

A  
Clinician's Guide  
to  
Minnesota Multiphasic Personality Inventory  
Interpretation

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Matarazzo (1986) correctly points out that psychological assessment is an invasion of privacy. The Minnesota Multiphasic Personality Inventory with the hundreds of available interpretive computer programs is one of outstanding success in the for profit industries' wares. Each program is an invasion of someone's privacy. It would be comforting to know that the results of such invasions were based on the truth which could be used to further the interests of the person who consented to be

examined.

Moreland (1986) review of the MMPI computer-based interpretations as seen from the perspective of the results of external criterion studies, reveals a nine percent agreement between the statements and the people they describe. This writer has seen computer-based MMPI interpretations that were less accurate.

The descriptor handbook has these advantages to the user:

- 1) The descriptors are tied directly to a coded test feature;
- 2) The entire catalog of codes and descriptors are available to the user;
- 3) The statements are meant to be changed to suit the situation by the user and used in report writing by a responsible person.

It is obvious that all psychological testing is invalid. The user of these descriptors is the only one who can make them valid. If the test codes and the related descriptors describe the client truthfully in the estimate of the user, then they may be useful in furthering the client's legitimate interests.

These MMPI descriptors may be useful to the user. No other claim is made for them.

Matarazzo, J.D. (1986). Computerized clinical psychological test interpretations. American Psychologist, 41(1), pp. 14-24.

Moreland, E.L. (1986). Computer-based MMPI interpretations: External criterion studies. Critical Items, A Newsletter for the MMPI Community, 2(2). National Computer Systems, pp. 2-3.

The MMPI and MMPI-2 yield different scale elevations. This is related to (1) artificial inflation of the T-scores when the MMPI standardization groups' scores were not controlled for eliminated test items and (2) the MMPI T-scores ". . . were not uniform with respect to the percentile rank across the clinical scales" (Pope et al., 1993).

The result of the above is a lower mean T-score for the validity and clinical scales for the MMPI-2 and different two and three point clinical scale elevations (Lewak et al., 1990).

The clinical interpretations in this text are based upon interpretations generated from the original MMPI scale elevations. The exception is with those scales developed specifically out of the MMPI-2 item pool. The reader is advised to plot the validity and clinical profiles when using the MMPI-2 using the tables in the MMPI-2 manual for administration and scoring, pp. 152-155 (Hathaway and McKinley, 1989). The Skinner Modal Profile correlations must be calculated using the MMPI norms.

Pope, K.S., Butcher, J.N., and Seelen, J. (1993). The MMPI, MMPI-2, and MMPI-A in court: A practical guide for expert witnesses and attorneys. Washington, D.C.: American Psychological Association, pp. 17-18.

Lewak, R.W., Marks, P.A., and Nelson, G.E. (1990). Therapist guide to the MMPI and MMPI-2: Providing feedback and treatment. Bristol, PA: Accelerated Development, p. 11.

Hathaway, S.R. and McKinley, J.C. (1989). Manual for administration and scoring MMPI-2. Minneapolis, MN: University of Minnesota Press, pp. 151-55.

# Minnesota Multiphasic Personality Inventory

## Instructions for Individuals

This inventory consists of numbered statements. Read each statement and decide whether it is true as applied to you or false as applied to you.

Please read number one aloud. [Have the client read statement number one aloud. Now ask the client to tell you, "Is the statement more true of you or more false of you?" Mark the answer on the answer sheet so the client sees how they are to mark each statement. Ask the client to read statements two and three aloud. This usually gives the client sufficient information on what is being demanded of them. It also yields enough information for the examiner to decide whether the client can manage the demands successfully.]

Remember to give your own opinion of yourself. It is best to answer honestly and try not to appear too perfect or too good or too bad. The test has built in scales that would detect (1) if you are trying to look like you don't have problems, (2) that you are trying to look like you have problems you don't really have, or (3) you are exaggerating the problems you do have.

Each statement is numbered. Each answer is numbered. Mark the answer that has the same number as the statement. The first column is white. The next page has a blue column. This helps you keep track of where you are. Please mark your answers with this pencil. Make really black marks. Mark only true or false, not both true and false. Erase your answer cleanly if you change your mind. Please do not write on the booklet.

Try to answer all of the statements. Tell me when you are finished if you didn't answer all of the statements.

Statistics for:

WordPerfect Document

Instructions for Individuals

Readability Statistics

Flesch Reading Ease: 80

Flesch-Kincaid Grade Level: 5

Gunning's Fog Index: 8

Paragraph Statistics

Number of paragraphs: 6

Average length: 4.1 sentences

Sentence Statistics

Number of sentences: 25

Short (<12 words): 20

Average length: 11.6 words

Long (>30 words): 1

Word Statistics

Number of words: 299

Average length: 4.31 letters

Syllables per word: 1.36

# Minnesota Multiphasic Personality Inventory

## Instructions for Groups

This inventory consists of numbered statements. Read each statement and decide whether it is true as applied to you or false as applied to you.

You are to mark your answers on the answer sheet attached to the inside back cover of this booklet. Look at the example of the answer sheet shown in the instructions at the right in the box. If the statement is true or mostly true, as applied to you, blacken the circle with the "T." (See "A" at the right.) If a statement is false or not usually true, as applied to you, blacken the circle with the "F." (See "B" at the right.) If a statement does not apply to you or it is something that you don't know about, make no mark on the answer sheet. Try to give a response to every statement.

Remember to give your own opinion of yourself. It is best to answer honestly and try not to appear too perfect or too good or too bad. The test has built-in scales that would detect (1) if you are trying to look like you don't have problems, (2) that you are trying to look like you have problems you don't really have or, (3) are exaggerating the problems you do have.

Each statement is numbered. Be sure the number next to the statement corresponds to the number on the answer sheet. Please mark your answers with a pencil, not a ballpoint. Blacken only one response for each statement. Erase completely any answer you wish to change. Do not make marks on this booklet.

Remember, try to respond to every statement.

Now start with statement 1.

## Instructions for Groups

### Readability Statistics

Flesch Reading Ease: 76                      Flesch-Kincaid Grade Level: 6  
Gunning's Fog Index: 10

### Paragraph Statistics

Number of paragraphs: 9                      Average length: 2.1 sentences

### Sentence Statistics

Number of sentences: 19                      Short (<12 words): 15  
Average length: 14.4 words                      Long (>30 words): 2

### Word Statistics

Number of words: 281                      Average length: 4.20 letters  
Syllables per word: 1.37

## MMPI-2 Report Outline

Name

Number

Date

Y M D

Requested by:

Reason: \_\_\_\_\_ DOB

Age

Y M D  
— —

Y M

The Minnesota Multiphasic Personality Inventory - 2 (Second Edition 1989) was administered. The descriptors below are suppositions about this person's behavior which are to be used as a basis for further investigation by which they may be proved or disproved. The ultimate validator is the person who has taken responsibility for writing and signing the report. The information in this report is confidential and should be used only by qualified licensed professional persons.

### Validity

Cannot say score (?) \_\_\_ raw

≤ 29 in first 370 items

Interpret with Caution

≥ 30 in first 370 items

Uninterpretable Test

Possible causes are for the lack of data acceptability are:

- |                         |                      |
|-------------------------|----------------------|
| 1. Guardedness          | 5. Rigidity          |
| 2. Confusion            | 6. Rumination        |
| 3. Psychomotor Slowness | 7. Can't Read (well) |
| 4. Antagonism           |                      |

L ≥ 9 raw \_\_\_ He/She wishes to present Himself/Herself in an unusually favorable manner that may not be warranted on the basis of His/Her customary behavior.

L \_\_\_ raw \_\_\_ Ts

Number  
(Numbers 1045-1054)



F (Infrequency) \_\_\_ raw \_\_\_ Ts

Number

(Numbers 1055-1060)

F (p) Infrequency-Psychopathology Scale \_\_\_ raw

F (p) Ts  $\geq$  69.

He/She endorses a large number of infrequently reported items as compared to both non-patient and patient groups. He/She may be attempting to appear more compromised than He/She really is.

F (B) Backside F Scale \_\_\_ raw

F (B) \_\_\_ Ts  $\leq$  89 and F Ts  $\leq$  90 Interpretable

F (B) Ts  $\geq$  90 and F Ts  $\leq$  90 \_\_\_

He/She has answered the F (B) items randomly. Supplemental Scales interpretations should be done cautiously if at all.

K Defensiveness \_\_\_ raw \_\_\_ Ts

Number

(Numbers 1055-1060)

S Superlative Scale \_\_\_ raw

S \_\_\_ Ts  $\geq$  69.

He/She is reporting an absence of adjustment problems, negative personality features and high self-control.

F-K \_\_\_ - \_\_\_ =  $\pm$  \_\_\_ F Higher = +; K Higher = -  
raw raw

Number

(Numbers 1095-1100)



F-K  $\frac{\text{raw}}{\text{raw}}$  -  $\frac{\text{raw}}{\text{raw}}$  =  $\frac{\text{raw}}{\text{raw}}$  (F Higher; K Higher)

Number

(Numbers 1095-1100)

VRIN (Variable Response Inconsistency)  $\frac{\text{raw}}{\text{raw}}$  Raw

VRIN  $\frac{\text{raw}}{\text{raw}}$  Ts  $\geq$  75  $\frac{\text{raw}}{\text{raw}}$  Indiscriminate responding is a possibility.

VRIN  $\frac{\text{raw}}{\text{raw}}$  Ts  $\geq$  75 and F  $\frac{\text{raw}}{\text{raw}}$   $\geq$  75  $\frac{\text{raw}}{\text{raw}}$  The test items were responded to in a random manner.

Interpretation is problematic.

VRIN  $\frac{\text{raw}}{\text{raw}}$  Ts  $\leq$  65 and F  $\frac{\text{raw}}{\text{raw}}$  Ts  $\geq$  80  $\frac{\text{raw}}{\text{raw}}$  True  
Psychopathology is probably present.

VRIN  $\frac{\text{raw}}{\text{raw}}$  Ts  $\geq$  75 and TRIN  $\frac{\text{raw}}{\text{raw}}$  False Ts  $\geq$  75

Indiscriminate false responding is present.

TRIN (True Response Inconsistency)  $\frac{\text{raw}}{\text{raw}}$  raw

TRIN  $\frac{\text{raw}}{\text{raw}}$  T or F, Ts  $\geq$  74 T or Ts  $\geq$  81 F  $\frac{\text{raw}}{\text{raw}}$  Inconsistent responding is present.

Validity screening indicates  $\frac{\text{raw}}{\text{raw}}$  The test results are interpretable.

An interpretation may yield unacceptable results.

## Es (Ego Strength)

Es \_\_\_ raw \_\_\_ Ts

Number  
(Numbers 1000-1020)

Es \_\_\_ Ts  $\leq$  39 \_ He/She relies heavily upon others.

Es \_\_\_  $\leq$  39 and K \_\_\_ Ts  $\leq$  41

He/She is not able to manage his/her affairs by  
himself/herself.

## Clinical Scales

One and Two point scale elevations.  
(Numbers 1990-5075)

Scale(s) \_\_\_ \_\_\_ Ts

Ts

Number

Scale(s) \_\_\_ \_\_\_ Ts

Ts

Number

Scale(s) \_\_\_ \_\_\_ Ts

Ts

Number

## Skinner Mean Clinical Scales Elevations

Mean \_\_\_ Ts  $\leq$  62                      \_                      A low lying mean profile elevation suggests the absence of frank psychopathology.

Mean \_\_\_ Ts  $\leq$  62 and 4 \_\_\_  $\geq$  Ts 66

He/She may be seen as self-centered, self-involved and self-serving.

Mean \_\_\_ Ts  $\leq$  63-67

He/She is depressed. Work is not gratifying and relationships bring Him/Her little pleasure or comfort.

Mean \_\_\_ Ts  $\geq$  68

\_                      He/She cannot think clearly enough to solve personally important problems.

### Skinner Common Types

Code Type

Highest Common Type

### Skinner Correlation Procedure

Modal Profile \_\_\_\_\_ r 0.

Number

Modal Profile \_\_\_\_\_ r 0.

Number

Modal Profile \_\_\_\_\_ r 0.  
Number

Skinner Modal Profiles  
Correlation Procedure

Patient's T-Scores	L	F	K	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	
Core Dysfunction														
Affective	43	39	47	67	66	67	51	44	43	54	47	37	44	___ BA
Cognitive	35	56	32	44	57	44	55	43	57	61	68	49	69	___ BB
Personality Disorder	42	48	51	51	44	57	70	45	49	42	47	69	33	___ BC
Clinical Groups														
Alcoholism	47	63	49	63	71	64	73	62	61	67	65	61	55	___ BD
Anti-Social Personality Disorder	50	64	48	59	77	65	81	64	65	71	76	65	55	___ BE
Borderline Personality Disorder	46	82	44	70	87	67	81	69	73	83	84	68	66	___ BF
Mixed Neuropsycholo- gical	53	60	53	77	82	64	64	57	59	62	63	60	56	___ BG
Dysthymia	46	70	44	65	84	67	76	71	65	71	76	60	58	___ BH
Generalized Anxiety Disorder	50	64	46	75	89	73	81	69	65	77	76	60	56	___ BI
Hysterical Neurosis	44	62	46	72	77	69	62	59	59	71	71	58	55	___ BJ
Response bias leading to potentially lowered ability and achievement scores and positive neurobehavioral test scores	50	73	51	77	87	67	76	59	67	77	86	63	65	___ BK
Post-Traumatic Stress Disorder	51	66	49	75	81	73	72	55	66	72	75	62	61	___ BL

Skinner Modal Profiles  
Correlation Procedure

Megargee Types

Able (domineering)	56	58	55	49	56	55	69	57	53	52	55	73	71	___	BM
Baker (distressed)	53	60	51	49	70	56	71	55	56	54	57	63	58	___	BN
Charlie (bitter)	50	82	46	59	70	58	76	64	82	71	84	75	58	___	BO
Delta (amoral)	50	64	59	59	70	58	83	61	59	62	63	63	52	___	BP
Easy (under- achiever)	56	55	62	59	65	64	67	55	53	58	59	60	49	___	BQ
Foxtrot (street wise)	50	84	51	54	63	56	76	57	59	60	74	81	51	___	BR
George (submissive)	56	58	59	59	75	62	71	57	53	58	57	58	51	___	BS
How (markedly disturbed)	56	78	53	80	89	76	81	64	76	81	88	65	61	___	BT
Item (well adjusted)	53	60	53	54	63	55	62	61	56	56	55	60	52	___	BU
Jupiter (impulsive)	53	66	49	52	63	51	64	59	59	73	80	78	55	___	BV

Holcomb  
Murder Types<sup>12</sup>

Psychotic	50	88	35	59	79	62	67	55	88	62	78	63	63	___	BW
Disoriented	60	102	42	75	84	87	67	67	94	71	88	63	69	___	BX
Within normal limits	66	58	62	47	65	56	43	53	53	48	55	43	47	___	BY
Hostile	56	66	44	34	65	53	53	53	65	30	44	50	53	___	BZ
Depressed	70	73	53	56	72	67	60	55	76	38	50	50	60	___	CA



## Cognitive Status

Newmark Thought Disorder Index  A formal thought disorder may be present.

8 Ts 80 - 100  8  Ts  A polysubstance abuse induced thought disorder may be present.  
F Ts 75 - 95  F  Ts

8 ≤ to 7 (Hard Rule)  8  Ts/7  Ts

8 raw/K raw ≤ 35% K  raw  %  No thought disorder is suggested by these data.

All 4 signs must be present

BIZ  ≥ 75 Ts  He/She is reporting psychotic thoughts, experiences and hallucinations.

Schizoidia Index  raw  He/She gets little pleasure or comfort from living (raw must be 5).  
Ts

A  ≥ 75 Ts He/She is extremely anxious and fearful.

## Functional vs. Neuropsychological Etiology

### P-O (Psychotic-Organic) Index

raw  normal

func  organ

His/Her functioning may be significantly influenced by  functional  organic factors.

Hs-Pt  -  =   
Ts Ts Ts

Hs  high  func

Pt  high  organ

His/Her functioning may be significantly influenced by  functional  organic factors.

### Russell Key Class

functional

equivocal

neuropsychological

The Russell Key reflects

a functional

an equivocal

an organic pattern

Hs  ≥ 75 Ts

He/She lives with confusion and uncertainty concerning his/her health.



## CRIFE NEUROLOGIC SYMPTOM CATEGORIES

He/She is trying to communicate the following symptoms to us:

### Attention/Mental Control (AM) 7

- T 31. I find it hard to keep my mind on a task or job.
- T 122. At times my thoughts have raced ahead faster than I could speak them.
- T. 299. I cannot keep my mind on one thing.
- T 325. I have more trouble concentrating than others seem to have.
- T 341. At periods my mind seems to work more slowly than usual.
- T 475. Often I get confused and forget what I want to say.
- T 525. Everything is going on too fast around me.

### BIOBEHAVIORAL (BB) 6

- F 12. My sex life is satisfactory.
- F 20. I am very seldom troubled by constipation.
- F 143. I am neither gaining nor losing weight.
- T 166. I am worried about sex.
- F 208. I hardly ever notice my heart pounding and I am seldom short of breath.
- T 253. I drink an unusually large amount of water every day.

### EMOTIONAL/BEHAVIORAL CONTROL (EB) 22

- T 23. At times I have fits of laughing and crying that I cannot control.
- T 37. At times I feel like smashing things.
- T 38. I have had periods of days, weeks or months when I couldn't take care of things because I couldn't "get going."
- T 93. Sometimes when I am not feeling well I am irritable.
- T 102. I get angry sometimes.
- T 116. Often I can't understand why I have been so irritable and grouchy.
- T 146. I cry easily.
- T 213. I get mad easily and then get over it soon.
- T 223. I believe I am no more nervous than most others.
- T 226. Sometimes without any reason or even when things are going wrong I feel excitedly happy, "on top of the world."
- T 233. I have difficulty in starting to do things.
- T 271. I think that I feel more intensely than most people do.
- T 301. I feel anxiety about something or someone almost all the time.
- T 302. I easily become impatient with people.
- T 372. I am not easily angered.
- T 389. I am often said to be hotheaded.
- T 400. Often, even though everything is going fine for me, I feel that I don't care about anything.
- F 405. I am usually calm and not easily upset.

- T 430. I am often sorry because I am so irritable and grouchy.
- T 469. I sometimes feel that I am about to go to pieces.
- T 513. Sometimes I get so angry and upset I don't know what comes over me.
- F 564. I almost never lose self-control.

#### FATIGUE/ENERGY (FE) 6

- F 152. I do not tire quickly.
- T 175. I feel weak all over much of the time.
- F 330. At times I am all full of energy.
- T 366. I have had periods when I felt so full of pep that sleep did not seem necessary for days at a time.
- T 464. I feel tired a good deal of the time.
- F 561. I usually have enough energy to do my work.

#### GENERAL COGNITIVE (GC) 10

- T 32. I have had very peculiar and strange experiences.
- F 43. My judgement is better than it ever was.
- F 109. I seem to be about as capable and smart as most others around me.
- T 135. I have often lost out on things because I couldn't make up my mind soon enough.
- T 170. I am afraid of losing my mind.
- T 180. There is something wrong with my mind.
- F 206. At times I feel that I can make up my mind with unusually great ease.
- T 309. I usually have to stop and think before I act even in small matters.
- T 482. I usually have a hard time deciding what to do.
- T 491. I feel helpless when I have to make some important decisions.

#### HEADACHES (HD) 6

- T 40. Much of the time my head seems to hurt all over.
- F 57. I hardly ever feel pain in the back of my neck.
- T 97. There seems to be a fullness in my head or nose most of the time.
- T 101. Often I feel as if there is a tight band around my head.
- T 149. The top of my head sometimes feels tender.
- F 176. I have very few headaches.

#### HEALTH (HE) 4

- F 33. I seldom worry about my health.
- F 45. I am in just as good physical health as most of my friends.
- F 141. During the past few years I have been well most of the time.
- F 148. I have never felt better in my life than I do now.

#### MEMORY (ME) 5

- F 165. My memory seems to be alright.
- T 308. I forget right away what people say to me.
- T 472. I am greatly bothered by forgetting where I put things.
- T 533. I forget where I leave things.
- T 565. It takes a great deal of effort for me to remember what people tell me these days.

#### MOTOR (MT) 6

- F 91. I have little or no trouble with my muscles twitching or jumping.
- T 172. I frequently notice my hand shakes when I try to do something.
- F 177. My hands have not become clumsy or awkward.
- F 295. I have never been paralyzed or had any unusual weakness of any of my muscles.
- F 404. I have no trouble swallowing.
- T 476. I am very awkward and clumsy.

#### PAIN (PN) 2

- F 47. I am almost never bothered by pains over my heart or in my chest.
- F 224. I have few or no pains.

#### SEIZURES/BLANK EPISODES (SB) 5

- F 142. I have never had a fit or convulsion.
- F 159. I have never had a fainting spell.
- T 168. I have had periods in which I carried on activities without knowing later what I had been doing.
- T 182. I have had attacks in which I could not control my movements or speech but in which I knew what was going on around me.
- T 229. I have had blank spells in which my activities were interrupted and I did not know what was going on around me.

#### SLEEP DISTURBANCE (SD) 6

- F 3. I wake up fresh and rested most mornings.
- T 5. I am easily awakened by noise.
- T 39. My sleep is fitful and disturbed.
- F 140. Most nights I go to sleep without thoughts or ideas bothering me.
- T 258. I can sleep during the day but not at night.
- T 293. I almost never dream.

#### SENSORY (SE) 13

- F 8. My hands and feet are usually warm enough.

- T 44. Once a week or oftener I suddenly feel hot all over, for no real reason.
- T 53. Parts of my body often have feelings like burning, tingling, crawling or like "going to sleep."
- F 173. I can read a long while without tiring my eyes.
- F 194. I have never had any breaking out on my skin that has worried me.
- F 198. I often hear voices without knowing where they come from.
- F 204. My hearing is apparently as good as that of most people.
- T 247. I have numbness in one or more places on my skin.
- F 249. My eyesight is as good as it has been for years.
- T 252. Everything tastes the same.
- F 255. I do not often notice my ears ringing or buzzing.
- T 298. Peculiar odors come to me at times.
- T 307. At times I hear so well it bothers me.

### SPEECH/LANGUAGE (SL) 3

- F 83. I have very few quarrels with members of my family.
- F 86. I like to go to parties and other affairs where there is lots of loud fun.
- T 367. Whenever possible I avoid being in a crowd.
- T 480. I spend most of my spare time by myself.
- T 507. I often become very irritable when people interrupt my work.

