MMPI-A Interpretive System

developed by
Robert P. Archer, PhD
and
PAR Staff

Client Information

Name: Sample Client
Client ID: 12345-67890
Gender: Male
Date Of Birth: 11/26/1988
Age: 16
Grade Level: 11
Setting: Drug/Alcohol
Test Date: 04/12/2005

The following MMPI-A interpretive information should be viewed as only one source of hypotheses about the adolescent being evaluated. No diagnostic or treatment decision should be based solely on these data. Instead, statements generated by this report should be integrated with other sources of information concerning this client, including additional psychometric test findings, mental status results, psychosocial history data, and individual and family interviews, to reach clinical decisions. The information contained in this report represents combinations of actuarial data derived from major works in the MMPI and MMPI-A literatures. This report is confidential and intended for use by qualified professionals only. It is recommended that clinicians do not release reports generated with this software to adolescents or their family members or guardians. This report should be released only if it is edited to incorporate information obtained from a comprehensive psychological evaluation about the adolescent. Clinicians should adhere to applicable ethical guidelines as well as state and federal regulations in handling computer-generated reports.

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Version 3.10.021
### Profile Matches and Scores

<table>
<thead>
<tr>
<th>Codetype match:</th>
<th>Client Profile</th>
<th>Highest Scale Codetype</th>
<th>Best Fit Codetype</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2-8/8-2</td>
<td>2-8/8-2</td>
</tr>
<tr>
<td>Coefficient of Fit:</td>
<td></td>
<td>0.884</td>
<td>0.884</td>
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<table>
<thead>
<tr>
<th>Scores</th>
<th>F (Infrequency)</th>
<th>L (Lie)</th>
<th>K (Correction)</th>
<th>Hs (Scale 1)</th>
<th>D (Scale 2)</th>
<th>Hy (Scale 3)</th>
<th>Pd (Scale 4)</th>
<th>Mf (Scale 5)</th>
<th>Pa (Scale 6)</th>
<th>Pt (Scale 7)</th>
<th>Sc (Scale 8)</th>
<th>Ma (Scale 9)</th>
<th>Si (Scale 0)</th>
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<tbody>
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<td>58</td>
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<td>48</td>
<td>46</td>
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</tbody>
</table>

| Codetype Definition in T Score Points: | 30 | 9 | 9 |
| Mean Clinical Scale Elevation:       | 63.0 | 58.0 | 58.0 |
| Mean Excitatory Scale Elevation:     | 65.0 | 57.6 | 57.6 |
| Mean Age - Females:                  | 17.0 | 17.0 |
| Mean Age - Males                     | 14.7 | 14.7 |
| Percent of Cases:                    | 0.1 | 0.1 |

Configural clinical scale interpretation is provided in the report for the following codetype(s):
2-8/8-2

Unanswered (?) Items: 9

Welsh Code: 82*"+1576349/0; F-L/K:
Validity and Clinical Scales

Scale scores for various clinical scales are presented in the diagram. The scores for each scale are marked with black dots on the graph, indicating the client's profile.
Content and Supplementary Scales

Client Profile
Harris – Lingoes and Si Subscales

Client Profile
Specified Setting

This adolescent was reported to have been in a drug and alcohol treatment setting at the time the MMPI-A was administered.

Configural Validity Scale Interpretation

This adolescent has produced a consistent MMPI-A response pattern reflected in acceptable values on validity scales VRIN and TRIN.

No configural hypotheses are available for this F-L-K scale pattern of scores.

Both $F_1$ and $F_2$ are below $T$-score values of 90. $T$-score values of 90 or greater on either $F_1$ or $F_2$ are likely to indicate problems with profile validity.

Validity Scales

Raw (?) = 9

There were a few items omitted in completing this MMPI-A. These omissions may represent areas of limitation in the adolescent’s life experience which rendered certain items unanswerable, or limitations in the adolescent's reading ability. There is little probability of profile distortion as a result of these few item omissions.

Variable Response Inconsistency ($VRIN$) = 50

$VRIN$ scores in this range suggest that the adolescent responded to test items with an acceptable level of consistency.

