

## MMPI-3 Interpretive Worksheet

**Step 1.** Record all T scores (scores at/above 50 above scale name, 49 or below under scale name). Circle those considered clinically low or high (using the manual). Note where XXX, cannot be interpreted when low, so no need to enter the T score.

**Step 2:** Scales with asterisks have critical item content: if scale is elevated, specific items should be examined for need for immediate clinical attention.

**Step 3:** Highlight all scales that are clinically interpretable based on MMPI-3 manual.

**Step 4:** Use scale relationships and footnotes to integrate results and conceptualize case

- Scales within each section are meant to be considered in an integrative fashion together
- Footnotes indicate when elevations or low scores should be considered in the context of scores from other sections
- Keep in mind base rates of elevations when considering all scales concurrently so that you don't overinterpret isolated elevations
- Keep in mind cutoffs are heuristically guided; "close" scales may be meaningful and you can examine setting specific cutoffs in manual

**Step 5:** Write interpretive report

- First section should always address threats to validity
  - o If invalid, do not interpret the rest
  - o If interpreting with caution, make sure to add that caveat in when interpreting profile
- Interpret within the domains on the worksheet (order influenced by the test taker's scores; most significant elevations first)
- When interpreting, there are differences between the "test responses" versus "clinical correlates"
  - o Test responses are based on item content. They indicate that the individual reports, describes themselves as, etc. Also includes that they have/report no X,Y (when not elevated).
  - o Empirical correlates means they may be *more likely* to experience certain things (so terms like "likely at risk for X, or likely to experience X, or may have a history of X" etc.)
- Manual recommends putting diagnostic considerations/possible targets for interventions or barriers/motivations for treatment together in a final section.

### Validity Scales

					1,2	1,2	1,3	1,3,4	1,4		1,5	1,5	
	X				X					X			
CNS	X	CRIN	VRIN	TRIN	X	F	Fp	Fs	FBS	RBS	X	L	K
XXX	X			XXXXX	X	XXXXX	XXXXX	XXXXX	XXXX	XXXX	X	XXX	XXXX

1. R/O inconsistency as explanation (CRIN, VRIN, TRIN)
2. Interpret all substantive scales cautiously; possibly invalid depending on level of elevation
3. Interpret somatic scales cautiously; possibly invalid depending on level of elevation
4. Interpret cognitive scales cautiously; possibly invalid depending on level of elevation
5. Interpret low scores on substantive scales cautiously

### Somatic/Cognitive Scales

1

RC1	MLS	NUC	EAT	COG
		XXXXX	XXXX	XXXX

1. See CYN and SHY

### Emotional Dysfunction Scales part 1

	1	2	3				4,6			
	X						X		X	
EID	X	RCd	*SUI*	*HLP*	SFD	NFC	X	RC2	X	INTR
	X		XXXXX	XXXXXX	XXXXXX		X		X	

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1. For specific interpretation of elevations here, see RCd, 2, 7, SUI, HLP, SFD, NFC, STR, WRY, CMP, ARX, ANP, BRf, NEGE, INTR
2. See SUI, HLP, SFD, NFC
3. See BXD, RC4, RC9, IMP, DISC, SUB
4. Pay special attention to TRIN false responding
5. Pay special attention to TRIN true responding
6. See RC9 and RCd

### Emotional Dysfunction Scales part 2

	1			2				X	
RC7	STR	WRY	CMP	*ARX*	ANP	BRF	X	NEGE	
			XXXXX		XXXX	XXXX	X		

1. For specific interpretation of elevations here, see STR, WRY, CMP, ARX, ANP, BRf
2. See RC8

### Behavioral Dysfunction Scales

	1	2				3,5,6						X	
BXD	X	RC4	FML	JCP	*SUB*	X	RC9	IMP	ACT	*AGG*	CYN	X	DISC
	X			XXX	XXXXX	X				XXXX		X	

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7

1. For specific interpretation of elevations here, see RC4, RC9, FML, JCP, SUB, IMP, ACT, AGG, CYN, **AGGR**, DISC
2. Specific interpretation is facilitated by FML, JCP SUB
3. See RC6 and RC8
4. See RC2
5. See IMP, ACT, AGG, CYN
6. See SFI, DOM
7. See NUC

### Interpersonal Dysfunction Scales

	1	2			X	
SFI	DOM	DSF	SAV	SHY	X	AGGR
		XXXX			X	

3

1. See RC9
2. See SHY, SFD, NFC
3. See NUC

### Thought Dysfunction Scales

	1	2	2,3		
	X			X	
THD	X	*RC6*	*RC8*	X	PSYCH
XXXX	X	XXXX	XXXX	X	XXXX

1. For specific interpretation of elevations here, see RC6, RC8, PSYC
2. See RC9
3. See RC1, NUC, SUB