MMPI®-A
Minnesota Multiphasic Personality Inventory®—ADOLESCENT

SAMPLE REPORT

Case Description: Kayla — General Medical Interpretive Report

Kayla is a 17-year-old African American, referred for a psychological evaluation by her physician after several months of gastrointestinal complaints, headaches, and neck pain. An extensive medical evaluation, including neurological and internal medicine consultations, was negative. No physiologic basis for her symptoms had been found at the time of her referral to a psychologist.

The MMPI-A was administered as part of her evaluation, with scores and interpretation from the Minnesota Report. Kayla's tendency to exaggerate symptoms is also apparent in her MMPI-A responses, given her validity scales profile described in the first section of the Minnesota Report narrative. Her numerous and varied somatic symptoms were found on both the clinical and content scales profiles.

Kayla's Minnesota Report describes several psychological factors as part of her clinical picture, including reports of multiple symptoms of anxiety, tension, worry, and feeling of being overwhelmed by her problems. She's very pessimistic and describes considerable discord within her family. She has limited involvement at school and feels considerable distance from others. An issue not mentioned in her medical evaluation was her endorsement of some symptoms of eating disorders, described in the narrative section under Diagnostic Considerations. An examination of the item level indicators on pp. 13–14 of her Minnesota Report indicates she admitted to vomiting as a weight control measure. Other item endorsements that could be explored further in a follow-up session are her reports of "beatings" under family problems and the depression/suicidal ideation endorsements.

The Minnesota Report provides suggestions for treatment including behavioral approaches like stress inoculation training, coordination with her school to encourage daily school attendance, and ways to promote friendships or social skills. Kayla is likely to be resistant to mental health treatment. Her low self-esteem, feelings of being overwhelmed, and distance from others, highlighted in the narrative sections, provides useful information to her therapist for planning her initial sessions.

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 Kayla's responses to the MMPI-A. Additional MMPI-A sample reports, product offerings, training opportunities, and resources can be found at PearsonClinical.com/mmpia.

MMPI®-A
Minnesota Multiphasic Personality Inventory®— ADOLESCENT

General Medical Interpretive Report

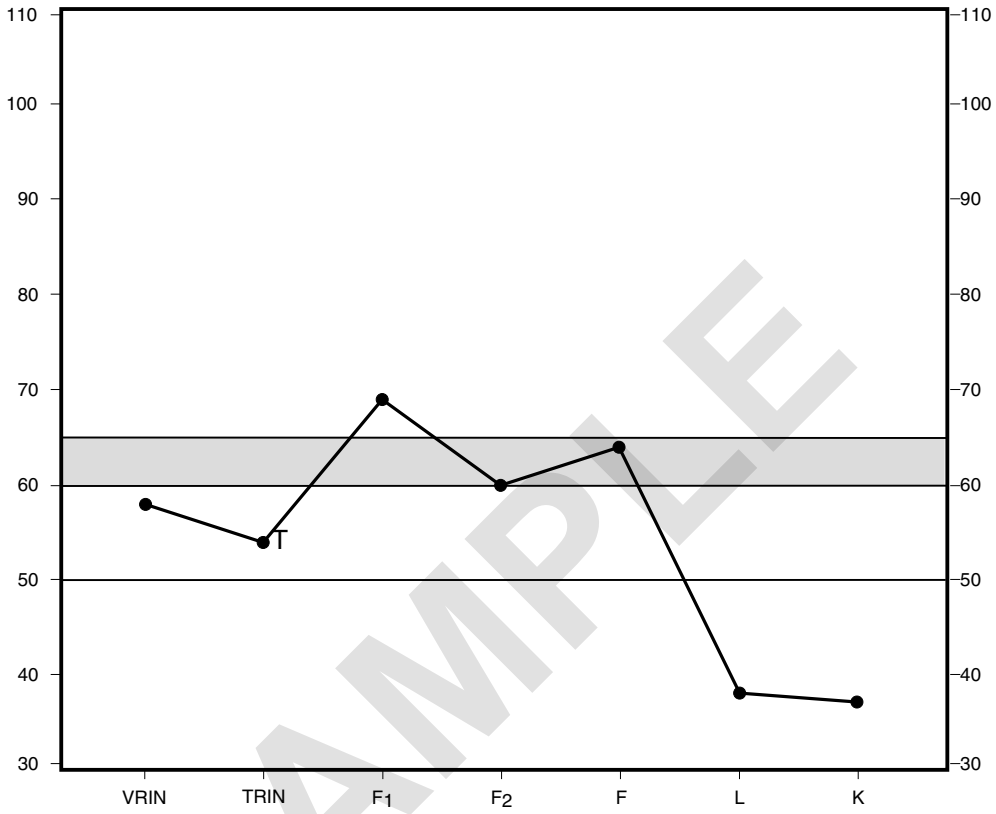
MMPI®-A
The Minnesota Report™: Adolescent Interpretive System, 2nd Edition
James N. Butcher, PhD, & Carolyn L. Williams, PhD

