Caldwell
REPORTS
www.CaldwellReports.com
855-4Caldwell
855-422-6393
FAX 866-645-5264

MMPI-2

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY
Scoring and Narrative Reports

Name:	Sample Narrative Report
Gender:	Female
Age:	40
Marital Status:	Separated
Education:	15

Test Administered:	Minnesota Multiphasic Personality Inventory(MMPI-2®)
Administered by:	Zachary Sample
Test Date:	February 26, 2021
Processed:	August 03, 2021

NARRATIVE REPORT

TEST TAKING ATTITUDE

Attention and Comprehension: Her score on the Variable Response Inconsistency scale (VRIN) was unelevated; her item responses were self-consistent throughout the inventory. This suggests that she was clearly able to read and comprehend the test items, that she was attentive in considering her responses, and that she consistently matched the item numbers in the booklet to the corresponding numbers on the answer sheet. She does not appear to have had any difficulties in understanding the content or responding to the format of the inventory.

Attitude and Approach: In her approach to the inventory, she was mildly self-favorable and minimizing of psychological problems. The profile appears valid by the usual criteria for scales L, F, and K.

She made almost no atypical and rarely given responses to the items in the second half of the inventory (scale F-back). This was consistent with the relative absence of such rare answers to the earlier MMPI-2 items (scale F). The profile clearly does not appear to be of questionable validity because of atypical responding.

Socio-cultural Influences vs. Conscious Distortion: The supplemental validity scales showed an above average score on the scale (Ss) measuring her level of currently attained, recently experienced, or self-perceived socioeconomic status. She did not show any significant amount of conscious defensiveness, and there were no indications of any intentionally self-favorable slanting of her responses. She appears to be a person of above average socioeconomic status identification whose mild elevation on scale K was probably due to such factors as an emotional reserve or some general sophistication of her self-presentation.

SYMPTOMS AND PERSONALITY CHARACTERISTICS

Among psychotherapy patients her profile has been associated with passive-aggressive and paranoid personalities and with transitory paranoid states. Resentments of family members may be fixed if not bitter and unforgiving. She could become hostile, tense, and agitated when she feels trapped or threatened and then could react in self-centered ways. Her judgment appears uneven with occasional lapses of forethought and breakdowns of her impulse controls. She would react with anxiety and nervousness to the threat of punishment for acting out, but this is apt to be transitory and situational. Nevertheless, her ego strength tests as well above average for normal subjects which predicts practical effectiveness and self-sufficiency in a wide variety of areas.

She tests as tending to project her angry feelings and aggressive impulses onto others. Jealousies and feelings that she is being unfairly treated may reflect paranoid projections and distortions of her reality testing. At times she could provoke others into reactions that she would take as confirming of her projections and in general she would tend to overreact to anger in others. Her anger is apt to be expressed in indirect and possibly

manipulative ways that are difficult for others to deal with. She could become critical and argumentative in order to defend against facing her own internal conflicts. It should be noted that some patients with this pattern were seen as more disturbed than their profile elevations had suggested; in part this was related to their abilities to agitate others in order to avoid subjective anguish.

She did not respond to any of the items that usually reflect or report openly paranoid delusions. Nonetheless, her "neurotic-psychotic profile balance" is unusually in the psychotic direction for such a normal range profile. It should be strongly emphasized that this is not a sign of psychosis, but rather it is an indication of how she might adjust to chronic and severe stress.

Conflicts around her dependency needs, her demands on others for affection and sympathy, and her sensitivity to demands on her are common problem areas with this pattern. She would be seen as quick to resent what she would interpret as a personal rebuff. Her moral values appear inflexible if not punitive and self-righteous. The pattern has relatively often been associated with marital struggles and histories of divorce that involved rationalized and logically justified resentments, a subtle vindictiveness, and a slowness to "forgive and forget". Despite her interpersonal struggles, she tests as socially outgoing and extroverted, and she is likely to have many casual relationships rather than a few close and intimate ones.

Similar profiles have been related to a "chip on the shoulder" or "wounded pride" syndrome. In many of these cases temper tantrums had been a major way of getting what they wanted as children as well as a way of dealing with parental indifference and limited affection. The threat of her anger could carry over into her adult life as a major way of coercing others and of gaining her wishes. Past rebelliousness toward maritally conflicted parents would be a typical history. Ways of acting out that had been acutely upsetting to the patients' mothers were noted in some cases, such as relationships with racially or otherwise "unacceptable" boyfriends, illegitimate pregnancies, and resulting abortions. Others had been attracted to such unacceptable boyfriends without becoming involved or without getting into trouble over such relationships.

