## MMPI-2 Validity Indicator Elevations

<table>
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<tr>
<th>Validity Indicator</th>
<th>Characteristics</th>
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<tbody>
<tr>
<td><strong>Variable Response Inconsistency (VRIN)</strong></td>
<td>The VRIN scale consists of 49 pairs of specially selected items. The members of each VRIN item pair have either similar or opposite content; each pair is scored for the occurrence of an inconsistency in responses to the two items. The scale score is the total number of item pairs answered inconsistently. High VRIN scores are a warning that a test subject may have been answering the items in the inventory in an indiscriminate manner, and raise the possibility that the protocol may be invalid and that the profile is essentially un-interpretable.</td>
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<td><strong>True Response Inconsistency (TRIN)</strong></td>
<td>The TRIN scale is made up of 20 pairs of items that are opposite in content. If a subject responds inconsistently by answering True to both items of certain pairs, one point is added to the TRIN score; if the subject responds inconsistently by answering False to certain item pairs, one point is subtracted. A very high TRIN indicates a tendency to give True answers to the items indiscriminately (&quot;acquiescence&quot;), and a very low TRIN score indicates a tendency to answer False indiscriminately (&quot;nonacquiescence&quot;). (Negative TRIN scores are avoided by adding a constant to the raw score. Very low or very high TRIN scores are a warning that the test subject may have been answering the inventory indiscriminately so that the profile may be invalid and un-interpretable.</td>
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<td><strong>F (Infrequency) scale</strong></td>
<td>The “fake-bad” scale. A high score (F above 80) suggests an exaggerated pattern of symptom checking that is inconsistent with accurate self-appraisal and suggests confusion, disorganization or actual faking of mental illness. Scores above 90 invalidate the profile.</td>
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<td><strong>Fp scale</strong></td>
<td>Detects possible deviant responding to items located toward the end of the test. Some subjects, tiring of taking the test, may modify their approach to the items part way through the item pool and answer in a random manner. No interpretation of the Fp scale is provided if the T score is below T = 70 (a valid response approach) or if the profile is invalid by F-scale criteria. If the Fp scale is elevated above T = 90 and the original F scale is valid, then interpretations of Fp are provided depending upon the level of the original F score.</td>
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<td><strong>Fk scale</strong></td>
<td>Detects “faking-bad” for psychiatric inpatient populations.</td>
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<td><strong>Fb scale</strong></td>
<td>The FBS is more likely to measure general maladjustment and somatic complaints rather than malingering. The scale is likely to classify an unacceptably large number of individuals who are experiencing genuine psychological distress as malingers. It is not recommended to be used for identifying malingering. (Graham, p. 39).</td>
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<tr>
<td><strong>L (Lie) scale</strong></td>
<td>A measure of rather unsophisticated or self consciously &quot;virtuous&quot; test-taking attitude. Elevated scores (above 70) suggest that the individual is presenting himself or herself in an overly positive light - attempting to create an unrealistically favorable view of his or her adjustment.</td>
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<tr>
<td><strong>K (Defensiveness) scale</strong></td>
<td>Measures an individual's willingness to disclose personal information and discuss problems. High scores (T score above 65) reflect an uncooperative attitude and reluctance to disclose personal information. Low scores (below a T score of 45) suggest openness and frankness. This scale is positively correlated with intelligence and educational level.</td>
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<td><strong>S – Superlative Self-Presentation</strong></td>
<td>Measures a client’s tendency to present in a highly favorable manner. T scores at or above 65 suggest possible defensive responding.</td>
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<td><strong>? (Cannot Say)</strong></td>
<td>The total number of unanswered items. A defensive protocol with possible attenuation of scale scores is suggested if the ? raw score is more than 30.</td>
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<tr>
<td><strong>% True or False Responses</strong></td>
<td>An extremely low or high true or false percentage reflects a highly distorted response pattern such as conscious manipulation or careless responding.</td>
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<td><strong>F-K Dissimulation Index</strong></td>
<td>Designed to measure dissimulation - the tendency to be self-depreciative versus the tendency to enhance one's self-image. The index is the raw score of F minus the raw score of K. Scores in the plus range (over 15) suggest that the individual is making an extremely negative self-appraisal</td>
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<td>Basic Scale</td>
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<td>1. Hs (Hypochondriasis)</td>
<td>High scorers present numerous vague physical problems. The problems tend to be chronic and do not respond well to psychological treatment. High scorers are generally unhappy, self-centered, whiny, complaining, hostile, demanding, and attention-demanding.</td>
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<td>2. D (Depression)</td>
<td>High scores reflect depressed mood, low self-esteem, and feelings of inadequacy. This scale is one of the most frequently elevated in clinical patients. High scorers are described as moody, shy, despondent, pessimistic, distressed, high-strung, lethargic, over-controlled, and guilt prone. Elevations may reflect great discomfort and need for change or symptomatic relief.</td>
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<td>3. Hy (Hysteria)</td>
<td>High scorers tend to rely on neurotic defenses such as denial and repression to deal with stress. They tend to be dependent, naive, outgoing, infantile, and narcissistic. Their interpersonal relations are often disrupted, and they show little insight into problems. High levels of stress are often accompanied by development of physical symptoms. (Scale 3 is the peak score among female medical patients who have no diagnosable illness.) High scorers often respond to suggestion; however, they resist insight-oriented treatment. They show little interest in psychological processes and interpret psychological problems as physical ones.</td>
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<td>4. Pd (Psychopathic Deviate)</td>
<td>Measures antisocial behavior - rebelliousness, disrupted family relations; impulsiveness, school, work, or legal difficulties; alcohol or drug abuse, etc. Personality trait disorder is likely among high scorers - they are outgoing, sociable, and likable, but deceptive, manipulative, hedonistic, exhibitionistic, show poor judgment, are unreliable, immature, hostile, aggressive. They often have difficulty in marital or family relations and trouble with the law. High scores usually reflect long-standing character problems which are highly resistant to treatment. High scorers may enter treatment, but usually terminate quickly.</td>
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<tr>
<td>5. Mf (Masculinity-femininity)</td>
<td>High-scoring males are described as sensitive, aesthetic, passive, or feminine. They may show conflicts over sexual identity and low heterosexual drive. Low-scoring males are viewed as masculine, aggressive, crude, adventurous, reckless, practical, and having narrow interests. Because the direction of scoring is reversed, high-scoring females are seen as masculine, rough, aggressive, self-confident, unemotional, and insensitive. Low-scoring females are viewed as passive, yielding, complaining, faultfinding, idealistic, and sensitive.</td>
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<td>6. Pa (Paranoia)</td>
<td>Elevations on this scale are often associated with being suspicious, aloof, shrewd, guarded, worrying, and overly sensitive. High scorers may project or externalize blame and harbor grudges against others. High scorers are generally hostile and argumentative, and are not likely to benefit from psychotherapy.</td>
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<td>7. Pt (Psychasthenia)</td>
<td>High scorers are tense, anxious, ruminative, preoccupied, obsessional, phobic, and rigid. They frequently are self-condemning, guilt-prone, and feel inferior and inadequate. Clients with spike 7 elevations over intellectualize, ruminate, rationalize, and resist psychological interpretation in treatment.</td>
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<td>8. Sc (Schizophrenia)</td>
<td>High scorers (T = 70-80) have an unconventional, schizoid, life-style. They are withdrawn, shy, moody, and feel inadequate, tense, and confused. They may have unusual or strange thoughts, poor judgment, and erratic moods. Very high scorers (T over 80) many show poor reality contact, bizarre sensory experiences, delusions, and hallucinations. High scorers may have difficulty relating in therapy; they are generally uninformed and have poor problem-solving skills.</td>
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<td>9. Ma (Mania)</td>
<td>High scorers (T = 70-75) are sociable, outgoing, impulsive, overly energetic and optimistic, have liberal moral views, are flighty, drink excessively, are grandiose, irresponsible, impatient, unqualifiedly optimistic, and rarely &quot;follow through.&quot; They exaggerate their self-worth and are manipulative. Very high scorers (T over 75) may show affective disorder, bizarre behavior, erratic moods, impulsive behavior and delusions.</td>
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<td>0. (Social Introversion)</td>
<td>High scorers are introverted, shy, withdrawn, socially reserved, submissive, over-controlled, lethargic, conventional, tense, inflexible, and guilt-prone. Low scorers are extraverted, outgoing, gregarious, expressive, aggressive, talkative, impulsive, uninhibited, spontaneous, manipulative, opportunistic, and insincere in social relations.</td>
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RESTRUCTURED CLINICAL (RC) SCALES

