



Minnesota Multiphasic
Personality Inventory-2
Restructured Form™

Interpretive Report: Clinical Settings

MMPI-2-RF®

Minnesota Multiphasic Personality Inventory-2-Restructured Form™

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

ID Number: 2
Age: 41
Gender: Female
Marital Status: Separated
Years of Education: Not reported
Date Assessed: 08/21/2008

PEARSON

PsychCorp

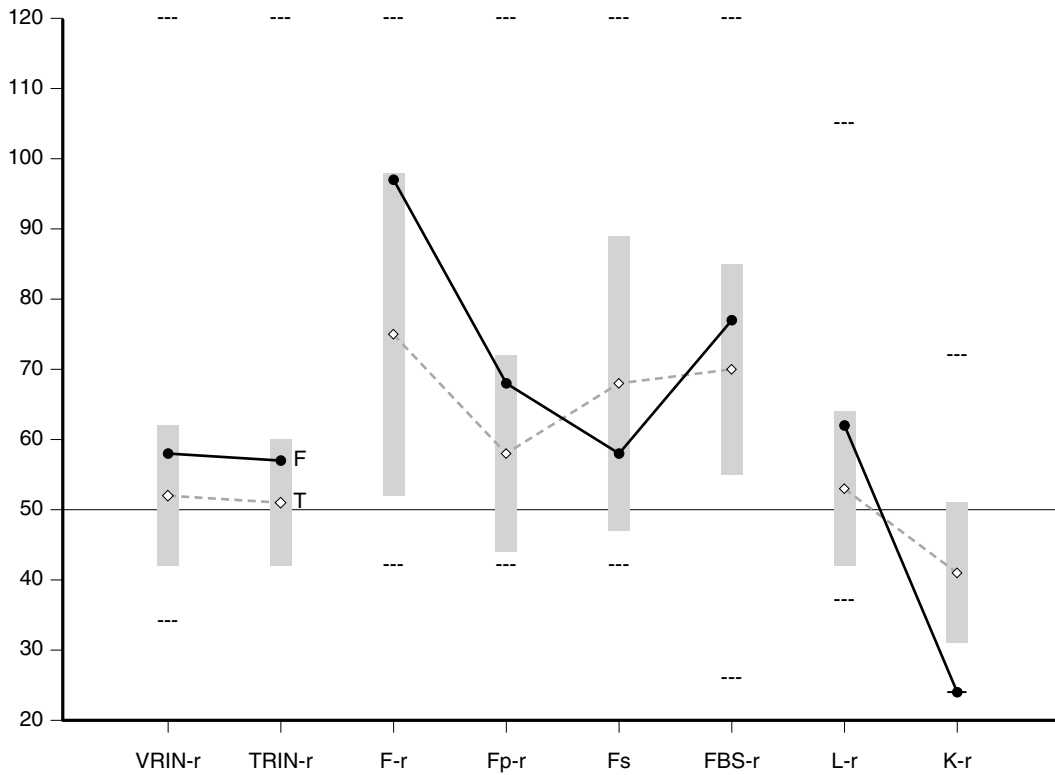
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TRADE SECRET INFORMATION

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MMPI-2-RF Validity Scales



Raw Score:	5	10	12	3	2	16	5	0
T Score:	58	57 F	97	68	58	77	62	24
Response %:	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0							49%

