as a jet engine mechanic. Upon discharge, he began working as a mechanic for a major airline. His 22-year marriage ended in divorce two years ago. He has two teenage children who live with their mother.
Chronic Pain Program Interpretive Report

MMPI®-2
James N. Butcher, PhD

Name: David B.
ID Number: 2515
Age: 47
Gender: Male
Marital Status: Divorced
Years of Education: 14
Date Assessed: 1/31/14
MMPI-2 VALIDITY PATTERN

Raw Score:  7  8  9  3  1  3  16  27
T Score:   57  57F  64  55  48  48  51  52
Response %:  98  95  100  100  100  100  100  100

Cannot Say (Raw):  3
Percent True:  40
Percent False:  60

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Resp. %</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 - Beliefs in Human Goodness</td>
<td>10</td>
<td>57</td>
<td>100</td>
</tr>
<tr>
<td>S2 - Serenity</td>
<td>6</td>
<td>50</td>
<td>100</td>
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<tr>
<td>S3 - Contentment with Life</td>
<td>3</td>
<td>45</td>
<td>100</td>
</tr>
<tr>
<td>S4 - Patience/Denial of Irritability</td>
<td>4</td>
<td>49</td>
<td>100</td>
</tr>
<tr>
<td>S5 - Denial of Moral Flaws</td>
<td>3</td>
<td>51</td>
<td>100</td>
</tr>
</tbody>
</table>
MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE

Raw Score: 14 22 28 17 23 15 15 19 24 25 32 8 11 13 *
K Correction: 8 6 16 16 3
T Score: 73 59 66 50 44 57 59 58 53 49 60 73 75 55 44 *
Response %: 100 98 98 98 98 100 98 100 98 99 100 100 100 98 100 *

Welsh Code: 1'3+278694/05: F-K/L:
Profile Elevation: 59.4
Pain Classification: 0

*MDS scores are reported only for clients who indicate that they are married or separated.
MMPI-2 CONTENT SCALES PROFILE

Raw Score:
- ANX: 14
- FRS: 2
- OBS: 5
- DEP: 9
- HEA: 13
- BIZ: 1
- ANG: 6
- CYN: 6
- ASP: 9
- TPA: 5
- LSE: 2
- SOD: 6
- FAM: 1
- WRK: 10
- TRT: 3

T Score:
- ANX: 70
- FRS: 45
- OBS: 50
- DEP: 59
- HEA: 68
- BIZ: 46
- ANG: 50
- CYN: 44
- ASP: 51
- TPA: 43
- LSE: 45
- SOD: 47
- FAM: 37
- WRK: 56
- TRT: 47

Response %:
- ANX: 100
- FRS: 100
- OBS: 100
- DEP: 97
- HEA: 100
- BIZ: 100
- ANG: 100
- CYN: 100
- ASP: 95
- TPA: 100
- LSE: 96
- SOD: 100
- FAM: 100
- WRK: 100
- TRT: 100
PROFILE VALIDITY

His MMPI-2 clinical profile is probably valid. 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 an adequate indication of his present personality functioning.

SYMPTOMATIC PATTERNS

The personality descriptions provided in this report are likely to be a good indication of the client's present personality functioning. Correlates of Hs and Hy were used to develop this report. This scale configuration shows high profile definition, reflecting a close prototypal match with the research literature that was used to develop the descriptors. The client's MMPI-2 clinical profile suggests that he is reporting a number of vague physical complaints. He has a tendency to develop physical problems when he is under stress. His medical history is likely to be characterized by excessive and vague physical complaints, weakness, and pain.

He may not now be greatly incapacitated by his physical symptoms. He tends to rely on hysterical defenses of denial and repression in the face of conflict. He may show a "Pollyannish" attitude, even though he may express physical complaints that, if genuine, would trouble most other people.

The client seems to have a rather limited range of cultural interests and tends to prefer stereotyped masculine activities to literary and artistic pursuits or introspective experiences. Interpersonally, he may be somewhat intolerant and insensitive. His high endorsement of general anxiety content is likely to be important to understanding his clinical picture.

PROFILE FREQUENCY

Profile interpretation can be greatly facilitated by examining the relative frequency of particular scale patterns in various settings. The client's high-point clinical scale score (Hs) occurred in 9.8% of the MMPI-2 normative sample of men. However, only 2.9% of the sample had the Hs scale peak score equal to or above a T score of 65, and only 1.6% had well-defined Hs spikes. This elevated MMPI-2 profile configuration (1-3/3-1) is rare in samples of normals, occurring in 1.8% of the MMPI-2 normative sample of men.

