



BEHAVIORDATA PSYCHODIAGNOSTIC

LABORATORY REPORT

Account: 002928

Subject: 51

Date: 02/17/09

Inventory: CPI™

Report: 06

Options: RE

Sex: Female

Age: 51

This is a short clinical report for psychodiagnosis. It is sent only to professionals who are licensed for the independent practice of psychodiagnosis and psychotherapy.

This report from Behaviordata Incorporated is based on the system that was designed by Joseph C. Finney, M.D., Ph.D., a psychiatrist and a clinical psychologist at the University of Kentucky, with the help of research grants from the National Institute of Mental Health and U.S. Vocational Rehabilitation Administration.

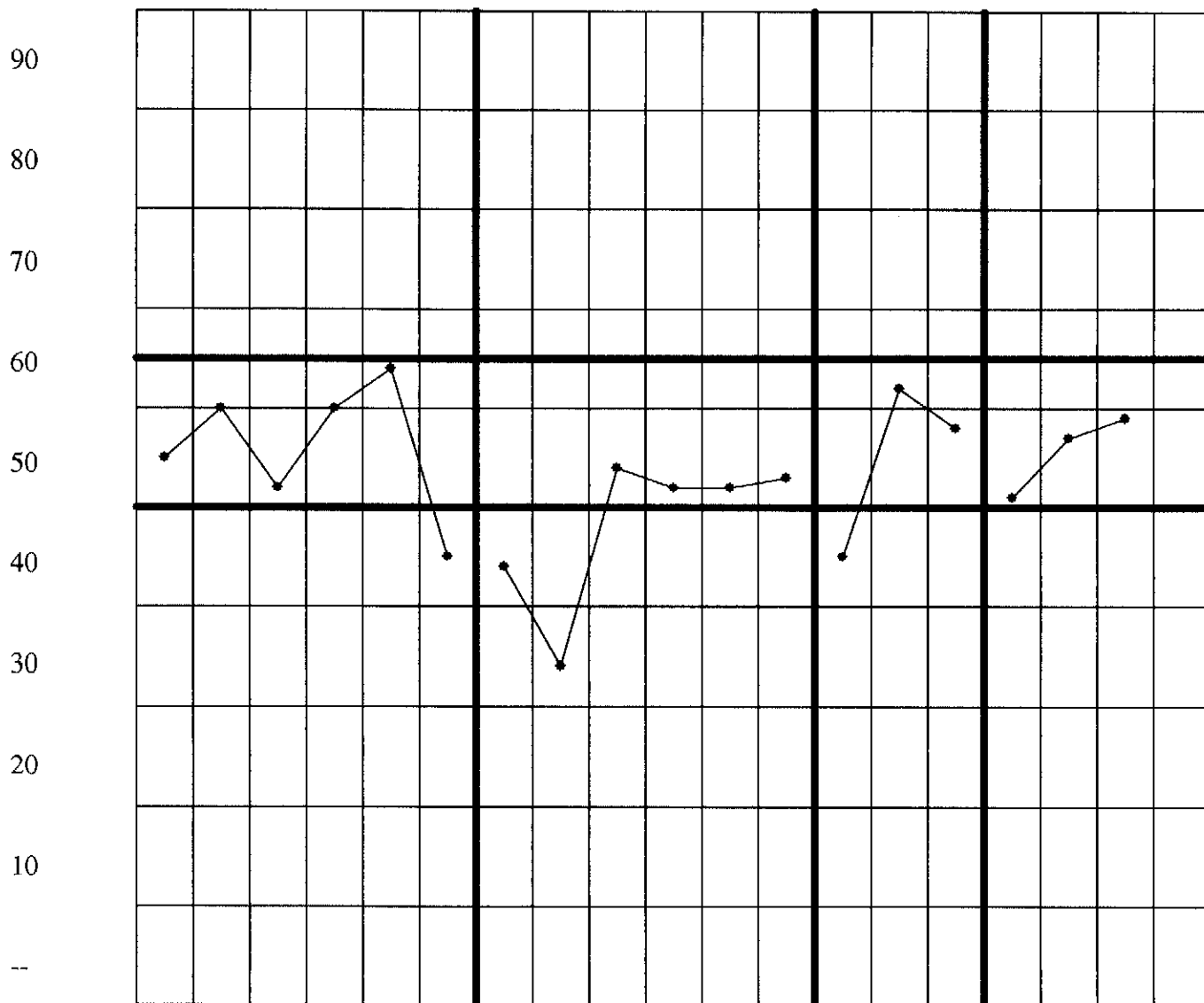
Analysis of this kind can be done from various psychological inventories or from other information. Like any other report based on an inventory, this is subject to error. No decision should be made from this report alone, but only from consideration of the case history and all the available evidence. In this case, the inventory completed and submitted for analysis was the California Psychological Inventory.