### VERTIGO/NAUSEA (VN) 3

- T 18. I am troubled by attacks of nausea and vomiting.
- F 164. I seldom or never have dizzy spells.
- F 179. I have had no difficulty in keeping my balance in walking.

### VOCATIONAL (VO) 2

- F 10. I am about as able to work as I ever was.
- T 517. I find it difficult to hold down a job.

### Depression

D - Ma  $\frac{\quad}{T_s} - \frac{\quad}{T_s} = \frac{\quad}{T_s}$  ( $\geq 30$  pts) A severe acute depression may be present.

D  $\frac{\quad}{T_s}$   $\frac{\quad}{T_s}$  86 - 95 Severely depressed

76 - 85 Markedly depressed

65 - 75 Mildly depressed

$\leq 64$  Normal limits

The depression scale score level lies in the \_\_\_\_\_ range.

A depression is not suggested by these data.

Suicidal Thinking \_\_ raw                      He/She is thinking of suicide.

Female            \_\_  $\geq$  88 Ts

Male              \_\_  $\geq$  84 Ts

#### Suicidal Thinking Group

- 303 T Most of the time, I wish I were dead.
- 506 T I have recently considered **killing myself**.
- 516 T My life is empty and meaningless.
- 520 T Lately I have thought a lot about **killing myself**.
- 524 T No one knows it but I have tried to **kill myself**.
- 526 T I know I am a burden to others.
- 530 T Sometimes I cut or injure myself on purpose without knowing why.
- 539 T Lately I have lost my desire to work out my problems.
- 546 T My thoughts these days turn more and more to death and the life hereafter.

Noteworthy suicidal thinking item responses are found on:

Item

Item

#### Polysubstance Dependence

McAndrew's Alcoholism Scale \_\_\_ He/She receives pleasure from  
intoxicants. They are part  
MAC \_\_\_ raw \_\_\_ Ts of His/Her life style.

\_\_\_ \_\_\_ \_\_\_ \_\_\_ He/She uses intoxicants to  
n-1 func alcoh moderate the depression  
(Mayo) and pain He/She experiences.

Rich-Davis Scale \_\_\_ raw \_\_\_ He/She is vulnerable to abuse  
and manipulation.

\_\_\_ \_\_\_ \_\_\_  
n func alcoh

Rosenburg Scale \_\_\_ raw \_\_\_ He/She relies heavily upon  
intoxicants to get through  
the day.

\_\_\_ \_\_\_ \_\_\_  
n func alcoh

Hoyt-Sedlacek Scale \_\_\_ raw \_\_\_ He/She is a dependent person  
who

\_\_\_ \_\_\_ \_\_\_  
n func alcoh

\_\_\_ hungers for affection  
wants to be protected  
likes getting "high"  
seeks out opportunities for  
self-stimulating adventures  
has a drivenness about Himself/Herself.

Chemical Abuse \_\_\_ raw \_\_\_ He/She openly admits to  
alcohol and/or drug abuse.

Female \_\_\_  $\geq$  72 Ts

Male \_\_\_  $\geq$  73 Ts

\_\_\_ The obtained data do not  
suggest the presence of  
chemical abuse.

Chemical Abuse



- 264 T I have used alcohol excessively.
- 387 T I can express my true feelings only when I drink.
- 489 T I have a drug or alcohol problem.**
- 502 T I have some habits that are really harmful.
- 511 T Once a week or more I get high or drunk.**
- 527 T After a bad day, I usually need a few drinks to relax.
- 540 T I have gotten angry and broken furniture or dishes when I was drinking.
- 544 T People tell me I have a problem with alcohol but I disagree.**
- 429 F Except by doctor's orders, I never take drugs or sleeping pills.

Noteworthy chemical abuse item responses are found on:

Item

Item

Interpersonal Behavior

Pd <sub>1</sub> ___ ≥ 65 Ts	—	He/She sees her family as unloving, rejecting, and/or punitive and filled with conflict.
FAM ___ ≥ 65 Ts		
Pd <sub>2</sub> ___ ≥ 65 Ts	—	He/She has a history of conflicts with persons in authority.
Pd <sub>4</sub> ___ ≥ 65 Ts	—	He/She blames others for His/Her problems. He/She feels sad, lonely and unhappy.
ASP ___ ≥ 65 Ts	—	He/She has an "attitude." He/She approves of but does not necessarily engage in antisocial acts.
O-H ___ ≥ 65 Ts	—	She/She is committed to rigid control over His/her hostile impulses. He/She is alienated from others. Any kind of provocation may set Him/Her off.
ANG ___ ≥ 65 Ts	—	He/She can be grouchy, irritable, impatient and ready to blow up.
Hy5 ___ ≥ 65 Ts	—	He/She denies hostile impulses and urges.
Sc5 ___ ≥ 65 Ts	—	He/She can easily lose control over His/Her impulses.

Physical Violence \_\_\_ raw

Female ___ ≥ 67 Ts	—	He/She admits to having been violent and destructive.
Male ___ ≥ 72 Ts	—	The obtained data do not suggest he/she has been or is now inclined to be violent.

Physical Violence Group

- 134 T At times, I feel like picking a fight with someone.
- 389 T I am often said to be hotheaded.
- 513 T Sometimes I get so angry and upset I don't know what comes over me.

- 540 T I have gotten angry and broken furniture or dishes with I was drinking.
- 542 T I have become so angry with someone that I have felt as if I would explode.
- 548 T I've been so angry at times that I've hurt someone in a physical fight.
- 564 F I almost never lose self-control.

Noteworthy physical violence item responses are found on:

Item

Item

Gilberstadt P-Scales

	Raw Score	Percent %	Cumulative Percent	T-Score
P <sub>1</sub>				
P <sub>3</sub>				
P <sub>4</sub>				

P<sub>6</sub>

P<sub>7</sub>

Gilberstadt Extended

P-Scales Two Point

Code \_\_\_ (Numbers 5301 - 5561)

Number

Gilberstadt Extended

P-Scales Four Point

Code \_\_\_ (Numbers 5565- 5710)

Number

Diagnostic Correlates:

High Point Codes \_\_\_ (Numbers 5075-5289)

Number

Frequently Observed  
Presenting Symptoms

Code Type

Presenting Symptom

Frequency - %

Treatment Evaluation:

Code \_\_\_\_ (Numbers 6000-6805)

Number

Code

Number

Ego Strength \_\_\_\_  $\geq$  50 T

He/She is probably well enough organized and in charge of His/Her affairs that treatment is not indicated.

Narcissistic Personality

Disorder Index \_\_\_\_ raw \_\_\_\_ Ts

Females \_\_\_\_  $\geq$  68 Ts

Males \_\_\_\_  $\geq$  59 Ts

He/She cannot relate to other people well enough to make common cause with them. His/Her own concerns are all important to Him/Her. Treatment will probably be difficult, effortful and in the end the results may be disappointing.

Lovelessness Group

raw \_\_\_\_\_ Ts

Females \_\_\_\_\_  $\geq$  70 Ts

Males \_\_\_\_\_  $\geq$  72 Ts

- 138 T Criticism or scolding hurts me terribly.
- 195 T There is very little love and companionship in my family as compared to other homes.
- 219 T I have been disappointed in love.
- 277 T Even when I'm with people I feel lonely much of the time.
- 291 T I have never been in love with anyone.**
- 297 T My mother or father often made me obey even when I thought that it was unreasonable.
- 306 T No one cares much what happens to you.
- 323 T Sometimes I enjoy hurting people I love.**
- 324 T I can easily make other people afraid of me, and sometimes do it for the fun of it.
- 332 T At times I have enjoyed being hurt by someone I loved.**
- 343 F I enjoy children.
- 379 T I got many beatings when I was a child.**
- 382 T I often have serious disagreements with people who are close to me.
- 383 F When things get really bad, I know I can count on my family for help.
- 455 F The members of my family and my close friends get along quite well.
- 478 T I hate my whole family.
- 483 T People do not find me attractive.
- 484 T People are not very kind to me.
- 550 T I have very little to do with my relatives now.**

Lovelessness \_\_\_ raw

Females \_\_\_  $\geq$  70 Ts

Males \_\_\_  $\geq$  68 Ts

Loving someone else and being loved in return

by them hasn't happened much for Him/Her. He/She may still yearn for love or may even have given up on being loved. Transferences may be interesting.

Noteworthy lovelessness item responses are found on:

Item

Item

Lithium Response \_\_\_ raw \_\_\_ Ts

$\geq 50$  Ts      A trial on lithium may meet with success.

Imipramine Response \_\_\_ raw \_\_\_ Ts

$\geq 50$  Ts      A trial on a mood stabilizing medication may meet with success.

## **INTERPRETATION SECTION**



## EGO STRENGTH SCALE

Number		Code
1000	He/She has a high degree of personal resiliency, vitality, +50 and adaptability. He/She habitually rises to challenges whenever the opportunity permits.	E <sub>S</sub>
1005	He/She wants to do things his own way. He/She energetically pursues his/her own interests and achieves his/her own goals with a high degree of success. He/She doesn't inhibit his/her own behavior. There may be scant evidence of a deep awareness or appreciation for what others think or expect from him or her.	E <sub>S</sub> +50
1010	He/She developed solidified, well defended [pathological] personality structures, which are [highly] resistant to change.	E <sub>S</sub> +50
1015	He/She needs and is attracted to the company of others to provide the stimulation which produces him/her a feeling of well being. Alone, he/she feels down.	E <sub>S</sub> 40-49
1020 E <sub>S</sub> -39	He/She leans heavily upon others to respond to his/her emotional needs and to make him/her feel good.	

**MMPI-2  
CURRENT STATE**

Number	Descriptor		Code
1045 60-64	He/She professes an unquestioning acceptance of conventional rules of social behavior. He/She has an intense desire to avoid appearing hostile or angry.		L
1050 +65	Marked evasiveness.		L
1055	1) He/She frequently fails to grasp, appreciate or act in a socially acceptable, appropriate or prudent manner.  2) He/She is not sensitive to the wishes or needs of other people.  3) He/She is often uncooperative. He/She resists complying with rules and regulations.  4) He/She sees no reason to change his/her behavior. Demands are often made for other people to behave in conformance with his/her desires.	F	69-95
1056 69-95	He/She does not exercise voluntary self-control.	4	F  +75
1057 69-95	He/She is experiencing intense anxiety. His/Her thinking is confused and his/her judgement fails to serve his/her best interests.	8	F  +75
1053	Rule out paranoia and histories of violence.	L	+69 and all other scales -69
1054	He/She is a pathological liar.	L	+69 (rarely)
1060	The number of pathognomonic responses is too	F	

+100

large to reliably discriminate the problems faced by this person. He/She may feel overwhelmed.

Number	Descriptor		Code
1065	He/She cannot manage without help.  or  He/She is not as efficient as he/she wants to be. Stress is interfering with his/her usual ways of dealing with things.	K	42-49
1070	1) He/She is not able to cope with daily detail. He/She needs to be told what to do.  2) He/She is disorganized and socially inept.	K	-41
1075	He/She is a private person who is reluctant to reveal personally sensitive information.	K 4	50-65 -69
1076	He/She hides his/her true feelings and opinions behind a disingenuous facade.	K 4	50-65 +70
1077	He/She is a deeply private person who needs time to size up a person before he/she feels comfortable.	K	66-69
4	-69  He/She is markedly defensive, and (although social enough), gives nothing of himself/herself in an interpersonal exchange.	K 4	+70 +70
1095 +19	1) He/She is escaping a threatening inner and outer reality. He/She is attempting to seek sanctuary (in a protected setting or hospital).	F Higher than K	K  The Clinical Profile does not reflect a pattern of responses usually associated with established clinical conditions. Interpret the clinical

1095 to punishment	2) He/She is trying to get a favorable benefit surreptitiously.	scales with the corroboration of other sources of information.  Law breakers trying weasel out of  may try to cope an insanity plea.
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Number	Descriptor	Code
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possibility.	3) He/She is attempting to gain special treatment usually reserved for genuinely ill patients.	Malingering is a
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1100 +16  Profile does pattern associated with  the the	1) He/She is a habitually self-centered, self-serving, dramatically demanding individual. He/She rigorously pursues multiple physical and mental complaints which force caregivers into rendering immediate service. Intervention produces only fleeting effects and is never enough to bring the malcontent satisfaction.	F-K  raw  The Clinical  not reflect a  usually  established clinical condition. Interpret
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trying  to plea.	2) He/She is trying to get a favorable personal financial for legal benefit surreptitiously by faking mental illness.	clinical scales with  corroboration of other sources of information.
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trying  to plea.	2) He/She is trying to get a favorable personal financial for legal benefit surreptitiously by faking mental illness.	A. Law breakers  to weasel out of punishment may try  cope an insanity
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trying  to plea.	3) He/She is psychotic (and presenting with florid symptomatology).	b. Malingering is a possibility.
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injury

suits

person's

c. False personal

and malpractice

may be on this  
mind.

## One and Two Point Clinical Scale Elevations

Number	Descriptor	Code
2000 75-84	<p>He/She is frightened of the sensations of his/her body. He/She frequently misinterprets what they mean.</p> <p>His/Her self-centered behavior is colored by interpretations of other responses to his/her concerns.</p> <p>He/She wants to have his/her problems solved by others.</p> <p>The more help he/she gets, the more helpless he/she becomes.</p> <p>He/She signals his/her desires when under pressure with whines, complaints and laments.</p> <p>He/She cannot be satisfied. All attempts at assistance are thwarted. Nothing changes. Helpers end-up feeling miserable.</p>	1
2005	<p>He/She functions with reduced efficiency. He/She has valid physical concerns. They are probably stress related.</p>	1 highest 60-69
2015	<p>He/She has many physical concerns which may have a valid medical basis.</p>	1 not highest 70-74
2020 85+	<p>He/She is markedly preoccupied with bodily sensations and physical problems. These concerns are fixed, persistent and organized. He/She is tired, weak and in pain. Somatic delusions are probable.</p>	1
2025	<p>He/She is depressed, seclusive and in pain. He/She reacts to stress by becoming tense and anxious. He/She accepts physical explanation for his/her discomfort. He/She denies having emotional problems. He/She may be afraid of dying.</p>	1 & 2 +75 Highest
2030	<p>Generalized anxiety is present.</p>	1 & 2 Highest

Number	Descriptor	Code
2035 60-74	He/She says he/she has physical problems, but shows no obvious concern for them. He/She presents an "all's well with the world" attitude which is strikingly at variance with the facts. (One third have organic diseases, one third have psychological disorders; older persons have more organic diagnoses; younger persons have psychological diagnoses.)	1 & 3 only scales
2040 +70	He/She suffers from accumulated stress. He/She probably experiences agitation, tearfulness, depression, appetite disturbance, weakness and a deep and abiding fear of physical illness.	1 & 3
2041	He/She suffers intractable post-operative/post-traumatic pain.	1 & 3 K +70 60-74
2045	He/She has physical complaints which are frequently accompanied by severe appearing stress related symptoms. He/She is pessimistic, bitter, irritable and dissatisfied with life.	1 & 4 in highest scales +75
2050	He/She is resentful, hurt and upset by what he/she insists are impossible demands people make upon him/her. He/She is touchy, stubborn and uncooperative. Physical signs are stress related.	1 & 6 highest +75
2055	He/She is tense, anxious and excessively concerned with his/her body functions. His/Her anxiety may express itself in unrealistic demands for medical attention. Physical complaints are stress related.	1 & 7 highest +75
2060	He/She is untrusting, guarded, suspicious and maintains a distance from others. He/She is unable to express anger openly. He/She feels socially inadequate. Peculiar stress-related physical complaints are present.	1 & 8 highest +75

Number	Descriptor		Code
2065	He/She is intensely frustrated over being prevented from doing what he/she feels he/she should be able to accomplish. Enormous effort is put into activities he/she considers important, but few concrete results are forthcoming. He/She may try to deny diminishing personal strength, vitality and capacities as a reaction to prolonged stress.	1 & 9	+75 highest
2070	He/She is worried, preoccupied with his/her personal affairs and mildly depressed. He/She has difficulty getting started on new activities.	2 highest OR 2 not highest	+60  60-69
2071	He/She is very sad and unhappy.	2 highest	70-79
2075	He/She is depressed, pessimistic and deeply worried. He/She feels worried. He/She feels unworthy and inadequate. He/She is intensely angry and not able to acknowledge it. A reactive depression is present.	2 highest	80-90
2080	He/She is severely depressed, tired and indifferent to vital human contacts. Motor retardation and lethargy are present. Anti-depressants are suggested.	2 highest	+91
2085	He/She has symptoms related to long-standing worry, tension, anxiety, depression, self-doubt, apathy and pent-up anger which he/she is overcontrolled, insecure and distracted.	2 & 3 highest	+75
2090 +75	He/She is depressed and restless. He/She is disposed to sudden exaggerated guilt feelings. He/She has long-standing behavioral problems and bad habits. He/She cannot stand being frustrated. If things go his/her way, he/she adjusts well, but when things go badly, the cycle of troubles, guilt, depression and recovery starts over again.		2 & 4 highest
2095 +75	He/She is touchy, intolerant, sensitive, has deep-seated feelings of futility, impotence and worthlessness. He/She is resentful. His/Her hostile and angry feelings toward others make		2 & 6 highest



them defensive around him/her.

Number	Descriptor	Code
3000 +75	He/She is anxious, depressed and feels worthless and sinful. He/She keeps his/her anger bottled up and is very hard on himself/herself. He/She has difficulty sleeping and eating.	2 & 7 highest
3005	He/She is afraid of emotional involvement with others. He/She is inefficient, defensive and fears loss of self-control. Confusion, apathy and concentration difficulties impair his/her effectiveness.	2 & 8 highest +75
3010	He/She is preoccupied, tense and insecure. He/She lacks social skills. Tension and insomnia impair his/her effectiveness.	2 & 9 highest +75
3015 +75	He/She is socially isolated and insecure. He/She lacks social skills. Tension and insomnia impair his/her effectiveness.	2 & 0
3020	An acute depression is probable.	2 70-79 9 -40 +30 2 80-89 9 -50 +30 2 +90 9 -60 +30

### Scale III

Scale III reflects many types of temperaments and traits. The list is long:

- 1) Profound fear of emotional and physical pain.
- 2) Emotions overwhelm thinking.
- 3) Emotions are not portrayed or analyzed in words.
- 4) Visual awareness dominates the mental life.
- 5) Verbal thoughts of pain are negated.
- 6) Stress reflected in the musculature registers as pain.
- 7) The capacity for intimacy is limited.
- 8) Intolerance of self-examination defeats interventions.
- 9) Self-centered.
- 10) Immature.
- 11) Not sensitive to other peoples' feelings.
- 12) Shallow social contents.
- 13) Limited interests.
- 14) Vulnerable to demands.
- 15) Appearance is important.
- 16) Making the right impression is important.
- 17) Wants the approval and acceptance of others.
- 18) Petty cunning with an eye toward social advantage may be present.
- 19) Wealth and power are attractions.

Number	Descriptor	Code
3020	Appearances are important to him/her. He/She takes pains to make the right impression. He/She wants the approval and acceptance of other people. He/She cannot tolerate the unpleasant, the ugly, the angry scene or the impact of defeat. He/She has an abiding dread and intolerance for emotional discomfort, pain and suffering.	3 highest +75
3030 highest 9	He/She is self-satisfied and somewhat immature. -70 He/She is suggestible. He/She expresses his/her -60 dissatisfactions with laments of aches and pains. Thespian displays, if distressed, attracts attention.	3
3035	He/She is narcissistic, emotionally unstable, impulsive and does not control his/her intimate behaviors. Alcohol and drug abuse are often present as well as marital and family problems.	3 & 4 highest +75
3040	He/She is mean and vengeful toward persons close to him/her. He/She is narcissistic, uncooperative and defensive.	3 & 6 highest +75
3045 +75	He/She is self-centered, tense, and depressed. He/She suffers from accumulated stress.	3 & 7 highest
3050 +75	He/She is egocentric, threatened and complains of being unfairly treated.	3 & 8 highest
3055	He/She is self-indulgent, vain, hostile, irritable and indecisive. Accumulated distress leads to tension symptoms, i.e., headache, muscle pain and anxiety. Superficial supportive treatment is affective.	3 & 9 highest +75

Number	Descriptor	Code
3060 -69	He/She is self-indulgent, self-seeking and self-infatuated. He/She is shallow and compassionless.  He/She habitually blames others for his/her problems. He/She resents any demands being placed upon him/her. He/She emphatically denies having psychological problems. (This is true; he/she gives others problems.) Self-control depends mainly on high intelligence and fear of the retaliatory capacity of the environment. He/She frequently uses threats to get his/her own way. Lies and manipulation are a way of life to him/her. Pain and punishment do not change his/her ways.	4 +80 All other scales.
3065	He/She resents authority and is a social nonconformist. Poor social and job performance is frequently seen. He/She is incapable of long-term close personal ties.	4 highest OR- 4 not highest 4 not highest 74-79
3070	He/She is adventurous, courageous, enthusiastic and good-tempered. He/She is talkative, frank, generous, fair-minded and likes a sociable drink or two. He/She has a sensitive, sentimental side which he/she covers up.	4 highest 65-74 all other scales -69
3075 scales -65  score points	He/She vigorously seeks out opportunities for narcissistic masculine self-indulgence. He/She insists on getting his/her own way and is an expert at defeating attempts to change his plans. He/She uses peoples. he greets kindness, warmth, and generosity with contempt. He refuses to acknowledge, even in the face of confrontation, the destructive impact of his behavior. He views women as useful for providing him comfort and physical release.	4 highest +75 all other  5 +25 T-  Less than 4

Number	Descriptor	Code
3080	She is an angry hostile woman. She adroitly provokes people to rage by placing impossible demands upon them.	4 highest

score points	She controls people by linking them to sloughs of cloying guilt if they do not meet her demands. He/She succeeds in dominating them, the only way to save herself is to break with her completely.	5 +25 T- Less than 4 Female
3082 points when treat	She is a touch, suspicious woman. She misinterprets what others say and do, ascribing evil to their behavior. She has an inordinate need for affection and gets it by being demanding, provocative and manipulative. She has much resentment and bitterness over her failures and disappointments. She distrusts women. She is irritable, easily hurt and unable to get over her anger. She experiences conflicts in her sexual relations. She resents authority. She may complain of irregularity and pain during periods. She is a troublemaker. Her emotions are in chaos.	4 & 6 highest +65 5 +25 T-score Female Caution is advised male therapists such cases.
3085	He is an angry, sullen man who blames others for his troubles. He is stubborn, argumentative and a troublemaker. People see him as obnoxious. He is frequently depressed, suspicious and lacking in good judgement. He generally controls himself but must depend upon the superior force of the environment for personal stability. When the threat of retaliation is removed, he can become vicious and surprisingly violent to the shock of acquaintances.	4 & 6 highest +75 Male
3090 advised when therapists treat such such cases.	She is easily hurt, hostile and aggressive. She takes her anger out on others in indirect ways. She is suspicious of men's intentions toward her and antagonistic toward other women. She resents authority. She hates any restrictions being placed upon her plans or behavior. She draws men to her emotionally. She likes the power they lend to her. She uses it to bolster her efforts.	4 & 6 highest +75 Female Caution is male