His MMPI-2 profile peak score on the Hs scale occurs with relatively high frequency in chronic pain samples. Keller and Butcher (1991) reported that 35% of men in chronic pain samples produce this high-point score.

PROFILE STABILITY

The relative elevation of the highest scales in his clinical profile reflects high profile definition. If he is retested at a later date, his peak scores on Hs and Hy are likely to retain their relative salience in his retest profile.
INTERPERSONAL RELATIONS

He is somewhat passive-dependent and demanding in relationships. Although he may at first appear skillful in handling social relationships, he tends to be rather immature, superficial, and unskilled with the opposite sex. Individuals with this profile tend to use physical complaints to influence or manipulate other people.

He has an average interest in being with others and is not socially isolated or withdrawn. He meets and talks with other people with relative ease and is not overly anxious at social gatherings.

DIAGNOSTIC CONSIDERATIONS

He reported a number of specific physical and psychological symptoms that need to be considered in any diagnostic formulation. Although organic problems need to be ruled out, his personality make-up is consistent with a psychological basis to his symptoms.

His high scores on the addiction proneness indicators suggest the possible development of alcohol or drug problems. In his responses to the MMPI-2, he acknowledged some problems with excessive use or abuse of addictive substances. Further evaluation of substance use or abuse problems is strongly recommended.

TREATMENT CONSIDERATIONS

Because his presenting problem is likely to be somatic in nature, he may not be very amenable to psychological treatment approaches. His tendency to repress or deny problems makes him particularly resistant to the idea that psychological factors can influence his symptoms. He does not appear to be very motivated for psychological change at this time. He may be receiving secondary gain from his symptoms that helps to maintain them.

Some individuals with this profile may gain from treatment in a chronic pain program where the exaggerated symptomatic behavior centering on their extreme pain complaints can be extinguished and more adaptive behavior substituted. Individuals with this profile type may experience an exacerbation of symptoms under stressful conditions. It may be possible to implement a stress inoculation program to assist the client in reducing stress.

His acknowledged problems with alcohol or drug use should be addressed in therapy.
## ADDITIONAL SCALES

### Personality Psychopathology Five (PSY-5) Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Resp %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressiveness (AGGR)</td>
<td>10</td>
<td>54</td>
<td>100</td>
</tr>
<tr>
<td>Psychoticism (PSYC)</td>
<td>3</td>
<td>49</td>
<td>100</td>
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<tr>
<td>Disconstraint (DISC)</td>
<td>18</td>
<td>60</td>
<td>100</td>
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<tr>
<td>Negative Emotionality/Neuroticism (NEGE)</td>
<td>11</td>
<td>52</td>
<td>100</td>
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<tr>
<td>Introversion/Low Positive Emotionality (INTR)</td>
<td>13</td>
<td>54</td>
<td>94</td>
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</table>

### Supplementary Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Resp %</th>
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<tbody>
<tr>
<td>Anxiety (A)</td>
<td>15</td>
<td>57</td>
<td>97</td>
</tr>
<tr>
<td>Repression (R)</td>
<td>15</td>
<td>50</td>
<td>100</td>
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<tr>
<td>Ego Strength (Es)</td>
<td>34</td>
<td>43</td>
<td>100</td>
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<tr>
<td>Dominance (Do)</td>
<td>21</td>
<td>65</td>
<td>100</td>
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<tr>
<td>Social Responsibility (Re)</td>
<td>17</td>
<td>42</td>
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### Harris-Lingoes Subscales

#### Depression Subscales

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<tr>
<th>Scale</th>
<th>Raw Score</th>
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<tbody>
<tr>
<td>Subjective Depression (D₁)</td>
<td>12</td>
<td>64</td>
<td>97</td>
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<tr>
<td>Psychomotor Retardation (D₂)</td>
<td>6</td>
<td>54</td>
<td>100</td>
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<tr>
<td>Physical Malfunctioning (D₃)</td>
<td>4</td>
<td>59</td>
<td>100</td>
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<tr>
<td>Mental Dullness (D₄)</td>
<td>7</td>
<td>72</td>
<td>100</td>
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<tr>
<td>Brooding (D₅)</td>
<td>4</td>
<td>62</td>
<td>90</td>
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#### Hysteria Subscales

