



Minnesota Multiphasic
Personality Inventory-2
Restructured Form®

SAMPLE REPORT

Case Description: Ms. E Spine Surgery Candidate Interpretive Report

Ms. E is a 56-year-old, married retail clothing store assistant manager. She developed a herniated disc after a slip-and-fall type injury on the job. Her injury was covered under workers' compensation insurance. She underwent a lumbar discectomy 6 months after the injury, and initially felt significant pain relief. However, she never returned to work and 3 months after the first surgery she experienced a recurrence of severe back and right leg pain. She became a candidate for a 2-level lumbar spine fusion. This MMPI-2-RF protocol, which was a component of a presurgical psychological evaluation for the proposed fusion, was completed 1.5 years after the initial injury. Her physician has prescribed opioid medication for pain control during the last 6 months. Ms. E has no prior history of mental health intervention. She was raised in a family with an abusive, alcoholic father, and her parents divorced when she was 11. She hopes surgery will allow her to get off opioid medication and return to work.

Case descriptions do not accompany MMPI-2-RF reports, but are provided here as background information. The following report was generated from Q-global™, Pearson's web-based scoring and reporting application, using Ms. E's responses to the MMPI-2-RF. Additional MMPI-2-RF sample reports, product offerings, training opportunities, and resources can be found at PearsonClinical.com/mmpi2rf.

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Pearson



Minnesota Multiphasic
Personality Inventory-2
Restructured Form®

Yossef S. Ben-Porath, PhD, & Auke Tellegen, PhD

MMPI-2-RF®

Spine Surgery Candidate Interpretive Report

Andrew R. Block, PhD, & Yossef S. Ben-Porath, PhD

ID Number:	Ms. E
Age:	56
Gender:	Female
Marital Status:	Married
Years of Education:	15
Date Assessed:	08/10/2017

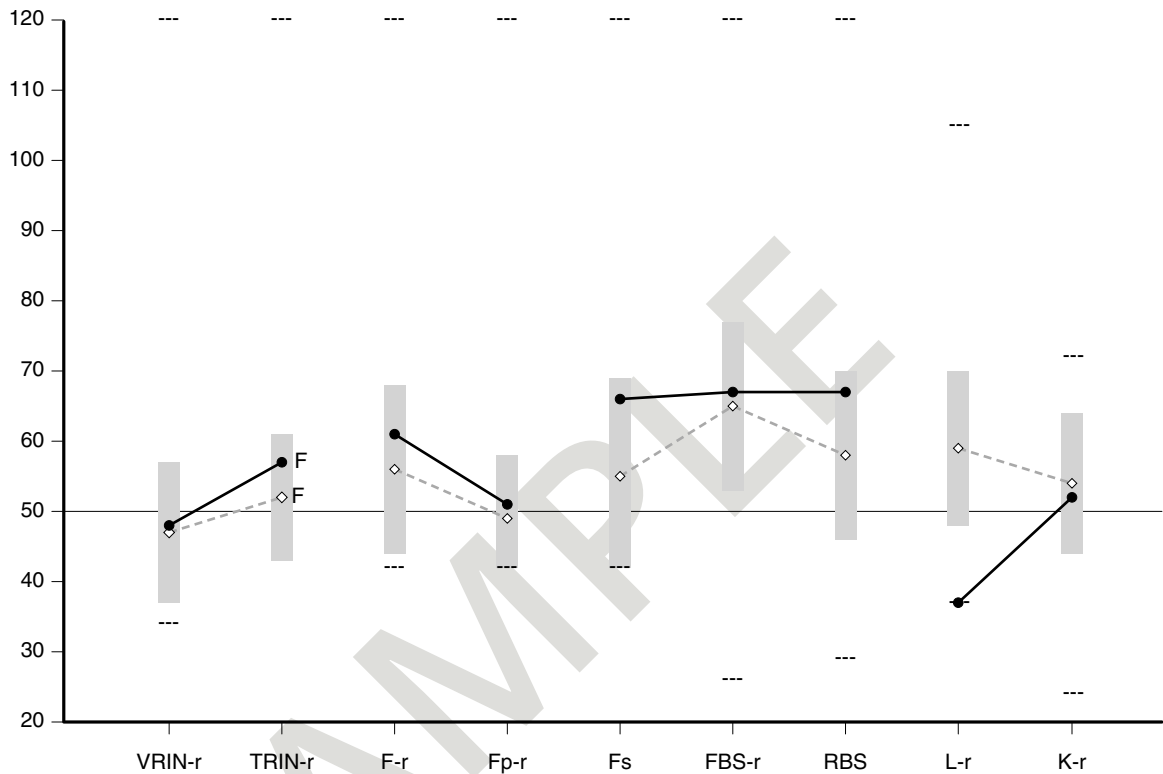
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MMPI-2-RF Validity Scales



Raw Score:	3	10	4	1	3	13	9	0	8
T Score:	48	57 F	61	51	66	67	67	37	52
Response %:	98	100	100	100	100	100	100	100	100
Cannot Say (Raw):	1								
					Percent True (of items answered):				38%

Comparison Group Data: Spine Surgery Candidate (Women), N = 662

Mean Score (◇--◇):	47	52 F	56	49	55	65	58	59	54
Standard Dev (±1 SD):	10	9	12	9	14	12	12	11	10
Percent scoring at or below patient:	68	81	77	83	86	64	83	2	46

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

VRIN-r	Variable Response Inconsistency	Fs	Infrequent Somatic Responses	L-r	Uncommon Virtues
TRIN-r	True Response Inconsistency	FBS-r	Symptom Validity	K-r	Adjustment Validity
F-r	Infrequent Responses	RBS	Response Bias Scale		
Fp-r	Infrequent Psychopathology Responses				

MMPI-2-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales



	EID	THD	BXD	RCd	RC1	RC2	RC3	RC4	RC6	RC7	RC8	RC9
Raw Score:	22	1	9	16	7	9	2	11	0	4	1	11
T Score:	66	48	57	71	61	69	41	68	43	46	47	48
Response %:	100	100	100	96	100	100	100	100	100	100	100	100

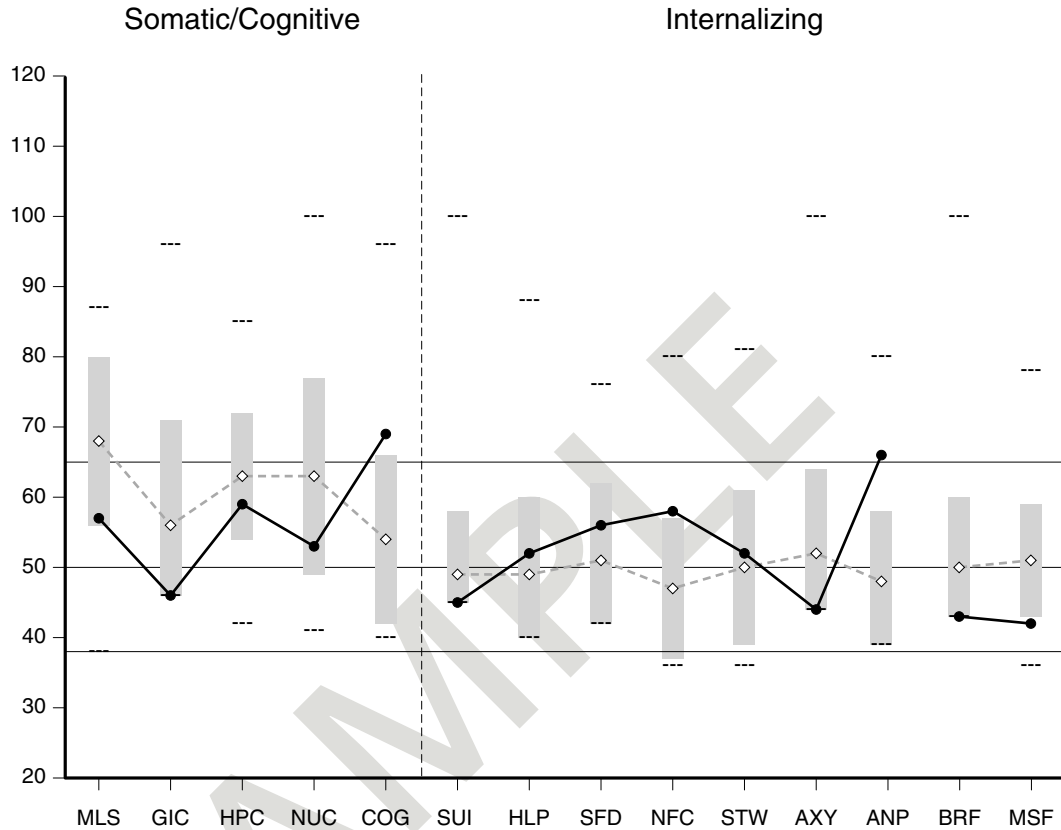
Comparison Group Data: Spine Surgery Candidate (Women), N = 662

