MMPI-3 Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

The MMPI-3 (University of Minnesota Press, 2020; distributed by Pearson) is a 335-item true/false broadband personality inventory for adults 18 and older: 10 validity scales in three families, 3 Higher-Order, 8 Restructured Clinical, 26 Specific Problems, and 5 PSY-5 scales. T scores (mean 50, SD 10) on non-gendered, census-matched norms, in English and US Spanish, on Q-global, Q Local, or paper. The whole discipline in one line: validity first, domains next, computer narrative paraphrased, never pasted.

1 – Measures, edition, norms, administration which MMPI, on what platform?

Do: name MMPI-3, the language and norms, the platform, the modality (office or remote OSA/ROSA), any comparison group.

Pitfall: "an MMPI" alone; three editions are on sale as of July 2026 and their scale sets differ.

2 – Protocol validity first before any substantive sentence

Do: work the three families in order: consistency (CNS, CRIN, VRIN, TRIN), over-reporting (F, Fp, Fs, FBS, RBS), under-reporting (L, K); end with an interpretability conclusion.

Pitfall: substantive findings before validity; a compromised protocol is the finding.

3 – The elevation convention state it exactly once

Do: declare that substantive T scores at or above 65 are read as clinically meaningful by convention, then interpret against it.

Pitfall: treating 65 as a diagnosis or a legal threshold; no authority sets a statutory cutoff.

4 – Substantive findings by domain hierarchy, not scale order

Do: frame with EID, THD, BXD, then somatic/cognitive, internalizing, thought, externalizing, interpersonal, weaving RC, SP, and PSY-5 scales into each.

Pitfall: the 52-scale dump in test order; it buries the picture and over-reads isolated scores.

5 – Comparison-group context screening and presurgical settings

Do: name the group used and keep candidate or patient data separate from normative T scores.

Pitfall: a guarded, low-elevation screen read as proof of health; defensiveness limits what it can show.

6 – The computer narrative licensed input, not your report

Do: paraphrase and integrate with interview and history; keep excerpts to the licensed minimum and attribute the instrument.

Pitfall: pasted canned paragraphs; a copyright, APA 9.09, and credibility problem in one move.

7 – Interpretive summary answer the referral question

Do: present scale findings as hypotheses corroborated across sources; say what the profile cannot establish.

Pitfall: a verdict from a T score; the instrument answers no psycholegal question directly.

8 – Recommendations linkage findings drive the plan

Do: tie each recommendation to a stated elevation; route risk items through the evaluation's interview-based risk assessment.

Pitfall: a recommendation list that would read the same under different scores.

Before you sign

- ☐ Edition, language, platform, modality named
- ☐ Validity families disposed of first, conclusion stated
- ☐ T-at-65 convention stated exactly once
- ☐ Every claim traces to a listed elevation
- ☐ Narrative paraphrased within the excerpt license
- ☐ Recommendations trace to corroborated findings

Drafting with AI

Paste your scale summary: validity findings and elevated scales with T scores. Not the items, not the software narrative.

> *"Draft an MMPI-3 results section from this summary: valid protocol; EID 72, RCd 74, RC2 68, RC7 71, SFD 70, WRY 68; treatment-planning referral; …"*

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

400–800 words	25–50 min	Ages 18+	Courts · clinicians
results section	administration	adults only	who reads it

MMPI-3 Results Section Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): | Age: | Testing date:

Edition / norms: | Platform / modality: | Referral question:

Measures and administration

Language and norms; platform (Q-global, Q Local, paper); modality documented if remote (OSA/ROSA); comparison group if any

Protocol validity first

Consistency (CNS, CRIN, VRIN, TRIN); over-reporting (F, Fp, Fs, FBS, RBS); under-reporting (L, K); interpretability conclusion

Substantive findings by domain

Higher-Order frame (EID, THD, BXD); somatic/cognitive, internalizing, thought, externalizing, interpersonal; T-at-65 convention stated once

Comparison-group context (if applied)

Group named; candidate or patient data kept separate from normative T scores; guarded-profile limits stated

Interpretive narrative integration

Computer report paraphrased; minimum-necessary excerpts only; reconciled with interview, history, records

Interpretive summary

Hypotheses corroborated across sources; the referral question answered; what the profile cannot establish

Recommendations linkage

Each recommendation tied to a stated finding; risk routed through the evaluation's risk assessment

Retest rationale, if planned: | Report due:

Evaluator signature / credentials: | Date signed:

Supervisor signature, where required: | Date: