The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. Specific scale(s) and/or item(s) referenced by interpretive statements may not have been endorsed or elevated by the individual being evaluated. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.
# PROFILE MATCHES AND SCORES

## Best 2 Point Matches with Client’s Profile
Based on Validity and Clinical Scales (using All Profiles)

<table>
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<th>Codetype</th>
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## Best 3 Point Matches with Client’s Profile
Based on Validity and Clinical Scales (using All Profiles)

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## Best Fit 2 or 3 Point Codetype: 2-3/3-2-(9)

## Validity and Clinical Scales

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<td>F</td>
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<td>58</td>
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<td>K</td>
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<td>D</td>
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<td>Hy</td>
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<td>Pd</td>
<td>48 -</td>
<td>58</td>
</tr>
<tr>
<td>Mf</td>
<td>39 -</td>
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<td>Pt</td>
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<tr>
<td>Sc</td>
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<td>Ma</td>
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<td>71</td>
</tr>
<tr>
<td>Si</td>
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## Profile Characteristics

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<th>Best Fit Prototype</th>
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<td>Scatter</td>
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<td>Male Percent</td>
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</tr>
<tr>
<td>Female Percent</td>
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</table>
Potential Impact of Demographic Variables

Her ethnicity, and particularly her level of acculturation, should be considered in the interpretation of responses to individual MMPI-2 items. The MacAndrew Alcoholism Scale (MAC-R) should be interpreted cautiously, if at all.
Dangerousness to Self/Others Items
Age Group: 40 - 49

Her responses (either “True” or “Omitted”) to the dangerousness to self items (150, 303, 506, 520, 524, 530) should be documented in writing in her clinical record.

<table>
<thead>
<tr>
<th>Test Item Number</th>
<th>Client Response</th>
<th>Typical Percent Endorsed TRUE</th>
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<tr>
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<tr>
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<td>520</td>
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<tr>
<td>524</td>
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<td>8.41</td>
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<tr>
<td>530</td>
<td>FALSE</td>
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<table>
<thead>
<tr>
<th>Number of Items Endorsed TRUE</th>
<th>Number Endorsed by This Client</th>
<th>Typical Percent Endorsing This Number</th>
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</thead>
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<td></td>
<td>4.10</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>3.05</td>
</tr>
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<td>5</td>
<td></td>
<td>1.77</td>
</tr>
<tr>
<td>6</td>
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<td>0.67</td>
</tr>
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</table>
Her responses (either “True” or “Omitted”) to the dangerousness to others items (150, 540, 542, 548) should be documented in writing in her clinical record.

### Dangerousness to Others - Responses

<table>
<thead>
<tr>
<th>Test Item Number</th>
<th>Client Response</th>
<th>Typical Percent Endorsed TRUE</th>
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<tbody>
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<td>548</td>
<td>FALSE</td>
<td>5.83</td>
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### Dangerousness to Others - Item Count

<table>
<thead>
<tr>
<th>Number of Items Endorsed TRUE</th>
<th>Number Endorsed by This Client</th>
<th>Typical Percent Endorsing This Number</th>
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<tr>
<td>4</td>
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</table>
Test-Taking Behaviors

Omissions

She omitted no items.

Consistency of Item Endorsement

She endorsed the items consistently ($VRIN \ 38-61$, $TRIN \ <= 84$).

Accuracy of Item Endorsement

She has endorsed the items accurately ($L < 62$, $F < 99$, $K 36-58$). There are no indications of either a very positive or negative self-description that would impact the interpretation of the MMPI-2.
Clinical Interpretation for Best Fit Prototype

2-3/3-2-(9)

Clinical Presentation:

Moods

She reports that she is experiencing a mild to moderate level of emotional distress \( A, NEGE, RCD(dem) \) characterized by dysphoria \( 2[D], DEP \) and worrying \( 7[Pt], ANX \). She frequently has spells of the blues \( 388F \), she broods a great deal \( 215T \), and her daily life has few things that keep her interested \( 9F \), yet she is happy most of the time \( 95T \). Her worries seem to disappear when she gets into a crowd of lively friends \( 363T \). She has difficulty expressing her feelings, describing herself as feeling bottled up \( 2[D], 3[Hy] \). She has had long periods of time when she could not take care of things because she could not get going \( 38T \). She is overcontrolled and fearful of losing control \( 2[D], 3[Hy] \). She is likely to experience increases in depression, fatigue, and physical symptoms in response to stress \( 3[Hy] \). It makes her angry when people hurry her \( 461T \), and she lets them know how she feels about it \( 481T \). She has become so angry that she feels as though she will explode \( 542T \). When she gets bored she likes to stir up some excitement \( 169T \). She has periods when she feels unusually cheerful without any special reason \( 267T \).

