

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

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 Types¹²

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

F Ts 75 - 95 F ___ Ts

8 ≤ to 7 (Hard Rule) 8 ___ Ts / 7 ___ Ts

___ A polysubstance abuse induced thought disorder may be present.

8 raw / K raw ≤ 35% K ___ raw
8

___ 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

The Russell Key reflects

functional

___ a functional

equivocal

___ an equivocal

neuropsychological

___ 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.
T 122.
T. 299.
T 325.
T 341.
T 475.
T 525.

BIOBEHAVIORAL (BB) 6

F 12.
F 20.
F 143.
T 166.
F 208.
T 253.

EMOTIONAL/BEHAVIORAL CONTROL (EB) 22

T 23.
T 37.
T 38.
T 93.
T 102.
T 116.
T 146.
T 213.
T 223.
T 226.
T 233.
T 271.
T 301.
T 302.
T 372.
T 389.
T 400.
F 405.
T 430.
T 469.
T 513.

F 564.

FATIGUE/ENERGY (FE) 6

F 152.

T 175.

F 330.

T 366.

T 464.

F 561.

GENERAL COGNITIVE (GC) 10

T 32.

F 43.

F 109.

T 135.

T 170.

T 180.

F 206.

T 309.

T 482.

T 491.

HEADACHES (HD) 6

T 40.

F 57.

T 97.

T 101.

T 149.

F 176.

HEALTH (HE) 4

F 33.

F 45.

F 141.

F 148.

MEMORY (ME) 5

F 165.

T 308.

T 472.

T 533.

T 565.

MOTOR (MT) 6

F 91.

T 172.

F 177.

F 295.

F 404.

T 476.

PAIN (PN) 2

F 47.

F 224.

SEIZURES/BLANK EPISODES (SB) 5

F 142.

F 159.

T 168.

T 182.

T 229.

SLEEP DISTURBANCE (SD) 6

F 3.

T 5.

T 39.

F 140.

T 258.

T 293.

SENSORY (SE) 13

F 8.

T 44.

T 53.

F 173.

F 194.

F 198.

F 204.

T 247.

F 249.

T 252.

F 255.

T 298.
T 307.

SPEECH/LANGUAGE (SL) 3

F 83.
F 86.
T 367.
T 480.
T 507.

VERTIGO/NAUSEA (VN) 3

T 18.
F 164.
F 179.

VOCATIONAL (VO) 2

F 10.
T 517.

Depression

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

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

76 - 85 Markedly depressed

65 - 75 Mildly depressed

≤ 64 Normal limits

The depression scale score level lies in the _____ range.

A depression is not suggested by these data.

Suicidal Thinking $\frac{\quad}{Ts}$ raw He/She is thinking of suicide.

Female $\frac{\quad}{Ts} \geq 88$ Ts

Male $\frac{\quad}{Ts} \geq 84$ Ts

Suicidal Thinking Group

303 T

506 T

516 T

520 T

524 T

526 T

530 T

539 T

546 T

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

___ . ___ . ___
n func alcoh

___ He/She relies heavily upon
intoxicants to get through
the day.

Hoyt-Sedlacek Scale ___ raw

___ . ___ . ___
n func alcoh

___ He/She is a dependent person
who

___ 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

Female ___ \geq 72 Ts

Male ___ \geq 73 Ts

___ He/She openly admits to
alcohol and/or drug abuse.

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

Chemical Abuse

264 T

387 T

489 T

502 T

511 T

527 T

540 T

544 T

429 F

Noteworthy chemical abuse item responses are found on:

Item

Item

Interpersonal Behavior

Pd ₁ ___ ≥ 65 Ts	—	He/She sees her family as unloving, rejecting, and/or punitive and filled with conflict.
FAM ___ ≥ 65 Ts		
Pd ₂ ___ ≥ 65 Ts	—	He/She has a history of conflicts with persons in authority.
Pd ₄ ___ ≥ 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
- 389 T
- 513 T

540 T

542 T

548 T

564 F

Noteworthy physical violence item responses are found on:

Item

Item

Gilberstadt P-Scales

	Raw Score	Percent %	Cumulative Percent	T-Score
P ₁				
P ₃				
P ₄				
P ₆				
P ₇				

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

195 T

219 T

277 T

291 T

297 T

306 T

323 T

324 T

332 T

343 F

379 T

382 T

383 F

455 F

478 T

483 T

484 T

550 T

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

≥ 50 Ts A trial on lithium may meet with success.