Name:	Kayla SampleCase
ID Number:	4444
Age:	17
Gender:	Female
Date Assessed:	1/27/14

PsychCorp

[4.4 / 1 / QG]

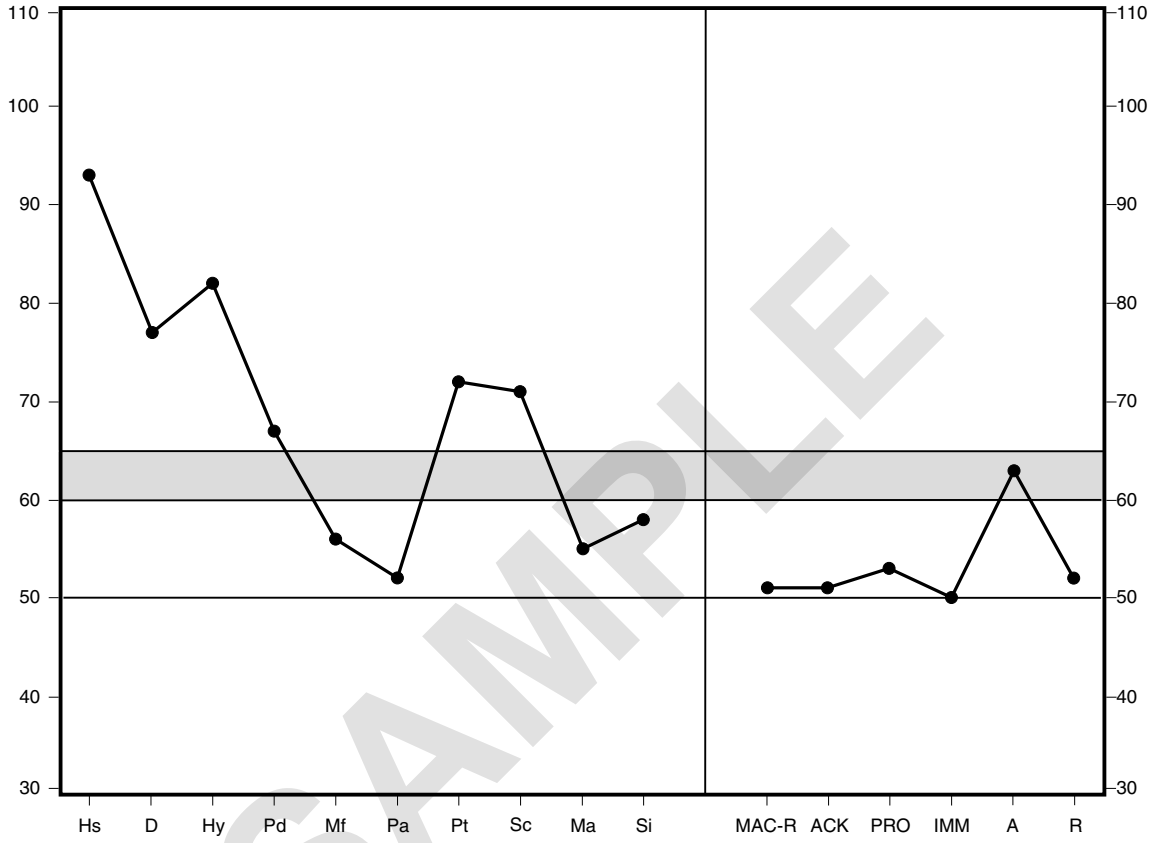
MMPI-A VALIDITY SCALES PROFILE



	VRIN	TRIN	F_1	F_2	F	L	K
Raw Score:	6	10	9	9	18	0	6
T Score:	58	54	69	60	64	38	37
Response %:	100	100	100	100	100	100	100