Cognitions

She reports that she has problems with attention, concentration \( 31T, 299T, 325T \), and memory \( 165F, 533T \). She certainly thinks she is useless at times \( 130T \).

At times her mind seems to work more slowly than usual \( 341T \) and at other times she can make up her mind with unusually great ease \( 206T \). Her judgment is not as good as it was in the past \( 43F \). She sometimes thinks that she is about to go to pieces \( 469T \). She does not analyze the motives for her own or others’ behavior \( 3[Hy], CYN, RCD[cyn] \). She is not happy with herself the way she is \( 377T \) and wishes she could be as happy as others seem to be \( 56T \).

Interpersonal Relations

She reports that she is somewhat introverted \( 0[Si], SOD, SOD1 \), yet she is very sociable and makes friends quickly \( 49T, 280T, 360T \). She likes making decisions and assigning jobs to others \( 521T \) and believes, if given the chance, she would make a good leader of people \( 350T \). She enjoys social gatherings and parties \( 353T, 370T \) and the excitement of a crowd \( 359T, 367F \). She reports good relations with her family \( Pd1, FAM \). It is not hard for her to ask for help from her friends even though she cannot return the favor \( 200T \). She is alienated from herself \( Pd3, Si3 \) and others \( Pda, Sc1, Si3 \).
Other Problem Areas

She reports that she has a number of physical (I[Hs], HEA, Hy4, RC1[som]) and neurologic symptoms (Sc6, HEA2). She worries about her health (33F). She has difficulty going to sleep because she is excited (304T) or thoughts or ideas are bothering her (140F), her sleep is fitful and disturbed (39T), and she does not wake up fresh and rested most mornings (3F). She is easily awakened by noise (5T). She tires quickly (152F) and feels tired a good deal of the time (464T). She does not feel weak all over much of the time (175F). At times she is all full of energy (330T). She usually has enough energy to do her work (561T), but she is not as able to work as she once was (10F). Her history and background should be reviewed to determine whether a medical or neurologic evaluation is warranted. She is a very conventional individual who is unlikely to have behavioral problems (ASP) or to abuse substances (AAS).

Treatment:

Her prognosis is generally poor because she sees little chance for significant change in her life (2[D], 3[Hy]). Short-term, behavioral therapy that focuses on her reasons for entering treatment may be beneficial and may allow for the development of a therapeutic alliance that would be necessary for long-term therapy (2[D], 3[Hy]). She will prefer to discuss her physical symptoms rather than focus on her psychological processes (I[Hs]).

She is not naturally introspective, and that will complicate the therapeutic process (3[Hy]). There are no specific issues that must be kept in mind when establishing and maintaining the therapeutic alliance.

Possible Diagnoses:

Axis I
- R/O Mood Disorders
  - 300.4 Dysthymic Disorder
  - 301.13 Cyclothymic Disorder
  - 311 Depressive Disorder NOS
- R/O Somatoform Disorders
  - 300.81 Somatoform Disorder NOS
- R/O Adjustment Disorders
  - 309.0 Adjustment Disorder with Depressed Mood
  - 309.3 Adjustment Disorder with Disturbance of Conduct

Axis II
- R/O Personality Disorders
  - 301.50 Histrionic Personality Disorder
  - 301.81 Narcissistic Personality Disorder
  - 301.83 Borderline Personality Disorder
Validity and K Corrected Clinical Scales

![Graph showing clinical scales with T-scores and scaled scores.]

Client Profile: 2-3/3-2-(9)
Validity and Non-K Corrected Clinical Scales

[Graph showing clinical scales with T-scores and client profile markers.]
Restructured Clinical Scales

Client Profile: 2-3/3-2-(9)
Supplementary Scales
Validity Scales

InFrequency
Scale \((F) = 58\)

Back InFrequency
Scale \((FB) = 59\)

Psychiatric InFrequency
Scale \((Fp) = 70\)

She is afraid of losing her mind \((170T)\). It is safer to trust nobody \((241T)\). She has often been frightened in the middle of the night \((471T)\). Often she gets confused and forgets what she wants to say \((475T)\). Most of the time she feels blue \((65T, 95F)\). The only place where she feels relaxed is in her own home \((558T)\). She often wonders what hidden reason another person may have for doing something nice for her \((124T)\). Even when she is with people she feels lonely much of the time \((277T)\). The future is too uncertain for a person to make serious plans \((399T)\).