Mean Score (◇--◇):	51	48	43	52	64	53	46	45	49	46	47	42
Standard Dev (±1 SD):	11	9	8	11	11	10	10	8	9	10	9	8
Percent scoring at or below patient:	90	67	96	95	49	94	39	99	61	58	68	84

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

EID	Emotional/Internalizing Dysfunction	RCd	Demoralization	RC6	Ideas of Persecution
THD	Thought Dysfunction	RC1	Somatic Complaints	RC7	Dysfunctional Negative Emotions
BXD	Behavioral/Externalizing Dysfunction	RC2	Low Positive Emotions	RC8	Aberrant Experiences
		RC3	Cynicism	RC9	Hypomanic Activation
		RC4	Antisocial Behavior		

MMPI-2-RF Somatic/Cognitive and Internalizing Scales



Raw Score:	3	0	2	1	5	0	1	2	5	3	0	5	0	1
T Score:	57	46	59	53	69	45	52	56	58	52	44	66	43	42
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

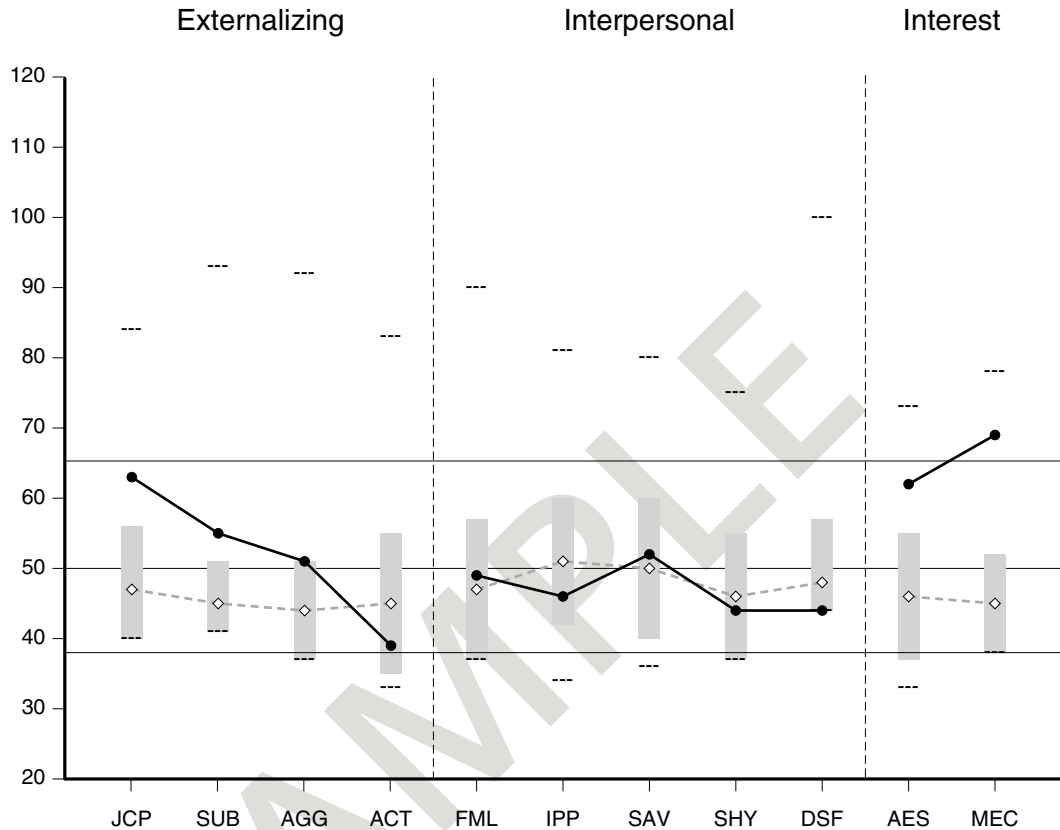
Comparison Group Data: Spine Surgery Candidate (Women), N = 662

Mean Score (◇--◇):	68	56	63	63	54	49	49	51	47	50	52	48	50	51
Standard Dev (±1 SD):	12	15	9	14	12	9	11	11	10	11	12	10	10	8
Percent scoring at or below patient:	27	62	56	32	91	86	78	82	90	74	65	95	59	18

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

MLS	Malaise	SUI	Suicidal/Death Ideation	AXY	Anxiety
GIC	Gastrointestinal Complaints	HLP	Helplessness/Hopelessness	ANP	Anger Proneness
HPC	Head Pain Complaints	SFD	Self-Doubt	BRF	Behavior-Restricting Fears
NUC	Neurological Complaints	NFC	Inefficacy	MSF	Multiple Specific Fears
COG	Cognitive Complaints	STW	Stress/Worry		

MMPI-2-RF Externalizing, Interpersonal, and Interest Scales



Raw Score:	3	2	2	1	2	3	4	1	0	5	7
T Score:	63	55	51	39	49	46	52	44	44	62	69
Response %:	100	100	100	100	100	100	100	100	100	100	100

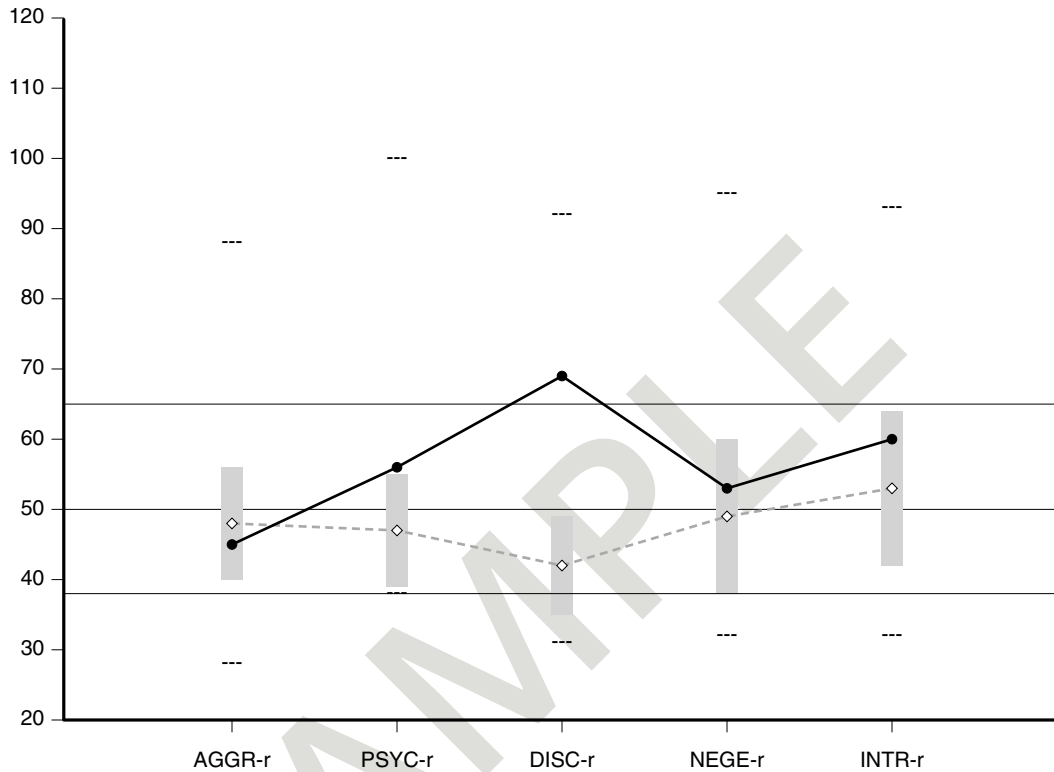
Comparison Group Data: Spine Surgery Candidate (Women), N = 662

