SAMPLE REPORT

Case Description: Jason W. — Pre-Trial Criminal Interpretive Report

Jason W., age 51, was employed as a finance manager. He was recently charged with embezzling $15,000 from the company he worked for and is awaiting trial. This is his only recorded criminal offense other than four speeding tickets and a DUI offense that was reduced to careless and reckless driving in a plea bargain. The MMPI-2 was administered as part of a pre-trial evaluation.

Case descriptions do not accompany MMPI-2 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 Mr. W.'s responses to the MMPI-2. Additional MMPI-2 sample reports, product offerings, training opportunities, and resources can be found at PearsonClinical.com/mmpi2.

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Pre-trial Criminal Interpretive Report

MMPI®-2
The Minnesota Report™: Reports for Forensic Settings
James N. Butcher, PhD

Name:	Jason W.
ID Number:	2542
Age:	51
Gender:	Male
Marital Status:	Divorced
Years of Education:	14
Date Assessed:	1/31/14

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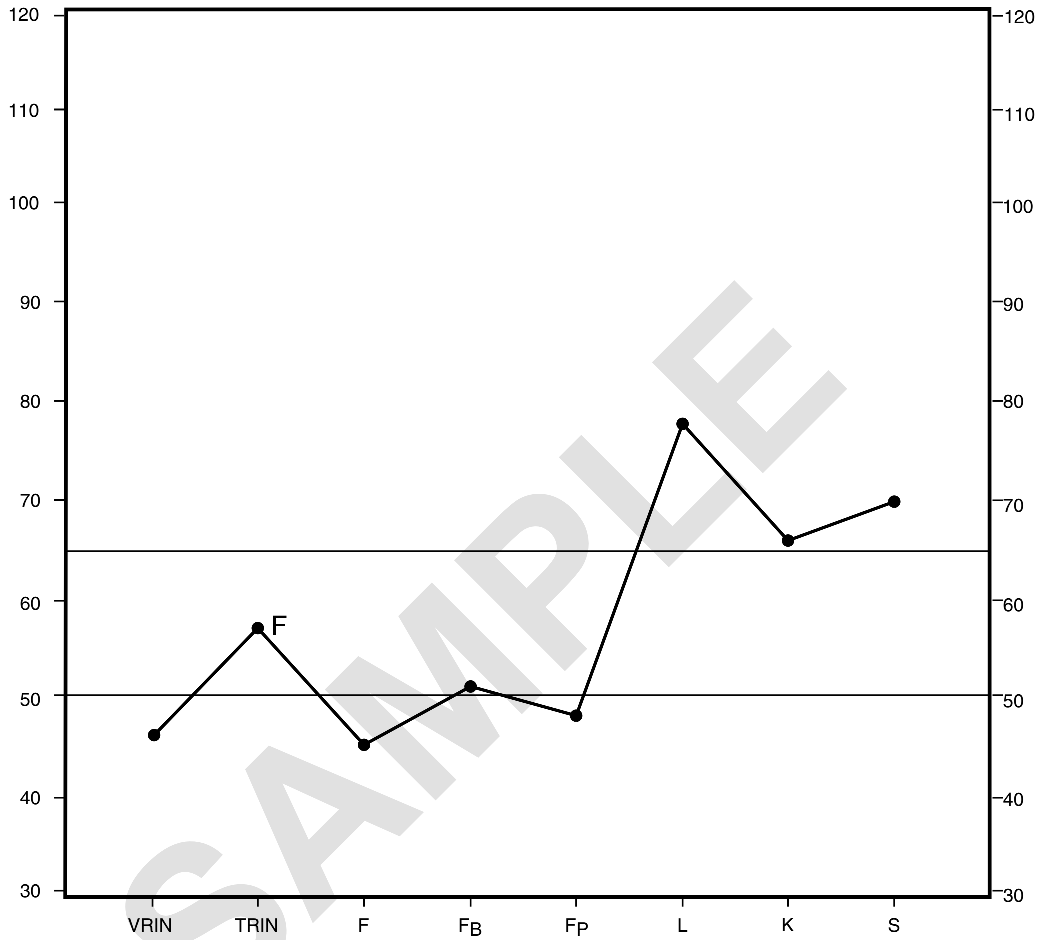
[3.9 / 1 / QG]