DEMORALIZATION (RCD)
The RCD scale score provides an indication of the overall emotional discomfort and turmoil that a person is experiencing. High scorers (T > 65) on this scale are likely also to have high scores on other RC, clinical, and content scales, especially those that have strong affective components. High scorers report feeling discouraged and demoralized. They have poor self-esteem, are pessimistic, believe that they have failed in the past, and expect to fail in the future. They are likely to feel overwhelmed and incapable of coping with their current life circumstances. Mental health patients with high scores on this scale are likely to report depression, anxiety, and somatic complaints.

SOMATIC COMPLAINTS (RC1)
The RC1 scale is very similar to clinical scale 1 and the Health Concerns (HEA) content scale. Like these latter two scales, the cardinal feature of high scorers (T > 65) on the RC1 scale is somatic preoccupation. High scorers are likely to present a large number of physical complaints, including chronic pain, to be preoccupied with bodily functions, and to develop physical symptoms as a result of psychological or interpersonal difficulties. However, they typically are quite resistant to considering psychological factors that may be related to physical symptoms. Mental health patients with high RC1 scale scores also tend to report symptoms of depression and anxiety.

LOW POSITIVE EMOTIONS (RC2)
High scores (T > 65) on the RC2 scale indicate a lack of positive emotional engagement in life. High scorers are likely to be unhappy and demoralized, and they are at increased risk for clinical depression. Such persons lack energy to deal effectively with the demands of their lives; they find it difficult to take charge, make decisions, and get things done; and they often feel quite helpless and hopeless. They tend to be very introverted, are passive and withdrawn in social situations, and often feel bored and isolated. They tend to be quite pessimistic, have low expectations of success, and are not likely to place themselves in competitive situations. Mental health patients with high RC1 scale scores also tend to report symptoms of depression and anxiety.