Mean Score (◇---◇):	47	45	44	45	47	51	50	46	48	46	45
Standard Dev (±1 SD):	9	6	7	10	10	9	10	9	9	9	7
Percent scoring at or below patient:	95	96	89	42	76	43	71	55	77	96	99.5

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

JCP	Juvenile Conduct Problems	FML	Family Problems	AES	Aesthetic-Literary Interests
SUB	Substance Abuse	IPP	Interpersonal Passivity	MEC	Mechanical-Physical Interests
AGG	Aggression	SAV	Social Avoidance		
ACT	Activation	SHY	Shyness		
		DSF	Disaffiliativeness		

MMPI-2-RF PSY-5 Scales



Raw Score:	7	3	13	8	10
T Score:	45	56	69	53	60
Response %:	100	100	100	100	100

Comparison Group Data: Spine Surgery Candidate (Women), N = 662

Mean Score (◇--◇):	48	47	42	49	53
Standard Dev (±1 SD):	8	8	7	11	11
Percent scoring at or below patient:	44	90	99.8	75	80

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

AGGR-r	Aggressiveness-Revised
PSYC-r	Psychoticism-Revised
DISC-r	Disconstraint-Revised
NEGE-r	Negative Emotionality/Neuroticism-Revised
INTR-r	Introversiion/Low Positive Emotionality-Revised

MMPI-2-RF T SCORES (BY DOMAIN)

PROTOCOL VALIDITY

Content Non-Responsiveness	1	48	57 F			
	CNS	VRIN-r	TRIN-r			
Over-Reporting	61	51		66	67	67
	F-r	Fp-r		Fs	FBS-r	RBS
Under-Reporting	37	52				
	L-r	K-r				

SUBSTANTIVE SCALES

Somatic/Cognitive Dysfunction	61	57	46	59	53	69
	RC1	MLS	GIC	HPC	NUC	COG
Emotional Dysfunction	66	71	45	52	56	58
	EID	RCd	SUI	HLP	SFD	NFC
		69	60			
		RC2	INTR-r			
		46	52	44	66	43
		RC7	STW	AXY	ANP	BRF
						MSF
						NEGE-r
Thought Dysfunction	48	43				
	THD	RC6				
		47				
		RC8				
		56				
		PSYC-r				
Behavioral Dysfunction	57	68	63	55		
	BXD	RC4	JCP	SUB		
		48	51	39	45	69
		RC9	AGG	ACT	AGGR-r	DISC-r
Interpersonal Functioning	49	41	46	52	44	44
	FML	RC3	IPP	SAV	SHY	DSF
Interests	62	69				
	AES	MEC				

Scale scores shown in bold font are interpreted in the report.

Note. This information is provided to facilitate interpretation following the recommended structure for MMPI-2-RF interpretation in Chapter 5 of the *MMPI-2-RF Manual for Administration, Scoring, and Interpretation*, which provides details in the text and an outline in Table 5-1.

This interpretive report is intended for use by a professional qualified to interpret the MMPI-2-RF in the context of a presurgical psychological evaluation of spine surgery candidates. The information it contains should be considered in the context of the patient's background, the circumstances of the assessment, and other available information.

Interpretive statements in the Comparison Group Findings section are based on comparisons with the women of the Spine Surgery Candidate comparison group. Statements in the remaining sections of the report are based on T scores derived from the general MMPI-2-RF normative sample.

The report includes extensive annotation, which appears as superscripts following each statement in the narrative, keyed to Endnotes with accompanying Research References, which appear in the final two sections of the report. Additional information about the annotation features is provided in the headnotes to these sections and in the User's Guide for the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) Spine Surgery Candidate Interpretive Report (Spine-CIR) and Spinal Cord Stimulator Candidate Interpretive Report (Stim-CIR).

SYNOPSIS

This is a valid MMPI-2-RF protocol. Scores on the substantive scales indicate cognitive complaints and emotional and behavioral dysfunction. Cognitive complaints include difficulties in memory and concentration. Emotional-internalizing findings include demoralization, depression, and anger. Behavioral-externalizing problems relate to antisocial behavior.

Comparison group findings point to possible concerns about cognitive complaints, emotional problems including unhappiness and dissatisfaction, inefficacy, a low level of positive emotions, and anger, odd perceptions and beliefs, and behavioral problems including irresponsible behavior and substance use.

Possible presurgical risk factors are identified in the Demoralization and Depression, Pain and Somatic Sensitivity, Pain Coping, Health Orientation and Medical Adherence, Fear/Avoidance, Interpersonal, and Substance Abuse domains.

PROTOCOL VALIDITY

This is a valid MMPI-2-RF protocol. There are no problems with unscorable items. The patient responded to the items relevantly on the basis of their content, and there are no indications of over- or under-reporting.

SUBSTANTIVE SCALE INTERPRETATION

Clinical-level symptoms, personality characteristics, and behavioral tendencies of the patient are described in this section and organized according to an empirically guided framework. (Please see Chapter 8, Yossef S. Ben-Porath, Interpreting the MMPI-2-RF, for details.) Statements containing the word "reports" are based on the item content of MMPI-2-RF scales, whereas statements that include the word "likely" are based on empirical correlates of scale scores. Specific sources for each statement can be accessed with the annotation features of this report.

Somatic/Cognitive Dysfunction

The patient reports a diffuse pattern of cognitive difficulties¹. She is likely to complain about memory problems², not to cope well with stress³, and to experience difficulties in concentration⁴.

Emotional Dysfunction

The patient's responses indicate significant emotional distress⁵. More specifically, she reports feeling sad and unhappy and being dissatisfied with her current life circumstances⁶. She is likely to complain of feeling depressed⁷.

She reports a lack of positive emotional experiences, significant anhedonia, and lack of interest⁸.

The patient reports being anger-prone⁹. She is indeed likely to have problems with anger, irritability, and low tolerance for frustration¹⁰; to hold grudges¹¹; to have temper tantrums¹²; and to be argumentative and abusive¹².

Thought Dysfunction

There are no indications of disordered thinking in this protocol.

Behavioral Dysfunction

The patient reports a significant history of acting-out, antisocial behavior¹³ and is likely to have poor impulse control¹⁴, to have been involved with the criminal justice system¹⁵, and to have difficulties with individuals in positions of authority¹⁶. She is also likely to experience conflictual interpersonal relationships¹⁷, to act out when bored¹⁸, and to have antisocial characteristics¹⁹.

Interpersonal Functioning Scales

These scales provide no further evidence of dysfunction.

Interest Scales

The patient reports an above average number of interests in activities or occupations of a mechanical or physical nature (e.g., fixing and building things, the outdoors, sports)²⁰. Individuals who respond in this manner are likely to be adventure- and sensation-seeking²¹. She reports an average number of interests in activities or occupations of an aesthetic or literary nature (e.g., writing, music, the theater)²².

