

MMPI-A Interpretive System

developed by
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and
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Client Information

Name: Sample Client
Client ID: 98765-43210
Gender: Female
Date Of Birth: 12/05/1989
Age: 15
Grade Level: 9
Setting: Inpatient
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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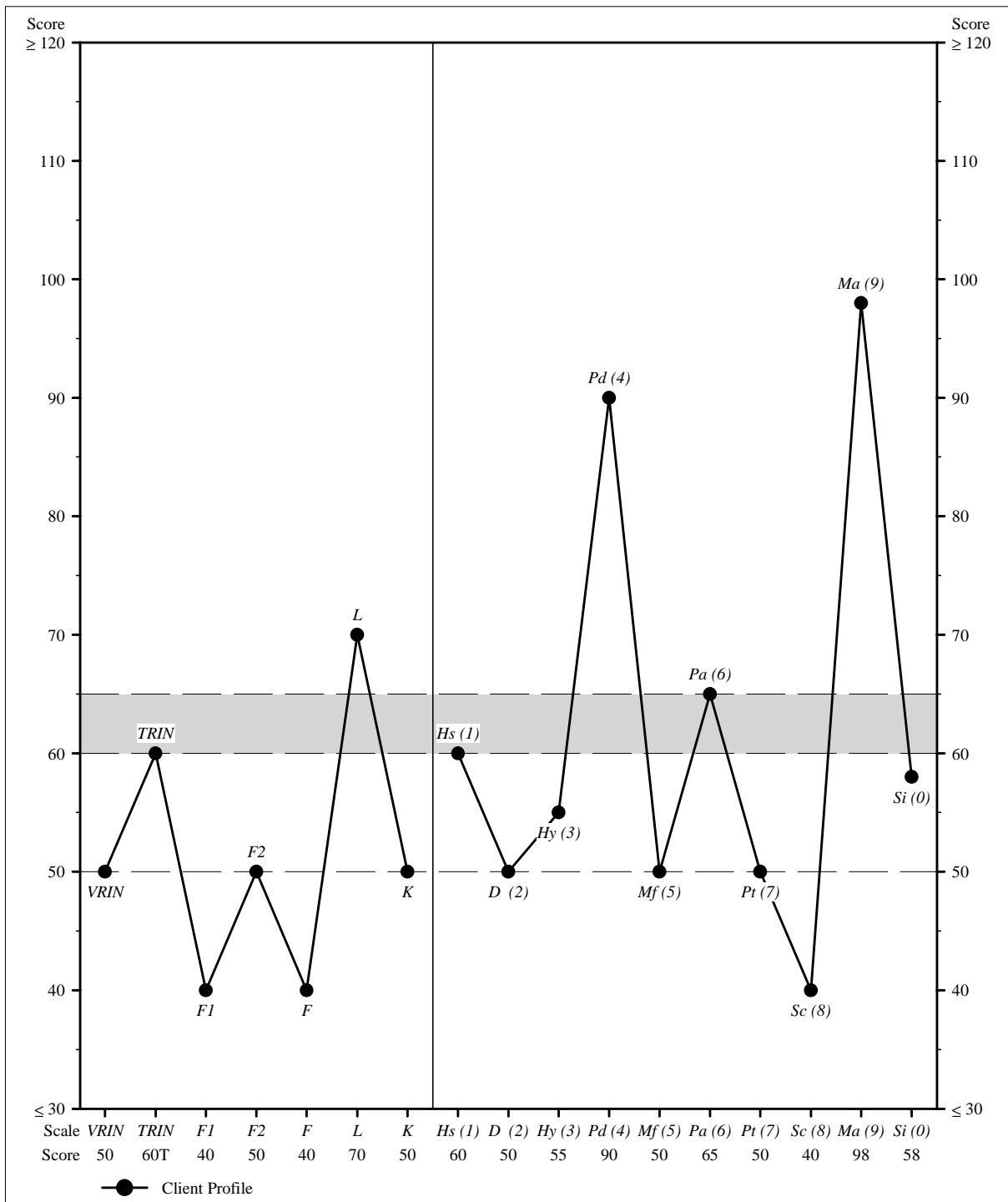
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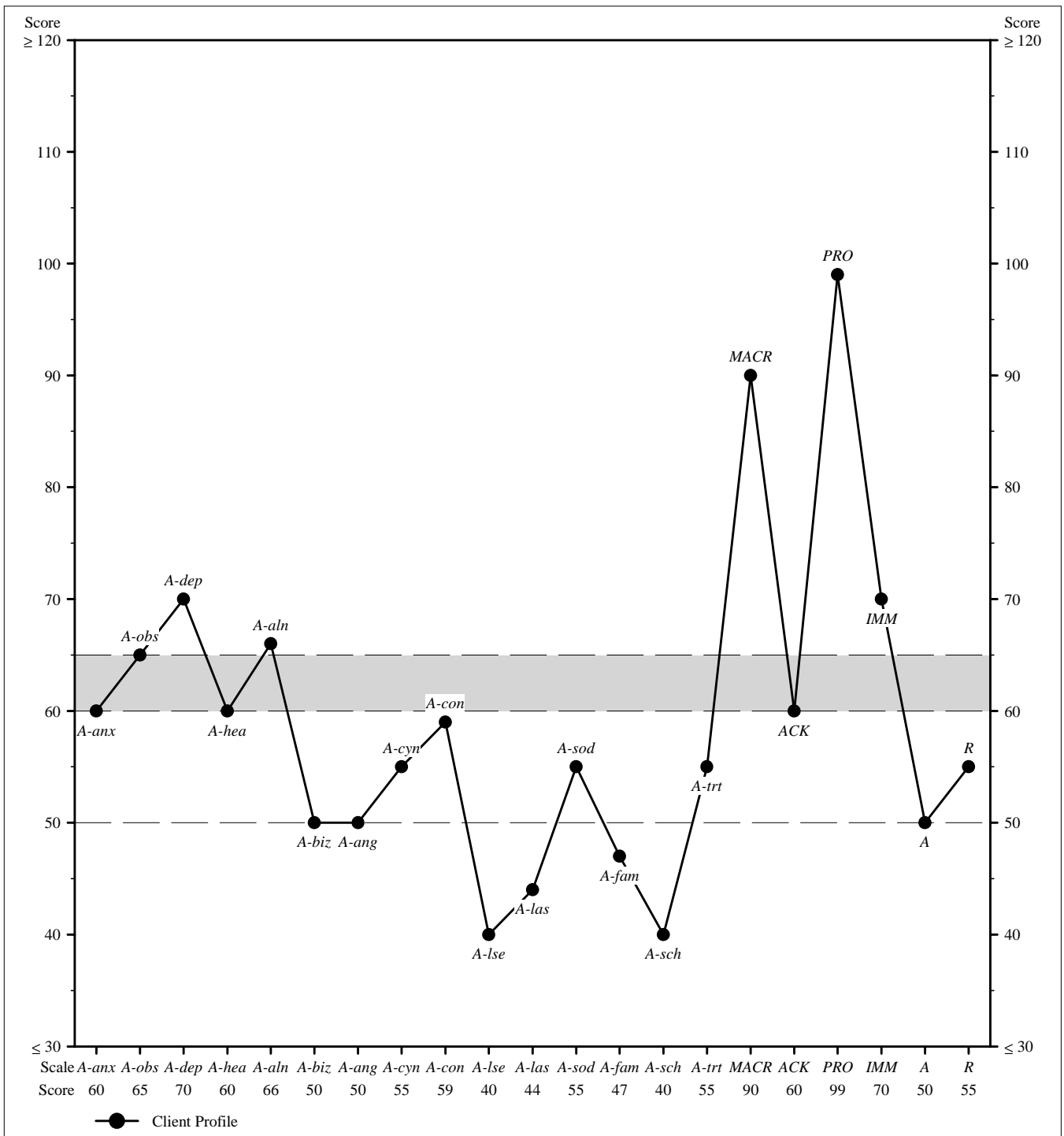
Profile Matches and Scores

