Name: Zack Sample
Age: 24
Gender: Male
Test Administered: Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

REASON FOR REFERRAL

There is no referral question for Zack Sample due to the fact that this interpretation is presented as a practice exercise for a personality assessment course at Pepperdine University.

BACKGROUND INFORMATION

Please refer to the information provided by the course instructor.

PROFILE VALIDITY

After a review of the validity scales and other pertinent information, this is considered to be a valid MMPI-2 profile. The total completion time for the test exceeded normal limits, with a completion time of just under two hours. This may be indicative of major psychological disturbance, particularly a severe depression or psychosis, but quite possibly is also influenced by Zack’s previous diagnosis of Obsessive-Compulsive Disorder. There appears to be few to no erasures, and no extraneous marks on the answer sheet, and Zack omitted no items.

When first reviewing Zack’s Validity Scale scores, it is immediately apparent that this is the profile of someone who is either “faking bad” or making a serious cry for help (L, T=65; F, T=92; F_B, T>120; F_P, T=94; K, T=49; S, T=50). His elevated F scale, F_B scale and F_P scale scores (F, T=92; F_B, T>120; F_P, T=94) suggest an exaggeration of existing symptoms and a plea for help, especially when accompanied by elevated
scores on the clinical scales, as his are. His $F_B$ scale score ($T>120$) is extremely elevated, indicating that his responses to the items on the last portion of the instrument are atypical, representing only 10% of the population. This highly elevated $F_B$ scale score in combination with Zack’s $F_P$ scale score ($T=92$) indicates that he is endorsing items that are infrequently endorsed by psychiatric inpatients, which further supports the likelihood of exaggeration of symptoms rather than psychosis.

Zack’s elevated $L$ scale score ($T=65$) might be due to an unrealistic view of himself. It also suggests he may be inflexible, unoriginal, and perceive his world in a rigid, self-centered manner. This rigidity may in turn instill in Zack a low tolerance to stress, and suggests poor insight. His prior diagnosis of Obsessive-Compulsive Disorder is supported by these findings. Zack’s low $K$ scale score ($T=49$) suggests that he may be extremely self-critical, dissatisfied, and have inadequate defenses. This score also indicates he likely has a poor self-concept with a low level of insight. When taking into consideration Zack’s background in addition to the scores outlined above, this profile should be viewed as a very serious cry for help. In light of this, one must be cautious when interpreting his scores, as the elevations may be more reflective of an attempt to exaggerate or appear troubled rather than true psychopathology.

Zack’s scores on the Variable Response Inconsistency scale ($T=57$) and True Response Inconsistency scale ($T=57$) indicate that he responded consistently throughout the test. His $F_B$ scale score ($T>120$) is an extreme elevation and is inconsistent with his $F$ scale score ($T=92$). This indicates that he did not attend to the last portion of the test in the same mode of responding as he did in the first portion of the test, and that his likely exaggeration of psychopathology increased as the test
proceeded. Because of this elevation, Supplementary Scale scores and Content Scale scores that are obtained from the last portion of the instrument should be considered with extreme care.

**ADJUSTMENT LEVEL**

The greatest, and most immediate concern is Zack’s high level of distress and significant risk for suicidality (Clinical Scales: 8, T=112, 7, T=98 & 2, T=96). This is supported by Zack’s endorsement of 18 out of 22 specific Koss-Butcher Critical Items that directly address depressed suicidal ideation: “Most of the time I wish I were dead,” and “Lately I have thought a lot about killing myself.” Zack also endorsed 12 of 17 critical items reflecting an acute anxiety state. Although it is recommended that the following be interpreted with caution due to Zack’s elevated $F_B$ scale score (T>120), further support of Zack’s level of distress and concern over the risk for suicidality can be seen in elevated scores on his Supplementary and Content Scales (INTR, T=103; A, T=82; ANX, T=82; DEP, T=88). Eight of the Clinical Scales on the MMPI-2 measure psychopathology. Reflective of his elevated $F$ and $F_p$ scale scores ($F$, T=92; $F_p$, T=94), and his level of distress, Zack Sample had elevated scores on seven of those eight scales (1, T=73; 2, T=96; 3, T=79; 4, T=79; 6, T=68; 7, T=98; 8, T=112).