CYNICISM (RC3)
Clinical scale 3 has two major components - somatic complaints and avowal of excessive trust of others. As mentioned earlier, the somatic complaint component was assigned to the RC1 scale. The RC3 scale assesses the second component, scored in the opposite direction from scale 3. High scorers on this scale see other people as untrustworthy, uncaring, concerned only about themselves, and exploitive. By contrast, low scorers on this scale (T < 40) are likely to be naive, gullible, and overly trusting of others. The RC3 scale did not have strong correlates in the inpatient or outpatient samples studied to date. This may indicate that the symptoms and problems associated with other scales are not particularly likely to be reported by high scorers on the RC3 scale. It may also be that the research studies have not included appropriate criterion measures of the cynicism suggested by the content of items in this scale.

ANTISOCIAL BEHAVIOR (RC4)
Clinical scale 4 is often elevated in persons with histories of antisocial attitudes and behaviors. However, because scale 4 is quite saturated with a general Demoralization factor, high scores do not necessarily indicate antisocial proclivities. The RC4 scale is a purer measure than scale 4 of antisocial characteristics. High scorers on the RC4 scale find it difficult to conform to societal norms and expectations. They often have histories of difficulties with the law and are at increased risk for substance abuse. They are likely to behave aggressively toward other people, and interpersonal relationships, including those with family members, tend to be conflictual. Other people view high scorers on this scale as critical, argumentative, angry, and antagonistic. High scorers typically did not do well in school and exhibit work-related problems.

IDEAS OF PERSECUTION (RC6)
Because the RC6 scale is less saturated with Demoralization than clinical scale 6, it is a purer measure of persecutory thinking. High scorers on the scale (T > 65) feel targeted, controlled, or victimized by outside forces. They tend to be quite suspicious of the motivations of others, and they have difficulty forming trusting relationships. Among psychiatric patients, very high scores (T > 75) on this scale tend to be associated with delusions, hallucinations, and other symptoms of schizophrenia or delusional disorders.

DYSFUNCTIONAL NEGATIVE EMOTIONS (RC7)
High scorers (T > 65) on the RC7 scale have a tendency to experience negative emotional experiences, including anxiety and irritability. They often report intrusive, unwanted ideation. Although the RC7 scale is somewhat less related to depression than clinical scale 7, mental health patients with high scores on the RC7 scale tend to report symptoms of depression. High scorers are very insecure, and they are excessively sensitive to perceived criticism. They ruminate and brood about self-perceived failures. They tend to be very passive and submissive in interpersonal relationships.

**ABERRANT EXPERIENCES (RC8)**
Because the RCS scale is less saturated with Demoralization than clinical scale 8, it has the potential to be a more focused measure of sensory, perceptual, cognitive, and motor disturbances suggestive of psychotic disorders. High scorers (T > 65) on the RC8 scale may report hallucinations, delusions, and bizarre sensory experiences that are suggestive of impaired reality testing. Very high scores (T > 75) among mental health patients support diagnoses of schizophrenia, delusional disorder, or schizoaffective disorder. Although the RC8 scale is less saturated with demoralization than clinical scale 8, high RC8 scale scorers may also report symptoms of anxiety and depression.

**HYPOMANIC ACTIVATION (RC9)**
Although the RC9 scale and clinical scale 9 do not share many items, they seem to be very similar scales. Neither scale is heavily saturated with the Demoralization factor, and both seem to be assessing similar constructs. High RC9 scale scorers (T > 65) are reporting a variety of characteristics consistent with hypomanic activation. High scorers tend to experience thought racing, high energy levels, heightened mood, and irritability. They often are quite aggressive, and show poor impulse control that is associated with antisocial behaviors, including substance abuse. High RC9 scale scorers tend to be sensation seekers and risk takers. Very high RC9 scale scores (T > 75) may suggest a manic episode and are consistent with a diagnosis of bipolar disorder. More moderate levels (T = 60-70) may indicate an extraverted person with a relatively adaptive high energy level.
The MMPI-2 Content Scales