	Client Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:		4-9/9-4	4-9/9-4
Coefficient of Fit:		0.859	0.859
Scores			
F (Infrequency)	40	58	58
L (Lie)	70	50	50
K (Correction)	50	50	50
Hs (Scale 1)	60	50	50
D (Scale 2)	50	50	50
Hy (Scale 3)	55	53	53
Pd (Scale 4)	90	71	71
Mf (Scale 5)	50	49	49
Pa (Scale 6)	65	55	55
Pt (Scale 7)	50	52	52
Sc (Scale 8)	40	54	54
Ma (Scale 9)	98	70	70
Si (Scale 0)	58	45	45
Codetype Definition in T Score Points:			
	25	15	15
Mean Clinical Scale Elevation:	63.0	56.8	56.8
Mean Excitatory Scale Elevation:	76.0	65.0	65.0
Mean Age - Females:		15.8	15.8
Mean Age - Males		16.4	16.4
Percent of Cases:		4.0	4.0
Configural clinical scale interpretation is provided in the report for the following codetype(s): 4-9/9-4			
Unanswered (?) Items:			
	20		
Welsh Code:	94*''6+1-03257/8: L'+-K/F:		

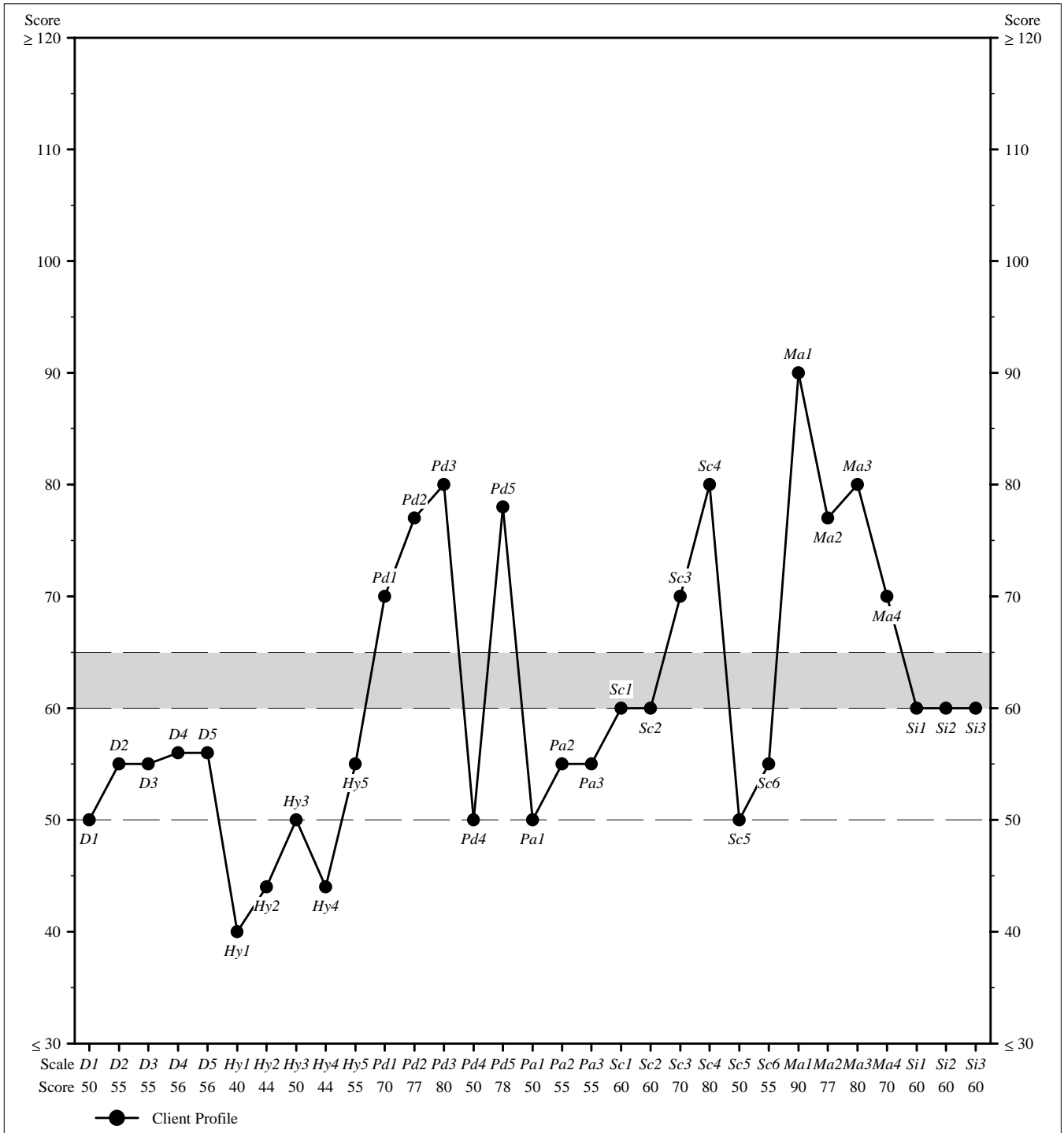
Validity and Clinical Scales



Content and Supplementary Scales



Harris – Lingo and Si Subscales



Specified Setting

This adolescent was reported to have been in an inpatient treatment setting (either residential or acute) 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*.

This *F-L-K* validity scale configuration is usually obtained by adolescents who are attempting to avoid or deny unacceptable feelings or psychological problems. They may have a strong need to appear conventional and conforming, and are psychologically naive and un insightful. The suspicion of a "fake good" attempt is further increased for adolescents in psychiatric settings who produce no MMPI-A clinical scales in excess of *T*-score values of 65. This type of validity configuration is most often produced by adolescents who are attempting to avoid or terminate psychotherapy.

This *F-L-K* validity scale configuration is often obtained by adolescents who are attempting to present themselves as virtuous and who employ crude defense mechanisms based on denial. The clinical profile for this individual may represent an underestimate of the actual degree of psychopathology or disturbance.

Both *F1* and *F2* are below *T*-score values of 90. *T*-score values of 90 or greater on either *F1* or *F2* are likely to indicate problems with profile validity.

Validity Scales

Raw (?) = 20

This profile may be of questionable validity, particularly as the number of omitted items approaches 30. This adolescent omitted more items than expected and may be very indecisive, resistant to testing, or experiencing difficulty in terms of reading ability. It may be valuable to check the scale membership of the missing items to evaluate the overall impact on profile validity.

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

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

Infrequency 1 (*F1*) = 40