DIAGNOSTIC IMPRESSION

Among psychotherapy patients the diagnoses most commonly associated with this pattern are of passive-aggressive and paranoid personalities. It should be noted that a few of these patients were diagnosed as having transitory paranoid states.

TREATMENT CONSIDERATIONS

A past history of trouble with the law would suggest a mild risk of future difficulties. Her responses suggests asking about current trouble with the law. If presently involved, the stress of this could have precipitated or exacerbated her symptoms or otherwise have led her to make professional contact. If not already expressed in the interview, the therapist may wish to follow up the patient's "true" responses to the following items:

"Someone has it in for me."

"People say insulting and vulgar things about me."

Contacts with husbands and other family members have proven important in those similar cases in which they could be arranged. Such contacts have involved the clarification of the precipitating stresses, what was threatening or provoking the patients, and how dependable their controls had been. Such contacts could also help to evaluate paranoid trends such as increasing irritability, ideas of mistreatment or of persecution, jealousies, recent personality changes, and any other fixed projections of her anger. In a few similar cases, work with the family to help them to clarify their feelings toward the patient and to plan how to manage her behaviors was reported to be of as much longterm benefit as were the efforts to treat the patient in psychotherapy.

She tests as wanting to avoid facing her own internal conflicts. She would resist accepting what she would see as the vulnerable and exposed patient role. The motivation to change and the potential for insight and improvement appears quite limited. The virtual absence of expressed depression and internalized anxiety would also predict against persistence in treatment. Although resentful of her childhood home and of how family members treated her, she is apt to be slow to reveal historical details because of her shame and her dislike of being seen as an angry and resentful person. Some similar patients have been able to put on a very good front of being cooperative, sociable, and well organized when wanting "out" of treatment.

The management of her anger in a current marital or family crisis is a likely focus of treatment, along with clarifying her ambivalences about divorce. However, a rapid uncovering of the full intensity of her anger could lead to acting out which she then would need to minimize or to withhold from the therapist. In similar cases it was reported to be important to stabilize their ego satisfactions by helping them to reality test their underlying self-concepts of being bright, individualistic, and talented. Typically, an effective appreciation of how she actively provokes anger and rejection by others would only follow an increased recognition of the intensity of her own hurt and angry feelings. In some similar cases it was seen as helpful to avoid an interruption of her managing of ongoing responsibilities, or where already interrupted, to encourage that this be resumed. In other cases where a removal from stress and a period of "cooling off of anger" was indicated, it was felt important to subsequently support the regaining of previous sources of self-esteem.

Thank you for preferring Caldwell Reports.

The preceding analysis is basically actuarial and probabilistic in nature in that the symptoms and personality characteristics presented in the report have been identified as disproportionately frequent among individuals obtaining similar scores and patterns of scores on the MMPI-2 (tm). The diagnosis of any individual, however, needs to be based on the integration of information from personal contacts, the person's history, other test results, and whatever independent data are relevant and available.

This report has an overall focus on psychotherapy intake, differential diagnosis, treatment planning, and related

personality-dependent determinations. It provides assistance in the diagnostic process by providing an extended set of clinical hypotheses, the largest part of the basis for which is data from traditional psychiatric settings. The application of these hypotheses to an individual requires independent confirmation of them by the clinician and an allowance for the specific context of testing if it differs substantially from the primarily psychotherapeutic database.

This report was prepared for our professional clientele. In most cases this is confidential information and legally privileged. The ongoing protection of this privilege becomes the responsibility of the professional person receiving the attached material from Caldwell Reports.