<table>
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<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Resp %</th>
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<tbody>
<tr>
<td>Denial of Social Anxiety (Hy₁)</td>
<td>4</td>
<td>51</td>
<td>100</td>
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<tr>
<td>Need for Affection (Hy₂)</td>
<td>7</td>
<td>51</td>
<td>92</td>
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<tr>
<td>Lassitude-Malaise (Hy₃)</td>
<td>6</td>
<td>66</td>
<td>100</td>
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<tr>
<td>Somatic Complaints (Hy₄)</td>
<td>8</td>
<td>77</td>
<td>100</td>
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<tr>
<td>Inhibition of Aggression (Hy₅)</td>
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</table>

#### Psychopathic Deviate Subscales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Resp %</th>
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<tbody>
<tr>
<td>Familial Discord (Pd₁)</td>
<td>0</td>
<td>38</td>
<td>100</td>
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<tr>
<td>Authority Problems (Pd₂)</td>
<td>6</td>
<td>67</td>
<td>100</td>
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<tr>
<td>Social Imperturbability (Pd₃)</td>
<td>5</td>
<td>57</td>
<td>100</td>
</tr>
<tr>
<td>Social Alienation (Pd₄)</td>
<td>3</td>
<td>45</td>
<td>92</td>
</tr>
<tr>
<td>Self-Alienation (Pd₅)</td>
<td>5</td>
<td>58</td>
<td>92</td>
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#### Paranoia Subscales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Resp %</th>
</tr>
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<tbody>
<tr>
<td>Persecutory Ideas (Pa₁)</td>
<td>1</td>
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<tr>
<td>Poignancy (Pa₂)</td>
<td>5</td>
<td>68</td>
<td>100</td>
</tr>
<tr>
<td>Naivete (Pa₃)</td>
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<td>46</td>
<td>100</td>
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<td>Schizophrenia Subscales</td>
<td>Raw Score</td>
<td>T Score</td>
<td>Resp %</td>
</tr>
<tr>
<td>----------------------------------------</td>
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<td>---------</td>
<td>--------</td>
</tr>
<tr>
<td>Social Alienation (Sc₁)</td>
<td>0</td>
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<td>100</td>
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<tr>
<td>Emotional Alienation (Sc₂)</td>
<td>2</td>
<td>59</td>
<td>100</td>
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<tr>
<td>Lack of Ego Mastery, Cognitive (Sc₃)</td>
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<td>66</td>
<td>100</td>
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<tr>
<td>Lack of Ego Mastery, Conative (Sc₄)</td>
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<td>65</td>
<td>100</td>
</tr>
<tr>
<td>Lack of Ego Mastery, Defective Inhibition (Sc₅)</td>
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<td>47</td>
<td>100</td>
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<tr>
<td>Bizarre Sensory Experiences (Sc₆)</td>
<td>6</td>
<td>70</td>
<td>100</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Hypomania Subscales</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amorality (Ma₁)</td>
<td>3</td>
<td>58</td>
<td>100</td>
</tr>
<tr>
<td>Psychomotor Acceleration (Ma₂)</td>
<td>6</td>
<td>53</td>
<td>100</td>
</tr>
<tr>
<td>Imperturbability (Ma₃)</td>
<td>5</td>
<td>59</td>
<td>100</td>
</tr>
<tr>
<td>Ego Inflation (Ma₄)</td>
<td>2</td>
<td>43</td>
<td>89</td>
</tr>
</tbody>
</table>

| Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham) | |
|-------------------------------------------------|---------|---------|--------|
| Shyness/Self-Consciousness (Si₁)                | 4       | 48      | 100    |
| Social Avoidance (Si₂)                         | 4       | 54      | 100    |
| Alienation--Self and Others (Si₃)               | 5       | 50      | 94     |

| Content Component Scales (Ben-Porath & Sherwood) | |
|-------------------------------------------------|---------|---------|--------|
| Fears Subscales                                 |         |         |        |
| Generalized Fearfulness (FRS₁)                  | 1       | 53      | 100    |
| Multiple Fears (FRS₂)                           | 1       | 41      | 100    |
| Depression Subscales                            |         |         |        |
| Lack of Drive (DEP₁)                            | 2       | 51      | 100    |
| Dysphoria (DEP₂)                                | 4       | 74      | 83     |
| Self-Depreciation (DEP₃)                        | 2       | 55      | 100    |
| Suicidal Ideation (DEP₄)                        | 0       | 45      | 100    |
| Health Concerns Subscales                       |         |         |        |
| Gastrointestinal Symptoms (HEA₁)                | 2       | 70      | 100    |
| Neurological Symptoms (HEA₂)                    | 3       | 60      | 100    |
| General Health Concerns (HEA₃)                  | 1       | 48      | 100    |
| Bizarre Mentation Subscales                     |         |         |        |
| Psychotic Symptomatology (BIZ₁)                 | 0       | 44      | 100    |
| Schizotypal Characteristics (BIZ₂)              | 1       | 47      | 100    |
| Anger Subscales                                 |         |         |        |
| Explosive Behavior (ANG₁)                       | 2       | 52      | 100    |
| Irritability (ANG₂)                             | 3       | 51      | 100    |
| Cynicism Subscales                              |         |         |        |
| Misanthropic Beliefs (CYN₁)                     | 5       | 47      | 100    |
| Interpersonal Suspiciousness (CYN₂)             | 1       | 39      | 100    |
### Antisocial Practices Subscales
- **Antisocial Attitudes (ASP<sub>1</sub>)**: 6, T Score: 49, Resp %: 94
- **Antisocial Behavior (ASP<sub>2</sub>)**: 3, T Score: 59, Resp %: 100