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<td>1. <strong>Anxiety</strong> (ANX, 23 items) - High scorers on ANX report general symptoms of anxiety including tension, somatic problems (i.e., heart pounding and shortness of breath), sleep difficulties, worries, and poor concentration. They fear losing their minds, find life a strain, and have difficulty making decisions. They appear to be readily aware of these symptoms and problems, and are willing to admit to them.</td>
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<td>2. <strong>Fears</strong> (FRS, 23 items) - A high score on FRS indicates an individual with many specific fears. These can include the sight of blood; high places; money; animals such as snakes, mice, or spiders; leaving home: fire, storms and natural disasters; water; the dark, being indoors, and dirt</td>
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<td>3. <strong>Obsessiveness</strong> (OBS, 16 items) - High scorers on OBS have tremendous difficulty making decisions and are likely to ruminate excessively about issues and problems, causing others to become impatient. Having to make changes distresses them, and they may report some compulsive behaviors like counting or saving unimportant things. They are excessive worriers who frequently become overwhelmed by their own thoughts.</td>
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<td>4. <strong>Depression</strong> (DEP, 33 items) - High scores on this scale characterize individuals with significant depressive thoughts. They report feeling blue, uncertain about their future, and uninterested in their lives. They are likely to brood, be unhappy, cry easily, and feel hopeless and empty. They may report thoughts of suicide or wishes that they were dead. They may believe that they are condemned or have committed unpardonable sins. Other people may not be viewed as a source of support.</td>
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<td>5. <strong>Health Concerns</strong> (HEA, 36 items) - Individuals with high scores on HEA report many physical symptoms across several body systems. Included are gastro-intestinal symptoms (e.g., constipation, nausea and vomiting, stomach trouble), neurological problems (e.g., convulsions, dizzy and fainting spells, paralyis), sensory problems (e.g., poor hearing or eyesight), and cardiovascular symptoms (e.g., heart or chest pains), skin problems, pain (e.g., headaches, neck pains), respiratory troubles (e.g., coughs, hay fever or asthma). These individuals worry about their health and feel sicker than the average person.</td>
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<td>6. <strong>Bizarre Mentation</strong> (BIZ, 23 items) - Psychotic thought processes characterize individuals high on the BIZ scale. They may report auditory, visual, or olfactory hallucinations and many recognize that their thoughts are strange and peculiar. Paranoid ideation (e.g., the belief that they are being plotted against or that someone is trying to poison them) may be reported as well. These individuals may feel that they have a special mission or special powers.</td>
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<td>7. <strong>Anger</strong> (ANG, 16 items) - High scores on the ANG scale suggest anger-control problems. These individuals report being irritable, grouchy, impatient, hotheaded, annoyed, and stubborn. They sometimes feel like swearing or smashing things. They may lose self-control and report having been physically abusive toward people and objects.</td>
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<td>8. <strong>Cynicism</strong> (CYN, 23 items) - Misanthropic beliefs characterize high scorers on CYN. They expect hidden, negative motives behind the acts of others, for example, believing that most people are honest simply for fear of being caught. Other people are to be distrusted, for people use each other and are only friendly for selfish reasons. They likely hold negative attitudes about those close to them, including fellow workers, family, and friends.</td>
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<td>9. <strong>Antisocial Practices</strong> (ASP, 22 items) In addition to holding similar misanthropic attitudes as high scorers on the CYN scale, high scorers on the ASP scale report problem behaviors during their school years and other antisocial practices like being in trouble with the law, stealing or shoplifting. They report sometimes enjoying the antics of criminals and believe that it is all right to get around the law, as long as it is not broken.</td>
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<td>10. <strong>Type A</strong> (TPA, 19 items) - High scorers on TPA are hard-driving, fast-moving, and work-oriented individuals, who frequently become impatient, irritable, and annoyed. They do not like to wait or be interrupted. There is never enough time in a day for them to complete their tasks. They are direct and may be overbearing in their relationships with others.</td>
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<td>11. <strong>Low Self-Esteem</strong> (LSE, 24 items) - High scores on LSE characterize individuals with low opinions of themselves. They do not believe that they are liked by others or that they are important. They hold many negative attitudes about themselves including beliefs that they are unattractive, awkward and clumsy, useless, and a burden to others. They certainly lack self-confidence, and find it hard to accept compliments from others. They may be overwhelmed by all the faults they see in themselves.</td>
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<td>12. <strong>Social Discomfort</strong> (SOD, 24 items) - SOD high scorers are very uneasy around others, preferring to be by themselves. When in social situations, they are likely to sit alone, rather than joining in the group. They see themselves as shy and dislike parties and other group events.</td>
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<td>13. <strong>Family Problems</strong> (FAM, 25 items) - Considerable family discord is reported by high scorers on FAM. Their families are described as lacking in love, quarrelsome, arid unpleasant. They may even report hating members of their families. Their childhoods may be portrayed as abusive, and marriages seen as unhappy and lacking in affection.</td>
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<td>14. <strong>Work Interference</strong> (WRK, 33 items) - A high score on WRK is indicative of behaviors or attitudes likely to contribute to poor work performance. Some of the problems relate to low self-confidence, concentration difficulties, obsessiveness, tension and pressure, and decision-making problems. Others suggest lack of family support for career choice, personal questioning of career choice, and negative attitudes toward coworkers.</td>
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<td>15. <strong>Negative Treatment Indicators</strong> (TRT, 26 items) - High scores on TRT indicate individuals with negative attitudes toward doctors and mental-health treatment. High scorers do not believe that anyone can understand or help them. They have issues or problems that they are not comfortable discussing with anyone. They may not want to change anything in their lives, nor do they feel that change is possible. They prefer giving up, rather than facing a crisis or difficulty.</td>
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SUPPLEMENTARY SCALES

ANXIETY (A) SCALE
Interpretation of High A-Scale Scores (Anxiety)
High scores on the A scale indicate persons who
1. are generally maladjusted;
2. are anxious and uncomfortable
3. are depressed;
4. have somatic complaints;
5. have a slow personal tempo;
6. may admit having suicidal ideation;
7. are pessimistic;
8. are apathetic, unemotional, and unexcitable;
9. are shy and retiring;
10. lack confidence in their own abilities;
11. are hesitant and vacillating;
12. are inhibited and overcontrolled;
13. are influenced by diffuse personal feelings;
14. are defensive;
15. rationalize and blame others for difficulties;
16. lack poise in social situations;
17. are conforming and overly accepting of authority;
18. are submissive, compliant, and suggestible;
19. are cautious;
20. are fussy;
21. if men, have behavior that tends to be seen as effeminate;
22. are seen as cool, distant, and uninvolved;
23. become confused, disorganized, and maladaptive under stress;
24. are likely to have histories of inpatient mental health treatment; or
25. are uncomfortable enough to be motivated to change in psychotherapy.