Imipramine Response ___ raw ___ Ts

≥ 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 _S	
1005	He/She wants to do things his own way. He/She +50 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 _S	
1010	He/She developed solidified, well defended [pathological] personality structures, which are [highly] resistant to change.	E _S	+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 _S	40-49
1020 E _S	He/She leans heavily upon others to respond to his/her -39 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 69-95	<p>1) He/She frequently fails to grasp, appreciate or act in a socially acceptable, appropriate or prudent manner.</p> <p>2) He/She is not sensitive to the wishes or needs of other people.</p> <p>3) He/She is often uncooperative. He/She resists complying with rules and regulations.</p> <p>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.</p>	F
1056 69-95	He/She does not exercise voluntary self-control.	F
	4	+75
1057 69-95 +75	He/She is experiencing intense anxiety. His/Her thinking is confused and his/her judgement fails to serve his/her best interests.	F 8
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 +100	The number of pathognomonic responses is too large to reliably discriminate the problems faced by this person. He/She may feel overwhelmed.		F
Number	Descriptor		Code
1065 42-49	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
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 66-69 4	He/She is a deeply private person who needs time to size up a person before he/she feels comfortable. He/She is markedly defensive, and (although social enough), gives nothing of himself/herself in an interpersonal exchange.		K +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	The Clinical Profile does not reflect a pattern of responses usually

		associated with established clinical conditions. Interpret the clinical scales with the corroboration of other sources of information.
1095 to	2) He/She is trying to get a favorable benefit surreptitiously.	Law breakers trying weasel out of punishment may try to cope an insanity plea.

Number	Descriptor	Code
	3) He/She is attempting to gain special treatment usually reserved for genuinely ill patients.	Malingering is a possibility.
1100 raw +16 Profile associated clinical 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 The Clinical does not reflect a pattern usually with established condition. Interpret the clinical scales with corroboration of other sources of information.

- to
plea.
- 2) He/She is trying to get a favorable personal financial for legal benefit surreptitiously by faking mental illness.
- 3) He/She is psychotic (and presenting with florid symptomatology).
- suits
- A. Law breakers trying to weasel out of punishment may try cope an insanity
- b. Malingering is a possibility.
- c. False personal injury and malpractice may be on this person's 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 highest	<p>He/She functions with reduced efficiency. He/She 60-69 has valid physical concerns. They are probably stress related.</p>	1
2015 70-74	<p>He/She has many physical concerns which may have a valid medical basis.</p>	1 not highest
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 +75	<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 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 60-74	He/She suffers intractable post-operative/post-traumatic pain.	1 & 3 K +70
2045 +75 scales	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 highest
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 +75 highest
2055 +75	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
2060	He/She is untrusting, guarded, suspicious and maintains a distance from others. He/She is unable	1 & 8 highest +75

to express anger openly. He/She feels socially inadequate. Peculiar stress-related physical complaints are present.

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	2 & 4 highest	

badly, the cycle of troubles, guilt, depression and recovery starts over again.

2095 He/She is touchy, intolerant, sensitive, has deep-seated 2 & 6 highest
 +75 feelings of futility, impotence and worthlessness. He/She is resentful. His/Her hostile and angry feelings toward others make them defensive around him/her.

Number Descriptor Code

3000 He/She is anxious, depressed and feels worthless and 2 & 7 highest
 +75 sinful. He/She keeps his/her anger bottled up and is very hard on himself/herself. He/She has difficulty sleeping and eating.

3005 He/She is afraid of emotional involvement with others. 2 & 8 highest +75
 He/She is inefficient, defensive and fears loss of self-control. Confusion, apathy and concentration difficulties impair his/her effectiveness.