DIAGNOSTIC CONSIDERATIONS

This section provides recommendations for psychodiagnostic assessment based on the patient's MMPI-2-RF results. It is recommended that she be evaluated for the following:

Emotional-Internalizing Disorders

- Depression-related disorder²³
- Anger-related disorders²⁴

Behavioral-Externalizing Disorders

- Antisocial personality disorder, substance use disorders, and other externalizing disorders²⁵

SPINE SURGERY COMPARISON GROUP FINDINGS

*This section describes the MMPI-2-RF substantive scale findings in the context of the women of the Spine Surgery Candidate comparison group. Specific sources for each statement can be accessed with the annotation features of this report. **Presurgical risk factors, postsurgical outcomes, and treatment recommendations associated with these results, if any, are provided in subsequent sections of this report.***

The comparison group means reported on pages 2 through 6 of this report show that female spine surgery candidates score differently from the general MMPI-2-RF normative sample on several scales. Problems discussed earlier in the Substantive Scale Interpretation section are based on clinically elevated normative T scores of 65 and above. Potential difficulties identified in this section are based on scores that are unusually high in relation to the Spine Surgery Candidate (Women) comparison group, and thus may differ from those discussed earlier. If multiple risk factors are identified, the possibility of poor surgery results increases, but may be mitigated with psychological intervention.

Somatic/Cognitive Complaints

The patient reports a comparatively high level of cognitive complaints for a spine surgery candidate. Only 16.6% of comparison group members convey this or a greater number of cognitive problems¹.

Emotional/Internalizing Problems

The patient reports a comparatively large number of emotional problems for a spine surgery candidate. Only 11.9% of comparison group members convey this or a greater level of emotional difficulties²⁶. More specifically, she reports a relatively high level of unhappiness and dissatisfaction for this population. Only 7.3% of comparison group members convey this or a greater level of poor morale⁶. In particular, she reports a comparatively high level of inefficacious decision making for a spine surgery candidate. Only 16.3% of comparison group members convey this or a greater level of perceived inefficacy²⁷.

She reports a comparatively low level of positive emotional experiences for a spine surgery candidate⁸. Only 9.5% of comparison group members convey this or a lower level of positive emotions⁸.

The patient reports a comparatively high level of problems with anger for a spine surgery candidate. Only 11.0% of comparison group members convey this or a greater level of anger proneness⁹.

Unusual Thoughts, Perceptions, and Beliefs

The patient reports a comparatively high level of eccentric beliefs for a spine surgery candidate²⁸. Only 18.0% of comparison group members convey this or a greater level of peculiar thinking²⁸.

Behavioral/Externalizing Problems

The patient reports a comparatively large number of behavioral problems for a spine surgery candidate. Only 6.2% of comparison group members convey this or a greater level of behavioral difficulties²⁹. More specifically, her responses indicate a level of disconstraint reflecting behavioral control problems that may negatively affect surgical results³⁰. This level of poor impulse control is very uncommon among this population. Only 0.3% of comparison group members give evidence of this or a greater level of disconstraint³¹. In particular, she reports a relatively high level of juvenile conduct problems for a spine surgery candidate. Only 8.8% of comparison group members convey this or a greater level of conduct problems during their teenage years³². She also reports a comparatively large number of problems with substance use for this population. Only 11.6% of comparison group members convey this or a greater level of misusing substances³³.

PRESURGICAL PSYCHOLOGICAL RISK FACTORS

Psychological risk factors associated empirically with diminished surgical results are described in this section and organized according to nine problem domains identified in the professional literature as relevant to spine surgery outcomes. (Please see User's Guide for the MMPI-2-RF Spine Surgery Candidate Interpretive Report (Spine-CIR) and Spinal Cord Stimulator Candidate Interpretive Report (Stim-CIR) for details.) Specific sources for each statement can be accessed with the annotation features of this report.

Demoralization and Depression Problems

Compared with other spine surgery candidates, the patient is more likely to be experiencing depressive affect³⁴ and to have a low energy level and feel exhausted³⁵.

Pain and Somatic Sensitivity Problems

Compared with other spine surgery candidates, the patient is more likely to perceive herself as deserving and needing assistance from others³⁶. She is also likely to report greater functional disability associated with pain³⁷.

Pain Coping Problems

Compared with other spine surgery candidates, the patient is more likely to catastrophize when experiencing pain³⁸. She is also likely to be less self-reliant³⁸.

Health Orientation and Medical Adherence Problems

Compared with other spine surgery candidates, the patient is less likely to seek out information about health³⁹, to feel confident in obtaining information from the physician³⁹, to be able to continue with exercise/diet recommendations when under stress³⁹, and to be engaged in overall health maintenance and improvement³⁹. She is also more likely to smoke⁴⁰.

Fear/Avoidance Problems

Compared with other spine surgery candidates, the patient is likely to express higher levels of fear and avoidance of work activities³⁸. She is also more likely to have been out of work for more than 2 months⁴¹.

Interpersonal Problems

Compared with other spine surgery candidates, the patient is more likely to have had a chaotic or disrupted childhood⁴², to have a partner who reinforces pain behavior⁴³, and to report a lack of social support⁴⁴. She is also likely to report higher levels of anger⁴⁵.

Substance Abuse Problems

Compared with other spine surgery candidates, the patient is more likely to have a diagnosis of Substance Use Disorder⁴⁶. She is also likely to be at increased risk for opioid abuse⁴⁷.

The candidate's scores are not associated with empirically identified risk factors in the following domains:

- Anxiety and Stress Problems
- Recovery Disincentive Problems

POSTSURGICAL OUTCOMES

The postsurgical outcome statements listed here are based on prospective empirical studies indicating that, relative to other candidates, this patient is at increased risk for these specific adverse results. Inclusion of an adverse outcome does not imply that it will definitely occur, nor can other negative outcomes be definitively ruled out. Specific sources for each statement can be accessed with the annotation features of this report.

Compared to other spine surgery candidates, post-surgery this patient is likely to:

- Report higher levels of pain⁴⁸
- Report greater levels of disability⁴⁸
- Experience more negative affect and higher levels of psychological distress⁴⁸
- Be more likely to take Schedule II opioid medication⁴⁹
- Be less likely to return to work⁵⁰
- Have lower levels of satisfaction with the results of surgery⁵¹
- Convey stronger feelings that surgical results did not meet expectations⁵¹
- Report a more negative overall outcome⁵²

TREATMENT RECOMMENDATIONS

This section contains inferential treatment-focused recommendations specifically for spine surgery candidates, based on the patient's MMPI-2-RF scores. Sources for each statement can be accessed with the annotation features of this report.

Recommendations Based on Elevated Emotional Dysfunction Scales

The patient is significantly demoralized, feels overwhelmed, and may be quite dissatisfied with life circumstances. She may have difficulty becoming motivated and following treatment recommendations. Helping the patient recognize positive aspects of her situation, and focusing on each improvement, however small, may help build momentum for recovery⁵³.

The patient may also be experiencing depressive affect, which could impact surgical outcome. Consideration should be given to antidepressant medication, which may also help with pain reduction, as depression can increase pain awareness. Including individual psychotherapy in the overall surgical treatment plan may help the patient identify and experience pleasurable activities while rehabilitating⁵⁴.

In addition, the patient is prone to experience anger, irritability, and poor frustration tolerance--all of which may impact relationships with the treatment team. It is recommended that providers collaborate with her in developing approaches to prepare for and recover from surgery, and help her anticipate and deal with setbacks in the recovery process²⁴.

Recommendations Based on Elevated Behavioral Dysfunction Scales

Test results indicate possible problems with authority figures. There may be increased risk of non-adherence to post-surgical treatment requirements. Having the patient participate and gain ownership in developing plans for rehabilitation and return to normal activity may reduce this risk⁵⁵.

ITEM-LEVEL INFORMATION

Unscorable Responses

Following is a list of items to which the patient did not provide scorable responses. Unanswered or double answered (both True and False) items are unscorable. The scales on which the items appear are in parentheses following the item content.

299. I feel helpless when I have to make some important decisions. (VRIN-r, RCd)

Critical Responses

Seven MMPI-2-RF scales--Suicidal/Death Ideation (SUI), Helplessness/Hopelessness (HLP), Anxiety (AXY), Ideas of Persecution (RC6), Aberrant Experiences (RC8), Substance Abuse (SUB), and Aggression (AGG)--have been designated by the test authors as having critical item content that may require immediate attention and follow-up. Items answered by the individual in the keyed direction (True or False) on a critical scale are listed below if her T score on that scale is 65 or higher.