The topography of Zack’s Clinical Scales’ profile includes elevations on both sides of the scale; however, the elevations on the left side are greater, which suggests that he is suffering from severe psychopathology and that he is most likely having difficulty functioning. This is also reflected in his unusual appearance and behavior at the time of testing. When taking into consideration Zack’s ability to complete a college education, this most likely represents a significant change from previous functioning. At
the present time, Zack’s capacity to deal with the daily pressures of life is highly questionable. His recent history and extremely low ego strength (Supplementary Scale: Es, T<30; Content Scale: LSE, T=91; Content Component Scale: LSE₁, T=95) suggest that low self-esteem and poor self-concept are interfering with his ability to attend to the responsibilities of life. A clear example of this can be seen in his severe downward spiral after suffering criticism from an acting teacher.

SYMPTOMS

Zack is experiencing a great deal of distress in his life. The most urgent of Zack’s problems is revealed in elevated scores that cluster around items indicating a serious threat to self (Clinical Scale: 2, T=96; Content Scales: ANX, T=82 & DEP, T=88; Content Component Scale: DEP₄, T=120; Harris-Lingoes Subscales: Sc₂, T=120 & Sc₄, T=109; Supplementary Scale: PK, T=88). As stated previously, his endorsement of the following critical items are of immediate and grave concern: “Most of the time I wish I were dead.” “I have recently considered killing myself.” “Lately I have thought a lot about killing myself.” This, in combination with a history of hospitalization for suicidal ideation, poor self-esteem, low self-confidence, extremely weak ego strength, and social isolation places him in a position of probable imminent danger (Harris-Lingoes Subscales: D₁, T=103 & D₄, T=101; Si Subscales: Si₁, T=71 & Si₂, T=71; Content Scale: LSE, T=91; Content Component Scale: LSE₁, T=95; Supplementary Scale: Es, T<30).

Zack seems to be plagued by an acute anxiety state and tends to ruminate about things (Clinical Scale: 7, T=98; Harris-Lingoes Subscales: D₁, T=103 & D₅, T=85; Content Scales: ANX, T=82, FRS, T=77 & OBS, T=70; Content Component Scale: FRS₁, T=116; Supplementary Scales: NEGE, T=80 & A, T=82). He also endorsed such
critical items as: “I have periods of such great restlessness that I cannot sit long in a chair.” “Most nights I go to sleep without thoughts or ideas bothering me.” (F) “I believe I am no more nervous than others.” (F) “I feel anxiety about something or someone almost all the time.”

Another area in which Zack is experiencing a great amount of difficulty is in his attention and concentration abilities (Clinical Scale: 8, T=112; Harris-Lingoes Subscales: D₄, T=101 & Sc₃, T=78; Supplementary Scale: A, T=82; Content Scales: ANX, T=82, OBS, T=70 & WRK, T=76). Zack’s depressed mood and obsessive-compulsive tendencies are most likely contributing to his mental confusion, which is supported by the endorsement of critical items such as: “I find it hard to keep my mind on a task or job.” “I cannot keep my mind on one thing.” “I have more trouble concentrating than others seem to have.”

MAJOR NEEDS

Zack is clearly in a great deal of distress. His most pressing need, one that requires immediate attention, is his considerable depression (Clinical Scale: 2, T=96; Harris-Lingoes Subscales: D₁, T=103, D₅, T=85, Sc₂, T=120, Sc₄, T=109; Content Scale: DEP, T=88; Content Component Scale: DEP₄, T=120), which is quite possibly resultant of an inappropriate, enmeshed relationship with his mother, in addition to the strain of living with psychological difficulties that have contributed to previous diagnoses of Obsessive-Compulsive Disorder, and Bipolar Disorder. Zack lacks the personal resources to help himself (Content Scale: LSE, T=91; Content Component Scale: LSE₁, T=95; Harris-Lingoes Subscales: D₁, T=103 & D₄, T=101; Si Subscales: Si₁, T=71 & Si₂, T=71; Supplementary Scale: Es, T<30), and he most likely feels socially isolated
(Clinical Scale: 0, T=81; Harris-Lingoes Subscales: Pd₁, T=71 & Sc₁, T=101; Si Subscales: Si₁, T=71 & Si₂, T=71; Supplementary Scale: MDS, T=90: Content Scales; SOD, T=80 & FAM, T=81). Because of this social isolation, he lacks a support system to draw upon to help him through his difficulties. Although Zack lacks internal resources to help himself, he does seem aware that he needs some type of help with his psychological distress, so he has made a very clear cry for help (Clinical Scale: 8, T=112).