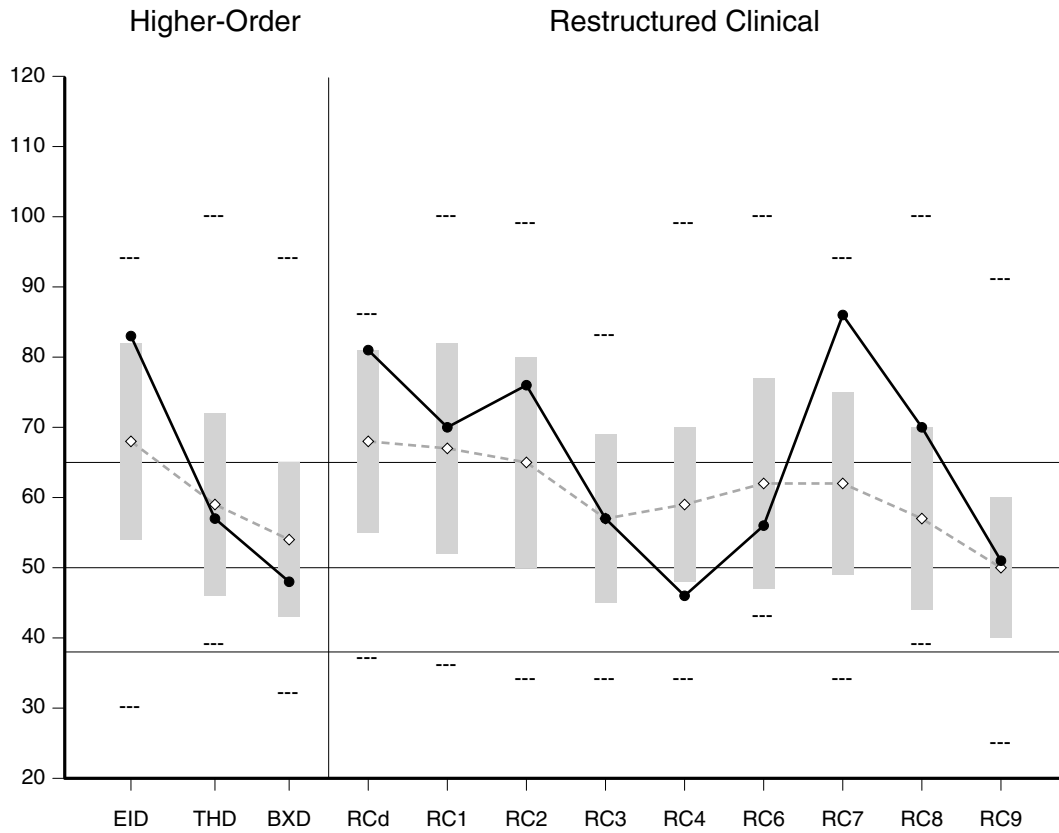
Comparison Group Data: Outpatient, Community Mental Health Center (Women), N = 582

Mean Score (◇--◇):	52	51 T	75	58	68	70	53	41
Standard Dev (±1 SD):	10	9	23	14	21	15	11	10

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
TRIN-r	True Response Inconsistency	FBS-r	Symptom Validity
F-r	Infrequent Responses	L-r	Uncommon Virtues
Fp-r	Infrequent Psychopathology Responses	K-r	Adjustment Validity

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



Raw Score:	34	3	5	21	11	11	9	3	1	21	7	13
T Score:	83	57	48	81	70	76	57	46	56	86	70	51
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

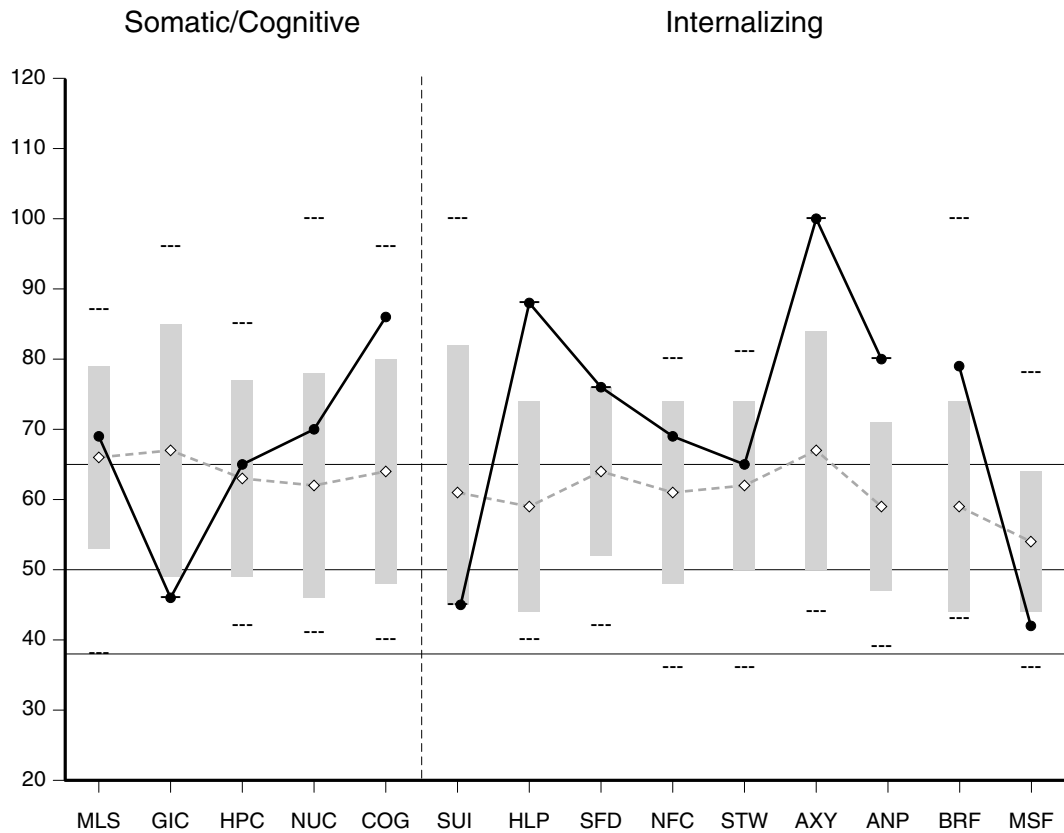
Comparison Group Data: Outpatient, Community Mental Health Center (Women), N = 582