3010 He/She is preoccupied, tense and insecure. He/She 2 & 9
 highest +75 lacks social skills. Tension and insomnia impair his/her effectiveness.

3015 He/She is socially isolated and insecure. He/She lacks 2 & 0
 +75 social skills. Tension and insomnia impair his/her effectiveness.

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 suppressed.
- 6) Stress reflected in the musculature registers as pain.
- 7) The capacity for intimacy is markedly 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 3 highest 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.	+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 highest +75	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
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	He/She is self-indulgent, self-seeking and self-infatuated. He/She is shallow and compassionless.	4 +80 All other
3065	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 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	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	<p>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 themselves is to break with her completely.</p>	<p>5 +25 T- Less than 4 Female</p>
3082 score points	<p>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.</p>	<p>4 & 6 highest +65 5 +25 T- Female Caution is advised male therapists such cases.</p>
when treat		
3085 highest +75	<p>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.</p>	<p>4 & 6 Male</p>
3090 +75	<p>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.</p>	<p>4 & 6 highest Female Caution is</p>
advised when male therapists treat such such cases.		

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 highest	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	+75
4005 +70 descriptor 3060 behavior	He/She is impulsive, irresponsible, self-indulgent and has short-lived relations with people. 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.	4 & 9 highest Use if criminal is present.	
4006 4010 70-79	He/She is inquisitive and curious. He/She is sensitive and imaginative.	5 5	60-69
4012 +80	1) He is self-effacing. 2) She prefers to influence people indirectly. 3) Emotional responses reflect concern for others. 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.	5 Males 5 Females	-45

Number	Descriptor	Code
4015 5	He is easygoing, adventurous, earthy, practical and interested in everyday events.	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 60-69 6 or not highest 60-69
4026 65-78 65-78	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
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 highest	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 +79 and not
4040 highest +75	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
4045 +80	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	6 and/or 8 highest

him/her. His/Her behavior does not make sense to people, nor their's to him/her.

Number	Descriptor	Code
4055 +75	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
4060 +70 4	He/She is dissatisfied with his/her social relationships and experiences such anxiety over -70 them. He/She is self-critical, rigid and unable to stop thinking unpleasant and frightening thoughts.	7 highest
4065	He/She has a low threshold for anxiety. He/She is methodical, punctual and organized.	7 60-69
4070 70-84 70-84	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 -or- not highest
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 highest +75	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
4085	He/She vacillates between thoughts of self-condemnation	7 & 9 highest

+75

on the one hand and flights of ideas with pressure to "tell all," on the other. He/She is tense, agitated and restless.

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 +75	He/She gets little satisfaction from the company of others. He/She lives much of the time in a world of fantasy. This provides the friendship he/she misses. His/Her thinking can be original and threatening to less like-minded persons. Under stress his/her thinking becomes disorganized and fragmented. A compromised capacity to adapt to economic and social expectations is the result.	8 & 0 - or - 8 not highest
5000 +75	He/She keeps people at a distance. He/She is indecisive, restless, and tense. He/She gives little attention to practical matters. He/She is easily disoriented, confused, angry, irritable and isolated.	8 & 9 highest -
5010 +75	He/She avoids people and withdraws into himself. He/She worries a lot and experiences periods of confusion and indecisiveness. He/She has trouble sleeping.	8 & 0 highest
5015 4	He/She lacks adequate behavior controls. Euphoria and expansive behavior forces others to eventually take counter measures.	9 -53
	2	-49

5060 among the scales with 4	He/She actively seeks out peoples' company.	1-2-3&4 not highest the lowest 0 -50
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5065	He/She makes superficial contacts with people	0 51-60
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5070	He/She is reserved in unfamiliar situations and hard to get to know. He/She is shy and retiring.	0 61-69
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5074	He/She is starting to withdraw and is becoming socially isolated. +70-74	
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Number	Descriptor	Code
5075	He/She withdraws from confrontations with others in order to avoid pain and defeat.	0 +75
5075	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.	LFK -70 Mean of 13 scales - 61 9 +69
and	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.	highest

Skinner's Modal Profile Approach to MMPI Diagnosis¹

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 borderline² pattern ideal type which may or may not prove useful.