### Type A Subscales
- **Impatience (TPA<sub>1</sub>)**: 2, T Score: 45, Resp %: 100
- **Competitive Drive (TPA<sub>2</sub>)**: 3, T Score: 50, Resp %: 100

### Low Self-Esteem Subscales
- **Self-Doubt (LSE<sub>1</sub>)**: 1, T Score: 44, Resp %: 91
- **Submissiveness (LSE<sub>2</sub>)**: 1, T Score: 48, Resp %: 100

### Social Discomfort Subscales
- **Introversion (SOD<sub>1</sub>)**: 5, T Score: 50, Resp %: 100
- **Shyness (SOD<sub>2</sub>)**: 1, T Score: 41, Resp %: 100

### Family Problems Subscales
- **Family Discord (FAM<sub>1</sub>)**: 0, T Score: 35, Resp %: 100
- **Familial Alienation (FAM<sub>2</sub>)**: 1, T Score: 49, Resp %: 100

### Negative Treatment Indicators Subscales
- **Low Motivation (TRT<sub>1</sub>)**: 1, T Score: 48, Resp %: 100
- **Inability to Disclose (TRT<sub>2</sub>)**: 0, T Score: 37, Resp %: 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.
CRITICAL ITEMS

The following critical items have been found to have possible significance in analyzing a client's problem situation. Although these items may serve as a source of hypotheses for further investigation, caution should be used in interpreting individual items because they may have been checked inadvertently.

The percentages of endorsement for each critical item by various reference groups are presented in brackets following the listing of the item. The endorsement percentage labeled "N" is the percentage of the MMPI-2 normative sample of 1,138 men who endorsed the item in the scored direction. Endorsement percentages for the normative sample are reported for all critical items. When available, endorsement percentages for the setting are also reported. The designation "Cp" refers to a sample of 268 men from a group of chronic pain patients described by Keller and Butcher, 1991.

**Acute Anxiety State (Koss-Butcher Critical Items)**

Of the 17 possible items in this section, 6 were endorsed in the scored direction:

3. Item Content Omitted. (False) [N = 32; Cp = 84]
15. Item Content Omitted. (True) [N = 37; Cp = 41]
28. Item Content Omitted. (True) [N = 8; Cp = 28]
39. Item Content Omitted. (True) [N = 11; Cp = 28]
301. Item Content Omitted. (True) [N = 15; Cp = 24]
463. Item Content Omitted. (True) [N = 4; Cp = 10]

**Depressed Suicidal Ideation (Koss-Butcher Critical Items)**

Of the 22 possible items in this section, 8 were endorsed in the scored direction:

38. Item Content Omitted. (True) [N = 25; Cp = 51]
65. Item Content Omitted. (True) [N = 6; Cp = 31]
95. Item Content Omitted. (False) [N = 11; Cp = 40]
130. Item Content Omitted. (True) [N = 34; Cp = 72]
146. Item Content Omitted. (True) [N = 13; Cp = 21]
233. Item Content Omitted. (True) [N = 35; Cp = 40]
273. Item Content Omitted. (True) [N = 16; Cp = 37]
388. Item Content Omitted. (False) [N = 25; Cp = 51]

**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.
Threatened Assault (Koss-Butcher Critical Items)

Of the 5 possible items in this section, 2 were endorsed in the scored direction:

37. Item Content Omitted. (True) [N = 39; Cp = 48]
85. Item Content Omitted. (True) [N = 19; Cp = 21]

Situational Stress Due to Alcoholism (Koss-Butcher Critical Items)

Of the 7 possible items in this section, 5 were endorsed in the scored direction:

264. Item Content Omitted. (True) [N = 45; Cp = 44]
487. Item Content Omitted. (True) [N = 34; Cp = 20]
489. Item Content Omitted. (True) [N = 7; Cp = 15]
502. Item Content Omitted. (True) [N = 28; Cp = 31]
511. Item Content Omitted. (True) [N = 20; Cp = 8]

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.