True Response Inconsistency ($TRIN$) = 60$T$

$TRIN$ scores in this range suggest that the adolescent responded to test items with an acceptable level of consistency.

Infrequency 1 ($F_1$) = 50

Scores in this range suggest that the adolescent has responded in a valid manner to items which appear in the first stage of the MMPI-A test booklet.

Infrequency 2 ($F_2$) = 60

Scores in this range reflect a marginal or moderate elevation on unusual psychiatric symptomatology which appears in the latter stage of the MMPI-A test booklet.

Infrequency ($F$) = 60
Scores in this range are considered to be moderately elevated and indicate the possibility of significant psychological and emotional problems. This adolescent appears to be acknowledging unusual or infrequently endorsed symptomatology to a degree characteristically reported by teenagers receiving psychiatric treatment.

Lie ($L$) = 50

Scores in this range suggest an appropriate balance between the admission and denial of common social faults. These adolescents are often viewed as flexible and psychologically sophisticated.

Correction ($K$) = 40

Scores in this range are often produced by adolescents with poor self-concepts and limited resources for coping with stress. Adolescents in acute distress may produce similar scores, as may teenagers who are attempting to "fake bad" or exaggerate their degree of psychopathology.
Configural Clinical Scale Interpretation

2-8/8-2 Codetype

The MMPI-A profile may be classified as a 2-8/8-2 codetype which occurs in less than 1% of adolescent assessments in psychiatric settings.

Adolescents who obtain this profile type are characterized by fearfulness, timidity, anxiety, and social awkwardness. They appear to prefer a large degree of emotional distance from others, and are uncomfortable and anxious in interpersonal relationships. Teenagers with the 2-8/8-2 codetype often exhibit poor self-concept and poor self-esteem, and perceive themselves as awkward and inadequate. In both the adolescent and adult literature, this codetype has been associated with a higher frequency of suicidal behavior and more serious psychiatric symptomatology. Adolescents with this profile have been found to display a higher than average frequency of such symptoms as hallucinations, preoccupation with bizarre or unusual ideas, and unusual sexual beliefs.

Psychiatric diagnoses associated with this codetype include Schizoid Personality Disorder (301.20), Schizotypal Personality Disorder (301.22), Schizophreniform Disorder (295.40), Schizoaffective Psychosis, Depressed Type (295.70), and Major Depressive Disorder with Psychotic Features (296.X4). Isolation and repression have been reported as the primary defense mechanisms manifested by these adolescents. Repression scale results support the view that this is a significant defense for this adolescent. Given the association between suicidal behavior and this codetype, careful clinical evaluation of suicidal potential is indicated. The potential for engaging in suicidal behavior and the severity of psychopathology can be markedly exacerbated by substance use. The adolescent’s substance use history should be taken into account when making a determination about his suicide risk. It would be expected that the development of a therapeutic relationship for adolescents with this codetype would be a relatively slow process, given these teenagers’ interpersonal awkwardness and fearfulness. Finally, adolescents with this codetype might be evaluated for potential benefit from antipsychotic medications for the management of schizophrenic or thought-disordered symptomatology.

Clinical Scales

Scale 1 (Hs) = 60

The T-score value obtained for this basic MMPI-A scale is within a marginal or transitional level of elevation. Some of the following descriptors, therefore, may not be applicable for this adolescent.

Scores in this range are frequently obtained by adolescents who manifest a history of symptoms associated with hypochondriasis, including vague physical complaints and a preoccupation with body functioning, illness, and disease. Such elevated scores may
also be obtained, however, by adolescents who are experiencing actual physical illness. The possibility of organic dysfunction should be carefully ruled out. High scores for adolescents on this scale often indicate the increased likelihood of neurotic diagnoses and the development of somatic responses to stress. These adolescents are typically seen by others as self-centered, dissatisfied, pessimistic, and demanding. The prognosis for psychological intervention is typically guarded, and these adolescents often display little insight in psychotherapy.