The patient has not produced an elevated T score (≥ 65) on any of these scales.

User-Designated Item-Level Information

The following item-level information is based on the report user's selection of additional scales, and/or of lower cutoffs for the critical scales from the previous section. Items answered by the patient in the keyed direction (True or False) on a selected scale are listed below if her T score on that scale is at the user-designated cutoff score or higher. The percentage of the MMPI-2-RF normative sample (NS) and of the Spine Surgery Candidate (Women) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Somatic Complaints (RC1, T Score = 61)

- 52. Item Content Omitted. (False; NS 17.5%, CG 46.5%)
- 65. Item Content Omitted. (False; NS 17.1%, CG 18.6%)
- 88. Item Content Omitted. (False; NS 29.2%, CG 66.2%)
- 137. Item Content Omitted. (True; NS 10.8%, CG 8.0%)
- 265. Item Content Omitted. (False; NS 18.7%, CG 96.4%)
- 290. Item Content Omitted. (False; NS 19.2%, CG 30.1%)
- 301. Item Content Omitted. (True; NS 9.0%, CG 54.8%)



Special Note:
The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

Low Positive Emotions (RC2, T Score = 69)

- 25. Item Content Omitted. (False; NS 14.5%, CG 79.2%)
- 102. Item Content Omitted. (False; NS 6.2%, CG 8.8%)
- 160. Item Content Omitted. (False; NS 23.1%, CG 23.9%)
- 182. Item Content Omitted. (False; NS 66.3%, CG 53.6%)
- 195. Item Content Omitted. (False; NS 28.0%, CG 27.5%)
- 202. Item Content Omitted. (False; NS 53.4%, CG 91.8%)
- 222. Item Content Omitted. (False; NS 19.6%, CG 14.4%)
- 246. Item Content Omitted. (False; NS 5.9%, CG 3.8%)
- 323. Item Content Omitted. (False; NS 34.9%, CG 16.3%)

Antisocial Behavior (RC4, T Score = 68)

- 5. Item Content Omitted. (True; NS 36.7%, CG 21.0%)
- 21. Item Content Omitted. (True; NS 47.1%, CG 17.7%)
- 38. Item Content Omitted. (False; NS 18.8%, CG 11.2%)
- 49. Item Content Omitted. (True; NS 29.6%, CG 11.2%)
- 66. Item Content Omitted. (True; NS 20.3%, CG 14.2%)
- 80. Item Content Omitted. (False; NS 21.2%, CG 15.9%)
- 126. Item Content Omitted. (False; NS 17.3%, CG 21.1%)
- 141. Item Content Omitted. (True; NS 34.2%, CG 15.3%)
- 156. Item Content Omitted. (True; NS 59.8%, CG 46.5%)
- 190. Item Content Omitted. (False; NS 28.6%, CG 18.1%)
- 253. Item Content Omitted. (True; NS 5.8%, CG 4.2%)

Cognitive Complaints (COG, T Score = 69)

- 59. Item Content Omitted. (False; NS 9.4%, CG 26.0%)
- 102. Item Content Omitted. (False; NS 6.2%, CG 8.8%)
- 136. Item Content Omitted. (True; NS 15.0%, CG 26.9%)
- 200. Item Content Omitted. (True; NS 17.8%, CG 31.7%)
- 306. Item Content Omitted. (True; NS 38.5%, CG 51.7%)



Special Note:
The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

Anger Proneness (ANP, T Score = 66)

- 119. Item Content Omitted. (True; NS 39.5%, CG 34.0%)
- 134. Item Content Omitted. (False; NS 32.5%, CG 21.1%)
- 155. Item Content Omitted. (True; NS 41.6%, CG 24.2%)
- 293. Item Content Omitted. (False; NS 18.5%, CG 18.9%)
- 303. Item Content Omitted. (True; NS 28.6%, CG 27.2%)

Substance Abuse (SUB, T Score = 55)

- 49. Item Content Omitted. (True; NS 29.6%, CG 11.2%)
- 141. Item Content Omitted. (True; NS 34.2%, CG 15.3%)

Disconstraint-Revised (DISC-r, T Score = 69)

- 21. Item Content Omitted. (True; NS 47.1%, CG 17.7%)
- 42. Item Content Omitted. (True; NS 10.3%, CG 6.0%)
- 49. Item Content Omitted. (True; NS 29.6%, CG 11.2%)
- 61. Item Content Omitted. (False; NS 61.6%, CG 43.5%)
- 66. Item Content Omitted. (True; NS 20.3%, CG 14.2%)
- 75. Item Content Omitted. (True; NS 50.3%, CG 28.5%)
- 107. Item Content Omitted. (True; NS 47.3%, CG 14.8%)
- 115. Item Content Omitted. (True; NS 55.0%, CG 44.0%)
- 156. Item Content Omitted. (True; NS 59.8%, CG 46.5%)
- 190. Item Content Omitted. (False; NS 28.6%, CG 18.1%)
- 226. Item Content Omitted. (True; NS 21.5%, CG 17.4%)
- 253. Item Content Omitted. (True; NS 5.8%, CG 4.2%)
- 300. Item Content Omitted. (True; NS 26.5%, CG 14.7%)

Items for Follow-up

This section contains a list of items to which the patient responded in a manner warranting follow-up. The items were identified by presurgical assessment experts as having critical content. Clinicians are encouraged to follow up on these statements with the patient by making related inquiries, rather than reciting the item(s) verbatim. Each item is followed by the patient's response, the percentage of the Spine Surgery Candidate (Women) comparison group members who gave this response, and the scale(s) on which the item appears.

- 23. Item Content Omitted. (True; 16.5%; K-r, RC7, AGG, NEGE-r)
- 25. Item Content Omitted. (False; 79.2%; VRIN-r, EID, RC2, MLS)
- 49. Item Content Omitted. (True; 11.2%; BXD, RC4, SUB, DISC-r)

- 65. Item Content Omitted. (False; 18.6%; RC1)
- 105. Item Content Omitted. (False; 15.3%; VRIN-r, EID, RCd)
- 135. Item Content Omitted. (True; 22.1%; HLP)
- 141. Item Content Omitted. (True; 15.3%; VRIN-r, FBS-r, RC4, SUB)
- 152. Item Content Omitted. (True; 13.4%; VRIN-r, NFC)
- 156. Item Content Omitted. (True; 46.5%; VRIN-r, FBS-r, RBS, BXD, RC4, DISC-r)
- 172. Item Content Omitted. (True; 9.8%; EID, RCd)
- 246. Item Content Omitted. (False; 3.8%; VRIN-r, TRIN-r, EID, RC2, INTR-r)
- 261. Item Content Omitted. (True; 29.2%; VRIN-r, TRIN-r, FBS-r, EID, RCd)
- 331. Item Content Omitted. (True; 10.7%; VRIN-r, EID, RCd)



Special Note:
The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

SAMPLE

ENDNOTES

This section lists for each statement in the report the MMPI-2-RF score(s) that triggered it. In addition, each statement is identified as a Test Response, if based on item content, a Correlate, if based on empirical correlates, or an Inference, if based on the report authors' judgment. (This information can also be accessed on-screen by placing the cursor on a given statement.) For correlate-based statements, research references (Ref. No.) are provided, keyed to the consecutively numbered reference list following the endnotes.