MMPI-2 VALIDITY PATTERN



	VRIN	TRIN	F	F_B	F_P	L	K	S
Raw Score:	4	8	3	2	1	10	23	42
T Score (plotted):	46	57F	45	51	48	78	66	70
Non-Gendered T Score:	46	57F	46	50	49	80	67	70
Response %:	100	100	100	100	100	100	100	100

Cannot Say (Raw):	0
Percent True:	28
Percent False:	72

	Raw Score	T Score	Resp. %
S_1 - Beliefs in Human Goodness	12	62	100
S_2 - Serenity	9	61	100
S_3 - Contentment with Life	8	70	100
S_4 - Patience/Denial of Irritability	8	68	100
S_5 - Denial of Moral Flaws	4	58	100

PROFILE VALIDITY

Unrealistic claims of virtue, as shown in this profile, reflect conscious attempts to influence the outcome of court proceedings by giving the appearance of having high moral virtue and honesty. This test-taking attitude weakens the validity of the test and shows an unwillingness or inability on the part of the client to disclose personal information. The resulting MMPI-2 profile is unlikely to provide much useful information about the client because he was too guarded to cooperate in the self-appraisal. Many reasons may be found for this pattern of uncooperativeness: conscious distortion to present himself in a favorable light, lack of psychological sophistication, or rigid neurotic adjustment.

The client's conscious efforts to influence the outcome of the evaluation and to project an overly positive self-image produced an MMPI-2 profile that substantially underestimates his psychological maladjustment. The test interpretation should proceed with the caution that the clinical picture reflected in the profile is probably an overly positive one and may not provide sufficient information for evaluation.

SYMPTOMATIC PATTERNS

Scales *Hy and Pa* were used as the prototype to develop this report. Although he tries to present a positive, cheerful attitude, he becomes uncomfortable in situations involving confrontation and the expression of anger. He may appear rather naive and suggestible. He tends to gloss over problems, and he avoids stressful situations by using denial and repression. He also tends to worry excessively and may develop physical problems under conditions of high stress. He may be very sensitive to criticism and is generally overly concerned about what others think. Under high stress, he may develop physical symptoms and/or intensify his defenses.

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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. His elevated MMPI-2 two-point profile configuration (3-6/6-3) is very rare in samples of normals, occurring in less than 1% of the MMPI-2 normative sample of men.

The frequency of this MMPI-2 high-point Pa score is relatively high in various inpatient settings. In the Graham and Butcher (1988) sample of psychiatric inpatients, this profile peak is the second most frequent peak score (15.7%) for males, with 12.6% of the cases scoring in the clinically significant range (8.2% are well defined). In the large Pearson Assessments inpatient sample, this high-point clinical scale score (Pa) is the third most frequent peak score, occurring in 14.3% of the men. Moreover, 12.1% of the males in the inpatient sample have this high-point scale spike at or over a T score of 65, and 7.5% are well defined in that range. Male inpatients in a Veterans Administration setting (Arbisi & Ben-Porath, 1997) produce this high-point peak score with 18.0% frequency; 10.8% have Pa elevated above a T

score of 65 and are well defined.

This MMPI-2 clinical scale spike on Pa is the most frequent high point for psychiatric inpatients in a study of general hospital cases. Arbisi, Ben-Porath, Marshall, Boyd, and Strauman (1997) found this profile in 23.7% of the cases. Well-defined Pa spikes at or above a T score of 65 were found for 10.8% of the men.

This elevated MMPI-2 two-point profile configuration (3-6/6-3) is found in less than 1% of the males in the Graham and Butcher (1988) sample, in 1.2% of the males in the Pearson Assessments inpatient sample, and in 2.9% of the men in a Veterans Administration inpatient sample (Arbisi & Ben-Porath, 1997), but less than 1% are at or above T = 65 in a well-defined code type. The 3-6/6-3 code type occurred with modest frequency (3.8%)in the general psychiatric inpatient study conducted by Arbisi, Ben-Porath, Marshall, Boyd, and Strauman (1997). They reported that this high-point pattern occurred with less than 1% frequency as a well-defined high-point profile.

Ben-Porath and Stafford (1997) reported high-point and code type frequencies for men and women undergoing competency evaluations. The high-point score on Pa that the client received occurred with very high frequency (26.1%) in that sample. The Pa scale was the most common high score for men. Additionally, it occurred with relatively high frequency (14.1%) in terms of well-defined profiles at or above a T score of 65. This MMPI-2 high-point code (3-6/6-3) can best be interpreted in the context of cases reported by Ben-Porath and Stafford (1997) in their study of individuals undergoing competency evaluations. This profile configuration occurred with relatively high frequency (6.1%) and 1.3% were well-defined scores at or above a T of 65.