[The specific items endorsed on \(F(p)\) should be reviewed with the client.]

Lie
Scale \((L) = 61\)

Correction
Scale \((K) = 44\)

Superlative
Scale \((S) = 45\)
Clinical Scales

Scale 1 \((Hs) = 57\)

Scale 2 \((D) = 69\)

She reports that she finds it hard to keep her mind on a task or job (31T) and that she has more trouble concentrating than others seem to have (325T). Her sleep is fitful and disturbed (39T), and she does not wake up fresh and rested most mornings (3F). She feels tired a good deal of the time (464T). She is not happy with herself the way that she is (377T), and she certainly thinks she is useless at times (130T). She has spells of the blues (388F) and periods of time when she could not take care of things because she could not get going (38T). She sometimes thinks that she is about to go to pieces (469T).

Scale 3 \((Hy) = 69\)

She reports that she frequently is in pain (224F). She is not as able to work as she once was (10F). Her sleep is fitful and disturbed (39T), and she does not wake up fresh and rested most mornings (3F). She tires quickly (152F) and feels tired a good deal of the time (464T). She usually feels better than she does now (148F). Her physical health is not as good as that of most of her friends (45F). She has spells of the blues (388F) and is not happy with herself the way she is (377T).

Scale 4 \((Pd) = 48\)

Scale 5 \((Mf) = 39\)

She may identify strongly with the traditional feminine role. She may be passive and dependent in her relations with others.

Scale 6 \((Pa) = 68\)

She reports that she is not happy most of the time (65T, 95F), has spells of the blues (388F), wishes that she could be as happy as others seem to be (56T), and cries easily (146T). She sometimes thinks she is about to go to pieces (469T). She frequently finds herself worrying about something (196T) and feels anxiety about something or someone almost all of the time (301T). She certainly thinks she is useless at times (130T) and is not happy with herself with way she is (377T).

Scale 7 \((Pt) = 56\)

Scale 8 \((Sc) = 58\)
Scale 9 \((Ma)\) = 69

She reports that at times she very much wanted to leave home (21T). At times she has fits of laughing and crying she cannot control (23T) and has a strong urge to do something harmful or shocking (85T), and sometimes she gets so angry and upset that she does not know what comes over her (513T). She thinks that she often has been punished without cause (145T). She has had very strange and peculiar experiences (32T). People have often misunderstood her intentions when she was trying to put them right and be helpful (403T). Sometimes some unimportant thought will run through her mind and bother her for days (328T). She has periods of such great restlessness that she cannot sit long in a chair (218T). She has had blank spells in which her activities were interrupted and she did not know what was going on around her (229T).

Scale 0 \((Si)\) = 55
Restructured Clinical Scales

Demoralization
Scale (RCd) = 56

Somatic Complaints
Scale (RC1) = 63

Low Positive Emotions
Scale (RC2) = 57

Cynicism
Scale (RC3) = 74

She believes that people are untrustworthy, untruthful, and uncaring and exploit others.

Antisocial Behavior
Scale (RC4) = 49

Ideas of Persecution
Scale (RC6) = 76

She is likely to be characterized by paranoid thinking that may be symptomatic of a schizophrenic spectrum disorder or a delusional disorder.

Dysfunctional Negative Emotions
Scale (RC7) = 54

Aberrant Experiences
Scale (RC8) = 66

She reports frank psychotic symptoms that may include visual or olfactory hallucinations, bizarre perceptual experience, and non-persecutory delusional beliefs. She may have schizotypal characteristics.

Hypomanic Activation
Scale (RC9) = 51

Paraphrased from Y. S. Ben-Porath, Introducing the MMPI-2 Restructured Clinical Scales, SPA Exchange, 2004, 16-17, 23.
Content Scales

Anxiety
Scale (ANX) = 67

She reports that she sometimes thinks that she is about to go to pieces (469T). She feels anxiety about something or someone almost all the time (301T). Life is a strain for her much of the time (273T). She feels blue most of the time (65T, 95F, 388F). She cannot keep her mind on one thing (31T, 299T) and has more trouble concentrating than others seem to have (325T). She certainly thinks she is useless at times (130T).