Number	Descriptor	Code
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3095	He/She periodically loses control over his/her behavior. Regret and remorse follow. He/She cannot prevent similar behavior from occurring in the future.	4 & 7 highest	+75
4000	He/She is argumentative and unpredictable. He/She is dissatisfied with other people. He/She seethes with anger. He/She has difficulty grasping the commonplace meanings of human behavior and be guided by it. He/She displays little common sense.	4 & 8 highest	+75
4005 +70	He/She is impulsive, irresponsible, self-indulgent and has short-lived relations with people.	4 & 9 highest	Use
descriptor 3060	His/Her social skills are adequate for short periods of time, but his/her lack of good judgement, poor self-control and undependability soon became obvious.		if criminal behavior is present.
4006	He/She is inquisitive and curious.	5	60-69
4010	He/She is sensitive and imaginative.	5	70-79
4012	1) He is self-effacing.	5	+80
	2) She prefers to influence people indirectly.	5	-45
	3) Emotional responses reflect concern for others.		Females
	4) The thought of expressing genuine emotions is frightening for her.		
	5) He/She chooses assertive, outgoing, and dominant persons as partners. She has mastered the art of placating angry persons.		
	6) She is yielding, submissive and interested in feminine pursuits. She is practical, interested in everyday events, tied to family, friends and neighborhood. She accepts unnecessary burdens in order to maintain contact with people who may not be sensitive, or kind or supporting to her.		
Number	Descriptor		Code
4015	He is easygoing, adventurous, earthy, practical and interested in everyday events.	5	-45
		Male	

4025	He/She is touch, distrustful, suspicious and resentful. He/She makes mountains out of mole hills. He/She feels under pressure. He/She is angry, but does not show it.	6 highest 6 or not highest	60-69 60-69
4026	He/She is exceptionally sensitive to the feelings and moods of others. He/She is adept at responding in tandem, following each changing nuisance as if He/She was a fleeting shadow. His/Her social maneuvering skillfully conceals the control. He/She exercises to artfully and indirectly achieve His/Her own ends.	6 highest 6 or not highest	65-78 65-78
4030 70-78  highest	He/She is angry for no apparent reason. He/She twists what others says and do until the truth is unrecognizable. People shy away from him/her because of his/her stubborn, rigid, and touch nature. He/She may have long-standing feuds with those persons close to him/her.	6 highest  and not	
4035	He/She is resentful, brooding and suspicious. He/She feels unfairly treated. Paranoid ideation is present, but difficult to pin down due to his/her righteous indignation.	6 highest and not highest	+79
4040	He/She is tense, anxious and does not enjoy life. He/She keeps his/her thoughts to himself/herself. He/She feels he/she has been wronged.	6 & 7 highest	+75
4045	He/She is wary of others, confused, disorganized, isolated, and unable to take care of himself/herself. He/She feels others have it out for him/her. His/Her thinking cannot be changed by reasoning with him/her. Him/Her thinking cannot be changed by reasoning with him/her. His/Her behavior does not make sense to people, nor their's to him/her.	6 and/or 8 highest	+80
Number	Descriptor		Code
4055	He/She distrusts others and is wary of them. He/She is tense, irritable, angry and jumpy. He/She overreacts to situations. He/She has great difficulty telling others how he/she feels.	6 & 9 highest	+75

4060 +70 4	He/She is dissatisfied with his/her social relationships and experiences such anxiety over them. He/She is self-critical, rigid and unable to stop thinking unpleasant and frightening thoughts.	7 highest -70
4065	He/She has a low threshold for anxiety. He/She is methodical, punctual and organized.	7 60-69
4070	He/She worries over small things. He/She suffers from tension and indecision. He/She is dissatisfied with his/her social relationships and is overly critical of himself/herself. He/She is meticulous and drives hard to achieve difficult goals.	7 highest 70-84 -or- not highest 70-84
4075	He/She constantly goes over his/her troubles seeking solutions for them but never finds any. He/She feels miserable and suffers from chronic tension. Continual searching for reasons for his/her thoughts and behavior takes up so much time that he/she cannot attend to simple everyday duties.	7 not highest +85
4080	He/She is lonely and gets little comfort from the company of others. He/She has long-standing feelings of insecurity, inferiority and inadequacy. He/She does not enjoy social poise. He/She daydreams a lot.	7 & 8 highest +75
4085 +75	He/She vacillates between thoughts of self-condemnation on the one hand and flights of ideas with pressure to "tell all," on the other. He/She is tense, agitated and restless.	7 & 9 highest

Number	Descriptor	Code
4090 +75	Marked social inadequacy exists. He/She is tense, restless and has trouble sleeping. He/She lacks a sense of accomplishment. He/She is shy, indecisive and depressed.	7 & 0 highest
4095	He/She gets little satisfaction from the company of	8 & 0



	highest +75	
	others. He/She lives much of the time in a world of fantasy. This provides the friendship he/she misses. - or -	
	His/Her thinking can be original and threatening to less like-minded persons. Under stress his/her thinking becomes disorganized and fragmented. A compromised	8 not highest
+75	capacity to adapt to economic and social expectations is the result.	
5000	He/She keeps people at a distance. He/She is 8 & 9 highest +75	
	indecisive, restless, and tense. He/She gives little attention to practical matters. He/She is easily disoriented, confused, angry, irritable and isolated. - or -	
5010	He/She avoids people and withdraws into himself.	8 & 0 highest
+75	He/She worries a lot and experiences periods of confusion and indecisiveness. He/She has trouble sleeping.	
5015	He/She lacks adequate behavior controls. 9 +70	
4	Euphoria and expansive behavior forces others to eventually take counter measures. -53 2 -49	
	scales.	1,2,3,4, not among the 4 highest
5060	He/She actively seeks out peoples' company. 0 -50	
5065	He/She makes superficial contacts with people. 0 51-60	
5070	He/She is reserved in unfamiliar situations and hard to get to know. He/She is shy and retiring. 0 61-69	
5074	He/She is starting to withdraw and is becoming socially isolated. +70-74	

Number	Descriptor	Code
5075 +75	He/She withdraws from confrontations with others in order to avoid pain and defeat.	0
5075 LFK scales	He/She is interested in status, recognition and having power over others. He/She is self-indulgent and hedonistic. His/Her relationships are seldom more than superficial, insincere, and manipulative. His/Her style is flashy, ostentatious and exhibitionistic. He/She reacts to frustration with ineffective excitability, jumpiness and irritability. He/She is often angry, hostile and overbearing. His/Her welcome wears thin quickly.	Mean of 13 9 +69 and highest

## Skinner's Modal Profile Approach to MMPI Diagnosis<sup>1</sup>

Skinner (1978) created a classification system and statistical procedures for the classification of MMPI profiles based upon three ideal personality type modal profiles underlying two MMPI code systems, i.e., Gilberstadt and Durker (1965), and Marks Seeman and Haller (1974). The ideal personality type reflects a patient's abiding patterns of behavior. The obtained profiles are correlated with the ideal profiles and these results compared to the code types similarities with the ideal profiles elevation, mean standard deviation scatter measures and correlations.

The shape parameter reflects the agreement of the obtained profile shape with those of the ideal type profiles, i.e., neurotic, psychotic, sociopathic. This writer has included a borderline<sup>2</sup> pattern ideal type which may or may not prove useful.

Skinner<sup>5</sup> has further factored the primary psychopathology patterns into what this writer interprets as: neurotic, affective dysfunction or depression; psychotic, cognitive dysfunction or schizophrenia; sociopathic, self-control dysfunction or willful disregard of voluntary self-regulation; and borderline conditions, interpersonal relations dysfunctions or chaotic personal relationships.

The elevation parameter gives some notion as to the degree or intensity of the presenting symptoms and underlying psychopathy. The mean standard deviation scatter measure yields a measure of the scale variation about the mean elevation. These data are compared to the ideal types correlations with the code types. The diagnostic possibilities are then read off from the code types reflecting the underlying ideal type pathology.

This writer has found that not only do the correlations relate well to the clinical features of a diagnostic class; the dysfunction factors are useful in focusing upon the underlying psychopathology and addressed therapeutically. The neurotic ideal type appears to reflect an underlying depression. The psychotic ideal type reflects an underlying depression and a cognitive dysfunction as well. The sociopathic ideal type reflects a chronic deficit of self-regulation. The borderline ideal type reflects the chaos of interpersonal relations and chaotic emotionality.

The dysfunction factors are extensions of Skinner's, et al,<sup>5</sup> common types. These are correlated with the codes and listed in the following pages.

**SIGNIFICANCE LEVELS  
For the  
SKINNER MODAL CORRELATIONS**

r	Sig R	P
.80	4.4222	.000004
.79	4.2735	.000008
.78	4.1340	.000018
.77	4.0025	.000033
.76	3.8784	.000051
.75	3.7607	.000085
.74	3.6489	.00013
.73	3.5425	.00019
.72	3.4410	.00028
.71	3.5425	.00041
.70	3.2509	.00057
.69	3.1617	.00078
.68	3.0759	.00014
.67	2.9933	.00137
.66	2.9137	.00178
.65	2.8368	.0023
.64	2.7625	.0029
.63	2.6906	.0036
.62	2.6208	.0044
.61	2.5532	.0054
.60	2.4875	.0064
.59	2.4236	.0078
.58	2.3614	.0091
.57	2.3008	.0107
.56	2.2418	.0125
.55	2.1842	.0146
.54	2.1279	.0166
.53	2.0729	.0192
.52	2.0191	.0217
.51	1.9664	.0244
.50	.19149	.0281

Skinner Modal Profile  
Mean T-Score Elevations  
and  
Core Dysfunction Type

Number	Descriptor	Code
Dysfunction	He/She has significant problems thinking clearly.	Cognitive
	He/She can not reliably solve everyday problems or attend to details. +68	Mean T-Score
	He/She is depressed. His/Her interpersonal relationships, work and interests bring little joy or satisfaction. Emotional upheavals, painful stress and tension dog the days of his/her life.	Affective Dysfunction Mean T-Score 63-67
4 +70	He/She is a narcissist. He/She places his/her own interests first. He/She manipulates others into service these interests. He/She does not genuinely care what happens to others.	Narcissistic Dysfunction Mean T-Score
-62	His/Her behavior reflects selfishness and pleasure seeking. He/She is frequently in trouble with others; troubles he/she causes deliberately with deceit, deception, lies, hollow promises and greed.	Normal Limits Profile

Code  
and  
Highest Common Types

Codes<sup>3-4</sup>

123		2-		4+		
1234		2-				
1237		2-		4+		
132		2-		4+		
137		2-				
138	1+	2-				
139		2-			5-	8+
231		2-	3-	4+		
27			3-		7+	
274	1+		3-			
278	1+		3-			
28	1+		3-			
31		2-		4+		
321		2-				
4					5-	
43					5-	
46						
462			3-			
482	1+					
49			3+			
78	1+					
8123						
824	1+					
83		2-				
85			3-			
89				4-	7-	
9				4-	7-	
96				4-	7-	
Reference				5-		8+

Note: The highest factor correlations are listed for each code. High is +, low -.

## Skinner Common Types

Type	+ High	- Low
1.	Impulsive, acute anxiety, irritability, unpredictable feelings and moods.	Flat affect. Denial of unacceptable social traits, little or no insight, aversion to unpleasantness.
2.	Rebellious, asocial, impulsive. No concern over own health. Indifferent to consequences of own behavior. Willful disregard of voluntary self-regulation. Angry, hostile, violence prone.	Complains of nagging physical discomfort. Displays a keen, abiding anxious concern over the state of their health. Low energy levels.
3.	Free floating hostility, irritability. Frequent headaches. May report hallucinations.	Clearly depressed, lacks self-confidence. Afraid of becoming ill.
4.	Experience poor sleep. Cannot manage details. Feels worthless. Indifferent to own health, guarded over revealing personally sensitive information.	Suspicious, guarded, hostile. Antagonistic especially towards persons with whom they are near.
5.	Experience poor sleep. Concerned over the state of their health. Disorganized. Unable to manage details. Deeply absorbed in sadistic fantasies. Excited by cruelty.	Dysphoric. Uncooperative. Resists rules and regulations. Conflict with close relations.
6.	Hostile, sadistic temperament. Prefers asocial activities. Avoids contact with others.	Impulsive. Labile mood. Experiences visions and voices. Markedly disturbed.
7.	Experience poor sleep. Concerned over own health. Labile mood and feeling. Conflict with close relatives. Prefers clear-cut rules.	Uncooperative. Resists rules regulations. Rebellious. Markedly disorganized. Experiences visions and voices.
8.	Shallow, "spur of the moment." Mean. Narcissistically concerned for own body and its functioning.	Irritable. Suspicious. Distrustful. Lacks insight.



Skinner Modal Profiles  
Correlation Procedure

Patient's T-Scores

L   F   K   Hs   D   Hy   Pd   Mf   Pa   Pt   Sc   Ma   Si

Core Dysfunction

Affective            43   39   47   67   66   67   51   44   43   54   47   37   44   .\_\_ BA

Cognitive            35   56   32   44   57   44   55   43   57   61   68   49   69   .\_\_ BB

Personality  
Disorder            42   48   51   51   44   57   70   45   49   42   47   69   33   .\_\_ BC

Clinical Groups

Alcoholism            47   63   49   63   71   64   73   62   61   67   65   61   55   .\_\_ BD

Anti-Social  
Personality  
Disorder            50   64   48   59   77   65   81   64   65   71   76   65   55   .\_\_ BE

Borderline  
Personality  
Disorder            46   82   44   70   87   67   81   69   73   83   84   68   66   .\_\_ BF

Mixed Neuropsycholo-  
gical            53   60   53   77   82   64   64   57   59   62   63   60   56   .\_\_ BG

Dysthymia            46   70   44   65   84   67   76   71   65   71   76   60   58   .\_\_ BH

Generalized  
Anxiety Disorder    50   64   46   75   89   73   81   69   65   77   76   60   56   .\_\_ BI

Hysterical  
Neurosis            44   62   46   72   77   69   62   59   59   71   71   58   55   .\_\_ BJ

Response bias leading  
to potentially lowered  
ability, achievement  
and neurobehavioral  
test scores            50   73   51   77   87   67   76   59   67   77   86   63   65   .\_\_ BK

Post-Traumatic

Stress Disorder 51 66 49 75 81 73 72 55 66 72 75 62 61 .\_\_ BL

Skinner Modal Profiles  
Correlation Procedure

Megargee Types

Able (domineering)	56	58	55	49	56	55	69	57	53	52	55	73	71	___	BM
Baker (distressed)	53	60	51	49	70	56	71	55	56	54	57	63	58	___	BN
Charlie (bitter)	50	82	46	59	70	58	76	64	82	71	84	75	58	___	BO
Delta (amoral)	50	64	59	59	70	58	83	61	59	62	63	63	52	___	BP
Easy (under- achiever)	56	55	62	59	65	64	67	55	53	58	59	60	49	___	BQ
Foxtrot (street wise)	50	84	51	54	63	56	76	57	59	60	74	81	51	___	BR
George (submissive)		56	58	59	59	75	62	71	57	53	58	57	58	51	.
BS															
How (markedly disturbed)	56	78	53	80	89	76	81	64	76	81	88	65	61	___	BT
Item (well adjusted)	53	60	53	54	63	55	62	61	56	56	55	60	52	___	BU
Jupiter (impulsive)	53	66	49	52	63	51	64	59	59	73	80	78	55	___	BV

Holcomb Murder Types<sup>12</sup>

Psychotic	50	88	35	59	79	62	67	55	88	62	78	63	63	___	BW
Disoriented	60	102	42	75	84	87	67	67	94	71	88	63	69	___	BX
Within normal limits	66	58	62	47	65	56	43	53	53	48	55	43	47	___	BY
Hostile	56	66	44	34	65	53	53	53	65	30	44	50	53	___	BZ
Depressed	70	73	53	56	72	67	60	55	76	38	50	50	60	___	CA
Able	56	58	55	49	56	55	69	57	53	52	55	73	71	___	BW
PTSD	51	66	49	75	81	73	72	55	66	72	75	62	61	___	BX



Descriptors Associated with Selected Modal  
Profile Correlations Using the MMPI-2

Number	Descriptor	Code
8945	A mood disorder may be at the core of the observed behavior.	Affective Core Dysfunction
8950 Dysfunction	A thought disorder may be at the core of the observed behavior.	Cognitive Core
8955 Core Dysfunction	Using other people for pleasure, self-aggrandizement and advantage is at the core of the observed behavior.	Personality Disorder
8960	Alcohol and drugs are used to willfully manipulate mood, perception and findings. Impaired judgement, unpredictable mood changes, aggressive outbursts, social and occupational dysfunction is frequently encountered. Legal issues are apparent with time.	Alcoholism
8965	The failed or flawed ability to place one's self in the shoes of another, to sympathize with their experiences and to be willing to put one's self out on the other's behalf is the cardinal feature in this personality mis-organization. Acts directed against the property, well-being and safety of others are typical.	Antisocial Personality Disorder
8970	Intense affect, poor self-control, illusory social adaptation, strained interpersonal relationships and vulnerability to nervous breakdowns are hallmarks of this type of personality organization.	Borderline Personality Disorder

Number	Descriptor	Code
8975	Depression, cognitive disorganization, disruption in planning, fatigue, headaches, sensitivity to light and sound, memory disturbances and failures at work are the result of brain trauma and disease as well as chronic alcohol ingestion is suggestion.	Cerebral Dysfunction
8980	A long bout of depressed mood often associated with an appetite disturbance, poor sleep, fatigue, poor concentration and feelings of hopelessness is suggested. There may be a life long history of an adaption to depression.	Dysthymia
8985	Excessive anxiety and worry associated with shakiness, tension, restlessness and easy fatigability is suggested. Also rapid heartbeat, shortness of breath, dry mouth, cold sweats, dizziness, nausea, diarrhea, frequent urination and trouble swallowing may be present. Difficulty concentrating, hyperalertness, poor sleep and irritability may be seen.	Generalized Anxiety Disorder
8990	Physical presentations such as paralysis, loss of voice, seizures, disturbance of coordination, lose sense of touch, blindness, tunnel vision, loss of smell, distorted pain perception and tingling sensations not related to demonstrable medical cause and not due to malingering may be present. The patient may evidence a profound fear of emotional and physical pain, an inability to portray or analyze emotions in words, stress reflected in tense musculature, an intolerance of self-examination, a limited capacity for intimacy, shallow social contacts, insensitivity to other people's feelings,	Hysterical Neurosis

orientation to and valuation of physical attractiveness and making the right impression, approval seeking, pettiness and being drawn to power and wealth.

Number	Descriptor	Code
8995	There may be a tendency for the person to score worse than their actual capacities on ability, achievement and neurobehavioral tests. The results of the overall evaluations will be skewed and the clinical decision making process contaminated.	Response Bias
9000	Traumatic events may lead to distressing recollections, recurrent dreams of the traumatic events, feelings the traumas are about to recur and vulnerability to recall of the events upon an anniversary date. The patient strenuously attempts to avoid thinking about the events, avoids activities that arouse painful memories, feelings of detachment from others, inability to fully love others, and a sense of having an early death. There may also be poor sleep, intensely uncomfortable anger, over alertness and vulnerability to startle response.	Post-Traumatic Stress Disorder
9005	The most prominent or obvious feature of schizophrenic disturbance is incoherent, illogical or inappropriate abstract thinking.  Incoherent thinking involves a disruption in the sequence of thoughts so that one thought does not flow continuously from another.  They lose track of what they are saying. They may express a series of loosely related ideas that are difficult to follow.  Illogical thinking consists of reaching	Schizophrenia-all variations

unreasonable conclusions on the basis of minimal or circumstantial evidence.

Thinking at inappropriate levels of abstraction, schizophrenic people often use words in an overly concrete or literal manner.

Number	Descriptor	Code
9005	<p>Perceptual distortions are reflected primarily in poor judgement.</p> <p>They cannot assess their experience realistically. They act in odd or queer ways.</p> <p>The lives of schizophrenic people are dotted with such instances of poor judgement, which stems from unrealistic assessment of a situation, of themselves, or of the consequences of their actions.</p> <p>The disordered thinking and inaccurate perception of schizophrenic people often cause them to overlook or misjudge the feelings, motives and actions of others.</p> <p>They behave in ways that others find insensitive, self-centered, contentious, presumptuous, suspicious or in some other way objectionable.</p> <p>Their poor social skills make it difficult for them to make or keep friends, even when they try.</p> <p>They frequently withdraw physically and become social isolates both in their work and recreation. They avoid situations that can bring them into close contact with others.</p> <p>Many withdraw emotionally while placing themselves physically in close proximity to others. Public events sometimes help schizophrenics preserve the fiction that they are meaningfully involved with others.</p> <p>Even when mingling with other people, they maintain</p>	



a psychological distance by keeping their thoughts and feelings to themselves and interacting only on a formal, impersonal level.

Schizophrenic persons are frequently unable to prevent anxiety-provoking and socially unacceptable ideas from occupying their minds.

Number	Descriptor	Code
9005	<p>Uncontrollable aggressive and sexual fantasies and constant concern about terrible events they might cause or suffer from are particularly likely to make the schizophrenics existence a waking nightmare.</p> <p>Schizophrenics are consequently subject to severe bouts of anxiety and self-disgust.</p> <p>They have difficulty distinguishing between their dreams and waking reality.</p> <p>Schizophrenics also suffer from poor integration of their feelings and thoughts.</p> <p>They may show blunted affect with little or no emotional response to any situations, or such inappropriate affect as giggling while relating a violently aggressive fantasy or crying while describing how good they feel.</p> <p>Schizophrenics may, at times, be unable to prevent their aggressive and sexual ideas from being directly expressed in their behavior.</p> <p>When several of these impairments occur together and persist over any length of time, the presence of schizophrenia is usually indicated.</p>	
9007	<p>A prominent mood disorder coexists along side a schizophrenia. Subtypes include bipolar and depressive types.</p>	Schizo-affective Disorder
9010 Schizophrenia -	<p>Schizophrenia exists along with grossly disorganized behavior, incoherence,</p>	

Disorganized Type marked loosening of associations,

flat emotionally and grossly inappropriate affect.