Scale 2 \((D) = 90\)

Scores in this range are typically found for adolescents who are depressed, dissatisfied, hopeless, and self-depreciatory. They often experience apathy, loss of interest in daily activities, loss of self-confidence, and feelings of inadequacy and pessimism. Additionally, these adolescents often experience substantial feelings of guilt, worthlessness, and self-criticism, and may experience suicidal ideation. However, this degree of distress may serve as a positive motivator for psychotherapy efforts. The depressive affects and cognitions experienced by this adolescent may be exacerbated by his substance use, particularly if he abuses alcohol and/or sedatives. His level of disinhibition and depression may also significantly increase the potential for suicidal or other self-damaging behavior.

Scale 3 \((Hy) = 50\)

The obtained score is within normal or expected ranges and this adolescent probably has the capacity to acknowledge unpleasant issues or negative feelings.

Scale 4 \((Pd) = 50\)

The obtained score is within normal or expected ranges. This adolescent has a typical or average capacity to adhere to standard rules of social conduct and does not express or exhibit excessive problems with authority.

Scale 5 \((Mf) = 60\)

The obtained score is within normal or expected ranges and indicates standard interest patterns in the traditional masculine activities.

Scale 6 \((Pa) = 55\)

The obtained score is within normal or expected ranges, and this adolescent appears to be capable of engaging in interpersonal exchanges without excessive suspiciousness or distrust.

Scale 7 \((Pt) = 56\)

The obtained score is within normal or expected ranges and this adolescent appears to
be capable of meeting current life experiences without excessive worry or apprehension.

Scale 8 (Sc) = 95

Adolescents who score in this range are typically described as confused, disorganized, withdrawn, and alienated. They have strong feelings of inferiority, incompetence, and dissatisfaction, and are often reluctant to engage in interpersonal relationships. They are vulnerable to stress, easily upset, and may have poor reality testing ability. The possibility of schizophrenic symptoms should be investigated. It is very possible that the disorganization and impaired reality testing is, at least partially, the result of his substance abuse. Some substances, such as amphetamines and hallucinogens, may produce experiences such as these and efforts should be made to determine if the individual’s pattern of drug or alcohol use is likely to have contributed to the noted problems with reality testing and disorganization.

Scale 9 (Ma) = 50

The obtained score is within normal or expected ranges and reflects a typical energy or activity level for normal adolescents.

Scale 0 (Si) = 40

Adolescents who score in this range are extroverted and gregarious. They appear to have strong needs for affiliation and are interested in social status and social recognition. Although socially competent and confident, these adolescents are often viewed by others as superficial and insincere in interpersonal relationships. Although often intellectually gifted, these teenagers frequently have a history of academic underachievement.
Additional Scales

Content and Supplementary Scales

Content Scales

Anxiety ($A_{-anx}$) = 50

The obtained score on this content scale is within normal or expected ranges.

Obsessiveness ($A_{-obs}$) = 60

Scores in this range indicate marginal elevations on the Obsessiveness scale which may reflect mild or limited problems related to obsessive defenses. These problems may be manifested as ambivalence, excessive worry, or difficulty in concentration.

Depression ($A_{-dep}$) = 60

Scores in this range represent marginal elevations on the Depression scale which may reflect mild or limited problems related to depression. These problems may include poor morale, apathy, or a tendency to experience depressive responses.

Health Concerns ($A_{-hea}$) = 70

Scores in this range are often produced by adolescents who endorse physical symptoms across a wide variety of areas. The affected body systems include gastrointestinal, neurological, sensory, cardiovascular, and respiratory. These adolescents feel ill and are worried and concerned about their health.

Alienation ($A_{-aln}$) = 60

Scores in this range reflect marginal elevations on the Alienation scale. These adolescents may be experiencing some emotional distance or feelings of alienation from others.

Bizarre Mentation ($A_{-biz}$) = 60

Scores in this range represent marginal elevations on the Bizarre Mentation scale, which may reflect some impairment in reality testing and the occurrence of some psychotic symptomatology or paranoid belief systems.

Anger ($A_{-ang}$) = 50

The obtained score on this content scale is within normal or expected ranges.