Skinner⁵ 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 to be 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,⁵ 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
	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. 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.	Narcissistic Dysfunction Mean T-Score 4 +70 Normal Limits Profile

Code
and
Highest Common Types

Codes³⁻⁴

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.

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 Types¹²

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,	Hysterical Neurosis

insensitivity to other people's feelings, 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	<p>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.</p>	<p>Response Bias</p>
9000	<p>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.</p>	<p>Post-Traumatic Stress Disorder</p>
9005	<p>The most prominent or obvious feature of schizophrenic disturbance is incoherent, illogical or inappropriate abstract thinking.</p> <p>Incoherent thinking involves a disruption in the sequence of thoughts so that one thought does not flow continuously from another.</p> <p>They lose track of what they are saying. They may express a series of loosely related ideas that are difficult to follow.</p>	<p>Schizophrenia- all variations</p>

Illogical thinking consists of reaching 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
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9005

Perceptual distortions are reflected primarily in poor judgment.

They cannot assess their experience realistically. They act in odd or queer ways.

The lives of schizophrenic people are dotted with such instances of poor judgment, which stems from unrealistic assessment of a situation, of themselves, or of the consequences of their actions.

The disordered thinking and inaccurate perception of schizophrenic people often cause them to overlook or misjudge the feelings, motives and actions of others.

They behave in ways that others find insensitive, self-centered, contentious, presumptuous, suspicious or in some other way objectionable.

Their poor social skills make it difficult for them to make or keep friends, even when they try.

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.

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.

Even when mingling with other people, they maintain

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>	<p>Schizo-affective Disorder</p>
9010	<p>Schizophrenia exists along with grossly disorganized behavior, incoherence,</p>	<p>Schizophrenia - Disorganized</p>

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- iated	Schizophrenia manifested by many or all of its variations including prominent delusions, hallucinations, incoherence and grossly disorganized behaviors.	
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, strict-wise 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

897 Code types do better than expected.

Jupiter

Selected MMPI-2
Base Rates¹³

	Base Rate ¹ 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 ¹ 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

Murder¹

Male

Types

	1	2	3	4	5
	PSYCHOTIC	DISORIENTED	NORMAL	HOSTILE	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

1. Holcomb, W.R., Adams, N.A., and Ponder, H.M. (1985). The Development and Cross-Validation of an MMPI Typology of Murders. J. Personal Assess. 49-3, 240-44. (Mean age 26. T conversions from Mayo-1983.)

SKINNER MODAL PROFILES

Sex Offenders¹

(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

1. Langon, R.I. A Handbook of MMPI Group Profiles. 1968. University of Minnesota Press.

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 Dysfunction¹

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

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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 _b	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 P₇ 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

P₁

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

P₃

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

P₄

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
Mean 16.95
sd 3.42

Items 31
Alpha .4693

Gilberstadt P Scales

P₆

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

P₇

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

P₇

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

P₇

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
Mean 16.33
sd 2.83

Items 31
Alpha .6208

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

P₁

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

P₁

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
Mean 15.89
sd 4.11

Items 38
Alpha .5853

Gilberstadt P Scales

P₃

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

P₄

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

P₆

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

P₇

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

P₇

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

P₇

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 Items	Female			Male		
	Mean	sd	Alpha	Mean	sd	Alpha
		N 167			N 178	
Watson- Plemmel 47	27.03	4.90	.5680	26.92	4.8	.4538
Imipramine Response 8	3.90	1.40	.2889	4.66	1.26	.2319
Lithium Response 15	6.20	2.00	.2806	5.04	2.00	.3879
Gilberstadt						
P ₁ 38	18.63	4.21	.4851	15.89	4.11	.5853
P ₃ 28	12.41	2.43	.4389	12.51	2.72	.6402
P ₄ 31	16.95	3.42	.4693	16.52	3.46	.5117
P ₆ 25	13.77	2.73	.4436	13.37	2.50	.5842
P ₇ 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

Raw Score	Males		Females	
	Norm Group ¹			
	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.