9015 Schizophrenia - Paranoid Type Schizophrenia exists along with a preoccupation with systemized delusions,

auditory hallucinations, argumentativeness, possibility for violence and over-weaning suspiciousness.

Number	Descriptor	Code
9020 Schizophrenia - Undifferent-	Schizophrenia manifested by many or all of its variations including prominent delusions, hallucinations, incoherence and grossly disorganized behaviors.	iated
9025	This profile type may proceed suicide attempts.	Suicides - completed.

Megargee MMPI-2 Based Criminal  
Classification and Typologies

<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
9040	49 Code types are charming, impulsive and manipulative. They adjust well to incarceration.	Able
9045	42 Code types are anxious, inadequate and hard headed. Abuse of alcohol is frequent.	Baker
9050	864 Code types are aggressive, violent, hostile and antisocial. Poly-substance abuse is frequent.	Charlie
9055	4 Code types are bright, manipulative, narcissistic, amoral, pleasure seeking, rule breakers. They have an attitude.	Delta
9060	43 Code types are bright, stable, underachievers, with good interpersonal relationships.	Easy
9065 Foxtrot	894 Code types are tough, cynical, strictwise and anti-social. Poly-substance abuse associated with violence is frequent.	
9070 George	42 plus 13 Code types are anxious, hard working and dependent. They take advantage of vocational and educational programs.	
9075	123478 high ranging Code types are agitated, unstable and mentally disordered. Polysubstance abuse is frequent.	How
9080	Normal limits Code types are stable, well adjusted and have few problems. Polysubstance abuse is frequent.	Item

9085  
Jupiter

897 Code types do better than expected.

Selected MMPI-2  
Base Rates<sup>13</sup>

	Base Rate <sup>1</sup> Percent	
	Male	Female
<u>No Pathology</u>		
Within Normal Limits (20)	80	80
<u>Core Dysfunction</u>		
Affective - Skinner (19-22)	26	26
Cognitive - Skinner (19-22)	19	19
Personality Disorders - Skinner (19-22)	26	26
<u>Clinical Designation</u>		
Alcoholism (11)	7	6
Antisocial Personality Disorder (7-8-14)	5	
Borderline Personality Disorder (9-16)	4	4
Cerebral Dysfunction - Mixed (23)	5	5
Closed Head Injuries (10)	-	-
Dysthymia (14)	5	5
Generalized Anxiety Disorders(14)	5	5
Hysterical Neuroses (14)	3	3
Response Bias (10)		



	Base Rate <sup>1</sup> Percent	
	Male	Female
Post-Traumatic Stress Disorder (15) -	-	-
Schizoaffective Disorder (14)	3	3
Schizophrenia - Disorganized (14)	2	2
Schizophrenia - Paranoid (14)	3	3
Schizophrenia - Undifferentiated (14)	13	13
Suicides - Completed (18-21)	3	3
Megargee Typologies (5) Prisoners		
Able	12	10
Baker	4	1
Charlie	8	4
Delta	4	1
Easy	14	17
Foxtrot	9	4
George	8	3
How	16	8
Item	22	50
Jupiter	2	1
Murder Types (12)	No base rate data available	

1. Base rate percentages are the observed percentages of those cases in each group.  
Bracketed numbers refer to the references.



MMPI-2  
Megargee Mean Profiles

K Corrected T Scores

<u>Type</u>	<u>Able</u>	<u>Baker</u>	<u>Charlie</u>	<u>Delta</u>	<u>Essy</u>	<u>Foxtrot</u>
<u>Scale</u>						
L	56	53	50	50	56	50
F	58	60	82	64	55	84
K	55	51	46	59	62	51
1	49	49	59	59	59	54
2	56	70	70	70	65	63
3	55	56	58	58	64	56
4	69	71	76	83	67	76
5	57	55	64	61	55	57
6	53	56	82	59	53	59
7	52	54	71	62	58	60
8	55	57	84	63	59	74
9	73	63	75	63	60	81
0	71	58	58	52	49	51

<u>Type</u>	<u>George</u>	<u>How</u>	<u>Item</u>	<u>Jupiter</u>
<u>Scale</u>				
L	56	56	53	53
F	58	78	60	66
K	59	53	53	49
1	59	80	54	52
2	75	89	63	63
3	62	76	55	51
4	71	81	62	64
5	57	64	61	59
6	53	76	56	59
7	58	81	56	73
8	57	88	55	80
9	58	65	60	78
0	51	61	52	55



## SKINNER MODAL PROFILES

Murder<sup>1</sup>

Male

Types

	1 PSYCHOTIC	2 DISORIENTED	3 NORMAL	4 HOSTILE	5 DEPRESSED
L	52	61	65	57	69
F	90	104	55	65	72
K	35	42	62	44	53
1	59	74	47	34	52
2	70	80	60	61	68
3	61	87	56	52	67
4	69	69	43	52	59
5	53	62	51	51	53
6	88	94	53	65	77
7	62	71	48	31	37
8	77	87	55	44	50
9	65	65	42	50	50
0	63	68	47	53	60
N	20	13	18	14	15
x	62.92	74.15	41.38	50.61	59.00
sd	14.19	15.59	23.91	9.97	10.76

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## SKINNER MODAL PROFILES

### Sex Offenders<sup>1</sup>

(Male)

L	49		
F	57		
K	55		
1	60		
2	62		
3	61		
4	72		
5	60		
6	60		
7	62		
8	64	x	59.15
9	56	sd	5.86
0	51	N	105

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### Male Homophilic Index

Conscious homophilic thoughts and attitudes may be present. 1) 5 +60

2) 5 ranks 6th or lower for all clinical scales.

3) 5 Index  
50 + Hs + Pt minus  
1.5 Hy - .5 Pa equals -46

Two out of three signs are presumptive of conscious homosexual attitudes.

Model Profiles Means and Standard Deviations

<u>Profile Category</u>		<u>Mean</u>	<u>Standard Deviation</u>
Affective	BA	49.92	10.52
Cognitive	BB	51.54	11.57
Personality Disorder	BC	49.85	7.56
Alcoholism	BD	61.61	7.56
Anti-Social Personality Disorder	BE	64.61	10.03
Mixed Neuropsychological	BG	62.31	8.53
Dysthymic	BH	65.61	11.46
Generalized Anxiety Disorder	BI	67.77	12.48
Hysterical Neurosis	BJ	61.92	9.99
Response Bias	BK	69.08	11.73
Post-Traumatic Stress Disorder	BL	66.00	9.93
Able	BM	58.38	7.59
Baker	BN	57.92	6.65
Charlie	BO	67.31	12.49
Delta	BP	61.77	8.16
Easy	BQ	58.61	5.09
Foxtrot	BR	62.77	11.91
George	BS	59.54	6.62
How	BT	72.92	11.83
Item	BU	56.92	3.77

Jupiter	BV	61.69	10.24
Psychotic	BW	65.31	15.03
Disoriented	BX	74.54	16.12
WNL	BY	58.54	7.77
Hostile	BZ	51.61	10.94
Depressed	CA	60.00	11.15
Completed Suicides	CB	69.77	12.57

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Newmark Criteria for Thought Disorder

MMPI

	Scale	T-Score
1)	8	80-100
2)	F	75-95
3)	8	Equal to or less than 7 <u>Hard Rule</u>
4)	8	Raw score (not K corrected) must be 35 percent or less of the K score; $k/8 = 35\%$

All four signs must be present. The hit rate is 91 percent of those cases diagnosed as schizophrenic or thought disorder.

Exception - Six percent of those cases diagnosed as schizophrenic or thought disorder are cases of drug induced psychoses.

Watson - Plemmel  
Psychiatric - Organic  
P - O  
Scale

Watson [1] summary of the collected data on the P-O scale is summarized below. The means, standard deviations and hit rates for 775 psychiatric and 182 organic patients are converted to the z score presented as p data (Table 1). The "betting-odds" graph is presented in converted form.

The suggested level of significance for the functional group is .05; for the organic group, .07.

Watson - Plemmel

P-O

Scale

Table 1

Combined Norms

P-0 Raw Score	Psychiatric 1-p	Organic p
55	.0007	.9987
54	.0011	.9980
53	.0016	.9969
52	.0023	.9955
51	.0032	.9932
50	.0044	.9904
49	.0060	.9861
48	.0084	.9808
47	.0113	.9732
46	.0150	.9641
45	.0197	.9515
44	.0262	.9370
43	.0336	.9177
42	.0427	.8967
41	.0537	.8686
40	.0681	.8389
39	.0838	.8023
38	.1020	.7642
37	.1230	.7190
36	.1492	.6736
35	.1762	.6217
34	.2061	.5714
33	.2389	.5160
32	.2776	.4641
31	.3156	.4090
P-0 Raw Score	Psychiatric 1-p	Organic P
30	.3557	.3594
29	.3974	.3085
28	.4404	.2643

27	.4880	.2206
26	.5319	.1841
25	.5753	.1492
24	.6179	.1190
23	.6628	.0951
22	.7019	.0735
21	.7389	.0571
20	.7734	.0427
19	.8051	.0322
18	.8365	.0233
17	.8621	.0170
16	.8849	.0136
15	.9049	.0084
14	.9236	.0057
13	.9382	.0039
12	.9505	.0026
11	.9608	.0017
10	.9699	
9	.9767	
8	.9821	
7	.9864	
6	.9901	
5	.9927	
4	.9946	
3	.9961	
2	.9972	
1	.9981	
0	.9987	

x	26.7	32.7
SD	8.9	7.4
N	775	182
		65%

HIT RATE 66%

Watson - Plemmel  
Hs - Pt  
for  
Cerebral Dysfunction<sup>1</sup>

	Hs - Pt	T-Score	Cerebral Dysfunction p	Functional Disorders 1-p
	+	33		.0850
		28	.9840	.1300
		23	.9640	.2000
Hs		18	.9300	.2800
higher		13	.8680	.3600
		8	.7800	.4700
		3	.6600	.5700
	-	1	.5300	.6700
	-	6	.4000	.7500
	-	11	.2700	.8300
Pt		16	.1700	.8800
higher		21	.0950	.9300
		26	.0500	.9580
			n=110	n=331

1. Watson, C.G., Plemmel, D., and Jacobs, L. An MMPI Sign to Separate Organics from Functional Psychiatric Patients. *J. Clin. Psychol.* 1978. 34, 398-401. (Tabled Data Adapted from Source Cited.) (Appendix D contains this scale's items.)

MMPI  
 Russell Key  
 for  
 Cerebral Dysfunction vs Functional Disorder

Serial Rule Check

	IF	Tor Tc	Call It
1. ? L F K Dysfunction		- 70	Cerebral
			<u>and</u> L <u>or</u> K greater than F
2. ? L F K		+ 70	Keep Going
			<u>and</u> L and lower than F
3. Sc		+ 90	Functional Disorder
4. Sc Dysfunction		- 60	Cerebral
5. Sc		61-89	Keep Going
6. F Dysfunction		- 60	Cerebral
7. F		+ 61	Keep Going
8. F greater than Sc Dysfunction			Cerebral  or Equivocal
9. F less than Sc			Functional Disorder or Equivocal

University MMPI-2 Normative Data  
University of Nevada, Reno

Professor William Follette generously provided normative data for the MMPI-2 scales and indexes employed in this interpretive format. Eighty percent of the females and males were 17 - 23 years. Eighty five percent of the females and males were Caucasian; eight and six percent were Afro-American respectively for females and males. The distributions were limited to cases where F-K did not exceed 12. The following validity data was generated observing the above restriction.

	95th Percentile	
	Male	Female
L	6	7
F	13	14
F <sub>b</sub>	9	11
K	21	22

The scales and indexes were drawn from research on the MMPI-R. The MMPI-2 item consistent changes required elimination of some items. For example, the Gilberstadt P<sub>7</sub> scale originally had 101 items. The current scale has 93.

The Gilberstadt P scales were developed using test results drawn on male Veteran's Administration Medical Center patients. The current norms group includes females. The interpretive statements are limited to males but may be clinically useful when conservatively applied to females.

Also the P scales were generated using the percent of the different scales scores to generate the codes used to differentiate the groups. Two separate interpretative strategies were developed each with its own set of interpretations. The reader might choose to use the normative data supplied here to develop their own cutting scores.



# Schizoid Index

## Females

Score	Cum Percent	Linear Tscore
7	99.9	85
6	99.4	78
5	98.8	70
4	92.8	62
3	80.8	54
2	53.9	46
1	25.7	38
0	1.8	30

N 167  
Mean 2.47  
sd 1.28

Items 7  
Alpha .1509

Watson-Plemmel

Females

Score	Cum Percent	Linear Tscore
38	99.9	72
37	99.9	70
36	99.4	68
35	98.8	66
34	97.0	64
33	92.8	62
32	88.0	60
31	81.4	58
30	76.6	56
29	67.7	54
28	57.5	52
27	47.9	50
26	37.7	48
25	32.9	46
24	26.3	44
23	22.8	42
22	16.2	40

Watson-Plemmel

Females

Score	Cum Percent	Linear Tscore
21	13.8	38
20	11.4	36
19	10.2	34
18	6.6	32
17	5.4	29
16	3.6	27
15	1.8	25
14	1.8	23
13	1.8	21
12	.6	19

N	167	Items	47
Mean	27.03	Alpha	.5680
sd	4.90		

## Neurological Complaints

Females

Score	Cum Percent	Linear Tscore
24	99.9	82
23	99.4	80
22	98.8	78
21	97.6	76
20	97.6	74
19	95.2	72
18	94.0	70
17		68
16	92.8	66
15	92.2	64
14	89.8	62
13	87.4	60
12	85.6	58
11	80.8	56
10	77.2	54

# Neurological Complaints

Females

Score	Cum Percent	Linear Tscore
9	71.3	52
8	64.7	50
7	56.9	48
6	49.7	46
5	37.7	44
4	28.1	42
3	18.6	40
2	9.0	38
1	3.0	36
0		34

N 167  
Mean 7.82  
sd 5.03

Items 41  
Alpha .6304

# Suicidal Thinking

## Females

Score	Cum Percent	Linear Tscore
9		109
8	99.9	102
7	98.8	95
6	98.8	88
5	97.0	81
4	96.4	74
3	95.2	67
2	91.6	60
1	87.4	53
0	73.7	46

N 167  
Mean .61  
sd 1.42

Items 9  
Alpha .8105

# Rich-Davis Alcohol Scale

## Females

Score	Cum Percent	Linear Tscore
25	99.9	80
24	99.4	76
23	99.4	73
22	98.8	69
21	96.4	66
20	91.6	62
19	84.4	59
18	76.0	55
17	64.7	52
16	50.3	48
15	35.9	45
14	25.1	41
13	12.6	37
12	7.2	34
11	2.4	30
10	1.8	27
9	1.8	23
8	.6	20

N	167	Items	31
Mean	16.53	Alpha	.4281
sd	2.83		

# Hoyt-Sedlacek Alcohol Scale

## Females

Score	Cum Percent	Linear Tscore
40	99.9	73
39	99.4	71
38	98.8	69
37	97.0	66
36	94.0	64
35	92.2	61
34	86.8	59
33	79.0	57
32	68.3	54
31	58.1	52
30	48.5	49
29	38.3	47
28	30.5	45
27	23.4	42
26	19.8	40
25	15.6	37
24	10.8	35
23	6.6	33



# Hoyt-Sedlacek Alcohol Scale

## Females

Score	Cum Percent	Linear Tscore
22	3.6	30
21	2.4	28
20	1.8	25
19	1.8	23
18	1.8	21
17	.6	18

N	167	Items 50
Mean	30.23	Alpha .5152
sd	4.18	

# Clinical Abuse

## Females

Score	Cum Percent	Linear Tscore
9		110
8		102
7		95
6	99.9	87
5	98.2	79
4	97.6	72
3	94.0	64
2	86.2	56
1	71.9	49
0	39.5	41

N 167  
Mean 1.13  
sd 1.31

Items 9  
Alpha .0935

# Physical Violence

## Females

Score	Cum Percent	Linear Tscore
7		87
6		80
5	99.9	74
4	95.8	67
3	86.2	60
2	75.4	53
1	56.9	46
0	25.7	39

N 167  
Mean 1.59  
sd 1.44

Items 7  
Alpha .2167

# Gilberstadt P Scales

Females

P<sub>1</sub>

Score	%	Cum Percent	Linear Tscore
28	60	99.9	75
27	57	99.4	70
26	55	97.6	67
25	53	97.0	65
24	51	94.6	63
23	50	85.6	60
22	48	78.4	58
21	45	72.5	56
20	43	62.3	53
19	40	53.9	51
18	38	48.5	48
17	36	40.1	46
16	34	34.1	44
15	32	27.5	41
14	30	18.6	39
13	28	11.4	37
12	26	5.4	34
11	23	4.8	32
10	21	3.6	29
9	19	1.2	27

N	167	Items	38
Mean	18.63	Alpha	.4851
sd	4.21		

Gilberstadt P Scales

P<sub>3</sub>

Females

Score	%	Cum Percent	Linear Tscore
19	58	99.9	77
18	54	98.8	73
17	51	96.4	69
16	48	95.2	65
15	45	88.0	61
14	42	80.8	56
13	39	68.3	52
12	36	55.1	48
11	33	42.5	44
10	30	21.0	40
9	27	7.2	36
8	24	3.0	32
7	21	1.2	28
6	18	1.2	24
5	15	.6	20

N 167  
Mean 12.41  
sd 2.43

Items 28  
Alpha .4389

# Gilberstadt P Scales

Females

P<sub>4</sub>

Score	%	Cum Percent	Linear Tscore
23	62	99.9	68
22	59	97.0	65
21	57	92.2	62
20	54	85.0	59
19	51	74.3	56
18	49	62.9	53
17	46	53.3	53
16	43	43.7	47
15	41	31.1	44
14	38	23.4	41
13	35	16.8	38
12	32	9.6	35
11	30	6.6	32
10	27	4.2	29
9	24	3.0	26
8	22	1.8	23
7	19	.6	20

N	167	Items	31
Mean	16.95	Alpha	.4693
sd	3.42		

# Gilberstadt P Scales

P<sub>6</sub>

Females

Score	%	Cum Percent	Linear Tscore
20	71	99.9	73
19	68	98.8	69
18	64	97.6	65
17	61	94.0	64
16	57	83.2	58
15	54	72.5	54
14	50	56.3	50
13	46	41.3	47
12	43	32.3	43
11	39	21.6	40
10	36	14.4	36
9	32	6.0	32
8	29	3.0	28
7	25	1.2	24
6	21	.6	20

N 167  
Mean 13.77  
sd 2.73

Items 25  
Alpha .4436

Gilberstadt P Scales

P<sub>7</sub>

Females

Score	%	Cum Percent	Linear Tscore
68	67	99.9	77
67	66	99.9	76
66	65	99.4	75
65	64	99.4	75
64	63	98.8	74
63	62	98.2	73
62	61	98.2	73
61	60	97.6	72
60	59	97.6	71
59	58	96.4	70
58	57	95.2	69
57	56	94.6	69
56	55	94.0	68
55	54	94.0	67
54	53	92.8	67
53	52	92.2	66
52	51	92.2	65
51	50	90.4	64
50	50	88.0	64



Gilberstadt P Scales

P<sub>7</sub>

Females

Score	%	Cum Percent	Linear Tscore
49	49	86.8	63
48	48	85.6	62
47	47	85.6	61
46	46	84.4	61
45	45	83.2	60
44	44	82.6	59
43	43	82.6	59
42	42	79.6	58
41	41	76.6	57
40	40	74.9	56
39	39	71.9	56
38	38	71.3	55
37	37	68.9	54
36	36	67.1	53
35	35	65.3	53
34	34	63.5	52
33	33	62.3	51
32	32	59.9	50
31	31	58.7	50

Gilberstadt P Scales

P<sub>7</sub>

Females

Score	%	Cum Percent	Linear Tscore
30	30	56.9	49
29	29	53.3	48
28	28	51.5	48
27	27	49.7	47
26	26	47.9	46
25	25	44.9	45
24	24	41.9	45
23	23	36.5	44
22	22	32.3	43
21	21	28.1	42
20	20	27.5	42
19	19	22.2	41
18	18	16.8	40
17	17	13.2	40
16	16	10.8	39
15	15	7.8	37
14	14	6.6	37
13	13	6.0	36
12	12	3.6	36
11	11	1.2	35
10	10	.6	34

N	167	Items	93
Mean	31.21	Alpha	.7228
sd	13.71		

# Narcissistic Personality Disorder Index

## Females

Score	Cum Percent	Linear Tscore
11	99.9	83
10	99.4	78
9	95.8	73
8	95.2	68
7	91.6	62
6	88.0	57
5	73.7	52
4	55.7	47
3	31.1	42
2	13.8	37
1	1.2	30
0		27

N 167  
Mean 4.54  
sd 1.97

Items 14  
Alpha .2817

Lovelessness

Females

Score	Cum Percent	Linear Tscore
13	99.9	86
12	99.4	82
11	99.4	78
10	97.6	74
9	95.8	70
8	94.6	66
7	91.6	63
6	87.4	59
5	76.0	55
4	68.3	51
3	57.5	47
2	39.5	43
1	13.8	39
0	2.4	35

N 167  
Mean 3.78  
sd 2.56

Items 19  
Alpha .2985

# Lithium Response Scale

## Females

Score	Cum Percent	Linear Tscore
11	99.9	74
10	99.4	69
9	95.2	64
8	84.4	59
7	74.9	54
6	56.3	49
5	37.7	44
4	19.8	39
3	10.3	34
2	1.8	29
1	.6	24
0		19

N 167  
Mean 6.20  
sd 2.00

Items 15  
Alpha .2806

# Imipramine Response Scale

## Females

Score	Cum Percent	Linear Tscore
8	99.9	79
7	99.4	72
6	96.4	65
5	89.2	58
4	69.5	51
3	34.1	44
2	16.2	36
1	4.8	29
0	.6	22

N 167  
Mean 3.90  
sd 1.40

Items 8  
Alpha .2889

# Schizoid Index

## Males

Score	Cum Percent	Linear Tscore
6	99.9	68
5	99.4	63
4	92.7	57
3	75.3	52
2	46.6	46
1	14.0	40
0	1.7	34

N 178  
Mean 2.70  
sd 1.78

Items 7  
Alpha .0093

# Watson-Plemmel

## Males

Score	Cum Percent	Linear Tscore
37	99.9	71
36	99.4	69
35	97.8	67
34	96.1	65
33	92.7	63
32	88.8	61
31	83.7	59
30	74.7	57
29	67.4	55
28	58.4	53
27	51.1	51
26	43.3	49
25	36.5	47
24	28.1	45
23	24.2	43
22	19.7	41
21	14.6	39