Scores in this range may be produced by normally adjusted adolescents who have had very conventional life histories or by adolescents with psychological problems who are consciously or unconsciously attempting to deny serious psychopathology as presented in the first stage of the MMPI-A test booklet.

Infrequency 2 (*F2*) = 50

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

Infrequency (*F*) = 40

Scores in this range may be produced by adolescents who are consciously or unconsciously attempting to deny serious psychopathology ("faking-good") or by normally adjusted adolescents who have had very conventional life histories.

Lie (*L*) = 70

Scores in this range often reflect the extensive use of denial and have been related to poor insight and lack of psychological sophistication. Treatment efforts are likely to be prolonged with these adolescents and prognosis is often guarded. Scores in this range may also be produced by adolescents who have engaged in an "all false" or "fake good" response set.

Correction (*K*) = 50

The majority of adolescents score in this range, which represents an appropriate balance between self-disclosure and guardedness. Prognosis for psychotherapy is often good in that such adolescents are open to discussion of life problems and symptoms.

Configural Clinical Scale Interpretation

4-9/9-4 Codetype

This MMPI-A profile is classified as a 4-9/9-4 codetype. It occurs more frequently among adolescents than adults, and is found in 10% or more of adolescents evaluated in clinical settings.

Teenagers who obtain this profile type display a marked disregard for social standards and are likely to manifest problems related to acting-out and impulsivity. They are described as egocentric, narcissistic, selfish, and self-indulgent, and are often unwilling to accept responsibility for their behaviors. In social situations, these teenagers are extroverted and appear to make an excellent first impression. Their egocentric interpersonal style, however, typically results in chronic difficulties in establishing close and enduring relationships. They are usually referred for treatment because of defiance, disobedience, impulsivity, provocative behavior, and truancy in school. Additionally, the *IMM* score indicates this adolescent might be described as immature, easily frustrated, impatient, defiant, egocentric, and concrete. Many teenagers with this codetype will develop a history of repeated legal violations and court actions. Drug or alcohol use is also common among adolescents with this codetype. Findings from supplementary scales related to substance abuse (*MAC-R*, *ACK*, or *PRO*) also indicate that this adolescent has an increased probability of alcohol or drug abuse problems.