Cannot Say (Raw):	1
Percent True:	54
Percent False:	46

MMPI-A CLINICAL AND SUPPLEMENTARY SCALES PROFILE

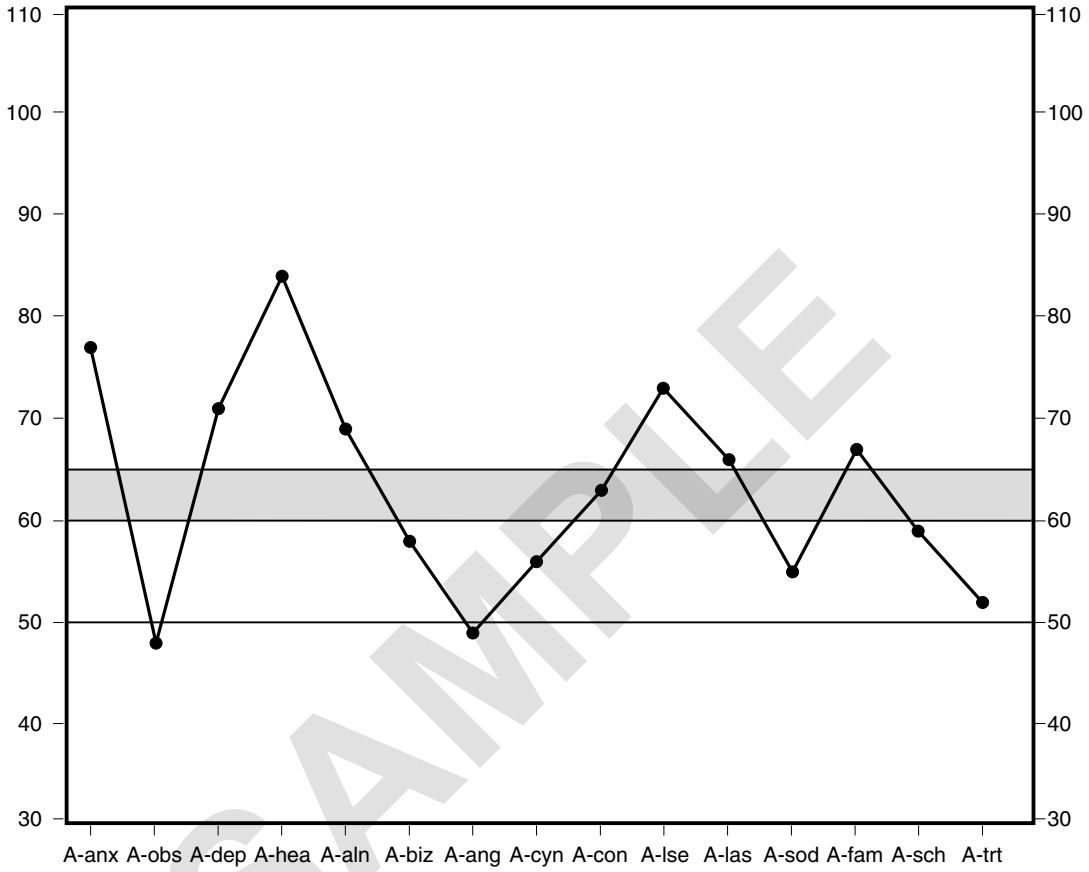


	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	ACK	PRO	IMM	A	R
Raw Score:	29	35	37	29	26	14	36	42	25	33	20	4	18	12	27	14
T Score:	93	77	82	67	56	52	72	71	55	58	51	51	53	50	63	52
Response %:	100	98	100	100	100	100	100	100	100	98	100	100	100	100	97	100