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Account 002928 Subject 51 [Female,51]
CPI BASIC SCALES PROFILE

T--> Dom Cs Sy Sp Sa Wb Re So Scn To Gi Cm Ac Ai Ie Py Fx Fe Si
55 60 52 60 64 45 44 34 54 52 52 53 45 62 58 51 57 59 0
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The T-scores reported on this profile are true T scores normalized to the Finney sample of 2,000 normal men and women. The scores are corrected to reduce the factor of anxiety or social desirability, and the effects of response set for rare (possibly random) answers

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The following narrative statements are based on the University of Kentucky's Interpretive System developed by J. Finney, M.D., Ph.D. (JF) and distributed by Behaviordata, Inc.

None of her answers are unusual ones.

On the CPI she gives us mostly the common and conventional answers. That may be a sign of at least average common sense and judgment, and of being sufficiently steady, reliable, and realistic.

She does not give a consistently favorable nor a consistently unfavorable picture of herself. She tells us some positive things and some negative things about herself. She is slow to admit little flaws in herself, as judged by rather perfectionistic moral standards. She tends to make some claim to perfection of moral character.

Her test profile is one that is not at all typical of clients seen by psychiatrists and by clinical psychologists. She is less anxious or upset than are most patients. She doesn't take things out on herself as much as most patients.

She is a flexible and obliging person. She is a rather changeable, spontaneous person who can be unpredictable at times. She does what she happens to feel like at the time. She seems about as free from distress as the average person. In general she tries to do things to advance herself and not to defeat herself. She is fairly successful in life, and she is reasonably satisfied with the world. She doesn't understand herself very well.

She is an active, enterprising, and aggressive person. She gets ideas spontaneously, and she makes decisions quickly. She talks well, and she usually persuades people to go along with her. She is versatile, and she doesn't always do things in the conventional way.

At her best she can be pleasant, sociable, forward, enthusiastic, versatile, direct, and verbal. She has a lot of energy.

But her energy is not well directed. She doesn't plan ahead enough to keep going smoothly. When a situation puts pressure on her, she is likely to blurt things out or do things impulsively. She is also likely to magnify her aches and pains to the point of believing that she is sick or disabled, and to insist on the privileges that go with it.

Her main problem is her tendency to take rash and unrealistic action, and her demands for consideration, which may entail mistaken complaints about her health.

She is not at all mentally ill; that is, not at all psychotic.

She appears to be within the normal range.

She tends to get into a fair amount of friction with everyday rules and conventions. She feels that many of them are arbitrary and even silly, and she may even get into rather serious trouble because of impulsive or rule-breaking behavior.

---- DIAGNOSTIC IMPRESSION ----

Assigning a diagnosis should never be attempted on the basis of psychological test results alone, nor from

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automated narrative reports generated from such findings. Rather, diagnostic conclusions should derive from a variety of informational sources, including detailed history, direct observation, clinical interview, the review of available clinical records, and test results. Diagnosis should also take into account factors such as any medical condition or injury, disability, trauma, or situational stresses that might affect this person's test performance.

Insofar as we can judge from our analysis of the psychological testing alone, the diagnosis most likely to fit this person best is:

Narcissistic personality disorder, with mild hypomanic and hypochondriacal behavior, coded on Axis II.

Other diagnoses which may be worth considering are as follows; they are ordered according to the likelihood of application to this subject, regardless of whether they fall on Axis I or Axis II:

No psychiatric diagnosis. This individual falls within normal limits.

Diagnosis deferred. Questionable validity of test. Despite anything else that may show up, people in this group show some signs that they may have distorted their answers in the direction of looking good. For this reason, we cannot put the usual degree of confidence in the findings.

Narcissistic personality disorder with assertive, aggressive behavior. Coded on Axis II.