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PROFILE STABILITY

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

In interpersonal relationships he is often passive. He manipulates people indirectly but effectively, and he behaves in dramatic ways to gain attention. He tends to be rather dependent and has a strong need for affection.

MENTAL HEALTH CONSIDERATIONS

His tendencies toward suspicion and mistrust require further evaluation in any diagnostic formulation.

He may not seek psychological treatment on his own because of his typically defensive approach to problems. He tends to be overly optimistic and shows little insight into the psychological causes of his problems. Individuals with this profile may view their problems as physical and may seek medical solutions for them.

He is probably not motivated for intensive psychological treatment and is likely to seek symptom relief only through medical procedures. He may seek and respond to direct reassurance and support, but he will resist confrontation or insight-oriented, "uncovering" psychological therapy. His present symptomatic problems may result from relationship difficulties. He may not easily enter into a psychological treatment relationship because he will have difficulty learning to trust the therapist.

Individuals with this profile may have a succession of psychological treatment failures that they attribute to the therapists' inability to understand their problems. There is a possibility that this individual will terminate treatment prematurely, perhaps feeling hurt and misunderstood.

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PRE-TRIAL CRIMINAL CONSIDERATIONS

It is highly unlikely that he possesses the extremely high degree of perfection and moral virtue that he claims on the MMPI-2. Such extreme claims of excessive positive qualities are often found among defendants making a conscious effort to influence the outcome of their trial. This MMPI-2 pattern suggests an individual who is presenting an extremely exaggerated and overly positive self-appraisal in order to demonstrate his good moral values and his very responsible attitude toward life. This MMPI-2 reflects a somewhat naive attempt to deny any psychological adjustment problems and to assert that he is responsible and honest in his symptom presentation.

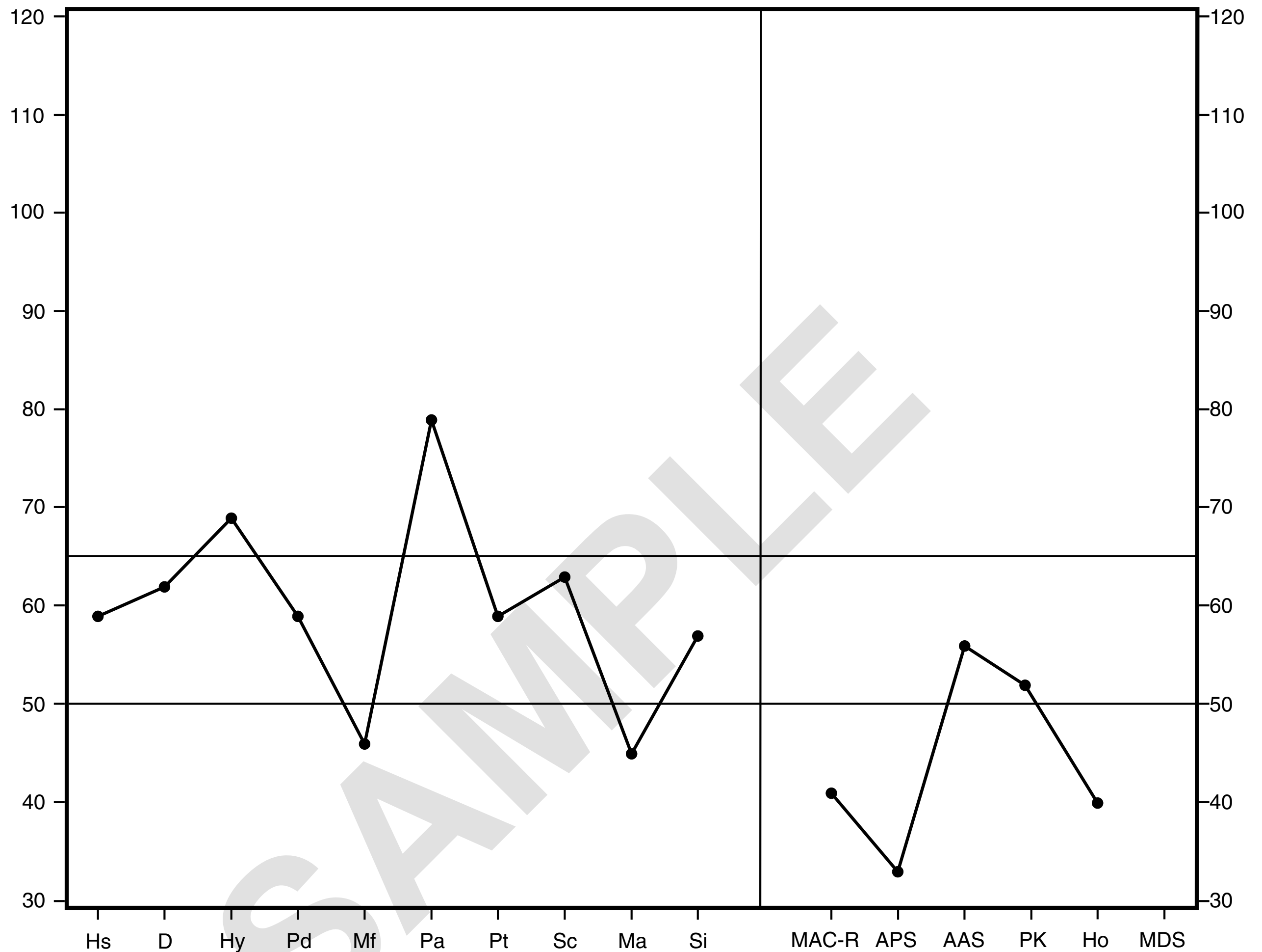
A major problem with this generally ineffective claim of extreme virtue is that it is a transparent effort to thwart the acquisition of specific personality information on which the practitioner can base an evaluation and recommendations. This performance appears to assert only that "everything is fine" and that he is perfect. It is likely that other measures or interviews obtained in the psychological evaluation will also be influenced by this general attitude of self-protection and reluctance to disclose personal information.