Adolescents who produce this codetype frequently receive Cluster B Personality Disorder diagnoses (301.XX) and/or Conduct Disorder diagnoses (312.8). Their primary defense mechanism consists of acting-out, and these teenagers often enter treatment settings without evidence of substantial emotional distress such as anxiety or depression. Therapists perceive these adolescents as resentful of authority figures, narcissistic, egocentric, socially extroverted, self-centered, selfish, and demanding. Adults with this codetype have a markedly poor prognosis for personality or behavior change as a result of psychotherapy. The prognosis for adolescents with this codetype probably is inversely related to the age at which psychotherapy is undertaken. The earlier the psychological intervention, the greater the probability of successful treatment. Treatment efforts might focus upon maintaining clear contingencies between the adolescent's behavior and the environmental consequences, that is, holding the adolescent consistently responsible for her behavior and setting appropriate limits and consequences for irresponsible or antisocial behaviors. In this latter regard, the use of carefully structured legal restrictions, such as clearly defined probation contingencies, are often useful for teenagers who have manifested repeated legal violations. Adolescent inpatients with this codetype are frequently admitted after repeated episodes of running away from home or histories of behaviors that are not controllable in the home environment. These adolescents are also at greater risk for elopement during their stays in inpatient facilities.

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*) = 50

The obtained score is within normal or expected ranges and depressive symptomatology was not reported as a problem area for this adolescent.

Scale 3 (*Hy*) = 55

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*) = 90

Scale 4 high points are very common among adolescents, particularly in psychiatric or criminal justice settings. Scores in this range are typical for adolescents who are characterized as rebellious, hostile toward authority figures, and defiant. These adolescents often have histories of poor school adjustment and problems in school conduct. Higher scores on this scale present an increased probability of overtly delinquent behavior. These adolescents often show an inability to delay gratification and are described as being impulsive and having little tolerance for frustration and boredom. Adolescents who produce elevations on the *Pd* scale in inpatient settings, are described by their therapists as "evasive and unmotivated" and they have difficulty in complying with unit rules and expectations.

Primary defense mechanisms typically involve acting-out, and such behaviors may be unaccompanied by feelings of guilt or remorse. Although these adolescents typically create a good first impression and maintain an extroverted and outgoing interpersonal style, their interpersonal relationships tend to be shallow and superficial. They are eventually viewed by others as selfish, self-centered, and egocentric.

Scale 5 (*Mf*) = 50

The obtained score on *Mf* is within normal or expected ranges and indicates standard interest patterns in traditional feminine activities.

Scale 6 (*Pa*) = 65

Adolescents who obtain scores in this range tend to display marked interpersonal sensitivity and may be suspicious and distrustful in interpersonal relationships. They tend to be perceived by others as hostile, resentful, and argumentative. They often have difficulty in establishing therapeutic relationships due to marked interpersonal guardedness, and they may have problems in school adjustment.

Scale 7 (*Pt*) = 50

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*) = 40

Scores in this range are often obtained by adolescents who are described as conforming, conventional, and conservative. They are relatively unimaginative and cautious in their approaches to problem solving. They are seen by others as practical, logical, responsible, and dependable.

Scale 9 (*Ma*) = 98

Scores in this range are typically obtained by adolescents who are described as overactive, impulsive, distractible, and restless. They frequently prefer action to thought and reflection. They are often unrealistic and grandiose in terms of goal-setting. These adolescents have a greater likelihood of school conduct problems and delinquent behaviors. They are perceived by others as self-centered, egocentric, talkative, and energetic. At marked elevations, scores in this range may reflect a presence of symptoms related to mania such as flight of ideas, grandiose self-perceptions, and euphoric mood. Among adolescent inpatients, elevations on this scale are related to greater impulsivity, insensitivity to criticism, and unrealistic optimism.