Mental Confusion (Koss-Butcher Critical Items)

Of the 11 possible items in this section, 2 were endorsed in the scored direction:

31. Item Content Omitted. (True) [N = 13; Cp = 39]
180. Item Content Omitted. (True) [N = 5; Cp = 8]

Persecutory Ideas (Koss-Butcher Critical Items)

Of the 16 possible items in this section, 2 were endorsed in the scored direction:

241. Item Content Omitted. (True) [N = 20; Cp = 26]
251. Item Content Omitted. (True) [N = 24; Cp = 34]
Antisocial Attitude (Lachar-Wrobel Critical Items)

Of the 9 possible items in this section, 4 were endorsed in the scored direction:

27. Item Content Omitted. (True) [N = 27; Cp = 31]
84. Item Content Omitted. (True) [N = 17; Cp = 34]
105. Item Content Omitted. (True) [N = 31; Cp = 52]
266. Item Content Omitted. (False) [N = 41; Cp = 60]

Somatic Symptoms (Lachar-Wrobel Critical Items)

Of the 23 possible items in this section, 11 were endorsed in the scored direction:

28. Item Content Omitted. (True) [N = 8; Cp = 28]
40. Item Content Omitted. (True) [N = 3; Cp = 26]
44. Item Content Omitted. (True) [N = 2; Cp = 19]
47. Item Content Omitted. (False) [N = 19; Cp = 34]
53. Item Content Omitted. (True) [N = 19; Cp = 84]
57. Item Content Omitted. (False) [N = 27; Cp = 76]
176. Item Content Omitted. (False) [N = 15; Cp = 49]
224. Item Content Omitted. (False) [N = 18; Cp = 97]
229. Item Content Omitted. (True) [N = 8; Cp = 15]
247. Item Content Omitted. (True) [N = 10; Cp = 65]
464. Item Content Omitted. (True) [N = 25; Cp = 63]

Anxiety and Tension (Lachar-Wrobel Critical Items)

Of the 11 possible items in this section, 3 were endorsed in the scored direction:

15. Item Content Omitted. (True) [N = 37; Cp = 41]
301. Item Content Omitted. (True) [N = 15; Cp = 24]
463. Item Content Omitted. (True) [N = 4; Cp = 10]

Sleep Disturbance (Lachar-Wrobel Critical Items)

Of the 6 possible items in this section, 2 were endorsed in the scored direction:

30. Item Content Omitted. (True) [N = 6]
39. Item Content Omitted. (True) [N = 11; Cp = 66]
Deviant Thinking and Experience (Lachar-Wrobel Critical Items)

Of the 10 possible items in this section, 1 was endorsed in the scored direction:

298. Item Content Omitted. (True) [N = 13]

Depression and Worry (Lachar-Wrobel Critical Items)

Of the 16 possible items in this section, 8 were endorsed in the scored direction:

3. Item Content Omitted. (False) [N = 32; Cp = 84]
65. Item Content Omitted. (True) [N = 6; Cp = 31]
130. Item Content Omitted. (True) [N = 34; Cp = 72]
165. Item Content Omitted. (False) [N = 10]
180. Item Content Omitted. (True) [N = 5; Cp = 8]
273. Item Content Omitted. (True) [N = 16; Cp = 37]
339. Item Content Omitted. (True) [N = 37]
415. Item Content Omitted. (True)

Deviant Beliefs (Lachar-Wrobel Critical Items)

Of the 15 possible items in this section, 1 was endorsed in the scored direction:

106. Item Content Omitted. (False) [N = 18]

Substance Abuse (Lachar-Wrobel Critical Items)

Of the 3 possible items in this section, 2 were endorsed in the scored direction:

264. Item Content Omitted. (True) [N = 45; Cp = 44]
429. Item Content Omitted. (False) [N = 30]

Problematic Anger (Lachar-Wrobel Critical Items)

Of the 4 possible items in this section, 1 was endorsed in the scored direction:

85. Item Content Omitted. (True) [N = 19; Cp = 21]
OMITTED ITEMS

The following items were omitted by the client. It may be helpful to discuss these item omissions with this individual to determine the reason for noncompliance with the test instructions.

26. Item Content Omitted.
56. Item Content Omitted.
61. Item Content Omitted.

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 in diverse groups of patients. 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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