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 Scale¹⁻²
 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 Scale¹⁻²
 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 Scale¹
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		z	Alcoholic Group	
	z	Areas Under the Normal Curve p-1		Area Under the Normal Curve p	
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 ¹⁻²⁻³

Raw Score	Normals	Psychiatric	Alcoholics	
	p-1	p-1	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 Equivalents				
	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 Equivalents				
	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

'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
-or-
3

+70

Code

5420

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.

6"4

6"4'

5 +80

9 highest
-or-
5 & 4 highest
-or-
9 & 3 highest

+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

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 were 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
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 are 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 judgment eventuate in assaultive combativeness. Eighty percent of these cases drink heavily and an equal percentage does 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

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.

CharacterSlogical 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

S4&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
Below 12&3

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

O -70

L-F-K

-70

Unless two or more

Scales exceed above F

+100

1&2&3&7

+70

1&2&3

Greater than 7-

9& 0

-60

-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

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

7 -10 T-score points less than 2

2 -20 T-score points
less than 4

-100

4 highest and -10 T-score points less than 2&7

Assaultive		50				
Somatization	65	55	65	50	60	65

MMPI
 FREQUENTLY OBSERVED
 PRESENTING SYMPTOMS
 BY CODE TYPE

	9	6	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 score	He/She will be cautious and evasive in treatment.	Cannot say 8-10 omitted
6005 omitted	He/She will have difficulty discussing his/her problems in therapy.	Cannot say score 11-19
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 more	He/She may be severely confused, disorganized and perhaps psychotic.	F Scale Ts ≥ 91 or
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	K Scale Ts ≥ 65

thoughts.

6055	Severe deficit of self-understanding defeats intervention.	F and/or K 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 12/21	Deficit in self-understanding associated with refusal to accept responsibility for their own health defeat interventions.	Code Type
6095	He/She is probably not a good candidate for psychotherapy. He/She	Code Type 12/21

wants medical treatment for his/her pains and worries.

6100 1234	Chemical dependency may be the primary focus of treatment.	Code Type
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 13/31	An unfathomable terror of emotional pain defeats interventions.	Code Type
6130 13/31	He/She seeks medical treatments for his/her problems.	Code Type
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 14/41	His/Her chronic anger and hostility enters into all of his/her behaviors and relationships.	Code Type
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 28/82	Problematical borderline personality disorder behaviors which are difficult to bring into a treatment focus are present.	Code Type
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 sees no reason to change.	Scale 3 T = > 70
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 34	Aggression, hostility and manipulation defeats interventions.	Code Type

<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 ≥ 69
6380	He/She has legal problems.	Scale 4 Ts ≥ 69
6385	Substance abuse is a factor that needs to be treated.	Scale 4 Ts ≥ 69
6390	He/She keeps the facts of his/her substance abuse from his/her therapist.	Scale 4 Ts ≥ 69
6395	He/She is deceptive, selfish, brash, untruthful, exhibitionistic and uses clever artifice to control the therapist.	Scale 4 Ts ≥ 69
6400	He/She maneuvers therapists into confrontations.	Scale 4 Ts ≥ 69

6405 He/She leaves therapy without improvement. Scale 4
Ts ≥ 69

6410 Refusal to accept treatment, blaming others and demands others change defeat interventions.

Number Descriptor Code

6415 He/She is antagonistic towards the Code Type
46/64 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 Self-centeredness, self-indulgence, Code Type
462 blaming others and rationalization defeat intervention.