Welsh Code: 1*3"2<u>78</u>'4+-0<u>59</u>6/ F-/:<u>LK</u>#

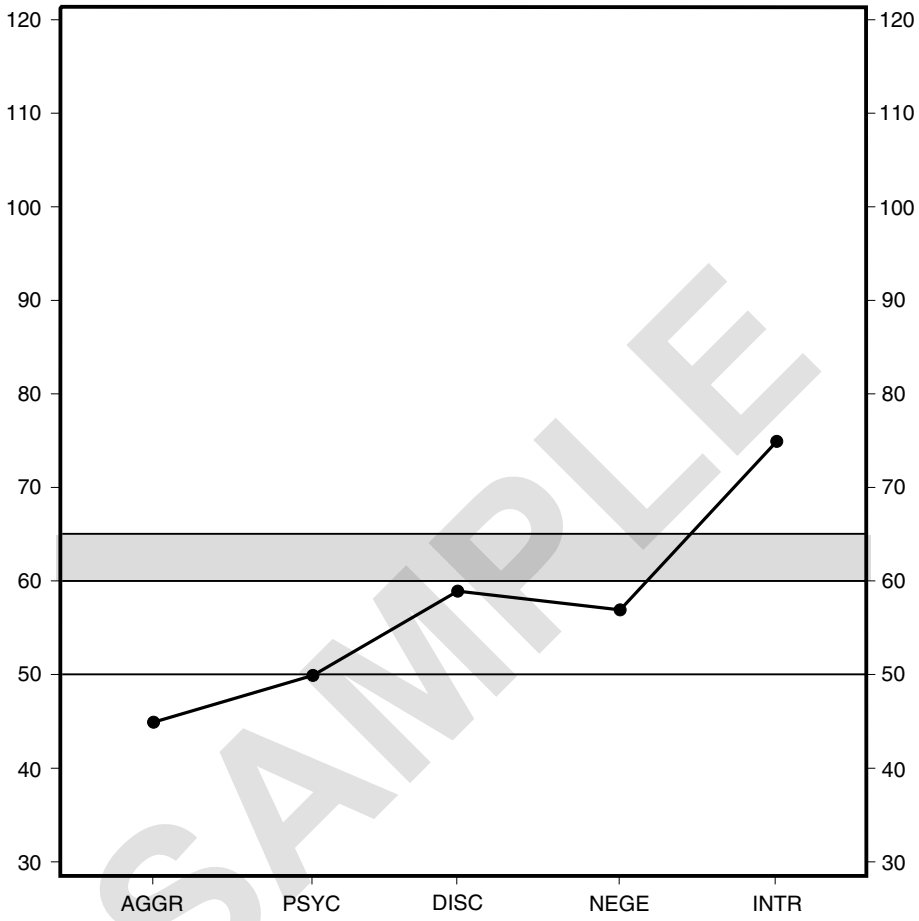
Mean Profile Elevation: 71.1

MMPI-A CONTENT SCALES PROFILE



Raw Score:	18	8	19	27	12	7	9	16	13	13	10	10	21	9	11
T Score:	77	48	71	84	69	58	49	56	63	73	66	55	67	59	52
Response %:	100	100	96	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:	7	5	11	15	16
T Score:	45	50	59	57	75
Response %:	100	100	100	100	100

VALIDITY CONSIDERATIONS

The individual's elevation on the F score suggests some tendency to endorse extreme symptoms or problems. Possible interpretation includes inconsistent responding, reading problems, a tendency to exaggerate symptoms or a frank acknowledgment of mental health problems. Her VRIN and TRIN score elevations rule out inconsistent responding as an explanation of this response pattern. Her response pattern does not likely result from random responding or reading problems. Thus, her extreme symptom endorsement could result from some tendency to gain attention for her problems or from her acknowledgment of serious psychopathology. Further evaluation of her motivation to share mental health problems is suggested in order to gain a fuller understanding of her mental health status.

SYMPTOMATIC BEHAVIOR

This individual's MMPI-A clinical profile presents a pattern of symptoms in which somatic reactivity under stress is a primary difficulty. She presents a pattern of physical problems and a reduced level of psychological functioning. Her physical complaints may be vague, may have appeared suddenly after a period of stress, and may not be traceable to actual organic causes. She may be manifesting fatigue, pain, weakness, or unexplained periods of dizziness.

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.

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.

She endorsed a number of very negative opinions about herself. She reported feeling unattractive, lacking self-confidence, feeling useless, having little ability and several faults, and not being able to do anything well. She may be easily dominated by others.

She has limited expectations of success in school and is not very interested or invested in succeeding. She may have poor academic performance, limited involvement in school activities, and multiple problems in school. Symptoms of depression were reported.

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 shows little capacity to experience pleasure in life. Persons with high scores on the Introversion/Low Positive Emotionality scale can be pessimistic, anhedonic (unable to experience pleasure), and socially withdrawn with few or no friends. Her pervasive physical problem presentation could result, in part, from this characteristic personality style.

INTERPERSONAL RELATIONS

Adolescents with similar clinical profiles tend to be somewhat passive-dependent and demanding in interpersonal relationships. This individual may attempt to manipulate others by complaining of physical symptoms.

Some interpersonal issues are suggested by her MMPI-A Content Scales profile. She reports considerable discord within her family. She characterizes her family as angry, jealous, and fault finding. She reports increasing disagreements with her parents and worsening arguments between her parents. Her family problems may spill over into other settings (school, for example).