Watson-Plemmel

Males

Score	Cum Percent	Linear Tscore
20	10.7	37
19	7.9	35
18	5.1	33
17	3.4	31
16	2.8	29
15	2.2	27

N	178	Items	47
Mean	26.92	Alpha	.4538
sd	4.81		

## Neurological Complaints

### Males

Score	Cum Percent	Linear Tscore
27	99.9	85
26		83
25		81
24		79
23	99.4	77
22		75
21		73
20	98.9	71
19	97.2	69
18	95.5	67
17	92.7	65
16	91.0	63
15	87.1	61
14	81.5	59
13	79.8	57
12	76.4	55
11	73.6	53
10	68.5	51

# Neurological Complaints

## Males

Score	Cum Percent	Linear Tscore
9	61.8	49
8	55.6	47
7	47.8	45
6	40.4	43
5	35.4	41
4	24.2	39
3	15.7	37
2	7.9	35
1	2.8	33
0	.6	31

N 178  
Mean 8.70  
sd 5.24

Items 41  
Alpha .6284

# Suicidal Thinking

## Males

Score	Cum Percent	Linear Tscore
8	99.9	122
7		
6		
5	99.4	94
4	98.3	84
3	97.8	74
2	95.5	65
1	91.0	56
0	73.0	46

N 178  
Mean .461  
sd 1.04

Items 9  
Alpha .9325

# Rich-Davis Alcohol Scale

## Males

Score	Cum Percent	Linear Tscore
22	99.9	70
21	96.6	66
20	91.6	63
19	87.6	59
18	75.8	56
17	65.2	52
16	52.2	49
15	39.3	45
14	27.0	42
13	15.7	38
12	8.4	35
11	3.9	31
10	2.2	28
9	1.1	24

N	178	Items	31
Mean	16.33	Alpha	.6208
sd	2.83		

# Hoyt-Sedlacek Alcohol Scale

## Males

Score	Cum Percent	Linear Tscore
40	99.9	78
39	99.4	75
38	98.9	73
37	97.2	71
36	96.6	68
35	94.4	66
34	92.1	64
33	89.3	61
32	84.3	59
31	73.6	57
30	70.2	54
29	59.0	52
28	50.6	50
27	41.0	48
26	34.8	45
25	28.7	43
24	19.1	41
23	12.4	38

# Hoyt-Sedlacek Alcohol Scale

## Males

Score	Cum Percent	Linear Tscore
22	8.4	36
21	5.1	34
20	2.8	31
19	1.1	29
18	.6	27

N	178	Items	50
Mean	28.04	Alpha	.6788
sd	4.31		

# Chemical Abuse

## Males

Score	Cum Percent	Linear Tscore
8	99.9	84
7	99.4	78
6	97.2	73
5	94.4	67
4	91.0	62
3	82.6	57
2	70.2	51
1	57.3	46
0	29.2	40

N 178  
Mean 1.79  
sd 1.84

Items 9  
Alpha .7717



# Physical Violence

## Males

Score	Cum Percent	Linear Tscore
7	99.9	78
6	99.4	72
5	94.9	66
4	88.8	61
3	76.4	55
2	64.0	50
1	43.8	44
0	21.9	38

N 178  
Mean 2.11  
sd 1.77

Items 7  
Alpha .8492

# Gilberstadt P Scales

Males

P<sub>1</sub>

Score	%	Cum Percent	Linear Tscore
26	55	99.9	75
25	53	98.9	72
24	51	98.3	70
23	50	95.5	67
22	48	93.8	65
21	45	90.4	62
20	43	86.5	60
19	40	81.5	57
18	38	71.9	55
17	36	65.7	52
16	34	59.0	50
15	32	47.8	47
14	30	38.8	45
13	28	29.2	42
12	26	21.9	40
11	23	12.4	37

Gilberstadt P Scales

P<sub>1</sub>

Males

Score	%	Cum Percent	Linear Tscore
10	21	7.9	35
9	19	4.5	32
8	17	3.4	30
7	15	2.2	27
6	13	1.1	25
5	11	.6	22

N	178	Items	38
Mean	15.89	Alpha	.5853
sd	4.11		

Gilberstadt P Scales

P<sub>3</sub>

Males

Score	%	Cum Percent	Linear Tscore
20	61	99.9	77
19	58	99.4	74
18	54	98.9	70
17	51	96.6	66
16	48	94.4	63
15	45	85.4	59
14	42	75.3	55
13	39	62.9	52
12	36	52.8	48
11	33	35.4	44
10	30	23.0	41
9	27	12.9	37
8	24	6.7	33
7	21	2.8	30
6	18	1.7	26
5	15	.6	22

N 178  
Mean 12.51  
sd 2.72

Items 28  
Alpha .6402

Gilberstadt P Scales

P<sub>4</sub>

Males

Score	%	Cum Percent	Linear Tscore
24	65	99.9	72
23	62	99.4	69
22	59	98.9	66
21	57	96.6	63
20	54	86.5	60
19	51	77.5	57
18	49	68.5	54
17	46	58.4	51
16	43	46.1	48
15	41	34.8	45
14	38	26.4	42
13	35	19.1	39
12	32	13.5	36
11	30	10.1	33
10	27	6.2	30
9	24	2.8	27
8	22	1.7	24
7	19	1.1	21

N	178	Items	31
Mean	16.52	Alpha	.5117
sd	3.46		

# Gilberstadt P Scales

P<sub>6</sub>

Males

Score	%	Cum Percent	Linear Tscore
19	68	99.9	72
18	64	97.2	68
17	61	94.9	64
16	57	91.6	60
15	54	80.3	56
14	50	65.2	52
13	46	51.7	48
12	43	36.5	44
11	39	23.6	40
10	36	11.8	36
9	32	6.7	32
8	29	1.7	28
7	25	1.1	24
6	21	.6	20

N 178  
Mean 13.37  
sd 2.50

Items 25  
Alpha .5842

Gilberstadt P Scales

P<sub>7</sub>

Males

Score	%	Cum Percent	Linear Tscore
69	68	99.9	82
68	67		82
67	66		81
66	65		80
65	64	99.4	79
64	63		78
63	62		77
62	61		77
61	60		76
60	59	98.9	75
59	58	98.3	74
58	57		73
57	56		72
56	55		71
55	54		71
54	53		70
53	52	97.8	69
52	51	96.6	68
51	50	95.5	67

Gilberstadt P Scales

P<sub>7</sub>

Males

Score	%	Cum Percent	Linear Tscore
50	50	94.4	66
49	49	92.7	65
48	48	92.1	65
47	47	91.6	64
46	46	90.4	63
45	45	88.2	62
44	44	86.5	61
43	43	84.8	60
42	42	83.7	59
41	41	82.6	59
40	40	79.8	58
39	39	76.4	57
38	38	73.6	56
37	37	70.8	55
36	36	69.7	54
35	35	66.9	54
34	34	63.5	53
33	33	62.9	52
32	32	57.9	51



Gilberstadt P Scales

P<sub>7</sub>

Males

Score	%	Cum Percent	Linear Tscore
31	31	56.2	50
30	30	53.4	49
29	29	48.9	48
28	28	45.5	48
27	27	43.3	47
26	26	39.3	46
25	25	37.1	45
24	24	33.7	44
23	23	31.5	43
22	22	28.1	42
21	21	25.8	42
20	20	20.2	41
19	19	17.4	40
18	18	14.0	39
17	17	12.4	38
16	16	8.4	37
15	15	7.3	36
14	14	6.2	36
13	13	5.1	35
12	12	4.5	34
11	11	3.9	33
10	10	1.7	32

N 178  
Mean 30.79  
sd 11.74

Items 93  
Alpha .7537

# Narcissistic Personality Disorder Index

## Males

Score	Cum Percent	Linear Tscore
11	99.9	70
10	99.4	66
9	98.3	63
8	95.5	59
7	88.8	56
6	75.8	53
5	60.7	49
4	40.4	46
3	20.2	42
2	5.6	39
1	.6	35

N 178  
Mean 5.25  
sd 2.88

Items 14  
Alpha .3415

# Lovelessness

## Males

Score	Cum Percent	Linear Tscore
15	99.9	92
14		88
13		84
12	99.4	80
11	99.4	76
10	98.9	72
9	96.6	68
8	94.4	64
7	87.1	60
6	78.1	56
5	70.8	52
4	62.4	48
3	47.8	44
2	22.5	40
1	9.0	36
0	3.4	32

N 178  
Mean 4.32  
sd 2.56

Items 19  
Alpha .3290

# Lithium Response Scale

## Males

Score	Cum Percent	Linear Tscore
11	99.9	80
10		75
9	98.3	70
8	95.5	65
7	91.0	60
6	75.8	55
5	58.4	50
4	43.3	45
3	25.3	40
2	7.9	35
1	1.7	30
0	.6	25

N 178  
Mean 5.04  
sd 2.00

Items 15  
Alpha .3879

# Imipramine Response Scale

## Males

Score	Cum Percent	Linear Tscore
8	99.9	76
7	99.4	69
6	95.5	61
5	72.5	53
4	44.4	45
3	16.3	37
2	5.1	29
1	1.1	21

N 178  
Mean 4.66  
sd 1.26

Items 8  
Alpha .2319

University MMPI-2 Normative Data

Scale Alpha	Female			Male		
	Mean Items	sd	Alpha	Mean	sd	
Watson- Plemmel 4.81 .4538	27.03	4.90	.5680	26.92		
		47				
Imipramine Response 1.26 .2319	3.90	1.40	.2889	4.66		
		8				
Lithium Response 2.00 .3879	6.20	2.00	.2806	5.04		
		15				
Gilberstadt						
P <sub>1</sub> 38	18.63	4.21	.4851	15.89	4.11	.5853
P <sub>3</sub> 28	12.41	2.43	.4389	12.51	2.72	.6402
P <sub>4</sub> 31	16.95	3.42	.4693	16.52	3.46	.5117
P <sub>6</sub> 25	13.77	2.73	.4436	13.37	2.50	.5842
P <sub>7</sub> 93	31.21	13.71	.7228	30.79	11.74	.7538
Age	23.59	7.55		23.01	9.01	
Range	17-51			17-70		
Ethnic: Caucasian	N = 140			149		

Afro-African N = 14

11

University MMPI-2 Normative Data

Scale Items	Female			Male		
	Mean	sd	Alpha	Mean	sd	Alpha
Physical Violence 7	1.59	1.44	.2167	2.11	1.77	.8492
Suicidal Thinking 9	.61	1.42	.8105	.46	1.04	.9325
Chemical Abuse 9	1.13	1.31	.0935	1.79	1.84	.7717
Rich-Davis Alcohol 31	16.53	2.83	.4281	16.33	2.83	.6208
Hoyt-Sedlacek Alcohol 50	30.23	4.18	.5152	28.04	4.31	.6788
Narcissistic Personality Disorder Index 14	4.54	1.97	.2817	5.25	2.88	.3415
Lovelessness 19	3.78	2.56	.2985	4.32	2.56	.3290
Schizoid Index 7	2.47	1.28	.1509	2.70	1.78	.0093
Neurological Complaints 41	7.82	5.03	.6304	8.70	5.24	.6284





## MacAndrews Alcoholism Scale

Mayo Clinic MMPI

Males

Females

Norm Group<sup>1</sup>

Raw Score	Males		Females	
	p	1-p	p	1-p
37	.9999	.0001		
36	.9970	.0030		
35	.9970	.0030		
34	.9870	.0130		
32	.9800	.0200	.9999	.0001
31	.9700	.0300	.9970	.0030
30	.9570	.0430	.9970	.0030
29	.9480	.0520	.9880	.0120
28	.9310	.0690	.9790	.0210
27	.8890	.1110	.9580	.0420
26	.8230	.1770	.9160	.0840
25	.7800	.2200	.8720	.1280
24	.6930	.3050	.8210	.1790
23	.6000	.4000	.7670	.2330
22	.3740	.6260	.6540	.3460
21	.2890	.7110	.5040	.4960
20	.2300	.7700	.3760	.6240
19	.1510	.8490	.2960	.7040
18	.1150	.8850	.1970	.8030
17	.0720	.9280	.1040	.8960
16	.0520	.9480	.0510	.9490
15	.0260	.9740	.0210	.9790
14	.0160	.9840	.0120	.9880
13	.0070	.9930	.0060	.9940
12	.0070	.9930	.0030	.9970
11	.0030	.9970	.0030	.9970
10	.0000	.9999	.0030	.9970
9			.0030	.9970
8			.0000	.9990

305

335

N

1. Colligan, R. C., & Offord, K. P. (1987). The MacAndrews Alcoholism Scale applied to a contemporary normative sample. *Journal of Clinical Psychology, 43*, 291-293.

MacAndrews Alcoholism Scale<sup>1-2</sup>  
Male  
Combined Studies

raw	Independently Identified Alcoholic's and Drug Misusers		Psychiatric Patients Not Using Alcohol	
	z	p	z	p-1
43	3.18	.9993	.	.
42	2.96	.9985	.	.
41	2.74	.9969	.	.
40	2.52	.9941	.	.
39	2.30	.9898	.	.
38	2.07	.9808	.	.
37	1.85	.9678	.	.
36	1.63	.9485	.	.
35	1.41	.9207	3.09	.0010
34	1.19	.8830	2.87	.0021
33	.97	.8340	2.66	.0039
32	.75	.7734	2.44	.0073
31	.53	.7019	2.22	.0132
30	.30	.6179	2.01	.0222
29	.08	.5319	1.79	.0367
28	- .14	.4443	1.57	.0582
27	- .36	.3594	1.36	.0869
26	- .58	.2810	1.14	.1271
25	- .80	.2119	.92	.1788
24	- 1.02	.1539	.70	.2420
23	- 1.24	.1075	.49	.3121
22	- 1.46	.0721	.27	.3936
21	- 1.69	.0455	- .05	.4801
20	- 1.91	.0281	- .16	.5636
19	- 2.13	.0166	- .38	.6480
18	- 2.35	.0094	- .6	.7257
17	- 2.57	.0051	- .81	.7910
16	- 2.78	.0026	- 1.03	.8485

MacAndrews Alcoholism Scale<sup>1-2</sup>  
Male  
Combined Studies

Independently

Psychiatric

raw	Identified Alcoholic's and Drug Misusers		Patients Not Using Alcohol			
	z	p	z	p-1		
15	-	3.01	.0013	-	1.25	.8944
14	-			-	1.46	.9279
				-	1.68	.9535
				-	1.90	.9713
				-	2.11	.9826
				-	2.33	.9901
				-	2.55	.9946
				-	2.77	.9972
				-	2.98	.9986
				-	3.20	.9993
x		28.62			20.75	
sd		4.52			4.61	
N		2863			701	

1. MacAndrews, C. (1981). What the MacAndrews Scale Tells Us About Men Alcoholics. *J. Stud Alcohol.* 42.7, 604-625.
2. Lacker, D., Berman, W., Grisell, J.L. and Schoof, K. (1971). The MacAndrews Alcoholism Scale as a General Measure of Substance Misuse. *J. Stud Alcohol.* 37, 1609-1615.

MacAndrews Alcoholism Scale<sup>1-2</sup>  
 Female  
 Combined Studies

raw	Alcoholic's and Drug Misusers		Psychiatric Patients Not Using Alcohol	
	z	p	z	p-1
40	2.99	.9985		
39	2.75	.9970		
38	2.52	.9941	3.01	.0013
37	2.29	.9890	2.81	.0025
36	2.06	.9803	2.60	.0047
35	1.83	.9664	2.40	.0082
34	1.60	.9452	2.20	.0139
33	1.37	.9147	2.00	.0227
32	1.13	.8708	1.80	.0359
31	.90	.8159	1.60	.0548
30	.67	.7486	1.40	.0808
29	.44	.6700	1.20	.1151
28	-.21	.5832	1.00	.1587
27	-.02	.4920	.80	.2119
26	-.25	.4013	.60	.2743
25	-.49	.3121	.40	.3446
24	-.72	.2358	.20	.4207
23	-.95	.1711	.00	.5000
22	-1.18	.1190	.20	.5793
21	-1.41	.0793	-.40	.6554
20	-1.64	.0505	-.60	.7257
19	-1.87	.0307	-.80	.7881
18	-2.11	.0174	-1.00	.8413
17	-2.34	.0096	-1.20	.8849
16	-2.57	.0051	-1.40	.9192

MacAndrews Alcoholism Scale<sup>1-2</sup>  
 Male  
 Combined Studies

Independently

Psychiatric

raw	Identified Alcoholic's and Drug Misusers		Patients Not Using Alcohol			
	z	p	z	p-1		
15	-	2.80	.0026	-	1.60	.9452
14	-	3.03	.0012	-	1.80	.9641
13				-	2.00	.9772
				-	2.20	.9861
				-	2.40	.9918
				-	2.60	.9953
				-	2.81	.9975
				-	3.01	.9987
x		27.10			23.00	
sd		4.32			4.99	
N		80			320	

1. Schwartz, M.F., & Graham, J.R. (1979). Construct Validity of the MacAndrew's Alcoholism Scale. *J. Consult and Clin Psychol.* 476-6, 1090-1095.
2. Rich, C.C., & Davis, H.G. (1969). Concurrent Reality of MMPI Alcoholism Scales. *J. Clin Psychol.* 25, 425-426.

Rich-Davis  
Revised  
Alcoholism Scale<sup>1</sup>  
Male

Raw Score	Reference Group		Alcoholic Group	
	z	Areas Under the Normal Curve p-1	z	Area Under the Normal Curve p
30	3.06	.0011	1.27	.8980
29	2.77	.0028	1.00	.8413
28	2.49	.0064	.73	.7673
27	2.20	.0139	.46	.6772
26	1.91	.0281	.19	.5753
25	1.63	.0516	- .08	.4681
24	1.34	.0901	- .35	.3632
23	1.06	.1446	- .62	.2676
22	.77	.2206	- .89	.1867
21	.49	.3121	- 1.16	.1230
20	.20	.4207	- 1.43	.0764
19	- .09	.5359	- 1.70	.0446
18	- .37	.6443	- 1.97	.0244
17	- .66	.7454	- 2.24	.0125
16	- .94	.8264	- 2.51	.0060
15	- 1.23	.8907	- 2.78	.0027
14	- 1.51	.9332	- 3.05	.0011
13	- 1.80	.9641		
12	- 2.09	.9817		
11	- 2.37	.9911		
10	- 2.66	.9961		
9	- 2.94	.9984		
8	- 3.23	.9994		
	x	19.3	x	25.3
	sd	3.5	sd	3.7
	N	60	N	60

Rich-Davis  
Revised  
Alcoholism Scale

(AREV)  
Female

Raw Score	Reference Group		Alcoholic Group	
	z	Areas Under the Normal Curve p-1	z	Area Under the Normal Curve p
38			3.09	.9999
37			2.86	.9979
36			2.64	.9959
35			2.41	.9920
34			2.18	.9854
33			1.95	.9744
32			1.73	.9582
31			1.50	.9332
30			1.27	.8980
29			1.04	.8508
28			.82	.7939
27	3.11	.0090	.59	.7224
26	2.75	.0030	.36	.6406
25	2.39	.0084	.14	.5557
24	2.04	.0207	- .09	.4641
23	1.68	.0465	- .32	.3745
22	1.32	.0934	- .54	.2946
21	.96	.1685	- .77	.2206
20	.61	.2709	- 1.00	.1587
19	.25	.4013	- 1.23	.1093
18	- .11	.5438	- 1.45	.0735
17	- .46	.6772	- 1.68	.0465
16	- .82	.7939	- 1.91	.0281



Raw Score	Reference Group		Alcoholic Group	
	z	Areas Under the Normal Curve	z	Areas Under the Normal Curve
15	1.18	.8810	2.14	.0162
14	1.54	.9382	2.36	.0091
13	1.89	.9706	2.59	.0048
12	2.25	.9878	2.82	.0024
11	2.61	.9955	3.04	.0012
10	2.96	.9985		
9	3.32	.9950		
8				
	x	18.3	x	24.4
	sd	2.8	sd	4.4
	N	60	N	60

1. Rich, C.C. & Davis, H.G. (1969). Concurrent Reliability of MMPI Alcoholism Scales. *J. Clin. Psychol.* 25, 425-426. (Data adapted from source cited.)

Incipient alcohol abuse is suggested above a raw score of 25. Inquiry may be fruitful.

Dependency, a sense of helplessness and "victimizability" is frequently encountered.

Vulnerability to stress and life's shocks is also suggested.

Rosenberg's Composite  
Alcoholism Scale <sup>1-2-3</sup>

Raw Score	Normals p-1	Psychiatric p-1	Alcoholics	
			p-1	p
24		.0013	.0113	.9887
23		.0041	.0274	.9726
22		.0110	.0594	.9406
21		.0268	.1170	.8830
20		.0582	.2033	.7967
19		.1131	.3192	.6808
18		.1949	.4562	.5438
17		.3085	.5987	.4013
16		.5557	.7291	.2709
15		.5832	.8340	.1660
14		.7157	.9082	.0918
13		.8238	.9545	.0455
12		.9015	.9798	.0202
11		.9495	.9920	.0080
10		.9773	.9974	.0027
9		.9909	.9992	.0008
8		.9966	.9998	.0002
7		.9989	.9999	.0001
MEAN	15.60		17.69	
SD		2.80		2.77

N

56

282

Rosenberg's  
Composite Alcoholism

Scale Items R

True

61	239
94	251
127	381
140	524

False

26	287	348	472	524
46	289	351	473	558
95	294	365	479	560
155	343	449	516	

Alcohol items 215 T, 460 F, these are not counted.

## Rosenberg's Composite

### Alcoholism Scales

#### References

1. Rosenberg, N. (1972). MMPI Alcoholism Scales. *J. Clin. Psychol.* 28, 515-522.
2. Snyder, D.K., Kline, R.B., and Podany, E.C. (1985). Comparison of External Correlates of MMPI Substance Abuse Scales Across Sex and Race. *J. Consult. Clin. Psychol.* 53, 520-525.