- ¹ Test Response: COG=69
- ² Correlate: COG=69, Ref. 8, 16, 31, 50
- ³ Correlate: RCd=71, Ref. 50; COG=69, Ref. 50
- ⁴ Correlate: COG=69, Ref. 8, 31, 50
- ⁵ Correlate: EID=66, Ref. 22, 34, 50
- ⁶ Test Response: RCd=71
- ⁷ Correlate: RCd=71, Ref. 1, 3, 4, 5, 8, 9, 10, 11, 13, 14, 18, 19, 30, 31, 35, 38, 41, 45, 46, 47, 49, 50, 51, 52, 55, 56; RC2=69, Ref. 1, 3, 4, 5, 8, 11, 13, 14, 18, 19, 35, 38, 41, 45, 46, 47, 50, 51, 52, 55, 56
- ⁸ Test Response: RC2=69
- ⁹ Test Response: ANP=66
- ¹⁰ Correlate: ANP=66, Ref. 1, 8, 10, 15, 31, 33, 35, 50
- ¹¹ Correlate: ANP=66, Ref. 50
- ¹² Correlate: ANP=66, Ref. 31, 50
- ¹³ Test Response: RC4=68
- ¹⁴ Correlate: RC4=68, Ref. 1, 10, 12, 13, 14, 32, 35, 37, 39, 40, 42, 47, 50, 56; DISC-r=69, Ref. 50
- ¹⁵ Correlate: RC4=68, Ref. 3, 18, 31, 40, 44, 50
- ¹⁶ Correlate: RC4=68, Ref. 50
- ¹⁷ Correlate: RC4=68, Ref. 1, 50
- ¹⁸ Correlate: RC4=68, Ref. 10, 50
- ¹⁹ Correlate: RC4=68, Ref. 1, 2, 7, 8, 10, 18, 19, 20, 21, 31, 32, 35, 41, 42, 43, 44, 45, 46, 47, 48, 50, 53, 55
- ²⁰ Test Response: MEC=69
- ²¹ Correlate: MEC=69, Ref. 50
- ²² Test Response: AES=62
- ²³ Correlate: RCd=71, Ref. 17, 23, 29, 36, 47, 50, 54; RC2=69, Ref. 17, 23, 29, 36, 47, 50, 54
- ²⁴ Inference: ANP=66
- ²⁵ Correlate: RC4=68, Ref. 2, 19, 42, 47, 50, 54, 55, 57
- ²⁶ Test Response: EID=66
- ²⁷ Test Response: NFC=58
- ²⁸ Test Response: PSYC-r=56
- ²⁹ Test Response: BXD=57
- ³⁰ Inference: RC4=68; DISC-r=69
- ³¹ Test Response: DISC-r=69
- ³² Test Response: JCP=63
- ³³ Test Response: SUB=55
- ³⁴ Correlate: RCd=71, Ref. 5, 29; RC2=69, Ref. 5, 29

- ³⁵ Correlate: RCd=71, Ref. 24; RC2=69, Ref. 24
³⁶ Correlate: RC2=69, Ref. 5; COG=69, Ref. 5
³⁷ Correlate: RC2=69, Ref. 49
³⁸ Correlate: RCd=71, Ref. 5
³⁹ Correlate: EID=66, Ref. 28; RC2=69, Ref. 28
⁴⁰ Correlate: RC4=68, Ref. 5; DISC-r=69, Ref. 5
⁴¹ Correlate: RCd=71, Ref. 5; RC2=69, Ref. 5
⁴² Correlate: RC4=68, Ref. 24
⁴³ Correlate: ANP=66, Ref. 24
⁴⁴ Correlate: RC2=69, Ref. 5
⁴⁵ Correlate: RCd=71, Ref. 6; ANP=66, Ref. 6
⁴⁶ Correlate: RC4=68, Ref. 25
⁴⁷ Correlate: DISC-r=69, Ref. 5, 49
⁴⁸ Correlate: RCd=71, Ref. 6, 26
⁴⁹ Correlate: RCd=71, Ref. 6, 26; RC2=69, Ref. 6, 26
⁵⁰ Correlate: EID=66, Ref. 6, 26; RCd=71, Ref. 6, 26
⁵¹ Correlate: RCd=71, Ref. 6, 27
⁵² Correlate: RCd=71, Ref. 6; RC2=69, Ref. 6
⁵³ Inference: RCd=71
⁵⁴ Inference: RC2=69
⁵⁵ Inference: RC4=68

SAMPLE

RESEARCH REFERENCE LIST

The following studies are sources for empirical correlates identified in the Endnotes section of this report.

1. Anderson, J. L., Sellbom, M., Ayerst, L., Quilty, L. C., Chmielewski, M., & Bagby, R. M. (2015). Associations between DSM-5 Section III personality traits and the Minnesota Multiphasic Personality Inventory 2-Restructured Form (MMPI-2-RF) scales in a psychiatric patient sample. *Psychological Assessment, 27*, 801-815. doi: [10.1037/pas0000096](https://doi.org/10.1037/pas0000096)
2. Anderson, J. L., Sellbom, M., Pymont, C., Smid, W., De Saeger, H. & Kamphuis, J. H. (2015). Measurement of DSM-5 Section II personality disorder constructs using the MMPI-2-RF in clinical and forensic samples. *Psychological Assessment, 27*, 786-800. doi: [10.1037/pas0000103](https://doi.org/10.1037/pas0000103)
3. Arbisi, P. A., Sellbom, M., & Ben-Porath, Y. S. (2008). Empirical correlates of the MMPI-2 Restructured Clinical (RC) Scales in psychiatric inpatients. *Journal of Personality Assessment, 90*, 122-128. doi: [10.1080/00223890701845146](https://doi.org/10.1080/00223890701845146)
4. Binford, A., & Liljequist, L. (2008). Behavioral correlates of selected MMPI-2 Clinical, Content, and Restructured Clinical scales. *Journal of Personality Assessment, 90*, 608-614. doi: [10.1080/00223890802388657](https://doi.org/10.1080/00223890802388657)
5. Block, A. R., Ben-Porath, Y. S., & Marek, R. J. (2013). Psychological risk factors for poor outcome of spine surgery and spinal cord stimulator implant: A review of the literature and their assessment with the MMPI-2-RF. *The Clinical Neuropsychologist, 27*, 81-107. doi: [10.1080/13854046.2012.721007](https://doi.org/10.1080/13854046.2012.721007)
6. Block, A. R., Marek, R. J., Ben-Porath, Y. S., & Ohnmeiss, D. D. (2014). Associations between MMPI-2-RF scores, workers' compensation status, and spine surgery outcome. *Journal of Applied Biobehavioral Research, 19*, 248-267. doi: [10.1111/jabr.12028](https://doi.org/10.1111/jabr.12028)
7. Bolinsky, P. K., Trumbetta, S. L., Hanson, D. R., & Gottesman, I. I. (2010). Predicting adult psychopathology from adolescent MMPIs: Some victories. *Personality and Individual Differences, 49*, 324-330. doi: [10.1016/j.paid.2010.01.026](https://doi.org/10.1016/j.paid.2010.01.026)
8. Burchett, D. L., & Ben-Porath, Y. S. (2010). The impact of over-reporting on MMPI-2-RF substantive scale score validity. *Assessment, 17*, 497-516. doi: [10.1177/1073191110378972](https://doi.org/10.1177/1073191110378972)
9. Erbes, C. R., Polusny, M. A., Arbisi, P. A., & Koffel, E. (2012). PTSD symptoms in a cohort of National Guard Soldiers deployed to Iraq: Evidence for nonspecific and specific components. *Journal of Affective Disorders, 142*, 269-274. doi: [10.1016/j.jad.2012.05.013](https://doi.org/10.1016/j.jad.2012.05.013)
10. Finn, J. A., Ben-Porath, Y. S., & Tellegen, A. (2015). Dichotomous versus polytomous response options in psychopathology assessment: Method or meaningful variance? *Psychological Assessment, 27*, 184-193. doi: [10.1037/pas0000044](https://doi.org/10.1037/pas0000044)