THE ADAPTATION AND ATTACHMENT HYPOTHESES SUPPLEMENT:

The following paragraphs present my current hypotheses as to etiologic and developmental factors that likely contribute to the behaviors associated with elevated and more severely disturbed profiles of the codetype to which this profile best conforms. Thus, the following description characterizes a relatively severe level of disturbance. Individuals with relatively unelevated profiles as in this case, typically show lower levels of sensitization and only selective aspects of this description. The adaptive responses to the aversive shaping experiences described below place demands on the attentional energies of the person, especially under threatening circumstances, but generally they are not overwhelmingly strong; at times of stress they are apt to interfere with day-to-day functioning but not to disrupt it grossly (which latter often does happen for individuals with markedly elevated profiles). THIS DESCRIPTION IS NOT MODIFIED OR ADJUSTED TO THE MILD LEVEL OF DISTURBANCE OR SECONDARY VARIATIONS OF THIS PERSON'S PROFILE: IT IS AN ETIOLOGIC PROTOTYPE FOR ANYONE WITH THIS GENERAL PATTERN TYPE. It is intended to generate hypotheses for clinical consideration as to how the individual "got this way". This prototypic material will always be the same for any profile matching this code type. About three fourths of the reports currently processed will have these paragraphs--the other fourth are more or less rarely occurring codes, and for want of code-specific data they will not have these paragraphs at this time.

My belief is that all behaviors are adaptive given the person's biologic/constitutional makeup and life experiences. An awareness of adaptational benefits is potentially helpful: (1) in understanding the origins and adaptive self-protections of the person's present behaviors, (2) in providing test-result feedback to the client as well as in explaining the person's conduct to judges and any other parties appropriately involved, and (3) in guiding psychotherapeutic intervention. These inductive inferences are based on an extensive searching for developmental information on pattern-matched cases. Some interpretations are supported by published data (e.g., Gilberstadt & Duker, 1965, Hathaway & Meehl, 1951, Marks & Seeman, 1963), and others are based on clinically examining any cases I have been able to access on whom pertinent information has been available.

PROPOSED DIAGNOSIS: UNFAIRNESS SENSITIZATION

ADAPTATION TO: cold judgments with unduly harsh punishments

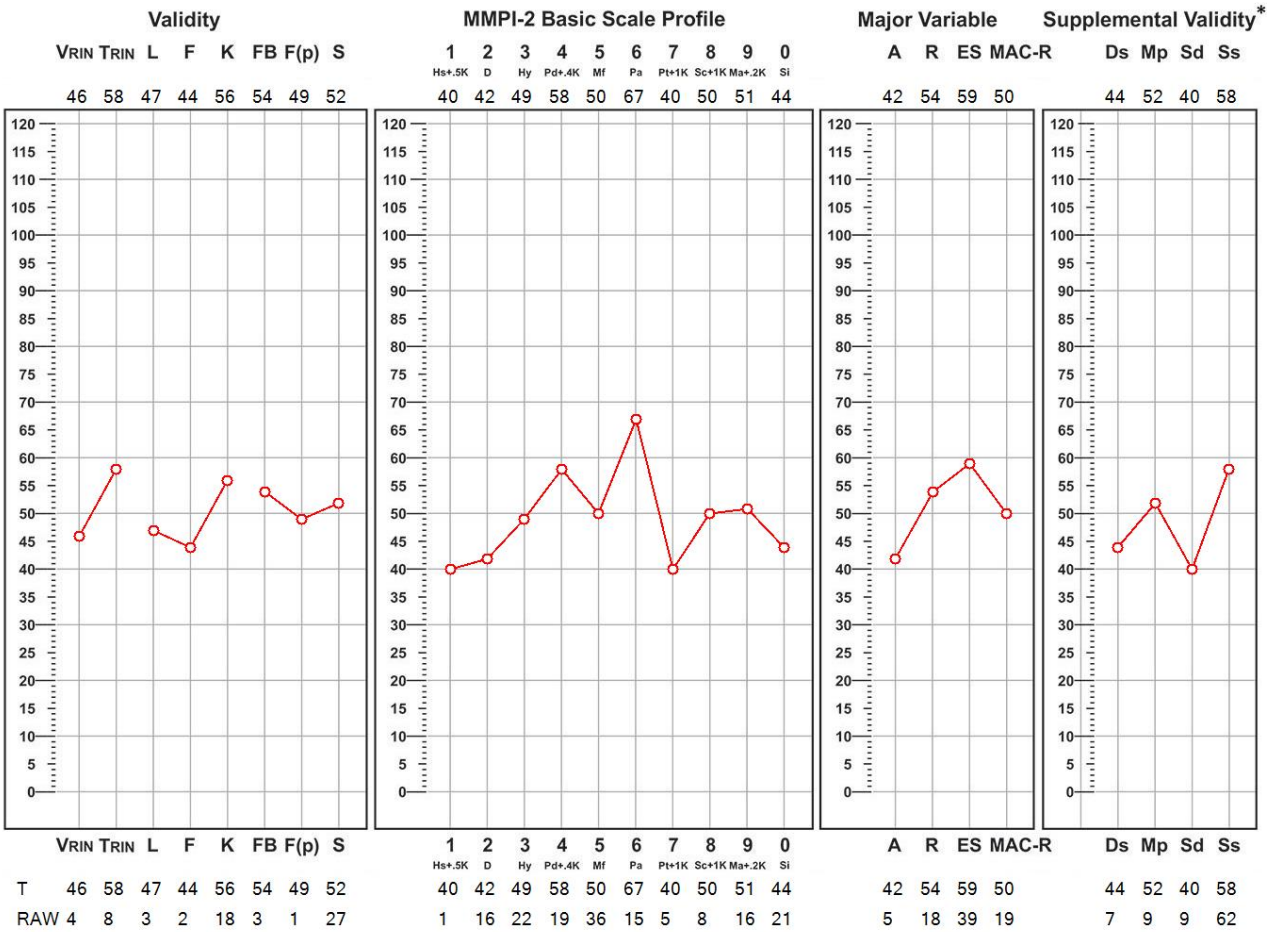
TRADITIONAL DIAGNOSIS: paranoid personality disorder