Hoyt-Sedlacek  
Alcoholism Scale

Raw Score	Normals p-1	Psychiatric p-1	Alcoholics p-1	p
50			.0075	.9925
49			.0125	.9875
48		.0001	.0197	.9803
47		.0002	.0307	.9693
46		.0005	.0455	.9545
45		.0010	.0668	.9332
44		.0019	.0934	.9066
43		.0036	.1271	.8729
42		.0062	.1711	.8289
41		.0116	.2236	.7764
40		.0202	.2810	.7190
39		.0322	.3446	.6554
38		.0495	.4168	.5832
37	.0001	.0749	.4880	.5120
36	.0002	.1093	.5636	.4364
35	.0007	.1539	.6331	.3669
34	.0015	.2090	.7091	.2981
33	.0030	.2743	.7611	.2389
32	.0055	.3446	.8159	.1814
31	.0070	.4247	.8599	.1401



Hoyt-Sedlacek  
Alcoholism Scale

Raw Score	Normals p-1	Psychiatric p-1	Alcoholics p-1	p
30	.0170	.5080	.8980	.1020
29	.0280	.5910	.9265	.0735
28	.0450	.6700	.9495	.0505
27	.0700	.7422	.9656	.0344
26	.1000	.8023	.9778	.0222
25	.1500	.8554	.9857	.0143
24	.2000	.8980	.9913	.0087
23	.2600	.9306	.9948	.0052
22	.3400	.9545	.9970	.0030
21	.4200	.9713	.9983	.0017
20	.5000	.9821	.9991	.0009
19	.5800	.9896	.9995	.0005
18	.6700	.9941	.9998	.0002
17	.7400	.9968	.0000	.0001
16	.8000	.9984		
15	.8500	.9992		
14	.9000	.9996		
13	.9300	.9998		
12	.9500	.9999		
11	.9740			



Hoyt-Sedlacek  
Alcoholism Scale

Raw Score	Normals p-1	Psychiatric p-1	Alcoholics p-1	p
10	.9860			
9	.9900			
8	.9950			
7	.9970			
6	.9985			

	Mean	Standard Deviation	N
Normals	20.00	5.00	177
Psychiatric	30.10	4.80	56
Alcoholics	36.86	5.41	2.82

1. Hoyt, D.P., and Sedlacek, G.M. (1958). Differentiating Alcoholic from Normals and Abnormals with the MMPI. *J. Clin. Psychol.* 14, 69-74.
2. Snyder, D.K., Kline, R.B., and Podany, E.C. (1985). Comparison of External Correlates of MMPI Substance Abuse Scales Across Sex and Race. *J. Consult. Clin. Psychol.* 53, 520-525.

Gilberstadt

P-Scale

I

Gilberstadt Purified Scales  
P-Scale

Raw Score	Percentage Equivalent				
	P-1 %	P-3 %	P-4 %	P-6 %	P-7 %
1	2	3	3	4	101 items
2	4	6	6	7	
3	6	9	8	11	Percentage
4	9	12	11	14	equals R.S.
5	11	15	14	18	to 50. At
6	13	18	16	21	51 items
7	15	21	19	25	subtract 1% point
8	17	24	22	29	RS75
9	19	27	24	32	=
10	21	30	27	36	74%
11	23	33	30	39	
12	26	36	32	43	
13	28	39	35	46	
14	30	42	38	50	
15	32	45	41	54	
16	34	48	43	47	
17	36	52	46	61	
18	38	55	59	64	
19	40	58	51	68	
20	43	61	54	71	
21	45	64	57	75	
22	48	67	59	79	
23	50	70	62	82	
24	51	73	65	86	
25	53	76	68	89	
26	55	79	70	93	
27	57	82	73	96	
28	60	85	76	100	
29	62	88	78		
30	64	91	81		
31	66	94	84		
Raw Score	Percentage Equivalent				
	P-1 %	P-3 %	P-4 %	P-6 %	P-7 %
32	68	97	86		
33	60	100	89		

34	72	92
35	74	95
36	77	97
37	77	100
38	81	
39	83	
40	85	
41	87	
42	89	
43	91	
44	94	
45	96	
46	98	
47	100	

Instructions:

1. Convert P-Scale raw scores into percentage equivalents using the chart.
2. Record the two highest scales in order.
3. Code as follows:

-60%            The prime goes before the scale number (i.e., '1).

-60-69%        Single, (i.e., 1').

+70%          Double prime, (i.e., 1").

4. If the highest two percentage scores are within 5 percentage points, the order of the scale numbers can be reversed, i.e., 41' can be 14'.
5. The Extended Gilberstadt P-Scale codes refer to scales 1, 3, 4 and 6 only. They are ranked from the highest to lowest percentages.

NOTE:            The notation "+" before a number means equal to or greater than.  
                       The notation "-" before a number means equal to or less than.

## Gilberstadt

I

Note: "Conversion" diagnoses have, often profound, negative consequences for patients. Denial of needed financial support is practically guaranteed.

Stress related somatization disorders would appear to be a more adequate diagnostic statement.

## P-Scale

### General Diagnostic Statements

Number

5301

5304

5307

5310

5313

5316

5319

5322

5325

### Descriptor

Current situational problems predominate as reasons for seeking help. Diagnoses of schizophrenia and major depression are given with relative frequency.

Paranoid schizophrenia is frequently diagnosed. Psycho-sexual passivity plays a significant role. Less frequently somatization disorders are diagnosed and are the focus of treatment.

Alcoholism and drug addiction is frequently found along with a markedly passive life adjustment. Less frequently psychophysiological reactions and schizophrenia are encountered.

Somatization disorders whose focus is the autonomic nervous system is frequently seen with this code type.

Depression and somatization are the predominant focus of diagnosis and treatment.

Current situational problems predominate as reasons for seeking help.

Paranoid schizophrenia with evasiveness and pervasive suspiciousness is sometimes encountered.

A diagnosis of conversion disorder is frequently given.

Substance or drug abuse in a passive personality is usually encountered.

Code

'13

1'3

13'

1"3

13"

'14

'14

'14  
1&3

+70

'14  
1,2,3,4

+70  
and in order  
Number

Descriptor

Code5328

5331

5334

5337

5340

5343

5347



5350

5353

Depressive disorder with somatization is often diagnosed.

Conversion disorder is frequently diagnosed.

Depression with somatization is often present. The depression may be of a psychotic degree accompanied by agitation or paranoid features.

Non-psychotic cases of substance abuse with somatization is sometimes diagnosed.

Conversion disorder is frequently diagnosed.

Conversion or somatization disorders are usually diagnosed. Depression may also be present.

Defensiveness is paramount. Some schizophrenics who are mistrustful or being hospitalized are encountered.

Depression, substance abuse and homosexuality are present.

Psychotic episodes with somatic and/or grandiose delusions are sometimes diagnosed.

1'4

1'4

K

+65  
1&3

+70

and highest

14'

14'

1'4  
1&3

+70

and highest

1"4  
1"4'

1"4

1"4'

1'6

Number

5356

5359

5362

5365

5368

5371

5374

5377

5380

5383

### Descriptors

Active schizophrenic processes or situational pressures which lead to somatization accompanied by agitation or panic are diagnosed.

Somatization is focal and part of a chronic schizophrenic adjustment.

Depression, anxiety and agitation are focal in conditions variously diagnosed as depressive disorders, major depression, schizophrenia with depression, anxiety and panic attacks and occasionally impending delirium tremens are reported.

Depressive disorders are frequently diagnosed.

Paranoid schizophrenia may be present.

Depression, substance abuse and cerebral dysfunction are frequently diagnosed. Psychotic episodes are often reported.

Conversion disorders are frequently diagnosed.

Marital problems are often the focus of the presenting complaint.

Substance abuse in a passive-aggressive personality is often diagnosed.

Anxiety reaction with depression is frequently diagnosed.

### Code

'17

1'7

'31

31'

31'

1,3&8 highest

'34

'34

1&3

+70

'34

1&4

+70

'34  
1,2,3,4

+70

3'4

Number

5387

5390

5393

5396

5399

5402

5405

5408

5411

5414

5417

## Descriptor

Alcoholic psychoses are commonly diagnosed.

Current situational difficulties with anxiety are the focus of the presenting complaint.

Depressive disorder is frequently diagnosed.

Psychosis is frequently diagnosed.

Current situation difficulties with anxiety and depression are the focus of the presenting complaint.

A depressive disorder is commonly diagnosed

Psychosis is frequently diagnosed.

Depression, anxiety and somatization are the focus of the presenting complaint. A psychotic depression may be present.

Depression, anxiety and somatization are the focus of the presenting complaint.

Current situational difficulties are the focus of the presenting complaint.

Conversion disorder is frequently diagnosed.

## Code

3"4

'36

'36 plus  
1990 code

'36  
8&6

+70

'37

'37  
and 1990 code

'37  
8&6

+70  
4&9

-65

3'7

37'

'41

'41  
1&3

+70

3

+70

Code

5420

-or-

5423

5426

5429

5432

5435

5438

5441

5444

#### Descriptor

Immature alcoholic personalities are often encountered.

Cerebral dysfunction associated with alcohol and drug intoxication is frequently diagnosed.

Psychotic states which may also contain paranoid dynamics are usually diagnosed.

Current situational difficulties associated with depression and anxiety are the focus of the presenting complaints. These may occur in immature personalities where substance abuse and suicide attempts are encountered. The males are probably



experiencing difficulties with their wives, lovers or mothers; the females with their husbands, lovers or fathers.

Paranoid schizophrenia is often diagnosed.

Conversion disorders with evasive defensive personalities are often diagnosed.

Conversion disorders are frequently diagnosed.

Emotionally unstable personalities are frequently encountered where substance abuse, family, marital and job instability play a role.

Highly evasive defensive personalities with diagnoses as divergent as schizophrenia or organicity are given.

#### Code

'41

3

+80

'41

3

+80

'41

8,2 or 9

+70

4'1

4'1 with a low ranging profile

4'1 with a low ranging profile

4'1  
1&3

+70

and higher

4"1  
4"1'

4"1  
4"1'  
K

-42

-or-

K

+66  
Number

5447

5450

5453

5456

5459

5462

5465

5468

5471

#### Descriptor

Somatization is the focal complaint. Highly defensive immature personalities, who are adept at covering up, produce this code type.

Conversion disorders are frequently diagnosed.

Emotionally unstable personalities are diagnosed. Current situational difficulties associated with disturbed states of consciousness are present. Substance abuse is commonly encountered.

Immature personalities are frequently diagnosed. Job instability, marital and substance abuse and legal problems also play a role.

Paranoid schizophrenia is frequently diagnosed.

Acute brain syndromes in hostile-dependent personalities are frequently diagnosed.

Depression, anxiety, seclusion, over-sensitivity and eccentric thinking are the focus of the presenting complaints.

Reactive depression in immature personalities are frequently diagnosed. Substance abuse, marital disharmony and job instability form part of the clinical picture.

Depressive disorders are commonly diagnosed.

Code

41"

41"  
1&3 and highest

+70

'43

4'3

4'3  
8 and highest

+70

4'3  
1,3&2

+70  
and highest

43'

4"3  
4"3'

4"3

4"3'  
2&3 highest

Number

5477

5480

5483

5486

5489

5492

5495

5498

5501

5504

5507

Descriptor

Chronic brain syndromes with psychotic reactions are often diagnosed.

Immature personalities are frequently encountered. Depression and substance abuse are frequently met along with fighting and psychotic episodes. The potential for developing psychotic reactions is high.

Conversion disorders are frequently diagnosed.

Immature personalities with (alcohol) substance abuse histories are frequently encountered.

Sociopathic personalities with depression and substance abuse histories are frequently encountered.

Manic-depressive disorder, manic type is frequently diagnosed.

Immature personalities with anxiety, substance abuse are frequently encountered.

Anxiety with substance abuse is frequently diagnosed.

Chronic undifferentiated schizophrenia with homosexuality is often diagnosed.

A narcissistic character disorder with anxiety is commonly encountered.

Somatization and substance abuse is the focus of the presenting complaint.

Code

43'

'46

'46  
1&3

+70

and highest

4'6

4"6  
4"6'

4"6  
9&5 highest

-or-

4&5 highest

'47

47'

47'

4"7  
4"7'

'61

Number

5510

5513

5516

5519

5522

5525

5528

#### Descriptor

Poor judgement with thought disorders is the focus of the presenting complaint. Various diagnoses such as schizophrenia, brain syndromes and paranoid schizophrenia with somatization or grandiosity may be given.

Emotionally unstable personalities with substance abuse are frequently encountered.

Substance abuse and marital disharmony are commonly diagnosed. (Only for hospitalized patients.)

Schizophrenia reactions are frequently diagnosed. (Only for hospitalized psychiatric patients.)

Manic-depressive reactions, manic type is frequently diagnosed. (Only for hospitalized psychiatric patients.)

Agitation and hyperactivity are the focus of the presenting complaint. Such diagnosis as psychosis, catatonic schizophrenia, hebephrenic schizophrenia, hypomania and various



substance abuse syndromes are given. (Only for hospitalized psychiatric patients.)

Manic-depressive reaction, manic type is frequently diagnosed.

Code

6'1

63'

'64

'64  
8 and/or 6

+70  
and highest

'64  
5&4 highest

-or-

9

+80  
and highest  
with 5 next highest

-or-

9

+70  
and highest  
with 4 next highest

6'4

6"4  
6"4'  
4

+70  
and highest  
Number

5531

5534

5537

5540

## Descriptor

Chronic alcohol addiction is frequently diagnosed.

Current situational reactions associated with retirement, death of spouses or other blows of fate which may be accompanied by heavy drinking are encountered.

Schizophrenic reactions with bizarre behavior and thought disorders are frequently diagnosed.

Cerebral dysfunction is frequently diagnosed.

## Code

6"4

6"4'

5

5

+80

9 highest

-or-

5

+80

4 highest

-or-

9

+80

3 highest

-or-

9

+80

4 highest

6"4

6"4'

9

+70, 4 highest

-or-

4&1 are highest

6"4

6"4'

7&9

+70

and highest

-or-

5&9 are highest

-or-

8&3

+70

6"4

6"4'

2&9

+70

and highest

-or-

1&9

+70

and highest

Number

5543

5546

5549

5552

5555

5558

Descriptor

Alcoholism (or substance abuse) is frequently diagnosed.

Depression, aggressiveness, overactivity and bizarre ideation associated with psychotic episodes are frequently encountered.

Depression, anxiety, guilt, self-destructive tendencies, inferiority feelings and disordered thinking are the focus of the presenting complaints. Destructiveness directed at others may also occur. Severe alcoholism is common.

Current situational reactions, severe depression, anxiety, somatization and panic are encountered.

Chronic maladjustment depression and dependency upon his/her affliction to serve as a substitute for a healthy life is significant. Loss of the will to fight against their maladjustment and a tendency to give up are encountered.

A chronic severe maladjustment occurs which includes severe depression, anxiety, loss

of pleasure, isolation and social withdrawal.

Code

'67

6"7  
6'7

6"7'

67

6"7  
6'7

6"7'

7'3

'73

7"3'  
7"3

73'

7"3  
7"3'

Gilberstadt

Extended

P-Scale

II

Number

5565

5570

5575

5580

5585

5590

#### Descriptors

He/She does not consider his/her problems to be primarily psychological in origin and does not desire psychotherapeutic intervention.

He/She does not want psychotherapy or hospitalization. He/She is intellectually intact. His/Her psychosis is in remission.

He/She suffers from a chronic depression, inadequate intellectual attainment and underdeveloped personality resources. He/She has not been able to compete successfully in the work place.

He/She has no insight into his/her condition. His/Her deviant thinking (behavior) is not seen by him/her as reflecting a serious problem.

He/She is probably hospitalized for a chronic depression and inability to function in the work place. Psychotic thought disorders are not reflected in this code. Ten percent of these cases return to work.



It is obvious to casual observers that he/she is in difficulty. The psychotic symptoms are manifestly dysfunctional

-or-

these patients present with floridly psychotic symptoms.

Note: 8-6 Scale items are found in Appendix B. This is one of the original scales which was dropped in P-Scale II. It's useful in some cases of chemical abuse.

#### Code

K

+65  
Non-psychotic  
diagnoses

K

+65  
Psychotic diagnoses

K

-42

K

43-64  
Psychotic diagnosis

8-6 Scale  
& 1 K

raw -23  
Psychotic diagnosis

8-6 Scale  
& 1 K

raw +24

Number

5595

5600

5605

5610

5615

5620

#### Descriptor

A psychotic diagnosis is rendered in sixty-five percent of the cases with this code. Seventy-five percent do not improve. Psychoses in borderline personality disorders are

frequent. The "loss of fighting spirit" is severely disabling.

Three-quarters of these cases carry a diagnosis of borderline personality disorder. Few are employable. A strong potential for developing full-blown psychoses exists.

Vulnerability to accumulated stress is the principal feature of this code. Such cases are described as being inadequate, passive and dependent as well as highly defensive and distrustful. They deny being responsible for their conditions or having any psychological liabilities. Depression and anxiety are prominent in their diagnoses. A twenty percent alcohol abuse rate is present.

This code identifies cases in which marked evasiveness, defensiveness and suspiciousness occur as part of passive, dependent characterological disorders associated with inadequate achievement educationally, vocationally and socially. Depression is frequently diagnosed but denied by the patient. In those cases given psychotic diagnoses, severe thought disorders with bizarre (somatic) delusions are noted. An alcohol abuse rate of fifty percent and a suicide attempt rate of fifteen percent. Fifty percent return to gainful employment.

Severe depression and somatization are reported with this code.

Social isolation, paranoid attitudes and somatization are reported with this code.

#### Code

Extended Gilberstadt  
P-Scale

1346

Extended Gilberstadt  
P-Scale  
1364

Extended Gilberstadt  
P-Scale

1436

Extended Gilberstadt  
P-Scale

1463

Extended Gilberstadt  
P-Scale  
1634

Extended Gilberstadt  
P-Scale  
1643  
Number

5625

5630

5635

5640

5645

Descriptor

Depression accompanied by fearfulness, anxiety and agitation are reported for this code. Compulsive worrying over health issues is present along with above-average intelligence and educational attainment. Heavy drinking is a problem in twenty percent of the cases and suicide attempts are six percent. Fifty percent return to gainful employment.

This code reflects severe chronic disorders with marked depressive and paranoid features. Fifty percent of the cases are diagnosed as schizophrenic. Heavy drinking is noted in thirty percent of the cases, suicide attempts in 8 percent. Seventy percent do not return to gainful employment.

Characterological disorders which depression and immaturity are frequently encountered in this code. Heavy drinking is present in forty percent of the cases. Sixty percent will return to gainful employment.

Characterological disorders with depression and poor family relations are frequent with this code type. Heavy drinking is present in seventy percent of the cases. Where alcoholism is diagnosed, the condition presents with severe symptoms. Fifty percent of the cases return to gainful employment.

Aloof, isolated persons with poor interpersonal relations and anxious depressions are prominent in this code type. Scales 8 and 0 are elevated in half of the cases. Preoccupation with and attempts at suicide are present in thirty percent of the cases. Heavy drinking is encountered in twenty percent.

Code

Extended Gilberstadt  
P-Scale

3146

Extended Gilberstadt  
P-Scale

3164

Extended Gilberstadt  
P-Scale

3416

Extended Gilberstadt  
P-Scale

3461

Extended Gilberstadt  
P-Scale

3614

Number

5650

5655

5660

5665

5670

#### Descriptor

Problems with vocational adjustment along with feelings of inadequacy and incompetence are found with this code. Contributing to the picture of maladjustment are depressed, schizoid, hostile and paranoid features.

Anxious depressions are prominent with this code. Cases diagnosed as psychotic are evasive and defensive. Alcoholic cases evidence immaturity, emotional instability, depression, guilt and anxiety. Heavy drinking is found in thirty percent of the cases, suicide attempts in fifteen percent. Fifty-five percent do not return to gainful employment.

Characterological disorders with marked immaturity and problems arising from under-control arousal of emotions are found in this code. Anxiety and depressions are frequently noted. There is also a high incidence of somatization along with CNS, organic and somatic illnesses. Heavy drinking is present in thirty five percent of the cases, suicide attempts in twenty five percent. Seventy percent return to gainful employment.

A high frequency of psychotic diagnoses occur in this code. Severe chronic thought disorders, depression, anxiety and fearfulness are prominent features. Heavy drinking occurs in fifty percent of the cases, suicide attempts in twenty percent. Seventy percent do not return to gainful employment.

Depression is the principal diagnosis in this code. These depressions occur within borderline personality structures. Heavy drinking is noted in fifty percent of the cases, suicide attempts in sixty five percent. Fifty percent return to gainful

employment.

Code

Extended Gilberstadt  
P-Scale

3641

Extended Gilberstadt  
P-Scale

4136

Extended Gilberstadt  
P-Scale

4163

Extended Gilberstadt  
P-Scale

4316

Extended Gilberstadt  
P-Scale

4361

Number

5675



5680

5685

5690

5695

5700

Descriptor

Characterological disorders in which alcohol plays a prominent role are found in this code. Immature behaviors centering around lack of control over the use of alcohol, temper outbursts, intimate behaviors and displays of paranoid pique are also frequently noted. Heavy drinking occurs in sixty five percent of the cases, suicide attempts in five percent. Sixty five percent return to gainful employment.

Situational maladjustments and depressions occurring in immature personalities are noted in this code. Heavy drinking occurs in fifty percent of the cases, suicide attempts in fifteen percent. Sixty five percent return to gainful employment.

(Depression with) paranoid ideation is prominent in this code. Oscillations between improvements and decompensations occur. These disorders frequently terminate in chronicity. Few return

to gainful employment.

Inadequate behavioral controls aggravated by paranoid ideation and alcohol-induced diminution of judgement eventuate in assaultive combativeness. Eighty percent of these cases drink heavily and an equal percentage do not maintain steady employment.

Thought disorders and auditory hallucinations associated with psychotic diagnoses are frequent with this code. Sixty five percent return to gainful employment.

Depression associated with an intense preoccupation over the control of floridly destructive impulses is reflected in the code. The focus of treatment is the management of marked tension states. Heavy drinking is present in forty percent of the cases, suicide attempts in fifteen percent. Sixty percent do not maintain steady employment.

#### Code

Extended Gilberstadt  
P-Scale

4613

Extended Gilberstadt  
P-Scale

4631

Extended Gilberstadt  
P-Scale

6134

Extended Gilberstadt  
P-Scale

6143

Extended Gilberstadt  
P-Scale

6314

Extended Gilberstadt  
P-Scale

6341  
Number

5075

5710

#### Descriptor

Alternating (depressive and manic) mood swings accompanied by assaultiveness is frequent in this code. Heavy drinking occurs in forty five percent of these cases. Fifty five percent do not maintain steady employment.

Characterological disorders associated with deficient behavioral controls manifested by aggression, suspiciousness and assault are reflected in this code. Heavy drinking occurs in forty percent of the cases. Fifty five percent of the cases do not maintain steady employment.

#### Code

Extended Gilberstadt  
P-Scale

6413

Extended Gilberstadt  
P-Scale

6431

## Diagnostic Indicators

Number

5075

5077

5080

5083

5085

5089

5090

5090

5095

5097

5099

5100

5103

Descriptor

Depressive Disorder

Hypochondriasis

Conversion Disorder

Pain Disorder

Hypochondriasis

Schizophrenia, paranoid type

Borderline Personality Disorder

1) Dependent Personality Disorder

2) Rule out Cerebral Dysfunction

1) Dependent Personality Disorder

2) Rule out Cerebral Dysfunction

Schizophrenia, paranoid type, cerebral dysfunction, senility, etc. (This code is deceptive and requires corroboration from other sources. Lack of elevation is particularly misleading.)