Cynicism ($A_{-cyn}$) = 50
The obtained score on this content scale is within normal or expected ranges.

Conduct Problems ($A-con$) = 55

The obtained score on this content scale is within normal or expected ranges.

Low Self-Esteem ($A-lse$) = 60

Scores in this range reflect marginal elevations on the Low Self-Esteem scale which may be produced by adolescents who lack self-confidence, are excessively self-critical, and may have significant problems with self-esteem.

Low Aspirations ($A-las$) = 70

Scores in this range are produced by adolescents who have few, or no, educational or life goals or objectives. These adolescents often have patterns of poor academic achievement. They tend to become frustrated quickly and give up, and they do not apply themselves in challenging situations. This lack of achievement goals and objectives may promote the use of substances as well as his involvement with a substance-using peer group. Conversely, this adolescent’s substance use may serve as a defense mechanism for coping with repeated academic frustrations.

Social Discomfort ($A-sod$) = 50

The obtained score on this content scale is within normal or expected ranges.

Family Problems ($A-fam$) = 50

The obtained score on this content scale is within normal or expected ranges.

School Problems ($A-sch$) = 60

Scores in this range represent marginal elevations on the $A-sch$ scale. These adolescents may be experiencing significant academic or behavioral problems within the school setting.

Negative Treatment Indicators ($A-trt$) = 60

Scores in this range represent a marginal level of elevation on the $A-trt$ scale. Adolescents in this range may harbor some concerns regarding their ability to change their behaviors and perceptions, or may doubt that talking to others is useful in the change process.

**Supplementary Scales**
MacAndrew Alcoholism (MAC-R) = 50

Adolescents who score in this range are not likely to abuse alcohol or drugs. The most notable exception to this conclusion would be adolescents who are primarily neurotic in terms of their personality configuration and who employ alcohol and drugs as a means of "self-medication." This finding is unexpected given that the adolescent was tested in a drug treatment facility.

Alcohol - Drug Problem Acknowledgement (ACK) = 44

Scores in this range are within acceptable or normal ranges on the ACK scale. Because an adolescent may underreport drug or alcohol use, related attitudes, or symptoms, scores from the MAC-R and PRO scales should also be carefully reviewed to assist in screening for alcohol and drug related problems. This finding is unusual given that this adolescent is currently in a drug/alcohol treatment setting. In all likelihood, this individual is attempting to underreport or deny important aspects of his substance use.

Alcohol - Drug Problem Proneness (PRO) = 50

Scores in this range are within acceptable or normal ranges on the PRO scale.

Immaturity (IMM) = 55

The obtained score on the IMM scale is within normal or expected ranges.

Anxiety (A) = 59

The obtained score is within normal or expected ranges and indicates unremarkable levels of anxiety and discomfort.

Repression (R) = 90

Adolescents who score in this range are often unexcitable, inhibited, submissive, and conventional, and tend to show little feeling. Scores in this range are infrequently obtained by adolescents evaluated in psychiatric settings.
Harris-Lingoes and Si SubScales

The interpretation of Harris-Lingoes and Si Subscales is provided in this program because of the potential relevance of these data to adolescent profiles. The correlates of these research scales have not been examined in adolescent populations, however, and the user is cautioned that the following interpretive statements are based on findings in adult populations.

Subjective Depression \((D1) = 60\)

The obtained score is within normal or expected ranges.

Psychomotor Retardation \((D2) = 70\)

High \(D2\) scorers are characterized as immobilized. They lack energy to cope with everyday activities, withdraw from interpersonal relationships, and deny having hostile and aggressive impulses.

Physical Malfunctioning \((D3) = 90\)

High \(D3\) scorers are preoccupied with health and physical functioning, and they typically report a wide variety of specific somatic symptoms and complaints.

Mental Dullness \((D4) = 50\)

The obtained score is within normal or expected ranges.

Brooding \((D5) = 50\)

The obtained score is within normal or expected ranges.

Denial of Social Anxiety \((Hy1) = 55\)

The obtained score is within normal or expected ranges.