PERCEPTIONS – ENVIRONMENT AND PEOPLE

In all likelihood Zack has a very difficult time trusting people and harbors many suspicions of others. He also views the world as an unsafe place (Clinical Scale: 8, T=112; Harris-Lingoes Subscales: Pd₄, T=66 & Sc₁, T=101; Content Scale: TRT, T=86). This quite possibly may be the result of his relationship with his mother. This lack of trust also can be evidenced in his endorsement of Koss-Butcher Critical Items such as: “I often wonder what hidden reason another person may have for doing something nice for me.” “It is safer to trust nobody.” “I have often felt that strangers were looking at me critically.” “I am sure I am being talked about.” Zack also feels alienated and isolated, both in his social environment and in his family environment. (Harris-Lingoes Subscales: Hy₃, T=102, Pd₄, T=44 & Sc₁, T=101; Content Scale: SOD, T=80 & FAM, T=81; Content Component Scale: FAM₂, T=76).

REACTION TO STRESS

All indications are that Zack does not have the resources to cope with stress. He lacks the energy to cope with life, and he feels weak and fatigued a great deal of the time (Harris-Lingoes Subscales: D₂, T=87, D₄, T=101, D₅, T=85, Hy₃, T=102).
that he tends to internalize stress is supported by the endorsement of critical items such as: “I have a good appetite.” (F) “I wake up fresh and rested most mornings.” (F) “My sleep is fitful and disturbed.” It also appears that he attempts to ameliorate his anxiety by becoming obsessive and engaging in compulsive behaviors (Clinical Scale: 7, T=98; Harris-Lingoes Subscales: D₁, T=103 & D₅, T=85; Content Scales: ANX, T=82, FRS, T=77 & OBS, T=70; Content Component Scale: FRS₁, T=116; Supplementary Scales: NEGE, T=80 & A, T=82). He would be more likely to respond to stress by withdrawing into fantasy (Harris-Lingoes Subscale: S_c₄, T=109). At times he becomes so frustrated that he feels the urge to act out physically. For example he endorsed the following critical items: “At times I feel like smashing things.” “At times I have a strong urge to do something harmful or shocking.” In light of this, it is of great concern that if Zack’s energy level does increase, he may use that increased energy to harm himself.

**SELF-CONCEPT**

Zack’s self-concept is extremely poor (Harris-Lingoes Subscales: D₁, T=103 & D₄, T=101; Si Subscales: Si₁, T=71 & Si₂, T=71; Content Scale: LSE, T=91; Content Component Scale: LSE₁, T=95; Supplementary Scale: Es, T<30). Despite having a college degree and having pursued his aspirations by moving to New York to become an actor, he appears to have lost the internal strengths that had assisted him in those endeavors. He is filled with self-doubt, anticipates failure, and gives up easily. He is also overly sensitive to criticism and rejection, which can be evidenced in his reaction to the criticism he received from his acting teacher in New York. His poor self-concept is further supported by his endorsement of the following critical items: “I certainly feel
useless at times.” “At times I think I am no good at all.” “I often feel that I’m not as good as other people.”

**SEXUAL IDENTIFICATION**

Zack exhibits a non-stereotypic gender-role presentation (Clinical Scale: 5, T=66; Supplementary Scales: GM, T<30 & GF, T=63). His interests are most likely more stereotypically feminine, and he has more aesthetic and artistic interests than men usually hold. This is influenced both by Zack’s level of education as well as his pursuit of a career within the arts.

**EMOTIONAL CONTROL**

Zack feels that he is not in control of his emotions, and is frightened that he may lose control of himself (Harris-Lingoes Subscale: Sc5, T=75; Supplementary Scale: PK, T=88). He is clearly experiencing a great deal of depression and anxiety (Clinical Scales: 2, T=96 & 7, T=98). He appears to internalize much of his depression and anxiety, rather than express it openly. This results in brooding, and a more neurotic response to distress through obsessions and compulsions (Harris-Lingoes Subscale: D5, T=85; Content Scales: ANX, T=82 & OBS, T=70). While these attempts to keep his depression and anxiety at bay have most likely been effective for Zack in the past, at this point he is experiencing a breakdown in these defenses, which has resulted in a serious cry for help (Clinical Scale: 8, T=112).

**INTERPERSONAL RELATIONSHIPS**

At this point in his life, Zack is very socially isolated (Clinical Scale: 8, T=112; Harris-Lingoes Subscales: D2, T=187, Pd1, T=71, Pd3, T=66, Sc1, 101; Si Subscales: Si1, T=71 & Si2, T=71; Content Scales: BIZ, T=67; LSE, T=91, SOD, T=80, FAM, T=81
& TRT, T=86; Content Component Scales: BIZ₂, T=73, SOD₁, T=79, SOD₂, T=68 &
FAM₁, T=75; Supplementary Scale: Es<30). His extremely low self-esteem may have
him believing that he is disliked by others, and his unusual appearance and behaviors
probably add to his alienation. At a certain level, Zack most likely welcomes this
isolation due to mistrust of others, and some bizarre ideation, as evidenced in his need
to wear sunglasses to keep others from looking in on his soul.