Scale 0 (*Si*) = 58

The obtained score is within normal or expected ranges and reflects a balance between social introversion and extroversion in terms of attitude and behavior patterns.

Additional Scales

Content and Supplementary Scales

Content Scales

Anxiety (*A-anx*) = 60

Scores in this range indicate a marginal elevation on the Anxiety scale which may reflect limited problems with anxiety, tension, nervousness, and apprehensiveness.

Obsessiveness (*A-obs*) = 65

Scores in this range are produced by adolescents experiencing obsessiveness. These adolescents are ambivalent and have difficulty making decisions. They may ruminate and worry excessively. These teenagers may also have problems in concentration and report intrusive thoughts.

Depression (*A-dep*) = 70

Scores in this range are often produced by adolescents who are depressed and despondent. These teenagers may be apathetic and easily fatigued. Their depression may include the occurrence of suicidal ideation and a sense of hopelessness or despair. Further, the frequency of suicidal ideation and suicide attempts is particularly elevated for adolescents in inpatient settings.

Health Concerns (*A-hea*) = 60

Scores in this range represent marginal elevations on the Health Concerns scale which may reflect some concerns regarding physical health or the presence of a significant medical problem or condition. These adolescents tend to develop somatic complaints when faced with substantial or prolonged stress.

Alienation (*A-aln*) = 66

Scores in this range are often produced by adolescents who are interpersonally isolated and alienated. They do not believe others understand them, and they perceive their lives to be harsh or unfair. They may be socially withdrawn and feel they cannot turn to, or depend on, anyone.

Bizarre Mentation (*A-biz*) = 50

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

Anger (*A-ang*) = 50

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

Cynicism (*A-cyn*) = 55

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

Conduct Problems (*A-con*) = 59

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

Low Self-Esteem (*A-lse*) = 40

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

Low Aspirations (*A-las*) = 44

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

Social Discomfort (*A-sod*) = 55

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

Family Problems (*A-fam*) = 47

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

School Problems (*A-sch*) = 40

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

Negative Treatment Indicators (*A-trt*) = 55

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

Supplementary Scales

MacAndrew Alcoholism (*MAC-R*) = 90

High scores for adolescents have been related to an increased probability of alcohol and substance abuse. Behaviorally, these adolescents typically appear to be extroverted, sensation-seeking, and impulsive. They may have a higher incidence of conduct disorder diagnoses than other adolescents. The high probability of alcohol and drug abuse problems would strongly suggest that this teenager be evaluated for the need for substance abuse prevention or treatment interventions. Caution should be exercised in interpreting high *MAC* scores for minority group adolescents. It is probable that a high rate of false positive errors may occur for nonwhite respondents.

Alcohol - Drug Problem Acknowledgement (*ACK*) = 60

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.

Alcohol - Drug Problem Proneness (*PRO*) = 99

Scores in this range are produced by adolescents who are at increased risk for drug and alcohol problems. Scores from the *MAC-R* and *ACK* Scales should also be carefully reviewed. This adolescent has produced a significant elevation on one or more substance abuse-related scales, and substance use or abuse issues may be a significant factor in any problems occurring in the school setting.

Immaturity (*IMM*) = 70

Scores in this range are produced by immature adolescents. These adolescents are easily frustrated, impatient, defiant, and exploitative in interpersonal relationships. They are likely to have histories of academic and social difficulties. They are egocentric, tend to externalize blame, and are simplistic and concrete in cognitive processes. Adolescents who produce elevations on the *IMM* scale when evaluated in inpatient settings often have lower intelligence and language abilities and tend to be more defiant and resistant in treatment efforts. These adolescents are quick to bully and tease others on the unit, and are often described as loud, boisterous, and quick to anger.

Anxiety (*A*) = 50

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

Repression (*R*) = 55

The obtained score is within normal or expected ranges and this adolescent appears to be capable of expressing or discussing problem areas and negative feelings.

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*) = 50

The obtained score is within normal or expected ranges.