This young person reports feeling distant from others. Other people seem unsympathetic toward her. She feels unliked and believes that no one understands her.

BEHAVIORAL STABILITY

The relative scale elevation of the highest scales (Hs, Hy) in her clinical profile reflects high profile definition. If she is retested at a later date, the peak scores on this test are likely to retain their relative salience in her profile pattern. This adolescent may be developing a hysteroid adjustment to life, and may experience periods of exacerbated symptoms under stress.

DIAGNOSTIC CONSIDERATIONS

Adolescents with this clinical profile typically show a pattern of adjustment in which somatic complaints are prominent. Conversion disorder or somatization disorder should be considered.

She admits to having some symptoms of eating disorders (e.g., binging, purging, or laxative use for weight loss). Her extreme endorsement of multiple anxiety-based symptoms should be considered in her diagnostic work-up.

Academic underachievement, a general lack of interest in any school activities, and low expectations of success are likely to play a role in her problems.

Although the alcohol- and other drug-problem scales are not elevated, she has some other indicators of possible problems in this area. An evaluation of her alcohol or other drug use is suggested.

TREATMENT CONSIDERATIONS

This adolescent may be resistant to mental health treatment because she has little psychological insight and seeks medical explanations for her problems. She is probably reluctant to engage in self-exploration. Some individuals with this clinical profile respond to placebos or mild suggestion, or to stress-inoculation therapy if it is not too threatening. They will probably require long-term commitment to therapy before their personality will change substantially. However, individuals with this clinical profile often terminate treatment early.

Unless a medical evaluation determines otherwise, daily school attendance should be encouraged. Brief visits to the nurse's office during times of symptom expression might be helpful, but she should be encouraged to return to class as soon as feasible. Her attention should be directed away from her somatic complaints. Assessment of her school friendships might be helpful, and if the school has a friendship-building class or other social skills programs, a referral might also facilitate her adjustment.

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

Her family situation, which is full of conflict, should be considered in her treatment planning. Family therapy may be helpful if her parents or guardians are willing and able to work on conflict resolution. However, if family therapy is not feasible, it may be profitable during the course of her treatment to explore her considerable anger at and disappointment in her family. Alternate sources of emotional support from adults (e.g., foster parent, teacher, other relative, friend's parent, or neighbor) could be explored and facilitated in the absence of caring parents. This adolescent's emotional distance and discomfort in interpersonal situations must be considered in developing a treatment plan. She may have difficulty self-disclosing, especially in groups. She may not appreciate receiving feedback from others about her behavior or problems.

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)	**23**	**78**	**97**
Psychomotor Retardation (D_2)	**9**	**73**	**100**
Physical Malfunctioning (D_3)	**6**	**64**	**100**
Mental Dullness (D_4)	**11**	**77**	**100**
Brooding (D_5)	**8**	**70**	**90**
Hysteria Subscales			
Denial of Social Anxiety (Hy_1)	3	48	100
Need for Affection (Hy_2)	1	34	100
Lassitude-Malaise (Hy_3)	**13**	**80**	**100**
Somatic Complaints (Hy_4)	**14**	**79**	**100**
Inhibition of Aggression (Hy_5)	3	51	100
Psychopathic Deviate Subscales			
Familial Discord (Pd_1)	**7**	**66**	**100**
Authority Problems (Pd_2)	3	52	100
Social Imperturbability (Pd_3)	**5**	**61**	**100**
Social Alienation (Pd_4)	7	57	100
Self-Alienation (Pd_5)	**8**	**63**	**100**
Paranoia Subscales			
Persecutory Ideas (Pa_1)	4	50	100
Poignancy (Pa_2)	6	62	100
Naivete (Pa_3)	2	41	100
Schizophrenia Subscales			
Social Alienation (Sc_1)	**10**	**61**	**100**
Emotional Alienation (Sc_2)	**5**	**65**	**100**
Lack of Ego Mastery, Cognitive (Sc_3)	**7**	**67**	**100**
Lack of Ego Mastery, Conative (Sc_4)	**9**	**67**	**100**
Lack of Ego Mastery, Defective Inhibition (Sc_5)	4	49	100
Bizarre Sensory Experiences (Sc_6)	**13**	**72**	**100**
Hypomania Subscales			
Amorality (Ma_1)	4	63	100
Psychomotor Acceleration (Ma_2)	5	39	100
Imperturbability (Ma_3)	5	64	100
Ego Inflation (Ma_4)	4	47	100