PSYCHOLOGICAL RESOURCES

Zack appears to have no psychological resources available at his command to
aid him with his current severe psychological distress. The defenses he has
implemented in the past to ameliorate his anxiety have begun to break down. Even
though his obsessive-compulsive defenses were somewhat maladaptive, they most
likely served to protect him from some of his inner turmoil. He also lacks a strong
external support system, and at this point feels that his life is hopeless (Harris-Lingoes
Subscales: D₄, T=101, D₅ & T=85; Content Scale: TRT, T=86). He endorsed the
following critical items: “I usually feel that life is worthwhile.” (F) “The future seems
hopeless to me.”

DYNAMICS AND ETIOLOGY

Zack describes his relationship with his mother as intrusive, and at times
inappropriate. It is likely that their relationship has been enmeshed since Zack was a
very small child. This has probably had a tremendous impact on Zack contributing to his
tenuous psychological state. In addition to this, he quite possibly is biologically
predisposed to mental illness due to the fact that his maternal grandmother had
reportedly suffered from Bipolar Disorder. Zack has been troubled by anxiety,
obsessive-compulsiveness, depression, and quite possibly mania for at least the past few years. He has been hospitalized for suicidal ideation, and continues to be plagued by these thoughts. Zack is isolated and lacks the inner resources to help himself through his difficulties.

DIAGNOSTIC IMPRESSIONS

**DSM-IV-TR Multiaxial Classification:**

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| Axis III       |      | None                                               |

| Axis IV        |      | Inadequate social support, Unemployment            |

| Axis V         |      | GAF = 35 (current)                                 |

**Discussion:**

Zack’s MMPI-2 profile suggests that he should be strongly considered for several Axis I diagnoses. Because there is a previous diagnosis of Bipolar Disorder in Zack’s past, a diagnosis of Bipolar Disorder should continue to be considered even though the immediate results show no indication of mania. Given the information gleaned from the test results in addition to Zack’s suicidal ideation, and somewhat bizarre presentation at testing time, a diagnosis of Major Depressive Disorder or Schizoaffective Disorder also should be considered, and possibly ruled out. However, a thorough history needs to be taken to determine the duration and severity of Zack’s symptoms. Zack should also be considered for a diagnosis of Obsessive-Compulsive Disorder. He has received a previous diagnosis for Obsessive-Compulsive Disorder, and the results indicate that this
diagnosis is accurate. Finally, Zack is also experiencing a great deal of anxiety and should be considered for a diagnosis of Generalized Anxiety Disorder.

Zack’s profile also suggests that he should be considered for an Axis II diagnosis of Schizotypal Personality Disorder. Again, a thorough history would be needed to determine if this diagnosis would be appropriate.

**TREATMENT IMPLICATIONS AND RECOMMENDATIONS**

Zack’s imminent suicide threat requires an immediate and ongoing suicide assessment. Quite possibly, hospitalization may be required. His validity scale pattern indicates that he is making a very serious cry for help. Unfortunately, there are many indications that Zack would not be a good candidate for psychotherapy. His low ego strength suggests that he might have a difficult time benefiting from therapy (Supplementary Scale: Es<30). Zack also may be inflexible and unaware of the impact he has on others, and he may perceive his world in a rigid manner. His insight is probably poor, and he would likely deny any flaws in himself (Validity and Clinical Scales: L, T=65; 7, T=98 & 8, T=112). Zack most likely holds negative attitudes toward professionals in the health field. He will feel that no one can understand him or his problems, and will give up easily when things get difficult. And ultimately, he most likely feels that he will not be able to make any significant changes in his life (Content Scale: TRT, T=86).

In light of this, a great deal of work will need to be done at the onset of the therapeutic relationship in the areas of trust building and reassurance that Zack is being understood. The deep-rooted, pervasive nature of the distress that Zack is experiencing indicates that he could benefit from long-term psychodynamic therapy. He might also
benefit from cognitive-behavioral techniques to address both his depression and obsessive-compulsive tendencies. Zack should also receive a thorough medication evaluation. While it does not appear that he requires antipsychotic medication at this time, it does seem apparent that the medications he is currently taking to alleviate his Bipolar Disorder and his Obsessive-Compulsive Disorder are not sufficient and need to be adjusted or replaced with something more effective.

Examiner ______________________ Date ______________________