She is not a candidate for intensive psychotherapy of the kind that aims at self-understanding and analysis. If treatment is needed, it should be problem-focused.

She is not looking for therapy or counseling at this time.

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The following analysis is based on the University of Kentucky's Interpretive System developed by J. Finney, M.D., Ph.D., (JF) and distributed by Behaviordata, Inc.

Tests for Psychosis:

Criterion:	Psychotic	Indeterminate	Nonpsychotic
Meehl-Dahlstrom	*		
Taulbee-Sisson			*
Sck-Ptk Method		*	
Elevation of Sx			*
Two Point Code			*
Elevation of ScK			*
Goldberg Method		*	
Elevation of Pa			*
Finney Method			*
	---	---	---
	1	2	6

Psychotic Point Count = 4
(9+P) - N

Rankings of the eight MMPI Clinical Scales, with the formula corrections: (These MMPI scale scores have been derived from the corresponding CPI items.)

	TFAT	AT	FAT	T
Highest:	MaK-jf (9) = 66.5	MaK-jf (9) = 67.5	MaK-jf (9) = 67.6	MaK-jf (9) = 65.3
Second:	HsK-jf (1) = 62.3	ScK-jf (8) = 63.8	ScK-jf (8) = 64.4	HsK-jf (1) = 61.4
Third:	ScK-jf (8) = 60.8	HsK-jf (1) = 63.3	HsK-jf (1) = 63.2	Hy-jf (3) = 59.6
Fourth:	Hy-jf (3) = 59.5	PtK-jf (7) = 60.1	PtK-jf (7) = 60.1	ScK-jf (8) = 57.3
Fifth:	Pa-jf (6) = 57.3	Hy-jf (3) = 59.5	Hy-jf (3) = 59.4	Pa-jf (6) = 57.2
Sixth:	PtK-jf (7) = 57.1	Pa-jf (6) = 57.8	Pa-jf (6) = 57.5	PtK-jf (7) = 54.2
Seventh:	PdK-jf (4) = 53.5	PdK-jf (4) = 54.6	PdK-jf (4) = 54.3	PdK-jf (4) = 52.7
Lowest:	D-jf (2) = 51.7	D-jf (2) = 51.9	D-jf (2) = 51.9	D-jf (2) = 51.4

Two Pt. Codes: (9,1) (9,8) (9,8) (9,1)

Mis-mark and/or blank count: 0
 Addiction Band Number: 1 (High=5,Low=0)
 Alcoholism Band Number: 2 (High=5,Low=0)

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The raw scores for scales L-jf, F-jf, K-jf, Hs-jf, HsK-jf, D-jf, Hy-jf, Pd-jf, PdK-jf, Mfm-jf or Mff-jf, Pa-jf, Pt-jf, PtK-jf, Sc-jf, ScK-jf, Ma-jf, MaK-jf, and Si-jf reported on these Scale Information pages were obtained by changing the standard MMPI-2™ test raw scores by reducing the factor of anxiety or social desirability and the effects of response set for rare (possibly random) answers.

The T-scores for scales L-jf, F-jf, K-jf, Hs-jf, HsK-jf, D-jf, Hy-jf, Pd-jf, PdK-jf, Mfm-jf or Mff-jf, Pa-jf, Pt-jf, PtK-jf, Sc-jf, ScK-jf, Ma-jf, MaK-jf, and Si-jf reported on these Scale Information pages are not the standard MMPI-2™ test T-Scores. These are the scores normalized by the University of Kentucky's Interpretive System developed by J. Finney, M.D., Ph.D., on a sample of 2000 men and women.

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The simple T-scores given in the report are the true normalized scores developed by Joseph C. Finney, M.D., Ph.D., at the University of Kentucky. This is the only standardization of the MMPI and CPI that was sponsored by a research grant from the National Institute of Mental Health.

AT, FAT, and TFAT scores are computed to reduce effects of response sets correlated with the A factor and the F scale.