The symptoms or problems he reported should be carefully evaluated and may have an important bearing on his case. The forensic evaluator should take into consideration the extremely high scores the client obtained on the *Hy* and *Pa* scales and determine whether the behavior he reported reflects severe personality problems that require special attention at this time. These personality problems could be central to an assessment of his day-to-day functioning. Clients with this pattern may be self-centered and narcissistic and may deny responsibility for their problems. This individual has a tendency not to recognize his hostile feelings. He may be overly moralistic and may readily project blame on others. His long-standing feelings of hostility toward others may cause him to express negative feelings inappropriately. Some individuals with this pattern become indignant over small matters and seek to

punish others they view as doing them harm. This individual may be angry, uncooperative, and hard to get along with at times. His suspiciousness and resentfulness might at times make him difficult to work with.

SAMPLE

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE



SAMPLE

	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	APS	AAS	PK	Ho	MDS
Raw Score:	4	24	29	18	24	18	8	11	13	31	17	17	4	9	10	*
K Correction:	12			9			23	23	5							
T Score (plotted):	59	62	69	59	46	79	59	63	45	57	41	33	56	52	40	*
Non-Gendered T Score:	58	60	67	60		78	58	63	46	56	43	33	58	51	41	*
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	*

Welsh Code: 6'3+82-1470/59: L'K+-/F:

Profile Elevation: 61.9

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

MMPI-2 CONTENT SCALES PROFILE

SAMPLE

	ANX	FRS	OBS	DEP	HEA	BIZ	ANG	CYN	ASP	TPA	LSE	SOD	FAM	WRK	TRT
Raw Score:	4	4	2	8	4	0	1	3	1	3	5	15	2	2	5
T Score (plotted):	47	51	41	58	48	39	36	40	34	38	53	65	41	39	52
Non-Gendered T Score:	46	48	41	56	47	39	36	40	35	38	52	65	40	38	51
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