Fears
Scale (FRS) = 60

Obsessions
Scale (OBS) = 56

Depression
Scale (DEP) = 58

Health Concerns
Scale (HEA) = 64

Bizarre Mentation
Scale (BIZ) = 70

She reports that she has strange and peculiar thoughts (316T) and often thinks things are not real (311T). She is sure she is being talked about (259T). Sometimes some unimportant thought will run through her mind and bother her for days (328T). She has often felt that strangers were looking at her critically (251T). She sometimes seems to hear her thoughts being spoken out loud (551T). She thinks that she has often been punished without cause (145T). She is afraid of losing her mind (170T). In everything she does lately, she thinks that she is being tested (549T). Patients who abuse drugs may elevate this scale even though they are not psychotic.

Anger
Scale (ANG) = 46

Cynicism
Scale (CYN) = 62

Antisocial Practices
Scale (ASP) = 69

She reports that if several people find themselves in trouble, the best thing for them to do is to agree upon a story and stick to it (269T). It is all right to get around the law if you do not actually break it (418T). Most people make friends because friends are likely to be useful to them (254T). She often wonders what hidden reason another person may have for doing something nice for her (124T). If she could get into a movie without paying and be sure she would not be seen, she would probably do it (123T). There are certain people whom she dislikes so much that she is inwardly pleased when they are catching it for something they have done (419T). She has made a lot of bad mistakes in her life (518T). At times she has a strong urge to do something harmful or shocking (85T). She has done some things in the past that she never tells anyone about (373T). When people do her a wrong, she thinks she should pay them back if she can, just for the principle of it (27T).

Type A
Scale (TPA) = 56

Low Self-Esteem
Scale (LSE) = 55

Social Discomfort
Scale (SOD) = 39

Family Problems
Scale (FAM) = 50

Work Interference
Scale (WRK) = 63

Negative Treatment Indicators
Scale (TRT) = 56
Supplementary Scales

Anxiety
Scale \((A) = 56\)

Repression
Scale \((R) = 58\)

Ego Strength
Scale \((Es) = 40\)

She is likely to have limited personal resources for coping with her problems and stresses. She has a poor self-concept and shows a poor response to psychological treatment.

Dominance
Scale \((Do) = 41\)

She is passive and unassertive. She prefers to have others take responsibility for her life. She lacks self-confidence and does not feel adequate to handle problems. She often gives up easily.

Social Responsibility
Scale \((Re) = 52\)

College Maladjustment
Scale \((Mt) = 64\)

Post-Traumatic Stress Disorder-Keane
Scale \((PK) = 62\)

Marital Distress
Scale \((MDS) = 60\)

Hostility
Scale \((Ho) = 60\)

Overcontrolled Hostility
Scale \((O-H) = 48\)

MacAndrew Alcoholism-Revised
Scale \((MAC-R) = 39\)
She is introverted, shy, and conventional, and she avoids taking risks.

Addiction Admission
Scale \((AAS) = 46\)

Addiction Potential
Scale \((APS) = 35\)

Gender Role-Masculine
Scale \((GM) = 44\)

She does not report typically masculine behaviors and activities. Psychiatric patients usually score low on both GM and GF.

Gender Role-Feminine
Scale \((GF) = 46\)
PSY-5 Scales

Aggression
Scale (AGGR) = 54

Psychoticism
Scale (PSYC) = 62

Disconstraint
Scale (DISC) = 46

Negative Emotionality
Scale (NEGE) = 57

Introversion/Low Positive Emotionality
Scale (INTR) = 45
Clinical Subscales

Harris-Lingoes Subscales

Subjective Depression
Scale \( (D1) = 66 \)

Psychomotor Retardation
Scale \( (D2) = 59 \)

Physical Malfunctioning
Scale \( (D3) = 59 \)

Mental Dullness
Scale \( (D4) = 82 \)

She lacks energy to cope with problems of everyday life. She reports difficulties in concentrating and complains of poor memory and judgment. She lacks self-confidence, feels inferior to others, gets little enjoyment out of life, and may feel that life is no longer worthwhile.

Brooding
Scale \( (D5) = 45 \)

She is happy and self-confident, is not excessively sensitive to criticism, and feels that life is worthwhile.

Denial of Social Anxiety
Scale \( (Hy1) = 51 \)

Need for Affection
Scale \( (Hy2) = 43 \)

Lassitude-Malaise
Scale \( (Hy3) = 70 \)

She generally feels unhappy, uncomfortable, and in poor health. She presents vague physical symptoms, including weakness and fatigue, and is concerned about functioning below par both physically and mentally. She may have a poor appetite and problems in sleeping.