In summary, persons scoring high on the A scale, if from a normal population, are rather miserable and unhappy. High A-scale scorers in a psychiatric setting are described as neurotic, maladjusted, submissive, and over-controlled and are likely to have histories of previous mental health treatment. Because of their discomfort, high A-scale scorers usually are highly motivated for counseling or psychotherapy.

REPRESSION SCALE
Interpretation of High R-Scale Scores (Repression)
High scores on the R scale indicate persons who
1. are passive, submissive;
2. are unexcitable;
3. are conventional and formal;
4. are slow and painstaking;
5. may show psychomotor retardation;
6. are introverted; or
7. have somatic complaints.

In summary, high R-scale scorers are introverted, internalizing individuals who have adopted careful and cautious lifestyles.
EGO STRENGTH (Es) SCALE

Interpretation of High Es-Scale Scores
High scorers on the Es-scale generally tend to show more positive change during treatment than do low scorers. However, the relationship between Es-scale scores and treatment prognosis is not a simple one, and patient and treatment variables must be taken into account. High Es-scale scorers tend to be better adjusted psychologically, and they are more able to cope with problems and stresses in their life situations. In addition, high scores on the Es scale indicate persons who
1. have fewer and less severe symptoms;
2. lack chronic psychopathology;
3. are stable, reliable, and responsible;
4. are tolerant and lack prejudice;
5. are alert, energetic, and adventuresome;
6. may be sensation seekers;
7. are determined and persistent;
8. are self-confident, outspoken, and sociable;
9. are intelligent, resourceful, and independent;
10. have a secure sense of reality; 11. deal effectively with others;
12. create favorable first impressions;
13. gain acceptance of others;
14. are opportunistic and manipulative;
15. are energetic and have many interests;
16. if men, have an appropriately masculine style of behavior;
17. are hostile and rebellious toward authority;
18. are competitive, work oriented;
19. may be sarcastic and cynical;
20. seek help because of situational problems; or
21. can tolerate confrontations in psychotherapy.

In summary, people with high Es-scale scores appear to be fairly well adjusted emotionally. In nonpsychiatric settings, such people are not likely to have serious emotional problems. Among persons with emotional problems, high Es-scale scores suggest that problems are likely to be situational rather than chronic, that the individuals have psychological resources that can be drawn on in helping them to solve the problems, and that the prognosis for positive change in counseling or psychotherapy is good.

Interpretation of Low Es-Scale Scores
Persons with low scores on the Es scale are the opposite of those with high scores. Lower scorers are likely to have more severe problems that are less likely to be situational in nature. They do not seem to have many psychological resources for coping with stress, and the prognosis for change in treatment for these persons is not very positive.

DOMINANCE (Do) SCALE

Interpretation of High Do-Scale Scores
High scorers on the Do scale see themselves and are seen by others as stronger in face-to-face personal situations, as not readily intimidated, and as feeling safe, secure, and self-confident. Although there is some evidence to suggest that high scores on the Do scale are more common among persons holding positions of greater responsibility and leadership, no data are available concerning the adequacy of performance in such positions as a function of Do-scale scores. Also, high Do-scale scores may indicate persons who
1. appear poised and self-assured;
2. are secure and self-confident;
3. appear to feel free to behave in a straightforward manner;
4. are optimistic;
5. are resourceful and efficient;
6. are realistic and achievement oriented;
7. feel adequate to handle problems;
8. are persevering;
9. have a dutiful sense of morality;
10. have a strong need to face reality;
11. are comfortable in social situations; or
12. if psychiatric patients, are likely to have fewer symptoms, including anxiety, depression, and somatic complaints, and
may be rather grandiose.

In summary, high scorers on the Do-scale are people who are confident of their abilities to cope with problems and stresses in their life situations. Psychiatric patients with higher scores on the Do-scale are likely to have fewer symptoms, including anxiety, depression, and somatic complaints.

**SOCIAL RESPONSIBILITY (Re) SCALE**

*Interpretation of High Re-scale Scores*

High Re-scale scorers tend to see themselves and are seen by others as willing to accept the consequences of their own behavior, as dependable and trustworthy, and as having integrity and a sense of responsibility to the group. They also are more likely than low Re-scale scorers to be in positions of leadership and responsibility. High Re-scale scorers are rigid in acceptance of existing values and are unwilling to explore others' values. Younger persons with high Re-scale scores tend to accept the values of their parents. Also, high scores may indicate persons who
1. have deep concern over ethical and moral problems;
2. have a strong sense of justice;
3. set high standards for themselves;
4. reject privilege and favor;
5. place excessive emphasis on carrying their own share of burdens and duties;
6. are secure and self-confident;
7. are comfortable in social situations;
8. have trust and confidence in the world in general; or
9. if psychiatric patients, tend to have fewer symptoms, including anxiety, depression, and somatic complaints, than other clients.

High Re-scale scorers have incorporated societal & cultural values and are committed to behaving in a manner consistent with those values. They place high value on honesty and justice. They are confident, secure persons. Among psychiatric patients, higher scorers on the Re scale suggest fewer symptoms, including anxiety, depression, and somatic complaints.