ADDITIONAL SCALES

	Raw Score	T Score	Non-Gendered T Score	Resp %
Personality Psychopathology Five (PSY-5) Scales				
Aggressiveness (AGGR)	6	43	44	100
Psychoticism (PSYC)	1	40	41	100
Disconstraint (DISC)	10	41	45	100
Negative Emotionality/Neuroticism (NEGE)	6	44	43	100
Introversion/Low Positive Emotionality (INTR)	19	68	69	100
Supplementary Scales				
Anxiety (A)	7	46	45	100
Repression (R)	22	65	65	100
Ego Strength (Es)	37	49	52	100
Dominance (Do)	17	51	52	100
Social Responsibility (Re)	26	65	65	100
Harris-Lingoes Subscales				
Depression Subscales				
Subjective Depression (D_1)	11	61	59	100
Psychomotor Retardation (D_2)	9	70	69	100
Physical Malfunctioning (D_3)	3	51	50	100
Mental Dullness (D_4)	1	43	43	100
Brooding (D_5)	2	51	49	100
Hysteria Subscales				
Denial of Social Anxiety (Hy_1)	5	56	56	100
Need for Affection (Hy_2)	11	67	67	100
Lassitude-Malaise (Hy_3)	4	57	56	100
Somatic Complaints (Hy_4)	2	48	46	100
Inhibition of Aggression (Hy_5)	5	63	62	100
Psychopathic Deviate Subscales				
Familial Discord (Pd_1)	1	45	44	100
Authority Problems (Pd_2)	3	47	50	100
Social Imperturbability (Pd_3)	4	51	52	100
Social Alienation (Pd_4)	3	45	44	100
Self-Alienation (Pd_5)	5	58	58	100
Paranoia Subscales				
Persecutory Ideas (Pa_1)	3	58	58	100
Poignancy (Pa_2)	4	62	60	100
Naivete (Pa_3)	7	60	60	100

SAMPLE

	Raw Score	T Score	Non-Gendered T Score	Resp %
Schizophrenia Subscales				
Social Alienation (Sc_1)	3	51	50	100
Emotional Alienation (Sc_2)	4	78	78	100
Lack of Ego Mastery, Cognitive (Sc_3)	0	42	42	100
Lack of Ego Mastery, Conative (Sc_4)	4	60	60	100
Lack of Ego Mastery, Defective Inhibition (Sc_5)	0	40	40	100
Bizarre Sensory Experiences (Sc_6)	2	51	50	100
Hypomania Subscales				
Amorality (Ma_1)	2	50	52	100
Psychomotor Acceleration (Ma_2)	1	30	30	100
Imperturbability (Ma_3)	4	53	54	100
Ego Inflation (Ma_4)	3	50	50	100
Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)				
Shyness/Self-Consciousness (Si_1)	7	56	55	100
Social Avoidance (Si_2)	7	67	68	100
Alienation--Self and Others (Si_3)	0	35	35	100
Content Component Scales (Ben-Porath & Sherwood)				
Fears Subscales				
Generalized Fearfulness (FRS_1)	0	44	43	100
Multiple Fears (FRS_2)	4	54	50	100
Depression Subscales				
Lack of Drive (DEP_1)	2	51	51	100
Dysphoria (DEP_2)	3	66	62	100
Self-Depreciation (DEP_3)	2	55	55	100
Suicidal Ideation (DEP_4)	0	45	46	100
Health Concerns Subscales				
Gastrointestinal Symptoms (HEA_1)	1	57	55	100
Neurological Symptoms (HEA_2)	1	47	46	100
General Health Concerns (HEA_3)	1	48	49	100
Bizarre Mentation Subscales				
Psychotic Symptomatology (BIZ_1)	0	44	44	100
Schizotypal Characteristics (BIZ_2)	0	41	41	100
Anger Subscales				
Explosive Behavior (ANG_1)	1	45	46	100
Irritability (ANG_2)	0	35	35	100
Cynicism Subscales				
Misanthropic Beliefs (CYN_1)	2	39	39	100
Interpersonal Suspiciousness (CYN_2)	1	39	40	100

SAMPLE

	Raw Score	T Score	Non-Gendered T Score	Resp %
Antisocial Practices Subscales				
Antisocial Attitudes (ASP_1)	0	32	33	100
Antisocial Behavior (ASP_2)	1	45	48	100
Type A Subscales				
Impatience (TPA_1)	0	34	34	100
Competitive Drive (TPA_2)	1	39	39	100
Low Self-Esteem Subscales				
Self-Doubt (LSE_1)	2	49	49	100
Submissiveness (LSE_2)	2	55	53	100
Social Discomfort Subscales				
Introversion (SOD_1)	12	71	72	100
Shyness (SOD_2)	3	52	51	100
Family Problems Subscales				
Family Discord (FAM_1)	0	35	35	100
Familial Alienation (FAM_2)	1	49	50	100
Negative Treatment Indicators Subscales				
Low Motivation (TRT_1)	1	48	47	100
Inability to Disclose (TRT_2)	2	52	53	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.

SAMPLE

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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