Need for Affection \((Hy2) = 58\)

The obtained score is within normal or expected ranges.

Lassitude - Malaise \((Hy3) = 60\)

The obtained score is within normal or expected ranges.

Somatic Complaints \((Hy4) = 64\)
The obtained score is within normal or expected ranges.

Inhibition of Aggression \((Hy5) = 55\)

The obtained score is within normal or expected ranges.

Familial Discord \((Pd1) = 56\)

The obtained score is within normal or expected ranges.

Authority Problems \((Pd2) = 57\)

The obtained score is within normal or expected ranges.

Social Imperturbability \((Pd3) = 57\)

The obtained score is within normal or expected ranges.

Social Alienation \((Pd4) = 67\)

High \(Pd4\) scorers feel misunderstood, alienated, isolated, and estranged from others. They are lonely, unhappy, and uninvolved people who blame others for their own problems and shortcomings. They are often insensitive and inconsiderate in relationships and will later verbalize regret and remorse for their actions.

Self-Alienation \((Pd5) = 65\)

High \(Pd5\) scorers describe themselves as feeling uncomfortable and unhappy. They have problems in concentration and attention, and they do not find their life to be especially interesting or rewarding. They verbalize guilt and regret and display negative emotions in an exhibitionistic manner. Excessive alcohol abuse may be a problem.

Persecutory Ideas \((Pa1) = 45\)

The obtained score is within normal or expected ranges.

Poignancy \((Pa2) = 55\)

The obtained score is within normal or expected ranges.

Naïveté \((Pa3) = 50\)

The obtained score is within normal or expected ranges.

Social Alienation \((Sc1) = 60\)
The obtained score is within normal or expected ranges.

Emotional Alienation (Sc2) = 70

High Sc2 scorers report feelings of depression and despair, and they may feel life is not worthwhile. They may appear apathetic and frightened. They experience themselves as strange and alien.

Lack of Ego Mastery-Cognitive (Sc3) = 90

High Sc3 scorers admit to strange thought processes, feelings of unreality, and problems with concentration and attention. At times, they may feel that they are "losing their minds."

Lack of Ego Mastery - Conative (Sc4) = 80

High Sc4 scorers tend to be depressed. They have problems coping with everyday life, feel that life is a strain, and may have given up hope of solving their problems. They respond to stress by regressing and withdrawing into fantasy and daydreaming.

Lack of Ego Mastery-Defective Inhibition (Sc5) = 70

High Sc5 scorers feel a loss of control over their emotions and impulses. They tend to be restless, hyperactive, and irritable, and they may experience episodes of uncontrollable laughing or crying.

Bizarre Sensory Experiences (Sc6) = 50

The obtained score is within normal or expected ranges.

Amorality (Ma1) = 50

The obtained score is within normal or expected ranges.

Psychomotor Acceleration (Ma2) = 57

The obtained score is within normal or expected ranges.

Imperturbability (Ma3) = 58

The obtained score is within normal or expected ranges.

Ego Inflation (Ma4) = 60

The obtained score is within normal or expected ranges.
Shyness/Self-Consciousness (Si1) = 30

The obtained score on the Si1 subscale is within expected or normal ranges.

Social Avoidance (Si2) = 40

The obtained score on the Si2 subscale is within expected or normal ranges.

Alienation-Self and Others (Si3) = 45

The obtained score on the Si3 subscale is within expected or normal ranges.
## MMPI-A Structural Summary