PROTOTYPIC CHARACTERISTICS: acute sensitivity to perceived unfair (especially punitive) actions against self and/or others. They can react with undercontrol and poor anticipation of the consequences of their actions, and they do not recognize their own internal conflicts and anxieties. Irritability is apt to lead to temper problems. The person's criticisms can be hyper-rational (the extreme being fixed paranoid beliefs). Although seen as egocentric and demanding of others, the person fends off demands on self. At more severe levels the person can become litigious or even dangerously retaliatory when he or she believes self (or society) to have been seriously and callously wronged--someone must be stopped from hurting others. A Neurotic-Psychotic Index over 70 or 80, associated with idiosyncratic understandings of one's world and misinterpretations of the intentions of others, would add to the potential dangerousness. Such high N-P Index values also add to the evasiveness, denial, and refusal to admit intrapsychic conflicts, i.e., letting no one in dangerously close to themselves. Relatively lower N-P Index values, e.g., under 60, are more associated with acting out, undercontrol of impulses, poor forethought, some narrow awareness of internal conflicts around intimacy and dependency, and self-dramatization.

CONTRIBUTORY SHAPING HISTORY: typically the parental expectations or rules were enforced quite literally, without consideration or flexibility regarding the needs and distresses of the child. Parental (or other family members') tempers are apt to have been intensely threatening and frightening to the person as a small child. The parents were experienced as punitive and coercive of the child's will and indifferent to the child's distress, and punishments were often severe (e.g., Marks, Seeman, & Haller, 1974, p. 213, about half of their 46/64 adolescent sample reported having been beaten with a strap; they were described as defiant, disobedient, restless, and negativistic). Then as well as in adulthood the slightest cues of resentment or anger in another person become the alarm to immediate readiness and self-protection. Too many "uncalled for" hurts can eventually coerce retaliation ("I HAD TO STOP THEM FROM DOING THAT"). The 6-Pa minus 8-Sc slope assesses the degree of rationality in the self-justifications of such retaliatory actions: less 8 is more logical and fixed over time, the strapping being tied to a specific wrongdoing; with more 8 (smaller 6 minus 8 difference), the justifications are less plausible and more changeable, this latter probably reflecting the child's experience of the punishment as more irrational and personally hateful.

For codetype information see Archer, Griffin, and Aiduk, 1995, Marks and Seeman, 1963; Marks, Seeman, and Haller, 1974.

MMPI-2 Code ' 6 - 4 9 5 8 / 3 0 2 1 7 :



* Special scales that are not included in the MMPI-2 approved and published by the University of Minnesota Press

' 6 - 4 9 5 8 / 3 0 2 1 7 :

	RAW	K	RAW+K	T
?	0			
L	3			47
F	2			44
K	18			56
1-(Hs)	1	9	10	40
2-(D)	16			42
3-(Hy)	22			49
4-(Pd)	19	7	26	58
5-(Mf)	36			50
6-(Pa)	15			67
7-(Pt)	5	18	23	40
8-(Sc)	8	18	26	50
9-(Ma)	16	4	20	51
0-(Si)	21			44