* * * * *

1-T	51-F	101-T	151-F	201-T	251-F	301-F	351-T	401-F	451-F
2-F	52-F	102-F	152-T	202-T	252-F	302-T	352-F	402-F	452-T
3-F	53-T	103-F	153-F	203-T	253-F	303-F	353-F	403-T	453-T
4-F	54-F	104-F	154-T	204-F	254-F	304-T	354-T	404-F	454-F
5-F	55-F	105-T	155-F	205-F	255-F	305-T	355-F	405-F	455-F
6-F	56-F	106-F	156-F	206-T	256-F	306-F	356-F	406-F	456-F
7-F	57-T	107-T	157-F	207-T	257-T	307-F	357-F	407-T	457-F
8-T	58-T	108-T	158-F	208-F	258-T	308-F	358-F	408-T	458-F
9-T	59-F	109-T	159-F	209-F	259-T	309-F	359-T	409-F	459-F
10-T	60-T	110-T	160-T	210-F	260-F	310-T	360-F	410-T	460-F
11-F	61-T	111-F	161-T	211-F	261-F	311-F	361-T	411-F	461-T
12-T	62-T	112-T	162-T	212-F	262-T	312-T	362-T	412-T	462-F
13-F	63-F	113-F	163-T	213-T	263-F	313-F	363-F	413-T	
14-F	64-F	114-F	164-F	214-F	264-F	314-F	364-F	414-T	
15-F	65-F	115-T	165-T	215-F	265-T	315-F	365-F	415-T	
16-F	66-T	116-T	166-F	216-T	266-F	316-T	366-F	416-T	
17-F	67-F	117-T	167-F	217-F	267-F	317-T	367-F	417-F	
18-F	68-F	118-F	168-F	218-F	268-T	318-T	368-T	418-F	
19-F	69-F	119-T	169-F	219-F	269-F	319-F	369-F	419-F	
20-F	70-T	120-F	170-T	220-F	270-F	320-F	370-F	420-F	
21-F	71-F	121-F	171-F	221-T	271-F	321-F	371-F	421-F	
22-F	72-T	122-T	172-F	222-T	272-F	322-T	372-F	422-F	
23-F	73-F	123-F	173-F	223-F	273-F	323-F	373-F	423-F	
24-T	74-T	124-F	174-F	224-T	274-T	324-F	374-F	424-T	
25-F	75-F	125-T	175-T	225-F	275-T	325-F	375-F	425-F	
26-F	76-T	126-T	176-F	226-F	276-T	326-F	376-T	426-T	
27-F	77-F	127-F	177-F	227-F	277-T	327-T	377-F	427-T	
28-F	78-F	128-F	178-F	228-T	278-F	328-T	378-F	428-T	
29-F	79-F	129-T	179-T	229-T	279-F	329-F	379-T	429-T	
30-T	80-T	130-T	180-T	230-F	280-T	330-F	380-T	430-T	
31-F	81-T	131-T	181-F	231-F	281-F	331-T	381-F	431-F	
32-F	82-F	132-T	182-F	232-T	282-F	332-F	382-T	432-T	
33-T	83-T	133-F	183-F	233-F	283-F	333-T	383-F	433-T	
34-T	84-F	134-F	184-F	234-F	284-F	334-F	384-F	434-F	
35-T	85-T	135-F	185-F	235-T	285-F	335-F	385-T	435-F	
36-F	86-F	136-F	186-T	236-T	286-F	336-T	386-F	436-F	
37-T	87-T	137-F	187-F	237-F	287-F	337-F	387-T	437-F	
38-F	88-F	138-T	188-F	238-T	288-F	338-F	388-T	438-F	
39-F	89-F	139-T	189-F	239-F	289-T	339-F	389-T	439-F	
40-T	90-T	140-T	190-F	240-T	290-F	340-F	390-F	440-T	
41-T	91-F	141-F	191-T	241-F	291-F	341-F	391-F	441-F	
42-T	92-F	142-T	192-F	242-T	292-T	342-F	392-T	442-F	
43-F	93-F	143-F	193-T	243-F	293-F	343-T	393-T	443-T	
44-F	94-F	144-F	194-F	244-T	294-F	344-T	394-F	444-T	
45-F	95-T	145-T	195-F	245-T	295-T	345-F	395-T	445-T	
46-F	96-T	146-T	196-F	246-F	296-T	346-T	396-T	446-F	
47-F	97-F	147-F	197-T	247-T	297-F	347-F	397-T	447-T	
48-F	98-T	148-T	198-F	248-F	298-T	348-T	398-F	448-F	
49-F	99-T	149-T	199-F	249-F	299-F	349-F	399-T	449-F	
50-T	100-T	150-F	200-T	250-T	300-F	350-F	400-T	450-F	