Psychomotor Retardation (*D2*) = 55

The obtained score is within normal or expected ranges.

Physical Malfunctioning (*D3*) = 55

The obtained score is within normal or expected ranges.

Mental Dullness (*D4*) = 56

The obtained score is within normal or expected ranges.

Brooding (*D5*) = 56

The obtained score is within normal or expected ranges.

Denial of Social Anxiety (*Hy1*) = 40

The obtained score is within normal or expected ranges.

Need for Affection (*Hy2*) = 44

The obtained score is within normal or expected ranges.

Lassitude - Malaise (*Hy3*) = 50

The obtained score is within normal or expected ranges.

Somatic Complaints (*Hy4*) = 44

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*) = 70

High *Pd1* scorers view their home situations as unpleasant and lacking in love, support, and understanding. They describe their families as rejecting, critical, and controlling.

Authority Problems (*Pd2*) = 77

High *Pd2* scorers resent authority and societal demands, and they often have histories of academic and legal difficulties. They have definite opinions about what is right and wrong, and they stand up for their beliefs. For adolescents evaluated in inpatient settings, higher elevations on this scale are associated with a greater frequency of conflicts and struggles with unit staff and therapists and possible elopement.

Social Imperturbability (*Pd3*) = 80

High *Pd3* scorers deny social anxiety and dependency needs. They defend their opinions vigorously and at times seem exhibitionistic.

Social Alienation (*Pd4*) = 50

The obtained score is within normal or expected ranges.

Self-Alienation (*Pd5*) = 78

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*) = 50

The obtained score is within normal or expected ranges.

Poignancy (*Pa2*) = 55

The obtained score is within normal or expected ranges.

Naiveté (*Pa3*) = 55

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*) = 60

The obtained score is within normal or expected ranges.

Lack of Ego Mastery-Cognitive (*Sc3*) = 70

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*) = 50

The obtained score is within normal or expected ranges.

Bizarre Sensory Experiences (*Sc6*) = 55

The obtained score is within normal or expected ranges.

Amorality (*Ma1*) = 90

High *Ma1* scorers perceive others as selfish, dishonest, and opportunistic, and consequently, they feel justified in behaving in similar ways themselves. They seem to gain vicarious satisfaction from the manipulative exploits of others. They are usually quite frank and deny feeling guilty.

Psychomotor Acceleration (*Ma2*) = 77

High *Ma2* scorers experience acceleration of speech, thought processes, and motor activity. They are hyperactive and labile. They are restless and tense, and they may feel elated without understanding why. When they are bored, they seek out excitement and they sometimes harbor impulses to do shocking and harmful things. For adolescents evaluated in inpatient settings, elevations on this subscale may be related to a greater likelihood of agitation, and treatment staff may have difficulty in controlling this adolescent.

Imperturbability (*Ma3*) = 80

High *Ma3* scorers deny social anxiety and report being confident and comfortable in social situations. They deny being especially sensitive to what others think, and they may be impatient and irritable in interpersonal relationships.

Ego Inflation (*Ma4*) = 70

High *Ma4* scorers tend to have an unrealistic self-appraisal of their own abilities and self-worth. They resent demands being made on them by others.

Shyness/Self-Consciousness (*Si1*) = 60

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

Social Avoidance (*Si2*) = 60

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

Alienation-Self and Others (*Si3*) = 60

The obtained score on the *Si3* subscale is within expected or normal ranges.