11. Forbey, J. D., Arbisi, P. A., & Ben-Porath, Y. S. (2012). The MMPI-2 computer adaptive version (MMPI-2-CA) in a VA medical outpatient facility. *Psychological Assessment, 24*, 628-639. [doi: 10.1037/a0026509](https://doi.org/10.1037/a0026509)
12. Forbey, J. D., & Ben-Porath, Y. S. (2007). A comparison of the MMPI-2 Restructured Clinical (RC) and Clinical Scales in a substance abuse treatment sample. *Psychological Services, 4*, 46-58. [doi: 10.1037/1541-1559.4.1.46](https://doi.org/10.1037/1541-1559.4.1.46)
13. Forbey, J. D., & Ben-Porath, Y. S. (2008). Empirical correlates of the MMPI-2 Restructured Clinical (RC) Scales in a non-clinical setting. *Journal of Personality Assessment, 90*, 136-141. [doi: 10.1080/00223890701845161](https://doi.org/10.1080/00223890701845161)
14. Forbey, J. D., Ben-Porath, Y. S., & Gartland, D. (2009). Validation of the MMPI-2 Computerized Adaptive Version (MMPI-2-CA) in a correctional intake facility. *Psychological Services, 6*, 279-292. [doi: 10.1037/a0016195](https://doi.org/10.1037/a0016195)
15. Forbey, J. D., Lee, T. T. C., & Handel, R. W. (2010). Correlates of the MMPI-2-RF in a college setting. *Psychological Assessment, 22*, 737-744. [doi: 10.1037/a0020645](https://doi.org/10.1037/a0020645)
16. Gervais, R. O., Ben-Porath, Y. S., & Wygant, D. B. (2009). Empirical correlates and interpretation of the MMPI-2-RF Cognitive Complaints scale. *The Clinical Neuropsychologist, 23*, 996-1015. [doi: 10.1080/13854040902748249](https://doi.org/10.1080/13854040902748249)
17. Haber, J. C., & Baum, L. J. (2014). Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF) Scales as predictors of psychiatric diagnoses. *South African Journal of Psychology, 44*, 439-453. [doi: 10.1177/0081246314532788](https://doi.org/10.1177/0081246314532788)
18. Handel, R. W., & Archer, R. P. (2008). An investigation of the psychometric properties of the MMPI-2 Restructured Clinical (RC) Scales with mental health inpatients. *Journal of Personality Assessment, 90*, 239-249. [doi: 10.1080/00223890701884954](https://doi.org/10.1080/00223890701884954)
19. Kamphuis, J. H., Arbisi, P. A., Ben-Porath, Y. S., & McNulty, J. L. (2008). Detecting comorbid Axis-II status among inpatients using the MMPI-2 Restructured Clinical Scales. *European Journal of Psychological Assessment, 24*, 157-164. [doi: 10.1027/1015-5759.24.3.157](https://doi.org/10.1027/1015-5759.24.3.157)
20. Kastner, R. M., Sellbom, M., & Lilienfeld, S. O. (2012). A comparison of the psychometric properties of the Psychopathic Personality Inventory full-length and short-form versions. *Psychological Assessment, 24*, 261-267. [doi: 10.1037/a0025832](https://doi.org/10.1037/a0025832)
21. Klein Haneveld, E., Kamphuis, J. H., Smid, W., & Forbey, J. D. (2017). Using MMPI-2-RF correlates to elucidate the PCL-R and its four facets in a sample of male forensic psychiatric patients. *Journal of Personality Assessment, 99*, 398-407. [doi: 10.1080/00223891.2016.1228655](https://doi.org/10.1080/00223891.2016.1228655)
22. Lanyon, R. I., & Thomas, M. L. (2013). Assessment of global psychiatric categories: The PSI/PSI-2 and the MMPI-2-RF. *Psychological Assessment, 25*, 227-232. [doi: 10.1037/a0030313](https://doi.org/10.1037/a0030313)
23. Lee, Y. T. C., Graham, J. R., & Arbisi, P. A. (2017). The utility of MMPI-2-RF scale scores in differential diagnosis of Schizophrenia and Major Depressive Disorder. *Journal of Personality Assessment, 99*, 1300-1306. [doi: 10.1080/00223891.2017.1300906](https://doi.org/10.1080/00223891.2017.1300906)

24. Marek, R. J., Ben-Porath, Y. S., Epker, J. T., Kreymer, J. K., & Block, A. R. (under review). Reliability and Validity of the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) in Spine Surgery and Spinal Cord Stimulator Samples.
25. Marek, R. J., Ben-Porath, Y. S., Sellbom, M., McNulty, J. L., & Heinberg, L. J. (2015). Validity of Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) scores as a function of gender, ethnicity, and age of bariatric surgery candidates. *Surgery for Obesity and Related Diseases*, *11*, 627-636. doi: [10.1016/j.soard.2014.10.005](https://doi.org/10.1016/j.soard.2014.10.005)
26. Marek, R. J., Block, A. R., & Ben-Porath, Y. S. (2015). The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF): Incremental validity in predicting early post-operative outcomes in spine surgery candidates. *Psychological Assessment*, *27*, 114-124. doi: [10.1037/pas0000035](https://doi.org/10.1037/pas0000035)
27. Marek, R. J., Block, A. R., & Ben-Porath, Y. S. (2017). Validation of a psychological screening algorithm for spine surgery outcomes. *Assessment*. doi: [10.1177/1073191117719512](https://doi.org/10.1177/1073191117719512)
28. Marek, R. J., Block, A. R., & Ben-Porath, Y. S. (under review). The adverse impact of psychosocial factors on spine surgery procedures is mitigated by patient activation.
29. McCord, D. M., & Drerup, L. C. (2011). Relative practical utility of the Minnesota Multiphasic Personality Inventory-2 Restructured Clinical Scales versus the Clinical Scales in a chronic pain patient sample. *Journal of Clinical and Experimental Neuropsychology*, *33*, 140-146. doi: [10.1080/13803395.2010.495056](https://doi.org/10.1080/13803395.2010.495056)
30. McDevitt-Murphy, M. E., Weathers, F. W., Flood, A. M., Eakin, D. E., & Benson, T. A. (2007). The utility of the PAI and the MMPI-2 for discriminating PTSD, depression, and social phobia in trauma-exposed college students. *Assessment*, *14*, 181-195. doi: [10.1177/1073191106295914](https://doi.org/10.1177/1073191106295914)
31. Menton, W. H., Crighton, A. H., Tarescavage, A. M., Marek, R. J., Hicks, A. D., & Ben-Porath, Y. S. (2017). Equivalence of laptop and tablet administrations of the Minnesota Multiphasic Personality Inventory-2 Restructured Form. *Assessment*. doi: [10.1177/1073191117714558](https://doi.org/10.1177/1073191117714558)
32. Phillips, T. R., Sellbom, M., Ben-Porath, Y. S., & Patrick, C. J. (2014). Further development and construct validation of MMPI-2-RF indices of global psychopathy, fearless-dominance, and impulsive-antisociality in a sample of incarcerated women. *Law and Human Behavior*, *38*(1), 34-46. doi: [10.1037/lhb0000040](https://doi.org/10.1037/lhb0000040)
33. Rogers, M. L., Anestis, J. C., Harrop, T. M., Schneider, M., Bender, T. W., Ringer, F. B., & Joiner, T. E. (2017). Examination of MMPI-2-RF substantive scales as indicators of acute suicidal affective disturbance components. *Journal of Personality Assessment*, *99*, 424-434. doi: [10.1080/00223891.2016.1222393](https://doi.org/10.1080/00223891.2016.1222393)
34. Romero, I. E., Toorabally, N., Burchett, D., Tarescavage, A. M., & Glassmire, D. M. (2017). Mapping the MMPI-2-RF substantive scales onto, internalizing, externalizing, and thought dysfunction dimensions in a forensic inpatient setting. *Journal of Personality Assessment*, *99*, 351-362. doi: [10.1080/00223891.2016.1223681](https://doi.org/10.1080/00223891.2016.1223681)