### Factor Grouping

<table>
<thead>
<tr>
<th>1. General Maladjustment</th>
<th>2. Immaturity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welsh’s A (Anxiety)</td>
<td>IMM (Immaturity)</td>
</tr>
<tr>
<td>Pt (7) (Psychasthenia)</td>
<td>F (Infrequency)</td>
</tr>
<tr>
<td>Sc (8) (Schizophrenia)</td>
<td>X Sc (8) (Schizophrenia)</td>
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<tr>
<td>D (2) (Depression)</td>
<td>X Pa (6) (Paranoia)</td>
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<tr>
<td>Pd (4) (Psychopathic Deviate)</td>
<td>ACK (Alcohol/Drug Problem</td>
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<tr>
<td></td>
<td>Acknowledgement)</td>
</tr>
<tr>
<td>D1 (Subjective Depression)</td>
<td>X MAC-R (MacAndrew Alcoholism</td>
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<td>Revised)</td>
</tr>
<tr>
<td>D4 (Mental Dullness)</td>
<td>Pa1 (Persecutory Ideas)</td>
</tr>
<tr>
<td>D5 (Brooding)</td>
<td>Sc2 (Emotional Alienation)</td>
</tr>
<tr>
<td>Hy3 (Lassitude-Malaise)</td>
<td>X Sc6 (Bizarre Sensory Experiences)</td>
</tr>
<tr>
<td>Sc1 (Social Alienation)</td>
<td>X A-sch (School Problems)</td>
</tr>
<tr>
<td>Sc2 (Emotional Alienation)</td>
<td>X A-biz (Bizarre Mentation)</td>
</tr>
<tr>
<td>Sc3 (Lack of Ego Mastery-Cognitive)</td>
<td>X A-aln (Alienation)</td>
</tr>
<tr>
<td>Sc4 (Lack of Ego Mastery-Conative)</td>
<td>X A-con (Conduct Problems)</td>
</tr>
<tr>
<td>Si3 (Alienation-Self and Others)</td>
<td>A-fam (Family Problems)</td>
</tr>
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<td>Pd4 (Social Alienation)</td>
<td>X A-trt (Negative Treatment</td>
</tr>
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<td></td>
<td>Indicators)</td>
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<td>Pd5 (Self-Alienation)</td>
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<tr>
<td>Pa2 (Poignancy)</td>
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<td>A-dep (Depression)</td>
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<td>A-anx (Anxiety)</td>
<td>X X</td>
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<tr>
<td>A-lse (Low Self-Esteem)</td>
<td>X X</td>
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<tr>
<td>A-aln (Alienation)</td>
<td>X X</td>
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<tr>
<td>A-obs (Obsessiveness)</td>
<td>X X</td>
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<td>A-trt (Negative Treatment Indicators)</td>
<td>X X</td>
</tr>
</tbody>
</table>

**Number of Scales with T-Score >= 60**  
15/23  
7/15

**Mean T-Score Elevation**  
63.13  
57.93
## Factor Grouping

<table>
<thead>
<tr>
<th>3. Disinhibition/Excitatory Potential</th>
<th>4. Social Discomfort</th>
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<tbody>
<tr>
<td>Ma (9) (Hypomania)</td>
<td>Si (0) (Social Introversion)</td>
</tr>
<tr>
<td>Ma2 (Psychomotor Acceleration)</td>
<td>Si1 (Shyness/Self-Consciousness)</td>
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<tr>
<td>Ma4 (Ego Inflation)</td>
<td>X</td>
</tr>
<tr>
<td>Sc5 (Lack of Ego Mastery-Defective Inhibition)</td>
<td>X</td>
</tr>
<tr>
<td>D2 (Psychomotor Retardation)</td>
<td>Ma3 (Imperturbability) Low</td>
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<tr>
<td>Welsh’s R (Repression) Low</td>
<td>A-sod (Social Discomfort)</td>
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<tr>
<td>K (Correction) Low</td>
<td>X</td>
</tr>
<tr>
<td>L (Lie) Low</td>
<td>Pt (7) (Psychasthenia)</td>
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<tr>
<td>A-ang (Anger)</td>
<td></td>
</tr>
<tr>
<td>A-cyn (Cynicism)</td>
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<tr>
<td>A-con (Conduct Problems)</td>
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<tr>
<td>MAC-R (MacAndrew Alcoholism Revised)</td>
<td></td>
</tr>
</tbody>
</table>