Somatic Complaints
Scale \( (Hy4) = 72 \)
She reports multiple physical symptoms and problems that may include head or chest pain, fainting and dizziness, nausea and vomiting, and other problems. She uses repression excessively, and she is not likely to express negative feelings openly. Conversion of affect is suggested.

Inhibition of Aggression
Scale (Hy5) = 55

Familial Discord
Scale (Pd1) = 51

Authority Problems
Scale (Pd2) = 40

Social Imperturbability
Scale (Pd3) = 45

Social Alienation
Scale (Pd4) = 50

Self-Alienation
Scale (Pd5) = 67

Persecutory Ideas
Scale (Pa1) = 82

She views the world as very threatening. She feels misunderstood and unfairly blamed or punished. She is suspicious and mistrustful, and she may have delusions of persecution. She externalizes blame for her problems.

Poignancy
Scale (Pa2) = 62

Naiveté
Scale (Pa3) = 41

Social Alienation
Scale (Sc1) = 47

She views interpersonal relationships as rewarding, and she perceives her family in positive ways.
Emotional Alienation  
Scale (Sc2) = 50  

She does not report feelings of depression and despair. She is not apathetic, and she feels that life is worth living.

Lack of Ego Mastery, Cognitive  
Scale (Sc3) = 72  

She admits to strange thought processes, feelings of unreality, and problems with concentration and attention. At times, she may feel that she is “losing her mind.”

Lack of Ego Mastery, Conative  
Scale (Sc4) = 55

Lack of Ego Mastery, Defective Inhibition  
Scale (Sc5) = 54

Bizarre Sensory Experience  
Scale (Sc6) = 65

Amorality  
Scale (Ma1) = 58

Psychomotor Acceleration  
Scale (Ma2) = 53

Imperturbability  
Scale (Ma3) = 65

Ego Inflation  
Scale (Ma4) = 69

**Social Introversion Subscales**

Shyness/Self-Consciousness  
Scale (Si1) = 42  

She is comfortable interacting with others.
Social Avoidance
Scale ($Si2$) = 41

She likes to be with groups of people and will seek them out if given the opportunity.

Alienation-Self and Others
Scale ($Si3$) = 68
Content Component Scales

Generalized Fearfulness
Scale ($FRS1$) = 62

Multiple Fears
Scale ($FRS2$) = 59

Lack of Drive
Scale ($DEP1$) = 57

Dysphoria
Scale ($DEP2$) = 58

Self-Depreciation
Scale ($DEP3$) = 48

Suicidal Ideation
Scale ($DEP4$) = 62

Gastrointestinal Symptoms
Scale ($HEA1$) = 57

Neurological Symptoms
Scale ($HEA2$) = 67

She reports a large number of symptoms reflecting problems with her neurologic functioning. Careful review of her medical history is warranted and she may need to be referred for a medical or neurologic evaluation. A similar set of neurologic symptoms is reported in Sc6 (Sensorimotor Dissociation).

General Health Concerns
Scale ($HEA3$) = 64

Psychotic Symptomatology
Scale ($BIZ1$) = 94

She reports a number of frankly psychotic symptoms that suggests the presence of delusions and hallucinations associated with some form of psychotic disorder. These symptoms are sometimes referred to as the positive symptoms of schizophrenia.
Schizotypal Characteristics
Scale (BIZ2) = 60

Explosive Behavior
Scale (ANG1) = 45

Irritability
Scale (ANG2) = 51

Misanthropic Beliefs
Scale (CYN1) = 63

Interpersonal Suspiciousness
Scale (CYN2) = 57

Antisocial Attitudes
Scale (ASP1) = 69

She is likely to have beliefs and attitudes of an antisocial nature. She is likely to have little respect for the law and she does not see a need to maintain an orderly society. She tends to view crime and criminals with a forgiving, almost admiring attitude. She is less likely to attend religious services and functions.

Antisocial Behavior
Scale (ASP2) = 45

Impatience
Scale (TPA1) = 51

Competitive Drive
Scale (TPA2) = 60

Self-Doubt
Scale (LSE1) = 49

Submissiveness
Scale (LSE2) = 62

Introversion
Scale (SODI) = 39
Shyness
Scale \((SOD2) = 41\)

Family Discord
Scale \((FAM1) = 45\)

Familial Alienation
Scale \((FAM2) = 40\)

Low Motivation
Scale \((TRT1) = 54\)

Inability to Disclose
Scale \((TRT2) = 60\)