**COLLEGE MALADJUSTMENT (Mt) SCALE**

*Interpretation of High Mt-Scale Scores*

Because of variations in Mt-scale scores among college settings, it is not possible to identify a cutoff score above which students should be considered to be maladjusted. However, among college students within a given setting, higher Mt-scale scores are more suggestive of psychological maladjustment. The scale seems to be most sensitive to emotional turmoil and less related to acting-out behaviors. Because the Mt scale has not been studied systematically in settings other than colleges and universities, its use is not recommended with persons who are not college students. In addition to suggesting general maladjustment, high Mt-scale scores for college students may indicate persons who
1. are ineffectual;
2. are pessimistic;
3. procrastinate;
4. are anxious and worried;
5. develop somatic symptoms during times of increased stress; or
6. feel that life is a strain much of the time.

**POSTTRAUMATIC STRESS DISORDER (PK) SCALE**

*Interpretation of High PK-Scale Scores*

High scorers on the PK scale are likely to be manifesting many of the symptoms and behaviors typically associated with PTSD. When high PK-scale scores are encountered in persons who have experienced combat-related stress, the possibility of PTSD should be explored carefully. It is far less clear to what extent high PK-scale scores in other circumstances indicate the appropriateness of a PTSD diagnosis. In addition to being associated with diagnoses of posttraumatic stress disorder, high scores on the PK scale indicate persons who
1. are reporting intense emotional distress;
2. report symptoms of anxiety and sleep disturbance;
3. feel guilty and depressed;
4. may be having unwanted and disturbing thoughts;
5. fear loss of emotional and cognitive control; or
6. feel misunderstood and mistreated.

**MARITAL DISTRESS SCALE (MDS)**

*Interpretation of MDS Scores*
Because limited data are available concerning the validity of the MDS, the scale should be interpreted cautiously. High scores (T > 60) may be indicative of significant marital distress and additional assessment in this area is recommended. Obviously, the scale may not be of much help when assessing persons who are admitting to marital problems and seeking help for them. However, when the MMPI-2 is used as part of a more general assessment, high MDS scores should alert clinicians that marital problems may be underlying other symptoms such as anxiety or depression. In addition to suggesting distress in marriages or other intimate relationships, high scores on the MDS indicate persons who
1. are generally maladjusted;
2. may be experiencing depression;
3. may feel like failures much of the time;
4. feel that life is a strain;
5. are angry; or
6. have few or no friends and may feel rejected by other people.

HOSTILITY SCALE
Interpretation of Ho-Scale Scores
Higher scores on the Ho scale tend to be associated with cynicism, higher levels of experienced anger and overtly hostile behavior, and greater risk for serious health problems such as coronary heart disease. In mental health settings higher Ho-scale scores are related to cynicism, emotional distress, and general maladjustment. The Ho scale is not a very good predictor of overt hostility and aggression among mental health clients. In summary, higher Ho-scale scores indicate persons who
1. are very cynical, suspicious, and mistrusting;
2. experience higher levels of anger, especially in interpersonal situations;
3. are seen as unfriendly;
4. attribute hostility to others;
5. blame others for their problems;
6. perceive and seek less social support;
7. have higher levels of anxiety, depression, and somatic complaints;
8. have poor self-concepts;
9. are at increased risk for serious health problems; or
10. are not well adjusted psychologically.

OVERCONTROLLED-HOSTILITY (O-H) SCALE
Interpretation of High Scores on the O-H Scale
In correctional settings, high scores on the O-H scale tend to be associated with aggressive and violent acts. However, the validity of the O-H scale is such that individual predictions of violence from scores are not likely to be very accurate. In addition, cutoff scores for predicting violence should be established separately in each setting where the scale is used. The O-H scale has potential use in other settings because it tells clinicians something about how persons typically respond to provocation. Higher scorers on the O-H scale tend not to respond to provocation appropriately most of the time, but occasional exaggerated aggressive responses may occur. High scores also may be indicative of persons who
1. are impunitive;
2. typically do not express angry feelings;
3. are more socialized and responsible;
4. have strong needs to excel;
5. are dependent on others;
6. are trustful;
7. describe nurturant and supportive family backgrounds;
8. if psychiatric inpatients, tend to be rather grandiose but cooperative; or
9. if mental health center clients, present themselves as having fewer symptoms and negative characteristics than other clients.
Interpretation of Low Scores on the 0-H Scale
Relatively few data exist concerning the interpretation of low scores on the 0-H scale. In fact, Megargee (2000) indicated that T scores below 65 are meaningless. Low scorers are not expected to display the overcontrolled-hostility syndrome described for high scorers. However, low scorers may be either chronically aggressive persons or persons who are quite appropriate in the expression of their aggression.

MacANDREW ALCOHOLISM SCALE-REVISED (MAC-R)
In addition to the possibility of substance abuse, high scores on the MAC-R scale may indicate persons who
1. are socially extroverted;
2. are exhibitionistic;
3. are self-confident and assertive;
4. may experience blackouts;
5. enjoy competition and risk taking;
6. have difficulties in concentrating;
7. have histories of behavior problems in school or with the law;
8. are aggressive; or
9. in mental health patients, may be more likely than other patients to have made suicide attempts.

ADDITION ACKNOWLEDGEMENT SCALE (AAS)
In addition to the possibility of substance abuse problems, high scores on the AAS may indicate persons who
1. in mental health or forensic settings, may have diagnoses of substance abuse or dependence;
2. have histories of acting-out behavior;
3. are impulsive;
4. are risk takers;
5. have poor judgment;
6. are angry and aggressive;
7. are critical and argumentative;
8. have family problems; or
9. are agitated, moody.