	Raw Score	T Score	Resp %
Social Introversion Subscales			
Shyness / Self-Consciousness (Si_1)	6	49	100
Social Avoidance (Si_2)	2	51	100
Alienation--Self and Others (Si_3)	13	63	100
Content Component Scales			
Adolescent Depression			
Dysphoria (A-dep$_1$)	**5**	**71**	**100**
Self-Depreciation (A-dep$_2$)	**4**	**62**	**100**
Lack of Drive (A-dep$_3$)	**5**	**65**	**100**
Suicidal Ideation (A-dep$_4$)	**3**	**70**	**100**
Adolescent Health Concerns			
Gastrointestinal Complaints (A-hea$_1$)	**4**	**82**	**100**
Neurological Symptoms (A-hea$_2$)	**13**	**76**	**100**
General Health Concerns (A-hea$_3$)	**7**	**82**	**100**
Adolescent Alienation			
Misunderstood (A-aln$_1$)	**5**	**69**	**100**
Social Isolation (A-aln$_2$)	**3**	**63**	**100**
Interpersonal Skepticism (A-aln$_3$)	2	57	100
Adolescent Bizarre Mentation			
Psychotic Symptomatology (A-biz$_1$)	5	60	100
Paranoid Ideation (A-biz$_2$)	1	55	100
Adolescent Anger			
Explosive Behavior (A-ang$_1$)	2	44	100
Irritability (A-ang$_2$)	7	60	100
Adolescent Cynicism			
Misanthropic Beliefs (A-cyn$_1$)	10	58	100
Interpersonal Suspiciousness (A-cyn$_2$)	6	56	100
Adolescent Conduct Problems			
Acting-Out Behaviors (A-con$_1$)	3	48	100
Antisocial Attitudes (A-con$_2$)	**7**	**72**	**100**
Negative Peer Group Influences (A-con$_3$)	1	53	100
Adolescent Low Self-Esteem			
Self-Doubt (A-lse$_1$)	**10**	**73**	**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$_2$)	**6**	**72**	**100**

	Raw Score	T Score	Resp %
Adolescent Social Discomfort			
Introversion (A-sod$_1$)	5	57	100
Shyness (A-sod$_2$)	5	54	100
Adolescent Family Problems			
Familial Discord (A-fam$_1$)	**15**	**66**	**100**
Familial Alienation (A-fam$_2$)	4	58	100
Adolescent School Problems			
School Conduct Problems (A-sch$_1$)	1	54	100
Negative Attitudes (A-sch$_2$)	4	59	100
Adolescent Negative Treatment Indicators			
Low Motivation (A-trt$_1$)	5	58	100
Inability to Disclose (A-trt$_2$)	3	48	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, four 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.)
173. Item Content Omitted. (12.5% of the normative girls responded True.)
353. Item Content Omitted. (16.3% of the normative girls responded True.)

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

158. Item Content Omitted. (11.9% of the normative girls responded False.)
288. Item Content Omitted. (19.9% of the normative girls responded True.)

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

345. Item Content Omitted. (24.6% of the normative girls responded True.)
440. Item Content Omitted. (26.2% 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.

Depression/Suicidal Ideation
(Of the seven possible items in this section, five were endorsed in the scored direction):

62. Item Content Omitted. (20.1% of the normative girls responded True.)
71. Item Content Omitted. (15.7% of the normative girls responded False.)
177. Item Content Omitted. (30.2% of the normative girls responded True.)
242. Item Content Omitted. (17.9% of the normative girls responded True.)
283. Item Content Omitted. (15.7% of the normative girls responded True.)

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

108. Item Content Omitted. (16.2% 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, two were endorsed in the scored direction):

278. Item Content Omitted. (30.4% of the normative girls responded True.)
299. Item Content Omitted. (29.5% of the normative girls responded True.)

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

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):

90. Item Content Omitted. (22.7% 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.

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 girls responded True.)
251. Item Content Omitted. (38.0% of the normative girls responded True.)

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

113. Item Content Omitted. (26.7% 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.)
172. Item Content Omitted. (14.6% of the normative girls responded False.)
214. Item Content Omitted. (25.2% of the normative girls responded True.)
275. Item Content Omitted. (25.4% of the normative girls responded False.)

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

161. Item Content Omitted. (29.2% of the normative girls responded True.)

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 girls responded True.)

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

Aggression
Paranoid Ideation

OMITTED ITEMS

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

203. 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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