2-D and Subscales

		RAW	T
D	(full scale)	16	42
D1	Subjective depression	3	39
D2	Indecision-retardation	6	51
D3	Health pessimism	3	48
D4	Mental dullness	1	43
D5	Brooding, loss of hope	0	37

3-Hy and Subscales

		RAW	T
Hy	(full scale)	22	49
Hy1	Denies social anxiety	6	61
Hy2	Need for affection	8	55
Hy3	Lassitude - malaise	1	43
Hy4	Somatic complaints	1	41
Hy5	Inhibits aggression	4	54

4-Pd and Subscales

		RAW	T
Pd	(full scale)	19	58
Pd1	Family discord	1	44
Pd2	Authority problems	4	61
Pd3	Social disinhibition	5	58
Pd4	Social alienation	6	60
Pd5	Self-alienation	2	43

5-Mf and Subscales

		RAW	T
Mf	(full scale)	32	0
GM	Gender masculine	32	55
GF	Gender feminine	39	53

6-Pa and Subscales

		RAW	T
Pa	(full scale)	15	67
Pa1	Persecutory ideas	7	81
Pa2	Poignant sensitivity	1	40
Pa3	Moral righteousness	6	55

8-Sc and Subscales

		RAW	T
Sc	(full scale)	8	50
Sc1	Social alienation	4	53
Sc2	Emotional alienation	0	40
Sc3	Ego defect, cognitive	1	49
Sc4	Ego defect, conative	0	39
Sc5	Defective inhibition	1	46
Sc6	Sensorimotor dissociation	1	45

9-Ma and Subscales

		RAW	T
Ma	(full scale)	16	51
Ma1	Opportunism	2	54
Ma2	Psychomotor acceleration	5	50
Ma3	Imperturbability	2	43
Ma4	Ego inflation	4	56

0-Si and Subscales

		RAW	T
Si	(full scale)	21	44
Si1	Shyness and self-consciousness	1	38
Si2	Social avoidance	3	51
Si3	Alienation - self and others	2	41

Major Clinical Variables

		RAW	T
ES	Ego strength	39	59
MAC-R	Potential alcoholism	19	50
AAS		2	50
Mt	College maladjustment	7	42
N-P	Neurotic-psychotic profile balance		75

Validity & Stability

		RAW	T
VRIN	Response inconsistency	4	46
TRIN	T-F inconsistency	8	58F
F-back	Rare answers - back	3	54
F(p)	Psychiatric infrequency	1	49
S	Superlative self-presentation	27	52

Interpersonal Style Variables

		RAW	T
O-H	Overcontrolled hostility	17	63
Ho	Cynical hostility	15	47

Distress-Control

		RAW	T
PK	PTSD	4	43

Content Scales

		RAW	T
HEA	Health concerns	1	36
DEP	Depression	0	34
FAM	Family problems	6	50
ASP	Antisocial practices	8	54
ANG	Anger	4	45
CYN	Cynicism	9	50
ANX	Anxiety	9	55
OBS	Obsessiveness	2	41
FRS	Fears - phobias	4	43
BIZ	Bizarre mentation	5	61
LSE	Low self-esteem	5	51
TPA	Type A	6	45
SOD	Social discomfort	5	46
WRK	Work interference	5	45
TRT	Negative treatment indicators	2	43

Supplemental Scales*

		RAW	T
Ds	Overemphasize-fake sick	7	44
Mp	Consciously fake good	9	52
Sd	Consciously fake good	9	40
Ss	SES identification	62	58
Ch	Correction for H	16	52
Rc	Retest-consistency	25	53
Ic	Retest-item change	14	44
Tc	Retest-score change	10	43
ER-S	Ego resiliency	22	58
EC-5	Ego control	13	47
ORIG	Need novelty	17	45
INT	Abstract interests	49	51
Do	Need for autonomy	17	53
Dy	Need reassurances	9	40
Pr	Intolerance	12	56
Re	Value rigidity	17	38
Et	Ethnocentrism	7	41
St	Status mobility	20	57
R-S	Repression-sensitization	18	40
Lbp	Low back pain	8	46
Ba	Good teamworker	49	58
Ca	Caudality-distress	4	40
Cn	Control-facade	19	45
So-r	Life as desirable	33	58
Th-r	Tired housewife	9	43
Wb-r	Worried breadwinner	10	44

* Special scales that are not included in the MMPI-2 approved and published by the University of Minnesota Press