ADDITION POTENTIAL SCALE
Interpretation of APS Scores
The limited data available concerning the APS suggest that it has some promise for discriminating between persons who abuse substances and those who do not. However, the APS does not seem to be as effective as either the MAC-R scale or the AAS in identifying substance abuse problems in a variety of settings. The label of "Addiction Potential" suggests that the scale assesses a potential for or vulnerability to substance abuse, whether or not that abuse is currently taking place. At this time there are no data concerning this very important issue. Available data address the ability of the scale to identify persons who currently are abusing substances or have done so in the past. The extent to which the scale can predict future abuse and can identify current abuse by persons who are denying abuse remains to be investigated.

In spite of the limited data available concerning the APS, it should be considered as one indicator of possible substance abuse problems. Of course, it is not appropriate to reach conclusions about substance abuse on the basis of MMPI-2 scores alone. High APS scores (T > 60) should alert clinicians that additional information concerning possible substance abuse should be obtained. However, when MAC-R scale or AAS scores are suggestive of substance abuse and the APS score is not, greater weight should be given to the MAC-R and AAS scores.

MASCUINE GENDER ROLE (GM) and FEMININE GENDER ROLE (GF) SCALES
Interpretation of GM- and GF-Scale Scores
The limited research that has been published about the GM and GF scales does not support their use as measures of sex roles. High scorers (both men and women) on the GM scale are likely to be better adjusted than those who score lower on this scale. However, better MMPI-2 measures of psychological adjustment are available, so the routine use of the GM and GF scales is not recommended. They should be considered experimental scales to be used for research purposes only.
Personality Psychopathology Five (PSY-5) Scales

Interpretation of the PSY-5 Scales

Harkness et al. (2002) provided some preliminary guidelines for interpreting scores on the PSY-5 scales. Based on item response theory, it was determined that high scores (T > 65) on all five scales are interpretable. However, only for the Disconstraint (DISC) and Introversion/Low Positive Emotionality (INTR) scales is interpretation of low scores (T < 40) recommended. Harkness et al. acknowledged that their interpretive guidelines are likely to be modified, refined, and expanded as more research is conducted with the PSY-5 scales. The interpretive inferences that follow are based on the Harkness et al. (2002) recommendations and this author's examination of research concerning the PSY-5 scales.

AGGRESSIVENESS (AGGR)

Low scores are not interpreted for this scale. High scores (T > 65) on the AGG scale indicate persons who
1. are both verbally and physically aggressive;
2. may use aggression to dominate and control others;
3. may enjoy intimidating other people;
4. have histories of behavioral problems in school;
5. have histories of arrests;
6. if male, often have histories of committing domestic violence;
7. in clinical or forensic settings, tend to have diagnoses of antisocial personality disorder;
8. in treatment may attempt to control and dominate therapists; or
9. in treatment may benefit from discussion of the costs and benefits of their aggressiveness.

PSYCHOTICISM (PSYC)

Low scores are not interpreted for this scale. High scores (T > 65) on the PSYC indicate persons who
1. are experiencing a disconnection from reality;
2. may experience unshared beliefs and/or unusual sensory or perceptual experiences;
3. may report delusions of reference;
4. may have bizarre, disoriented or circumstantial thinking;
5. have an unrealistic expectation of harm;
6. feel alienated;
7. have few or no friends;
8. have poor work histories;
9. are not very achievement oriented; or
10. in therapy may benefit from frequent opportunities to engage in reality checking.

DISCONSTRAINT (DISC)

Both high and low scores are interpreted for this scale. High scores (T > 65) on the DISC indicate persons who
1. are impulsive and lack self-control;
2. take physical risks;
3. are easily bored by routine and seek out excitement;
4. are less bound by traditional moral constraints;
5. often have histories of substance abuse;
6. often have histories of school problems and arrests;
7. in forensic settings tend to have histories of violence and antisocial personality disorder diagnoses;
8. in treatment may benefit from exploring more constructive ways to satisfy needs for novelty, excitement, and risk-taking.

Low scores (T ≤ 40) on the DISC indicate persons who
1. are self-controlled and not impulsive;
2. do not take many physical risks;
3. have high tolerance for boredom;
4. tend to follow rules and laws; or
5. may respond better to structured treatment approaches.

NEGATIVE EMOTIONALITY / NEUROTICISM (NEGE)
Low scores on this scale are not interpreted. High scores (T > 65) on the NEGE indicate persons who

1. have a predisposition to experience negative affect;
2. focus on problematic features of incoming information;
3. concoct worst-case scenarios;
4. may have few or no friends;
5. are self-critical;
6. worry excessively;
7. feel guilty;
8. may report feeling sad or blue;
9. are pessimistic;
10. are not very achievement oriented;
11. in clinical settings may have histories of suicide attempts;
12. in clinical settings often receive diagnoses of depression or dysthymia;
13. are very anxious;
14. may report somatic symptoms; or
15. may benefit from therapy designed to identify and deal with their tendencies to process information in anxiety-producing ways.

INTROVERSION / LOW POSITIVE EMOTIONALITY (INTR)
Both high and low scores on this scale are interpreted.

**High scores** (T > 65) on the INTR indicate persons who

1. seem to have little capacity to experience joy and pleasure;
2. are socially introverted;
3. have low need to achieve;
4. report feeling sad, blue, or depressed;
5. report somatic symptoms;
6. often feel anxious;
7. are pessimistic about the future;
8. in clinical settings tend to have diagnoses of depression;
9. in clinical settings may have histories of suicide attempts; or
10. tend to show little emotional response in therapy.