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 \leq 40 and high point 24 scale
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elevations

6645	She pretends to agree with the therapists suggestions and recommendations, but then does not carry through with them.
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6650	Assertiveness training might be helpful.	Scale 5 Ts \leq 40
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6655	She is aggressive, domineering and arouses dislike in others.	Scale 5 Ts \geq 70
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6660	She does not like to talk about her problems.
------	---

6665	She cynically controls others by maneuvering them to her own advantage.
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6575	He/She does not trust others.	Scale 6 Ts \geq 65
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6580	He/She blames others for his/her problems.	Scale 6 Ts \geq 65
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<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
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6585	He/She is bitter, resentful, cynical and aggressive in the presentation of his/her many grievances.	Scale 6 Ts \geq 65
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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 69/96	Hostility and suspiciousness defeat interventions.	Code Type
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.	
<u>Number</u>	<u>Descriptor</u>	<u>Code</u>
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 \leq 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 \geq 70
6745	He/She is narcissistic, shallow, and a people user.	Scale 9 Ts \geq 70
6750	He/She is full of promises, plans and goals he/she will never meet.	Scale 9 Ts \geq 70
6755	He/She cannot tolerate frustration for long. Irritability and angry outbursts defeat treatment.	Scale 9 Ts \geq 70
6760	Yields to lithium.	
6765	He/She feels no anxiety.	Scale 0 Ts \leq 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 60-69	He/She has problems making friends.	Scale 0	Ts
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.	Scale 0	Ts \geq 70
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.		

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 1¹

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	

¹ Group Form

P-Scale 3₁

(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 6₁

(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

¹ 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 Scale¹

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.

¹ 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			

APPENDIX E

CRIFE NEUROLOGIC SYMPTOM ITEMS
MMPI-2

Scale			F	K		
			12 F	148 F		
			18 T	330 T		
			168 T			
			180 T			
			198 T			
			204 F			
			252 T			
			258 T			
			330 F			
	1	2	3	4	5	
	3 F	5 T	3 F	12 F	23 T	
	10 F	8 F	8 F	31 T	146 T	
	18 T	10 F	10 F	32 T	255 T	
	20 F	18 T	18 T	83 F	271 F	
	39 T	20 F	31 T	143 F	307 T	
	45 F	31 T	39 T	226 T		
	47 F	33 F	40 T			
	53 T	38 T	44 T			
	57 F	39 T	47 F			
	91 F	43 F	91 F			
	97 T	95 F	101 T			
	101 T	109 F	141 F			
	143 F	140 F	148 F			
	149 F	141 F	152 F			
	164 F	143 F	164 F			
	165 F	146 T	165 F			
	166 T	147 T	172 T			
	173 F	148 F	173 F			
	175 T	170 T	176 F			
	176 F	175 T	179 F			
	179 F	223 F	208 F			
	224 F	233 T	224 F			
	249 F	330 F	249 F			
	255 F					
	308 T					

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 Scale¹

	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 are indicated. He/She can probably be described as an alienated, hostile, person.

Code

O-H raw +23

¹ 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 H

Lithium Response Scale¹

LRS ITEM WEIGHT

MMPI Item (Group Form)	Key	Weight		MMPI Item	Key	Weight
	x				x	
59	F	1	—	79	F	1
172	F	1	—	231	F	1
230	F	1	—	241	F	1
235	T	1	—	253	F	1
304	F	2	—	287	F	1
383 (R370)	F	2	—	391 (R371)	F	1
429	F	2	—	425	F	1
439	F	1	—	485	F	1
554	F	2	—	501	F	1
	TOTAL		—	TOTAL		
	Responders			Non-Responders		
	LRS Total = +6			LRS Total = -5		

1. Donnelly, E.F., Goodwin, F.K., Waldman, I.N. and Murphy, D.L. Prediction of Antidepressant Response to Lithium. American Journal of Psychiatry. 135, 5, 552-556, May, 1978. (This procedure may not be effective with patients over 50 years of age.) Group form with R form items x in brackets.

APPENDIX I

MMPI Sexual Deviations Scale¹

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 Criteria¹ (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 Scale¹ (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 Scale¹

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 suggest 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.

¹ 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 Scale¹

(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 SCALE² (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

195 T

219 T

277 T

291 T

297 T

306 T

323 T

324 T

332 T

343 F

379 T

382 T

383 F

455 F

478 T

483 T

484 T

550 T

(MMPI-2 Test Forms 5/91)

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 GUIDELINES¹

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!"

Conference. June 13-17, 1988. Seattle, Washington.

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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.