MMPI-A Structural Summary

Factor Grouping			
1. General Maladjustment		2. Immaturity	
Welsh's A (Anxiety)		IMM (Immaturity)	X
Pt (7) (Psychasthenia)		F (Infrequency)	
Sc (8) (Schizophrenia)		Sc (8) (Schizophrenia)	
D (2) (Depression)		Pa (6) (Paranoia)	X
Pd (4) (Psychopathic Deviate)	X	ACK (Alcohol/Drug Problem Acknowledgement)	X
D1 (Subjective Depression)		MAC-R (MacAndrew Alcoholism Revised)	X
D4 (Mental Dullness)		Pa1 (Persecutory Ideas)	
D5 (Brooding)		Sc2 (Emotional Alienation)	X
Hy3 (Lassitude-Malaise)		Sc6 (Bizarre Sensory Experiences)	
Sc1 (Social Alienation)	X	A-sch (School Problems)	
Sc2 (Emotional Alienation)	X	A-biz (Bizarre Mentation)	
Sc3 (Lack of Ego Mastery-Cognitive)	X	A-aln (Alienation)	X
Sc4 (Lack of Ego Mastery-Conative)	X	A-con (Conduct Problems)	
Si3 (Alienation-Self and Others)	X	A-fam (Family Problems)	
Pd4 (Social Alienation)		A-trt (Negative Treatment Indicators)	
Pd5 (Self-Alienation)	X		
Pa2 (Poignancy)			
A-dep (Depression)	X		
A-anx (Anxiety)	X		
A-lse (Low Self-Esteem)			
A-aln (Alienation)	X		
A-obs (Obsessiveness)	X		
A-trt (Negative Treatment Indicators)			
Number of Scales with T-Score >= 60	11/23	Number of Scales with T-Score >= 60	6/15
Mean T-Score Elevation	59.17	Mean T-Score Elevation	56.47

Factor Grouping			
3. Disinhibition/Excitatory Potential		4. Social Discomfort	
Ma (9) (Hypomania)	X	Si (0) (Social Introversion)	
Ma2 (Psychomotor Acceleration)	X	Si1 (Shyness/Self-Consciousness)	X
Ma4 (Ego Inflation)	X	Hy1 (Denial of Social Anxiety) Low	X
Sc5 (Lack of Ego Mastery-Defective Inhibition)		Pd3 (Social Imperturbability) Low	
D2 (Psychomotor Retardation) Low		Ma3 (Imperturbability) Low	
Welsh's R (Repression) Low		A-sod (Social Discomfort)	
K (Correction) Low		A-lse (Low Self-Esteem)	
L (Lie) Low		Pt (7) (Psychasthenia)	
A-ang (Anger)			
A-cyn (Cynicism)			
A-con (Conduct Problems)			
MAC-R (MacAndrew Alcoholism Revised)	X		
Number of Scales with T Score >= 60 or Low Scales with T Score <= 40	4/12	Number of Scales with T Score >= 60 or Low Scales with T Score <= 40	1/8
Mean T-Score Elevation (high)	68.63	Mean T-Score Elevation (high)	52.60
Mean T-Score Elevation (low)	57.50	Mean T-Score Elevation (low)	66.67
5. Health Concerns		6. Naiveté	
Hs (1) (Hypochondriasis)	X	A-cyn (Cynicism) Low	
Hy (3) (Hysteria)		Pa3 (Naiveté)	
A-hea (Health Concerns)	X	Hy2 (Need for Affection)	
Hy4 (Somatic Complaints)		Si3 (Alienation-Self and Others) Low	
Hy3 (Lassitude-Malaise)		K (Correction)	
D3 (Physical Malfunctioning)			
Number of Scales with T Score >= 60	2/6	Number of Scales with T Score >= 60 or Low Scales with T Score <= 40	0/5
Mean T-Score Elevation	54.00	Mean T-Score Elevation (high)	49.67
		Mean T-Score Elevation (low)	57.50
7. Familial Alienation		8. Psychoticism	
Pd1 (Familial Discord)	X	Pa1 (Persecutory Ideas)	
A-fam (Family Problems)		Pa (6) (Paranoia)	X
Pd (4) (Psychopathic Deviate)	X	A-biz (Bizarre Mentation)	
PRO (Alcohol/Drug Problem Proneness)	X	Sc6 (Bizarre Sensory Experiences)	
Number of Scales with T Score >= 60	3/4	Number of Scales with T Score >= 60	1/4
Mean T-Score Elevation	76.50	Mean T-Score Elevation	55.00

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 elevations on 3 scales and subscales associated with the Familial Alienation dimension. Adolescents who produce significant elevations on this factor are more likely to experience significant family conflicts and to encounter disciplinary problems at school. They are frequently seen as hostile, delinquent, or aggressive, and they may be verbally abusive, threatening, or disobedient at home.