Dysthymic Disorder

Alcohol and substance abuse associated with personality disorders.

Paranoia

Obsessive Compulsive Disorder with Depression

Code

1&2 in order

70-79

1&2

+100

1&3 highest

9

-60

1&4

+70

1&6

+70

Only scales

1&8

+70

1&9

+70

1&9

+70

2&1 in order

Only scales

+70

2&3

+70

Only scales

2&4

+70

Only scales

2&6

+70

Only scales

2&7

+70  
Number

5105

5107

5109

5200

5203

5205

5207

5209

5210

5213

Descriptor

Major Depressive Episode



- 1) Rule out Cerebral Dysfunction
- 2) Bipolar Disorder, Manic Type
- 3) Identify disorder of adolescence
- 1) Rule out Cerebral Dysfunction
- 2) Bipolar Disorder, Manic Type
- 3) Identify disorder of adolescence
- 1) Rule out Cerebral Dysfunction
- 2) Bipolar Disorder, Manic Type
- 3) Identify disorder of adolescence

Major Depressive Episode

Adjustment disorder with depressed mood and/or withdrawal.

Borderline Personality Disorder

Passive-Aggressive Personality Disorder

Gross immaturity, ego syntonic homophiles and sexuality delinquency.

Anxiety Disorder

Code

2&8

+70

2&9

+70

2&9

+70

2&9

+70

2&9

+70

9 +30 T-score points below 2

2&0 highest

+70

3&4 highest

-70

3&4 highest

+70

3&4&5 highest

+70

Males

3&5

+70  
Number

5215

5217

5219

5220

5223

5224

5225

#### Descriptor

Mixed Personality Disorder

Conversion Disorder

Schizoid Personality Disorder

1) Generalized Anxiety Disorder

2) Schizoid Personality Disorder

3) Panic Disorder

1) Generalized Anxiety Disorder

2) Schizoid Personality Disorder

3) Panic Disorder

1) Generalized Anxiety Disorder

2) Schizoid Personality Disorder

3) Panic Disorder

1) Dependent Personality Disorder

2) Borderline Personality Disorder

3) Identity crisis in a rebellious personality

Code

3&6

+70

3&7

+70

3&8 highest

-69

3&8 highest

+70

3&9 highest

+70

3&8 highest

+70

3&9 highest

+70

3&8 highest

+70

3&9 highest

+70

4&5 highest

+70

4&5 highest

+70

Female

Number

5227

5228

5228

5230

5233

Descriptor

- 1) Dependent Personality Disorder
- 2) Borderline Personality Disorder
- 3) Identity crisis in a rebellious personality

- 1) Dependent Personality Disorder
- 2) Borderline Personality Disorder
- 3) Identity crisis in a rebellious personality

Passive-Aggressive Personality Disorder

Antisocial Personality Disorder

Hostile, disruptive, passive-aggressive personality in a  
borderline personality disorder

Code

4&5 highest

+70

4&5 highest

+70

Female

4&5 highest

+70

4&5 highest

+70

Female

4 highest

+70

5 +25 T-score points  
below 4

4 highest

+70

5 +25 T-score points  
below 4

All other scales

-65

Male

4 highest

+70

5 +25 T-score points  
below 4

6

+6

Female

Number

5235

5237

5239

5240

5243

5245

5247

5249



5250

5253

Descriptor

Borderline Personality Disorder

1) Borderline Personality Disorder

2) Mixed Personality Disorder

1) Borderline Personality Disorder

2) Mixed Personality Disorder

Borderline Personality Disorder

Antisocial Personality Disorder

Paranoia

Schizophrenia, Paranoid Type

Paranoia

Schizophrenia, paranoid type

Schizophrenia, paranoid type

Phobic Disorder

Code

4&6 highest

+70

4&7 highest

+70

4&7 highest

+70

4&8 highest

+70

4&9 +70

5&6 highest

+70

All other scales

-69

6

+80

6&7 highest

+70

6&8 highest

+70

8,6,4,2

+70

1&3 less than 2,

6,7,8

6 greater than 7

6&9 highest

+70

7 highest

Number

5255

5257

5259

5260

5263

5265

Descriptor

Borderline Personality Disorder with schizoid obsessional ideation.

Bipolar Disorder, manic type

Social Phobia

Schizophrenic Disorder  
Substance Abuse Disorder

Somatization Disorder

- 1) Schizophrenic Disorder
- 2) Schizoid Personality Disorder with marked anxiety

- 2) Depressive or Melancholic Disorder

- 1) Schizophrenic Disorder
- 2) Schizoid Personality Disorder with marked anxiety

Code

7&8 highest

7&9 highest

Eliminate cerebral dysfunction, major depressive episode (1990 Code) and schizophrenia

7&0 highest

+70

8&9 highest

+70

8&9 less than 16

T-score points apart

1&2&3 in order

+70

All other scales

-70

1&2&8

+80

1 greater than 2

2 greater than 3

8 greater than 7

L may exceed

+70

F

-85

Below average IQ

1&2&8

+80

1 greater than 2

2 greater than 3

8 greater than 7

Number

5267

5270

5273

Descriptor

3) Depressive or Melancholic Disorder

1) Schizophrenic Disorder

2) Schizoid Personality Disorder with marked anxiety.

3) Depressive or Melancholic Disorder

1) Psychogenic Pain Disorder

## 2) Somatization Disorder

Somatization Disorder

Code

L may exceed

+70

F

-85

Below average IQ

1&2&8

+80

1 greater than 2

2 greater than 3

8 greater than 7

L may exceed

+70

F

-85

Below average IQ

1&2&3&4

+70

0

-70

L-F-K

-70

Unless two or more  
scales

+100

Than F

-80

1&2&3&7

+70

1&2&3  
Greater than 7

9

-60

0

-70

Number

5275

5280



5285

Descriptor

Somatization Disorder

Generalized Anxiety Disorder

Schizophrenia, paranoid type

Code

1&3&2

+70

1&3 greater than 2

2 +5 T-score points  
greater than 7

9

-60

All other scales

-69

1&3&7 highest

1&3

+70

1&2 greater than  
+10 T-score points apart

7

+65

K&4&0

-69

1&3&8 highest

8

+70  
4

-80  
5

+60

1&3&9 highest  
1 or 3 or 9

+70

3 +8 T-score points  
greater than 2

0

-60

Number

5290

5293

5295  
Descriptor

Schizophrenia, undifferentiated type

- 1) Schizophrenia, paranoid type
- 2) Paranoid Personality Disorder

- 1) Schizophrenia, Paranoid Type

Code

If 9 is +70, 8 must be +18 T-score points less than 9

If 9 is -69, 8 must be +7 T-score points less than 9

8&1&2

+80

1 greater than 2

2 greater than 3

8 greater than 7

L may exceed

+70

F

-65

IQ may be

-80

8&2&4

+70

2 or 8 greater than 4

4 +10 T-score points greater than 3

6

-70

8 -13 T-score points greater than 2

0

+70

L&K

-70

8&2&4

+70

Number

5310

Descriptor

2) Paranoid Personality Disorder

- 1) Obsessive Compulsive Disorder
- 2) Obsessive Personality Disorder
- 3) Schizophrenia, undifferentiated type

Code

2 or 8 greater than 4

4 10 T-score points greater than 3

6

-70

8 -13 T-score points greater than 2

0

-70

L&K

-70

2&7&8

+70

2 -15 T-score points less than 8

7 -20 T-score points less than 8

Unless 2 or 7 or  
or +8

+100

then

7 highest

-90

and

7 -5 T-score points  
greater than 2

0 greater than 9  
9

-70

6

-80

Number

5315

Descriptor

Passive-Aggressive Personality Disorder with alcohol abuse  
Code

2&4&7

+70

7 +5 T-score points less than 8





Cerebral Dysfunction 10	5					20	7	15
Anxiety	55		80	55	65			75
Depression		60	65		75	65		100
Delusions								10
Hallucinations								
Paranoia		30						
Thought Disorder								5
Hostility and Assaultive		50						
Somatization	65	55	65	50	60		65	





MMPI  
 FREQUENTLY OBSERVED  
 PRESENTING SYMPTOMS  
 BY CODE TYPE

	9	6	K+
Alcohol and Drug Abuse	50	15	
Black Outs		5	
Convulsions		10	5
Cerebral Dysfunction			25
Anxiety		60	80
Depression	70	45	60
Delusions		55	20
Hallucinations		30	10
Paranoia		70	
Thought Disorder		45	35
Hostility and Assaultive	40	80	45
Somatization			

Gilberstadt, H., and Ducker, J. (1965). Handbook for Clinical and Actuarial MMPI Interpretation. W.B. Saunders, Philadelphia.

Marks, P.A. and Seeman, W. (1963). The Actuarial Description of Abnormal Personality. Williams and Wilkins, Baltimore.

Lachar, D. (1968). MMPI Two Point Code Type Correlates in a State Hospital Population. J. Clin Psychol. 24, 424-427.

Data in percentages adapted from sources cited. Cerebral dysfunction data drawn from state hospital patients. Frequently noted presenting symptoms arrayed by code type.

## Treatment Evaluation

**MMPI-2  
TREATMENT**

<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6000	He/She will be cautious and evasive in treatment.	Cannot say score 8-10 omitted
6005	He/She will have difficulty discussing his/her problems in therapy.	Cannot say score 11-19 omitted
6010	He/She is not ready for therapy.	≥ 20 items omitted
6015	Frank and direct discussion of his/her personal life will be difficult.	L Scale Ts 55-64
6020	His/Her self perception is too rigid to change in therapy.	L Scale Ts ≥ 65
6025	He/She is able to engage in appropriate exploration of his/her problems.	F Scale Ts 60-79
6030	He/She is under a great deal of stress.	F Scale Ts 80-90
6035	He/She is experiencing multiple problems for which he/she has too few resources with which to cope effectively.	F Scale Ts 80-90
6040	He/She may be severely confused, disorganized and perhaps psychotic.	F Scale Ts ≥ 91 or more
6045	He/She may be attempting to look so disturbed that he/she will get attention.	F Scale Ts ≥ 91
<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6050	He/She may be unwilling to discuss his/her problems, feelings or true thoughts.	K Scale Ts ≥ 65
6055	Severe deficit of self-understanding	F and/or K



	defeats intervention.	Scales
	Ts $\geq$ 65	
6060	He/she is an extremely private person. Avoid explorations of feelings. A concrete problem solving brings results. All other	K Scale Ts $\geq$ 65  Scales Ts $\leq$ 64
6065	He/She is not willing or able to engage in self-criticism.	L & K Scales above F Scale score
6070	He/She is willing to discuss his/her problems in treatment.	F Scale L & K Scales below F Scale score
6075	A poor response to talking therapies is likely.	Scale 1 Ts $\geq$ 80
6080	Medical solutions are valued and and sought after.	
6085	Self-centeredness and a deficit of self-understanding defeats interventions.	
<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6090	Deficit in self-understanding associated with refusal to accept responsibility for their own health defeat interventions.	Code Type 12/21
6095	He/She is probably not a good candidate for psychotherapy. He/She wants medical treatment for his/her pains and worries.	Code Type 12/21
6100	Chemical dependency may be the primary	Code Type

1234	focus of treatment.	
6105	Medical attention to gastrointestinal disorders may be needed.	
6110	Psychotherapy, when possible, is a long and complicated procedure with variable results.	
6115	He/She blames others for his/her problems.	
6120	He/She refuses responsibility for his/her own care.	
6125	An unfathomable terror of emotional pain defeats interventions.	Code Type 13/31
6130	He/She seeks medical treatments for his/her problems.	Code Type 13/31
6135	He/She does not want to change his/her problems.	
6140	Rejection of psychological treatment and unwillingness to change results in premature leaving of treatment.	
<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6145	His/Her chronic anger and hostility enters into all of his/her behaviors and relationships.	Code Type 14/41
6150	He/She astutely controls their relationships by employing deceit, dissimulation and unfair means for his/her own advantage.	
6155	Treatment is stormy, tense and confrontational.	
6160	Therapists are treated badly.	
6165	Serious stress reactions and chemical misuse defeats interventions.	

6170	Good responses to talking therapies is likely.	Scale 2 Ts = > 70
6175	Sadness moves the person toward successful interventions. +8 Ts medication may be needed.	
6180 23/32	Self-directed use of medication to control his/her pain, uncertainty, and distress is frequently employed.	Code Type
6185	Depression is often the focus of treatment.	
6190	Supportive measures are often helpful.	
6195	These people have accepted their fate An all pervasive pessimism defeats interventions.	
<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6200 231	Toleration of great sadness defeats interventions. Medication is effective in the short-term.	Code Type
6205	Chemical dependency is frequently the focus of treatment.	Code Type 24/42
6210	Group treatment may yield greater positive results than individual therapy.	
6215	Poor treatment compliance is frequent.	
6220	Running away from pressure and responsibility defeats interventions.	
6225	He/She is probably a good candidate for therapy.	Code Type 27/72
6230	Reassurance and advice may be needed initially to overcome his/her low self-esteem.	

6235	Guilt and perfectionism are barriers to self-fulfillment.	
6240	The best of patients. Intense sadness drives them on.	
6245	Medication and inpatient treatment may be needed for the depression he/she experiences.	
6250	Situational problems are often present. Chemical dependency is frequent.	Code Type 274/427/724

<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6255	Group treatment is as effective an approach as encountered for these cases. Irresponsibility defeats individual treatment.	
6265 278	Concrete, goal-directed educational interventions are successful.	Code Type
6270	Problematical borderline personality disorder behaviors which are difficult to bring into a treatment focus are present.	Code Type 28/82
6275	Problems with severe cognitive disorders, bipolar mood disorders with emotional lability, control issues and aggression directed towards the therapist are all foci of treatment.	
6280	Medication is frequently required.	
6285	Cerebral dysfunction frequently defeats interventions.	Code Type 29
6290	Direct suggestion is often effective.	Scale 3 Ts = > 70
6295	He/She gets the attention he/she craves from being ill. He/She	Scale 3 T = > 70

sees no reason to change.

6300	He/She sees themselves as physically ill.	Scale 3 T = > 70
6305	His/Her defensive attitudes thwart therapies.	Scale 3 T = > 70
<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6310	He/She doesn't think in terms of psychological issues.	Scale 3 T = > 70
6315	His/Her thoughts and feelings are not connected with his/her sense of being ill in a meaningful way.	Scale 3 Ts ≥ 70
6320	His/Her own thoughts and feelings are seen by him/her as being caused by events operating outside of his/her control and influence.	Scale 3 Ts ≥ 70
6325	He/She does not acknowledge personal faults, bad habits or inappropriate behavior.	Scale 3 Ts ≥ 70
6330	He/She does not respond to stress with conscious discomfort.	Scale 3 Ts ≥ 70
6335	He/She sees no reason for personal change.	Scale 3 Ts ≥ 70
6340	He/She wants to receive reassurance. Direct suggestions will have some impact upon his/her sense of well being.	Scale 3 Ts ≥ 70
6345	An unfathomable terror of emotional pain defeats interventions.	
6350	Alleviation of stress and anxiety produces results.	Code Type 321
6355	Aggression, hostility and manipulation defeats interventions.	Code Type 34

<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6360	Hostility, self-centeredness and striving for power over others defeats interventions.	Code Type 36
6365	Disordered thinking, resentment and dependency defeats interventions.	Code Type 38
6370	Episodic attacks of acute distress yield to interventions.	Code Type 39
6375	He/She is not interested in changing his/her behavior.	Scale 4 Ts $\geq$ 69
6380	He/She has legal problems.	Scale 4 Ts $\geq$ 69
6385	Substance abuse is a factor that needs to be treated.	Scale 4 Ts $\geq$ 69
6390	He/She keeps the facts of his/her substance abuse from his/her therapist.	Scale 4 Ts $\geq$ 69
6395	He/She is deceptive, selfish, brash, untruthful, exhibitionistic and uses clever artifice to control the therapist.	Scale 4 Ts $\geq$ 69
6400	He/She maneuvers therapists into confrontations.	Scale 4 Ts $\geq$ 69
6405	He/She leaves therapy without improvement.	Scale 4 Ts $\geq$ 69
6410	Refusal to accept treatment, blaming others and demands others change defeat interventions.	

<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6415 46/64	He/She is antagonistic towards the	Code Type

therapist.

6420	He/She is hostile, suspicious and uncooperative.	
6425	He/She blames others for his/her problems.	
6430	He/She is argumentative and confrontational in treatment. Therapists can be beaten-up by these patients.	
6435	Refusal to be responsible, blaming others and chronic suspiciousness defeats interventions.	
6440 462	Self-centeredness, self-indulgence, blaming others and rationalization defeat intervention.	Code Type
6445	Consistent striving for self-gratification is to be expected.	Code Type 47/74
6450	Superficial expressions of remorse for excesses is frequently encountered followed by repeated excuses once the clients feel of guilt has passed.	
6455	Chemical dependency, oral excesses and other addictions are often the focus of treatment.	
6460	The remorse phase of cyclic acting out responds to interventions.	
<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6465	Therapists are advised to be careful with these cases.	
6470	Chemical dependency is frequently the focus of treatment.	Code Type 48/84
6475	Treatment is often chaotic, stormy and	

difficult to focus.

6480	Issues of trust frequently lead to pre-mature termination.	
6485	Support and a well managed transference lead to positive interventions.	
	1/3 no response	
	1/3 good response	
	1/3 excellent response	
6490	He/She doesn't understand himself/herself very well. He/She may not be able to grasp what it is he/she does to bring about dissatisfaction in his/her life.	Code Type 482
6495	Depression may require medical treatment.	
6500	Thought disorders may require medical treatment.	
6505	Treatment may not be successful in the long run.	
6510	Emotional dependency, insecurity and a need for affection yields to interventions.	
<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6515	He/She is not interested in treatment.	Code Type 49/94
6520	He/She is typically forced into treatment by employers, family members or the courts.	
6525	He/She may be articulate, glib and untruthful. He/she controls others by charm and artifice. Conning others is a way of life.	
6530	Treatment usually brings little behavioral change.	



6535	Projection of blame, an unwillingness to change along with destructive behavior directed at others leads to the least change (+80%) of any clinical groups.	
6540	He is the silent type. He does not like to talk about himself.	Scale 5 Ts ≤ 45
6545	He is not psychologically minded.	Scale 5
6550	He has no understanding of himself.	Ts ≤ 45
6555	He is insensitive to others.	Scale 5 Ts ≤ 45
6560	He is open to change.	Scale 5 Ts 65-74
6565	He may want to be taken care of by the therapist.	Scale 5 Ts 65-74
6570	His narcissism defeats therapeutic intervention.	Scale 5 Ts ≥ 75
<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6630	She will remain weak, dependent and passive in therapy.	Scale 5 Ts ≤ 40
6635	Her low self-esteem, vulnerability to being controlled and inability to stick-up for herself is difficult to change.	Scale 5 Ts ≤ 40
6640	She controls others with nagging and putting off doing things expected of her and habitually holding back her efforts.	Scale 5 Ts ≤ 40 and high point 24 scale elevations
6645	She pretends to agree with the therapists suggestions and recommendations, but then does not carry through with them.	
6650	Assertiveness training might be helpful.	Scale 5 Ts ≤ 40

6655 She is aggressive, domineering and arouses dislike in others. Scale 5  
Ts  $\geq$  70

6660 She does not like to talk about her problems.

6665 She cynically controls others by maneuvering them to her own advantage.

6575 He/She does not trust others. Scale 6  
Ts  $\geq$  65

6580 He/She blames others for his/her problems. Scale 6  
Ts  $\geq$  65

Number                      Descriptor                      Code

6585 He/She is bitter, resentful, cynical and aggressive in the presentation of his/her many grievances. Scale 6  
Ts  $\geq$  65

6590 He/She will not confide in the therapist. Scale 6  
Ts  $\geq$  65

6595 He/She lacks respect for others. Scale 6  
Ts  $\geq$  65

6600 Early termination is expected. Scale 6  
Ts  $\geq$  65

6605 Severe cognitive problems are frequently the focus of treatment. Code Type 68/86

6610 The question of mistrust needs to be resolved in many cases.

6615 Outpatient treatment is complicated and uncertain.

6620 Impaired judgement, resentment, unfriendliness and disorganization resist interventions.

6625 Hostility and suspiciousness defeat Code Type  
69/96

interventions.

6670 He/She wants relief from his/her anxiety and tension. Scale 7  
Ts  $\geq$  75  
Peak Scale

6675 Medication is often needed for them to work and sleep. Scale 7  
Ts  $\geq$  75

6680 Supportive, cognitive, systematic, desensitization and directive therapies are effective.

Number Descriptor Code

6685 He/She has a strong need to go over his/her problems over and over again while trying to find the real reasons things are the way they are for him/her.

6690 His/Her rigidity, circular thinking, inability to apply the products of treatment to his/her life, self-criticism and unrealistic striving for perfection defeats therapy. Scale 7  
Ts  $\geq$  90

6695 A fear of failure, inner turmoil and pessimism make for difficult intervention. Code Type 78

6700 His/Her life is in shambles. The number of problems he/she has is so great, a focus for treatment is hard to find. Scale 8  
Ts 70-79

6705 He/She may be preoccupied with the supernatural, out-of-body experiences previous lives and esoteric religions. Scale 8  
Ts  $\geq$  80

6710 He/She is marked confused. His/Her life is disorganized. He/She probably requires medication in order to settle down.

6715	Medication and support yields good responses.	Code Type 83
6720	Psychotherapeutic and medical interventions are effective against acute panics.	Code Type 86
6725	Medication is a particularly effective form of intervention.	Code Type 89

<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6730	He/She sees no reason for therapy. Depression, hopelessness and pessimism rob him/her of the desire to help himself/herself.	Scale 9 Ts ≤ 45
6735	He/She is self-confident. He/She sees no problems upon which he/she wishes to work.	Scale 9 Ts 46-69 and highest scale
6740	He/She is an uncooperative and difficult person.	Scale 9 Ts ≥ 70
6745	He/She is narcissistic, shallow, and a people user.	Scale 9 Ts ≥ 70
6750	He/She is full of promises, plans and goals he/she will never meet.	Scale 9 Ts ≥ 70
6755	He/She cannot tolerate frustration for long. Irritability and angry outbursts defeat treatment.	Scale 9 Ts ≥ 70
6760	Yields to lithium.	
6765	He/She feels no anxiety.	Scale 0 Ts ≤ 45
6770	His/Her social relationships are superficial. He/She is a glib talker with no depth.	
6775	He/She energetically controls social interactions. Poor personal self-control often results in problems with others.	