**Low scores** on the INTR (T 40) indicate persons who

1. have the capacity to experience joy and pleasure;
2. are quite sociable;
3. have lots of energy;
4. if scores are very low, may exhibit symptoms of hypomania; or
5. are likely to be quite emotionally responsive in therapy.
Content Scales

**Anxiety (ANX)** - High scorers on ANX report general symptoms of anxiety including tension, somatic problems (i.e., heart pounding and shortness of breath), sleep difficulties, worries, and poor concentration. They fear losing their minds, find life a strain, and have difficulty making decisions. They appear to be readily aware of these symptoms and problems, and are willing to admit to them.

**Fears (FRS)** - A high score on FRS indicates an individual with many specific fears. These can include the sight of blood; high places; money; animals such as snakes, mice, or spiders; leaving home: fire, storms and natural disasters; water; the dark, being indoors, and dirt

**Obsessiveness (OBS)** - High scorers on OBS have tremendous difficulty making decisions and are likely to ruminate excessively about issues and problems, causing others to become impatient. Having to make changes distresses them, and they may report some compulsive behaviors like counting or saving unimportant things. They are excessive worriers who frequently become overwhelmed by their own thoughts.

**Depression (DEP)** - High scores on this scale characterize individuals with significant depressive thoughts. They report feeling blue, uncertain about their future, and uninterested in their lives. They are likely to brood, be unhappy, cry easily, and feel hopeless and empty. They may report thoughts of suicide or wishes that they were dead. They may believe that they are condemned or have committed unpardonable sins. Other people may not be viewed as a source of support.

**Health Concerns (HEA)** - Individuals with high scores on HEA report many physical symptoms across several body systems. Included are gastrointestinal symptoms (e.g., constipation, nausea and vomiting, stomach trouble), neurological problems (e.g., convulsions, dizzy and fainting spells, paralysis), sensory problems (e.g., poor hearing or eyesight), and cardiovascular symptoms (e.g., heart or chest pains), skin problems, pain (e.g., headaches, neck pains), respiratory troubles (e.g., coughs, hay fever or asthma). These individuals worry about their health and feel sicker than the average person.

**Bizarre Mentation (BIZ)** - Psychotic thought processes characterize individuals high on the BIZ scale. They may report auditory, visual, or olfactory hallucinations and many recognize that their thoughts are strange and peculiar. Paranoid ideation (e.g., the belief that they are being plotted against or that someone is trying to poison them) may be reported as well. These individuals may feel that they have a special mission or special powers.

**Anger (ANG)** - High scores on the ANG scale suggest anger-control problems. These individuals report being irritable, grouchy, impatient, hotheaded, annoyed, and stubborn. They sometimes feel like swearing or smashing things. They may lose self-control and report having been physically abusive toward people and objects.

**Cynicism (CYN)** - Misanthropic beliefs characterize high scorers on CYN. They expect hidden, negative motives behind the acts of others, for example, believing that most people are honest simply for fear of being caught. Other people are to be distrusted, for people use each other and are only friendly for selfish reasons. They likely hold negative attitudes about those close to them, including fellow workers, family, and friends.

**Antisocial Practices (ASP)** In addition to holding similar misanthropic attitudes as high scorers on the CYN scale, high scorers on the ASP scale report problem behaviors during their school years and other antisocial practices like being in trouble with the law, stealing or shoplifting. They report sometimes enjoying the antics of criminals and believe that it is all right to get around the law, as long as it is not broken.

**Type A (TPA)** - High scorers on TPA are hard-driving, fast-moving, and work-oriented individuals, who frequently become impatient, irritable, and annoyed. They do not like to wait or be interrupted. There is never enough time in a day for them to complete their tasks. They are direct and may be overbearing in their relationships with others.
**Low Self-Esteem (LSE)** - High scores on LSE characterize individuals with low opinions of themselves. They do not believe that they are liked by others or that they are important. They hold many negative attitudes about themselves including beliefs that they are unattractive, awkward and clumsy, useless, and a burden to others. They certainly lack self-confidence, and find it hard to accept compliments from others. They may be overwhelmed by all the faults they see in themselves.

**Social Discomfort (SOD)** - SOD high scorers are very uneasy around others, preferring to be by themselves. When in social situations, they are likely to sit alone, rather than joining in the group. They see themselves as shy and dislike parties and other group events.

**Family Problems (FAM)** - Considerable family discord is reported by high scorers on FAM. Their families are described as lacking in love, quarrelsome, arid unpleasant. They may even report hating members of their families. Their childhoods may be portrayed as abusive, and marriages seen as unhappy and lacking in affection.

**Work Interference (WRK)** - A high score on WRK is indicative of behaviors or attitudes likely to contribute to poor work performance. Some of the problems relate to low self-confidence, concentration difficulties, obsessiveness, tension and pressure, and decision-making problems. Others suggest lack of family support for career choice, personal questioning of career choice, and negative attitudes toward coworkers.

**Negative Treatment Indicators (TRT)** - High scores on TRT indicate individuals with negative attitudes toward doctors and mental-health treatment. High scorers do not believe that anyone can understand or help them. They have issues or problems that they are not comfortable discussing with anyone. They may not want to change anything in their lives, nor do they feel that change is possible. They prefer giving up, rather than facing a crisis or difficulty.