35. Sellbom, M., Anderson, J. L., & Bagby, R. M. (2013). Assessing DSM-5 Section III Personality Traits and Disorders with the MMPI-2-RF. *Assessment, 20*, 709-722. doi: [10.1177/1073191113508808](https://doi.org/10.1177/1073191113508808)
36. Sellbom, M., Bagby, R. M., Kushner, S., Quilty, L. C., & Ayearst, L. E. (2011). Diagnostic construct validity of the MMPI-2 Restructured Form (MMPI-2-RF) scale scores. *Assessment, 19*, 176-186. doi: [10.1177/1073191111428763](https://doi.org/10.1177/1073191111428763)
37. Sellbom, M., & Ben-Porath, Y. S. (2005). Mapping the MMPI-2 Restructured Clinical (RC) Scales onto normal personality traits: Evidence of construct validity. *Journal of Personality Assessment, 85*, 179-187. doi: [10.1207/s15327752jpa8502_10](https://doi.org/10.1207/s15327752jpa8502_10)
38. Sellbom, M., Ben-Porath, Y. S., & Bagby, R. M. (2008). On the hierarchical structure of mood and anxiety disorders: Confirmatory evidence and elaboration of a model of temperament markers. *Journal of Abnormal Psychology, 117*, 576-590. doi: [10.1037/a0012536](https://doi.org/10.1037/a0012536)
39. Sellbom, M., Ben-Porath, Y. S., & Bagby, R. M. (2008). Personality and psychopathology: Mapping the MMPI-2 Restructured Clinical (RC) Scales onto the five factor model of personality. *Journal of Personality Disorders, 22*, 291-312. doi: [10.1521/pedi.2008.22.3.291](https://doi.org/10.1521/pedi.2008.22.3.291)
40. Sellbom, M., Ben-Porath, Y. S., Baum, L. J., Erez, E., & Gregory, C. (2008). Predictive validity of the MMPI-2 Restructured Clinical (RC) Scales in a batterers' intervention program. *Journal of Personality Assessment, 90*, 129-135. doi: [10.1080/00223890701845153](https://doi.org/10.1080/00223890701845153)
41. Sellbom, M., Ben-Porath, Y. S., & Graham, J. R. (2006). Correlates of the MMPI-2 Restructured Clinical (RC) Scales in a college counseling setting. *Journal of Personality Assessment, 86*, 89-99. doi: [10.1207/s15327752jpa8601_10](https://doi.org/10.1207/s15327752jpa8601_10)
42. Sellbom, M., Ben-Porath, Y. S., Lilienfeld, S. O., Patrick, C. J., & Graham, J. R. (2005). Assessing psychopathic personality traits with the MMPI-2. *Journal of Personality Assessment, 85*, 334-343. doi: [10.1207/s15327752jpa8503_10](https://doi.org/10.1207/s15327752jpa8503_10)
43. Sellbom, M., Ben-Porath, Y. S., Patrick, C. J., Wygant, D. B., Gartland, D. M., & Stafford, K. P. (2012). Development and Construct Validation of MMPI-2-RF Indices of Global Psychopathy, Fearless-Dominance, and Impulsive-Antisociality. *Personality Disorders: Theory, Research, and Treatment, 3*(1), 17-38. doi: [10.1037/a0023888](https://doi.org/10.1037/a0023888)
44. Sellbom, M., Ben-Porath, Y. S., & Stafford, K. P. (2007). A comparison of MMPI-2 measures of psychopathic deviance in a forensic setting. *Psychological Assessment, 19*, 430-436. doi: [10.1037/1040-3590.19.4.430](https://doi.org/10.1037/1040-3590.19.4.430)
45. Sellbom, M., Graham, J. R., & Schenk, P. (2006). Incremental validity of the MMPI-2 Restructured Clinical (RC) Scales in a private practice sample. *Journal of Personality Assessment, 86*, 196-205. doi: [10.1207/s15327752jpa8602_09](https://doi.org/10.1207/s15327752jpa8602_09)
46. Shkalim, E. (2015). Psychometric evaluation of the MMPI-2/MMPI-2-RF Restructured Clinical Scales in an Israeli sample. *Assessment, 22*, 607-618. doi: [10.1177/1073191114555884](https://doi.org/10.1177/1073191114555884)

47. Simms, L. J., Casillas, A., Clark, L. A., Watson, D., & Doebbeling, B. I. (2005). Psychometric evaluation of the Restructured Clinical Scales of the MMPI-2. *Psychological Assessment, 17*, 345-358. [doi: 10.1037/1040-3590.17.3.345](https://doi.org/10.1037/1040-3590.17.3.345)
48. Sullivan, K. A., Elliott, C. D., Lange, R. T., & Anderson, D. S. (2013). A known groups evaluation of the Response Bias Scale in a neuropsychological setting. *Applied Neuropsychology: Adult, 20*, 20-32. [doi: 10.1080/09084282.2012.670149](https://doi.org/10.1080/09084282.2012.670149)
49. Tarescavage, A. M., Scheman, J., & Ben-Porath, Y. S. (2015). Reliability and validity of the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) in evaluations of chronic low back pain patients. *Psychological Assessment, 27*, 433-446. [doi: 10.1037/pas0000056](https://doi.org/10.1037/pas0000056)
50. Tellegen, A., & Ben-Porath, Y. S. (2008/2011). *The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF): Technical manual*. Minneapolis: University of Minnesota Press.
51. Tellegen, A., Ben-Porath, Y. S., Sellbom, M., Arbisi, P. A., McNulty, J. L., & Graham, J. R. (2006). Further evidence on the validity of the MMPI-2 Restructured Clinical (RC) Scales: Addressing questions raised by Rogers et al. and Nichols. *Journal of Personality Assessment, 87*, 148-171. [doi: 10.1207/s15327752jpa8702_04](https://doi.org/10.1207/s15327752jpa8702_04)
52. Vachon, D. D., Sellbom, M., Ryder, A. G., Miller, J. D., & Bagby, R. M. (2009). A Five-Factor Model description of depressive personality disorder. *Journal of Personality Disorders, 23*, 447-465. [doi: 10.1521/pedi.2009.23.5.447](https://doi.org/10.1521/pedi.2009.23.5.447)
53. Van der Heijden, P. T., Egger, J. I. M., Rossi, G., & Derksen, J. J. L. (2012). Integrating psychopathology and personality disorders conceptualized by the MMPI-2-RF and the MCMI-III: A structural validity study. *Journal of Personality Assessment, 4*, 345-357. [doi: 10.1080/00223891.2012.656861](https://doi.org/10.1080/00223891.2012.656861)
54. Van der Heijden, P. T., Egger, J. I. M., Rossi, G., Grundel, G., & Derksen, J. J. L. (2013). The MMPI-2 Restructured Form and the standard MMPI-2 Clinical Scales in relation to DSM-IV. *European Journal of Psychological Assessment, 29*, 182-188. [doi: 10.1027/1015-5759/a000140](https://doi.org/10.1027/1015-5759/a000140)
55. Wolf, E. J., Miller, M. W., Orazem, R. J., Weierich, M. R., Castillo, D. T., Milford, J., Kaloupek, D. G., & Keane, T. M. (2008). The MMPI-2 Restructured Clinical Scales in the assessment of posttraumatic stress disorder and comorbid disorders. *Psychological Assessment, 20*, 327-340. [doi: 10.1037/a0012948](https://doi.org/10.1037/a0012948)
56. Wygant, D. B., Boutacoff, L. A., Arbisi, P. A., Ben-Porath, Y. S., Kelly, P. H., & Rupp, W. M. (2007). Examination of the MMPI-2 Restructured Clinical (RC) Scales in a sample of bariatric surgery candidates. *Journal of Clinical Psychology in Medical Settings, 14*, 197-205. [doi: 10.1007/s10880-007-9073-8](https://doi.org/10.1007/s10880-007-9073-8)
57. Zahn, N., Sellbom, M., Pymont, C., & Schenk, P. W. (2017). Associations between MMPI-2-RF scale scores and self-reported personality disorder criteria in a private practice sample. *Journal of Psychopathology and Behavioral Assessment*. [doi: 10.1007/s10862-017-9616-8](https://doi.org/10.1007/s10862-017-9616-8)

End of Report

ITEM RESPONSES

1: 1 2: 1 3: 2 4: 1 5: 1 6: 1 7: 1 8: 1 9: 2 10: 2
11: 2 12: 2 13: 1 14: 2 15: 2 16: 1 17: 1 18: 2 19: 1 20: 2
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