<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
6780	He/She is not interested in self scrutiny or observations.	
6785	He/She has problems making friends.	Scale 0

Ts 60-69

- 6790 Group therapy directed at social skills training is helpful.
- 6795 He/She has a difficult time telling others exactly what his/her problems are.
- 6800 Long silences, slow response times, tension and uncertainty mark treatment sessions.
- 6805 He/She has great difficulty changing the ways he/she does things.

Scale 0  
Ts  $\geq$  70

**APPENDICES**

**ITEM EQUIVALENTS**

## APPENDIX A

### MMPI

#### ITEM EQUIVALENTS

G	R	G	R	G	R
367	400	387	479	446	381
368	406	388	481	449	382
369	411	389	482	450	383
370	415	390	487	451	384
371	367	391	371	455	385
372	427	392	502	461	386
373	436	393	505	462	387
374	368	394	521	469	388
375	440	395	547	473	389
376	446	396	549	479	390
377	369	397	372	481	391
378	449	398	373	482	392
379	450	399	564	487	393
380	451	400	374	502	394
381	455	406	375	505	395
382	461	411	376	521	396
383	370	415	377	547	397
384	462	427	378	549	398
385	469	436	379	564	399
386	473	440	380		

The order of items 1-366 is the same for both forms.

G = Group Form

R = Form R



APPENDIX B

MMPI

P-SCALE 1<sup>1</sup>

FALSE

3	93	190	408
6	100	222	410
15	117	224	465
26	129	234	475
36	141	248	485
39	153	282	507
45	163	292	508
51	172	327	516
68	175	389	558
80	178	389	564
89	188	403	

<sup>1</sup> Group Form

P-Scale 3<sub>1</sub>

(33)

True

43  
76  
84  
86  
138  
219  
317  
321  
337

False

2 372  
8 390  
33 404  
107 415  
152 429  
167 486  
217 497  
264 510  
265 529  
287 534  
368 539  
371 552

P-Scale

(37)

True

56 19  
118 37  
215 148  
265 166  
446 170  
451 183  
235  
278

False

280 383 425  
294 384 432  
298 395 436  
319 399 442  
343 402 459  
345 409 484  
348 414 509  
378 416

P-Scale 6<sub>1</sub>

(27)

	True		False
73	145	268	138
91	149	353	180
95	160	368	267
99	163	371	
109	181	386	
116	208	400	
127	232	428	
143	233	434	

P-Scale 7

(86)

		True			False	
449	10	142	252	349	8	254
451	16	159	259	356	20	275
479	21	162	278	360	88	262
482	32	166	284	377	99	265
493	41	171	292	411	107	276
495	61	172	297	427	119	287
502	67	179	303	448	122	309
520	76	180	304	455	137	353
521	82	182	312	473	163	368
527	84	189	314	481	178	371
534	86	191	317	487	187	379

94	201	321	509	198	403
102	216	337	517	207	406
106	217	339	526	228	412
138	236	343	564	243	426

Revised 8-6 Scale

(46)

		True			False
4	110	206	320	433	183
16	121	233	323	454	
19	139	246	324	476	
35	151	248	334	494	
48	156	261	350	519	
49	157	269	354	551	
53	184	275	358	553	
69	197	291	363	557	
85	200	293	386	566	

Gilberstadt, H. (1971). Comprehensive MMPI Code Book for Males. Veteran's Administration Hospital, Minneapolis, Minnesota. MMPI Research Laboratory. U.S. Government Printing Office.

Gilberstadt, H. (1976). An Atlas for the P-Code System of MMPI Interpretation. Veteran's Administration Hospital, Minneapolis, Minnesota. MMPI Research Laboratory. U.S. Government Printing Office.

Copies of Gilberstadt's work can be obtained from:

Harold Gilberstadt, Ph.D.  
618-116 B 3  
Veteran's Administration Hospital  
54th Street and 48th Avenue, South  
Minneapolis, MN 55417

<sup>1</sup> Group Form

## APPENDIX C

### MMPI

#### EGO-STRENGTH SCALE ITEMS

2 T	174 F	355 T	541 F
14 F	181 T	359 F	544 F
22 F	187 T	367 T	548 F
32 F	192 T	378 F (449)	554 F
33 F	208 T	380 T (451)	555 F
34 T	209 F	384 F (462)	449 F
36 T	217 F	389 F (482)	561 F
43 T	221 T	410 T	
48 F	231 T	420 F	
51 T	234 T	421 T	(67 Items)
58 F	236 F	420 T	
62 F	241 F	458 T	
82 F	244 F	483 F	
94 F	251 F	488 F	
95 T	253 T	489 F	
100 T	261 F	494 F	
109 T	270 T	510 F	
132 F	341 F	513 T	
140 F	344 F	515 T	
153 T	349 F	525 F	

NOTE: The item numbers refer to the group form 66 - 199 TB, and the equivalent numbers in brackets refer to the item numbers of the Form R, 66 - 180 TB, published by the Psychological Corporation.

APPENDIX D

Watson - Plemel

Psychiatric - Organic Scale<sup>1</sup>

Items

	True		False		
3	264	9	156	224	317
95	287	21	158	225	325
96	310	38	168	226	366
132	329	41	179	266	372
133	392	51	187	277	425
137	450	61	191	284	468
170	498	86	192	305	511
198	510	90	195	307	540
207	520	106	212	308	
		129	217	311	

Watson, C.G., Plemel, D. (1978). "An MMPI Scale to Separate Brain-Damaged from Functional Psychiatric Patients in Neuropsychiatric Settings." *J. Consult Clin Psychol.* 46: 1127.

Horton, A.M., Jr., Wilson, F.M. (1981). "Cross Validation of the Psychiatric-Organic (P-O) Special Scale of the MMPI in a V.A. Domiciliary Setting." *Clinical Neuropsychology*, Vol. III 2, 1-2.

<sup>1</sup> Group Form

APPENDIX E

CRIFE NEUROLOGIC SYMPTOM ITEMS

MMPI-2

True

38	5	18	23	31	32	37
102	39	40	44	53	97	101
166	116	122	135	146	147	149
198	168	170	172	175	180	182
253	213	226	229	233	247	252
302	271	293	296	298	299	301
367	307	308	309	325	341	366
475	389	400	430	464	469	472
517	476	480	482	491	507	513
	525	533	565			

False

	3	8	10	12	20	33
	43	45	47	57	83	83
	91	106	109	142	143	143
	152	159	173	176	177	177
	194	204	206	208	223	223
	249	255	295	330	372	372
	405	561	564			





7	8	9	0
3 F	12 F	23 T	86 F
23 T	23 T	106 F	106 F
31 T	31 T	122 T	135 T
33 F	38 T	168 T	308 T
38 T	44 T	182 T	
109 F	91 T	229 F	
140 F	106 F		
147 T	147 T		
170 T	168 T		
301 T	170 T		
309 T	177 F		
325 T	180 T		
	182 T		
	229 T		
	233 T		
	247 T		
	252 T		
	295 F		
	298 T		
	299 T		
	307 T		
	325 T		

## APPENDIX F

### MMPI Overcontrolled Hostility Scale<sup>1</sup>

	Raw Score	True Positives
Definite	23-27	28.6%
Equivocal	8-27	
None	2-7	

Number

#### Descriptor

A strong conflict exists between intensely aggressive impulses and heightened inhibitions against losing control of aggression is indicated. He/She can probably be described as an alienated, hostile, person.

#### Code

O-H raw +23

<sup>1</sup> Megargee, E.I., Cook, P.E. and Mendelsohn, G.A. Development and Validation of an MMPI Scale of Assaultiveness in Overcontrolled Individuals. J. Ab. Psychol. Vol. 72, No. 6, 519-528.



APPENDIX I

MMPI Sexual Deviations Scale<sup>1</sup>

TRUE

G	G	G	R	G	R	G	R
5	139	304		378	449	483	
59	140	316		382	461	488	
61	144	329		385	469	489	
67	147	346		389	482	490	
76	158	348		395	547	492	
84	168	349		404		498	
88	170	350		413		507	
94	179	352		419		548	
98	239	360		427	378	549	398
106	249	364		444		558	
111	260	365		453		559	
118	297	373	436	455	385	562	
127	298	375	440	457			
138	303	377	369	458			

FALSE

G	G	G	G	R	G	R	G	R
6	51	155	302		379	450	547	397
12	63	160	328		380	451	554	
20	89	163	347		430			
37	120	255	367	400	432			
39	133	289	372	427	449	382		
46	134	294	376	446	460			

G = Group Form

R = R Form

APPENDIX K

MMPI-2

Superlative Scale

S

True		False		
121	15	196	346	495
148	50	205	352	449
184	58	213	373	461
194	76	225	374	486
534	81	264	403	487
560	87	279	420	523
	104	284	423	538
	110	290	428	542
	120	302	430	545
	123	337	433	547
	154	341	442	

APPENDIX J

MMPI-2

Infrequency-Psychopathology Scale

F(p)

	True	False
66	291	51
114	294	77
162	322	90
193	323	93
216	336	102
228	371	126
252	387	142
270	478	276
282	555	501

Tscore Conversion

	Raw	Men	Women	Raw	Men
Women					
97	1	41	41	7	94
105	2	48	49	8	99
113	3	56	57	9	106
120	4	63	65	10	113
>120	5	70	73	11	120
>120	6	77	81	12-27	>120

The F(p) scale was developed by Ben-Porath (1993). The 27 items are endorsed infrequently by both non-patients and inpatients. It may be useful for over-reporting.

The F(p) scoring key and Tscores copyright 1995 by Regents of the University of Minnesota.

## APPENDIX N

### Newmark Schizophrenia Criteria<sup>1</sup> (1978)

- |    |   |  |        |
|----|---|--|--------|
| 1. | 8 | T-score  | 80-100 |
| 2. | 8 | Raw score 2 times greater than the k raw score     |        |
| 3. | F | T-score  | 75-95  |
| 4. | 8 | T-score equal to or greater than the T-score for 7 |        |

Hit rate 72% for hospitalized patients diagnosed schizophrenic.

1. Newmark, C.S., Gentry, L., Simpson, M., and Jones, T. (1978). MMPI criteria for diagnosing schizophrenia. *Journal of Personality Assessment*. 42, 366-373.



## APPENDIX O

### Imipramine Response Scale<sup>1</sup> (1979)

Male				Female			
Key	Group Form	R Form	Weighted Score	Key	Group Form	R Form	Weighted Score
F	109		1	F	153		1
T	176		2	F	186		1
F	183		1	F	215		2
F	186		1	F	274		1
F	191		2	F	296		1
F	234		1	F	401		1
F	397	372	2	F	428		1
F	484		2	F	455	385	1
F	549	398	1	F	577		1

A weighted score of +3 indicates an imipramine responder. 100% Hit Rate.

A weighted score of +6 indicates an imipramine responder. 93% Hit Rate.

1. Donnelly, E.F., Murphy, D.L., Waldman, I.N., and Goodwin, F.K. (1979). Prediction of antidepressant responses to imipramine. *Neuropsychology*, 5, 94-101.

## APPENDIX Q

### Schizoida Scale<sup>1</sup>

Group and R Form	% Correct Identification per Item		
Item	Schizoid Direction	Schizoid	Non- Schizoid
20	F	52	19
61	T	75	39
207	F	37	21
239	T	65	31
284	T	61	32
317	T	65	34
501	T	42	22
Given equal class base rates of	Number of Items Answered in Schizoid Direction		Hit Rate
.20	7		70%
.40	5		95%

All items are considered mutually independent signs for schizotypic personality organization. Five or more items answered in the schizoid direction suggests the individual does not get much pleasure out of living and has experienced keen disappointments in life. The person does not enjoy warm, loving, intimate ties with other people and becomes easily isolated. Loneliness is an ever present threat and intermittent companion. They do not enjoy spontaneous play, laughter or recreational activities. They do not feel in command of their life and all too frequently become the object acted upon by capricious, meaningless forces. The specter of a schizophrenic decompensation haunts them throughout life. Deprivation, ill health and unfortunate twists of fortune make them vulnerable to developing a full-bloom psychosis.

<sup>1</sup> Golden, Robert R. and Meehi, Paul E. Detection of the Schizoid Taxon with MMPI Indicators. *Journal of Abnormal Psychology*. 1979, 88, No. 3, 217-233. (An excellent theoretical biological and social rationale to explain the development of schizophrenia. Must reading.)

APPENDIX R

Hoyt-Sedlacek

Alcoholism Scale<sup>1</sup>

(Ak)

Items\*

True

61	127	219	437	503
94	131	222	446	524
100	140	239	465	533
102	215	427	477	554

False

26	289	351	411	473
39	292	359	415	483
46	294	361	420	505
95	300	365	421	513
144	322	366	432	516
145	327	375	433	555
155	337	378	436	558
237	343	383	459	560
264	346	386	460	
287	348	387	472	

Critical Score	Hit Rate		Alcoholic	Alcoholic Code	Alcoholic Two Point Codes +54 T	
	Normals				%	Code %
	-24	+25		49	14.1	46 6.2
	80%	76%	42	9.6	41 4.0	
Mean	20.00	27.06	43	8.5	47 2.8	
				24	6.6	14 2.3
						N 177

Hoyt, D., P., & Sedlacek, G.M. (1958). Differentiating Alcoholic from normals and abnormals with the MMPI. J. Clin. Psychol. 14, 69-74. Form R.

## APPENDIX S

Rich-Davis  
Revised

### ALCOHOLISM SCALE<sup>2</sup> (AREV)

Items

True

21	100	239	481
38	102	251	503
41	127	446	506
61	140	460	524
94	215	477	554

False

26	289	378	513
46	294	386	516
95	343	387	542
155	348	472	558
170	351	483	560
287	365		

2. Cox, W.C. (1979). The Alcoholic Personality: A review of the evidence in Maher, B.A. (ed.). Progress in Experimental Personality Research. Academic Press. New York. pp. 118-121. Form R.

## APPENDIX T

### MMPI-2

#### Solomon-Narcissistic Personality Disorder Index

12 F	130 F	273 T	324 F
14 F	136 T	299 T	415 T
16 T	164 F	305 T	
125 F	180 T	311 T	

MMPI-2

Physical Violence Group

True:            134   513   542  
                     389   540   548

False:

564

Suicidal Thinking Group

True:

                     303   520   530  
                     506   524   539  
                     516   526   546

Alcohol and Substance Abuse Life Style Group

True:

                     264   502   540  
                     387   511   544  
                     489   527

False:

429

MMPI-2  
Lovelessness Group

- 138 T Criticism or scolding hurts me terribly.
- 195 T There is very little love and companionship in my family as compared to other homes.
- 219 T I have been disappointed in love.
- 277 T Even when I'm with people I feel lonely much of the time.
- 291 T I have never been in love with anyone.
- 297 T My mother or father often made me obey even when I thought that it was unreasonable.
- 306 T No one cares much what happens to you.
- 323 T Sometimes I enjoy hurting people I love.**
- 324 T I can easily make other people afraid of me, and sometimes do for the fun of it.**
- 332 T At times I have enjoyed being hurt by someone I loved.
- 343 F I enjoy children.
- 379 T I got many beatings when I was a child.
- 382 T I often have serious disagreements with people who are close to me.
- 383 F When things get really bad, I know I can count on my family for help.**
- 455 F The members of my family and my close friends get along quite well.
- 478 T I hate my whole family.
- 483 T People do not find me attractive.
- 484 T People are not very kind to me.
- 550 T I have very little to do with my relatives now.**

## Cripe Neurologic Symptom Items

### MMPI-2

Dr. Cripe has generously given permission to the writer to use his thoughts on the use of the MMPI-2 with neurologic patients. His clinical guidelines are presented below.

#### CLINICAL GUIDELINES<sup>1</sup>

The following guidelines are recommended when using the MMPI-2 with neurologic patients:

CONSIDER NOT USING the MMPI-2. You might ask yourself, "Why would I want to use it?" The MMPI-2 was not designed to study neurologic patients and the potential pitfalls make its use difficult with this patient population. As discussed above, it is not reliable for differential diagnosis. It will not discriminate psychiatric from neurologic patients with classification rates acceptable for individual clinical decisions. Consider giving up the habit. If you do use it, see it as an opportunity to better understand the patient's complaints and symptoms. This may be the most sensible justification for using the MMPI-2. However, don't forget, the same information can be collected with a good clinical interview and the interview will reveal more about a dynamic phenomenon. Of course, an interview requires more effort on the part of the clinician.

CONSIDER DEVELOPING A BETTER SELF-REPORT INVENTORY for use with neurologic patients. A new instrument is needed in clinical neuropsychology. This instrument would allow the patient to identify a broad range of symptoms associated with the specific and general neurobehavioral problems of brain impairment. All higher cortical functions would be addressed to include: Arousal/Alertness; Attention/Concentration; Motor; Sensory; Executive; Memory; Language; Visual/Spatial; Higher Intellectual; and Emotion/Personality functions. The instrument would also be administered to significant others to obtain their views of the patient's symptoms. Items could be included to assess symptoms of depression and stress as seen by the patient and others. Although the development of this instrument would be very demanding and require cooperative efforts from many persons, it would be a most valuable contribution to neuropsychology and aid the understanding of persons afflicted with higher brain disorders. This instrument would be more useful with neurologic patients than the MMPI-2.

If you do use the MMPI-2 with neurologic patients, USE IT PRIMARILY TO UNDERSTAND THE PATIENT'S REPORTED SYMPTOMS. DON'T USE IT TO MAKE DIFFERENTIAL DIAGNOSES, BECAUSE IT CANNOT DO THE JOB. Don't use it to inappropriately label patients. Adding an inappropriate diagnosis of a psychiatric problem to a patient who is already in the throes of an existential dilemma because of biologically disrupted adaptive abilities is INHUMANE. The patients are already



struggling to understand what is going on within themselves, wondering if they are losing their mental faculties, and desperately seeking help. Don't further confuse them, their families, or caretakers with inappropriate psychiatric labels.

DON'T RELY UPON SINGLE MEASURES TO UNDERSTAND OR MAKE STATEMENTS REGARDING EMOTIONS AND PERSONALITY. Emotions and personality are complicated. To understand emotions and personality requires a very thorough history, reports of the patient, reports of significant others, observations of the patient during interview and test taking demands, and the use of an appropriate collection of tests. Only from such an evaluation can emotions and personality issues be inferred. You cannot make good and valid clinical judgements based solely on the MMPI-2.

AVOID THE BRAIN VERSUS EMOTION DICHOTOMY. Remember, human behavior is always the joint product of biology, current circumstances and learning history. All behavior has an organic component. Don't allow yourself to view a test as falling into either a brain sensitive category or an emotion/personality category. Remember that BRAIN DISEASES CAN AND OFTEN DO ALTER EMOTIONS AND PERSONALITY.

AVOID USING TRADITIONAL CLINICAL PSYCHOLOGY INTERPRETATIONS OF THE SCALES. The MMPI-2 scale names are misleading for psychiatric patients and have long been abandoned by informed clinical psychologists (Graham 1977). The original MMPI scale names are even more misleading with neurologic patients. Actuarial interpretive rules developed for psychiatric patients are not validated for neurologic patients and should not be used.

LOOK AT THE C.N.S. ITEMS ENDORSED BY THE PATIENT. Try to understand what symptoms the patient is communicating. Pay attention to symptom groups. Consider how these reported symptoms fit with the interview information and the particular neuropathology. Consider how aware the patient is of symptoms. A larger number of items endorsed may signify a greater awareness or intensity of problems. Fewer items endorsed may be related to poor insight. Try to understand and not judge. With neurologic patients, an understanding of items endorsed and the related symptoms is more important than scale analysis of global statements about the scale elevations.

REMEMBER THAT SCALES 1, 2, 3, 7 AND 8 ARE MOST AFFECTED BY C.N.S. ITEMS. Especially avoid making traditional cookbook interpretations based upon these scales. Note, these are the scales clinicians would most like to use for differential diagnosis (e.g., somatoform versus neurologic; depression versus neurologic; hysteria versus neurologic; depression versus neurologic; hysteria versus neurologic; anxiety versus neurologic; schizophrenic versus neurologic). Unfortunately, these scales won't differentiate the disorder for the reasons previously discussed. Consider how the scales are affected by the C.N.S. items selected by the patient. Consider what the profile would be like if the patient had not endorsed these neurologic symptoms.

Try to REMEMBER THE MMPI-2 IS JUST A SELF-REPORT OF THE PATIENT'S

PERCEIVED SYMPTOMS. The MMPI-2 cannot diagnose. It can only help you better understand the patient's problems as they see them.

## SUMMARY

Neuropsychologists routinely use the MMPI-2 to study neurologic patients, despite the fact it was never intended for this purpose and many of the assumptions underlying its use are faulty and poorly understood. The identification and analyses of MMPI-2 items sensitive to the neurobehavioral problems of neurologic patients allows a more rational understanding of the MMPI-2 profiles of neurologic disorders than traditional interpretations based on psychiatric patients. Interpretations based on an appreciation of C.N.S. items lead to more logical conclusions, and a better understanding of patients suffering from biologically based adaptive changes than customary clinical speculations. Using the guidelines presented will avoid unnecessary pitfalls which potentially have adverse effects upon the patients and their treatments.

Why do neurologic patient's "do funny things" on the MMPI-2? They don't. The patients answer the questions to the best of their abilities, trying to communicate to us their symptoms and problems. They are limited and constricted by the MMPI-2 questions we give them. The MMPI process and clinicians using inappropriate rules do the "funny things." Hopefully, with more rational insights we can give up our comical ways. For some reason, I am reminded of a quotation from Will Rogers, "IT'S NOT WHAT WE DON'T KNOW, BUT WHAT WE KNOW THAT AIN'T SO, THAT GETS US INTO TROUBLE!"

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Appendix K (Continued)  
Tscore Conversion  
Unisex Sample

n = 2277

Raw Score	T-Score	Raw Score	T-Score
0-8	30	41	69
9	31	42	70
10	32	43	71
11	33	44	72
12	35	45	73
13	36	46	74
14	37	47	76
15	38	48	77
16	39	49	78
17	40	50	79
18	42		
19	43		
20	44		
21	45		
22	46		
23	47		
24	49		
25	50		
26	51		
27	52		
28	53		
29	54		
30	56		
31	57		
32	58		
33	59		
34	60		
35	62		
36	63		
37	64		
38	65		
39	66		
40	67		

Butcher, J.N. and Han, K. (1995). Development of an MMPI-2 scale to assess the presentation of self in a superlative manner: The S scale, pp. 25-49.