### Number of Scales with T Score >= 60 or Low Scales with T Score <= 40

| 3/12 | 1/8 |

### Mean T-Score Elevation (high)

| 55.25 | 47.20 |

### Mean T-Score Elevation (low)

| 62.50 | 56.67 |

## 5. Health Concerns

<table>
<thead>
<tr>
<th>Hs (1) (Hypochondriasis)</th>
<th>X</th>
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</thead>
<tbody>
<tr>
<td>Hy (3) (Hystera)</td>
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<tr>
<td>A-hea (Health Concerns)</td>
<td>X</td>
</tr>
<tr>
<td>Hy4 (Somatic Complaints)</td>
<td>X</td>
</tr>
<tr>
<td>Hy3 (Lassitude-Malaise)</td>
<td>X</td>
</tr>
<tr>
<td>D3 (Physical Malfunctioning)</td>
<td>X</td>
</tr>
</tbody>
</table>

### Number of Scales with T Score >= 60 or Low Scales with T Score <= 40

| 5/6 | 0/5 |

### Mean T-Score Elevation

| 65.67 | 49.33 |

## 7. Familial Alienation

<table>
<thead>
<tr>
<th>Pd1 (Familial Discord)</th>
<th>Pa1 (Persecutory Ideas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-fam (Family Problems)</td>
<td>Pa (6) (Paranoia)</td>
</tr>
<tr>
<td>Pd (4) (Psychopathic Deviate)</td>
<td>A-biz (Bizarre Mentation) X</td>
</tr>
<tr>
<td>PRO (Alcohol/Drug Problem Proneness)</td>
<td>Sc6 (Bizarre Sensory Experiences)</td>
</tr>
</tbody>
</table>

### Number of Scales with T Score >= 60

| 0/4 | 1/4 |

### Mean T-Score Elevation

| 51.50 | 52.50 |
Structural Summary Interpretation

The following Structural Summary information provides an assessment of the adolescent's functioning along the eight basic factor dimensions found for the 69 scales and subscales of the MMPI-A. Information is provided for those factors which appear to be most salient in describing this adolescent's psychopathology based on the criterion that a majority (i.e., greater than 50%) of the scales or subscales within a particular factor are at a critical level (either critically elevated or critically lowered) for each factor interpreted below. The software determines if a majority of the scale or subscale scores are at the critical level based on all of the scales and subscales within a particular factor, regardless of whether or not a score was entered into the software. Missing scale and/or subscale scores may make it more difficult for a respondent to have a majority of scores in the elevated range and, therefore, may reduce the usefulness of the Structural Summary. Missing scores are denoted with a "?" and scores at the critical level are denoted with an "X".

For factors meeting the criterion of having a majority of scores at the critical level, interpretations are organized from the factor showing the highest percentage of significant scale and subscale scores to those factors showing the lowest percentage of significant scale and subscale scores. Based on the assumption that the higher the percentage of scale or subscale scores are within a factor that produces critical values, it is more likely that the particular factor or dimension provides a more salient or important description of the adolescent. Examination of the specific pattern of scale elevations within a dimension can provide the clinician with additional and useful information in refining the description of the adolescent for that factor. Mean T-Score elevations are also provided in the Structural Summary. These means are based on the scale and subscale scores of the various factors and they do not include missing scores.

This adolescent has produced significant scores on 5 scales and subscales associated with the Health Concerns dimension. Adolescents who obtain high scores on this factor are often seen as physically ill or preoccupied with health issues, dependent, and unhappy or sad. They tend to tire or fatigue quickly and may have weight or sleep difficulties.

This adolescent is reporting significant elevations on 15 scales and subscales associated with the General Maladjustment Factor. Adolescents who score high on this dimension are likely to experience significant problems in adjustment and are self-conscious, socially withdrawn, timid, dependent, ruminative, and depressed. They are also more likely than other teenagers to report symptoms of tiredness and fatigue, sleep difficulties, and suicidal ideation. Efforts should be made to determine whether these problems are substance-induced or to what extent they maintain the adolescent's current pattern of use. Many of these problems are likely to be exacerbated by the adolescent's substance use and his risk for suicide or other self-damaging behavior is high given the presence of clinically significant use. However, some of these negative emotions may motivate this adolescent to take advantage of his treatment and rehabilitation.