Mean Score (◇---◇):	68	59	54	68	67	65	57	59	62	62	57	50
Standard Dev (±1 SD):	14	13	11	13	15	15	12	11	15	13	13	10

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:	5	0	3	4	8	0	5	4	7	5	5	7	4	1
T Score:	69	46	65	70	86	45	88	76	69	65	100	80	79	42
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

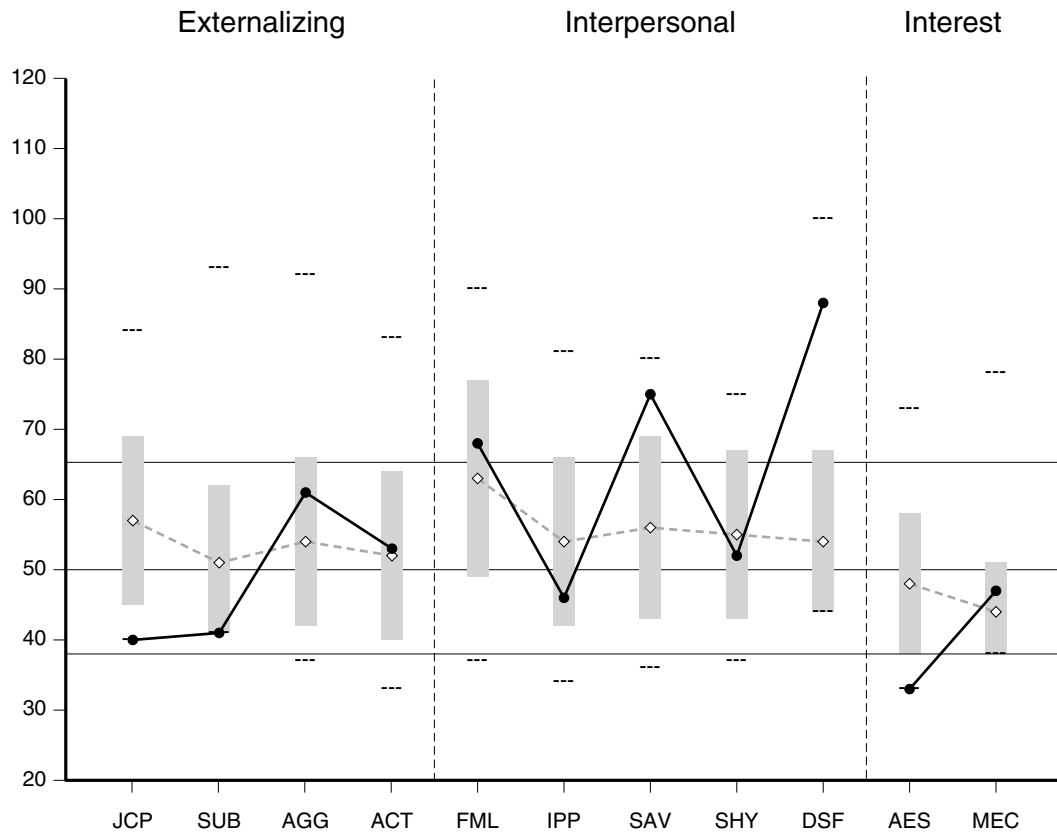
Comparison Group Data: Outpatient, Community Mental Health Center (Women), N = 582

Mean Score (◇--◇):	66	67	63	62	64	61	59	64	61	62	67	59	59	54
Standard Dev (±1 SD):	13	18	14	16	16	21	15	12	13	12	17	12	15	10

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:	0	0	4	4	6	3	9	4	4	0	2
T Score:	40	41	61	53	68	46	75	52	88	33	47
Response %:	100	100	100	100	100	100	100	100	100	100	100

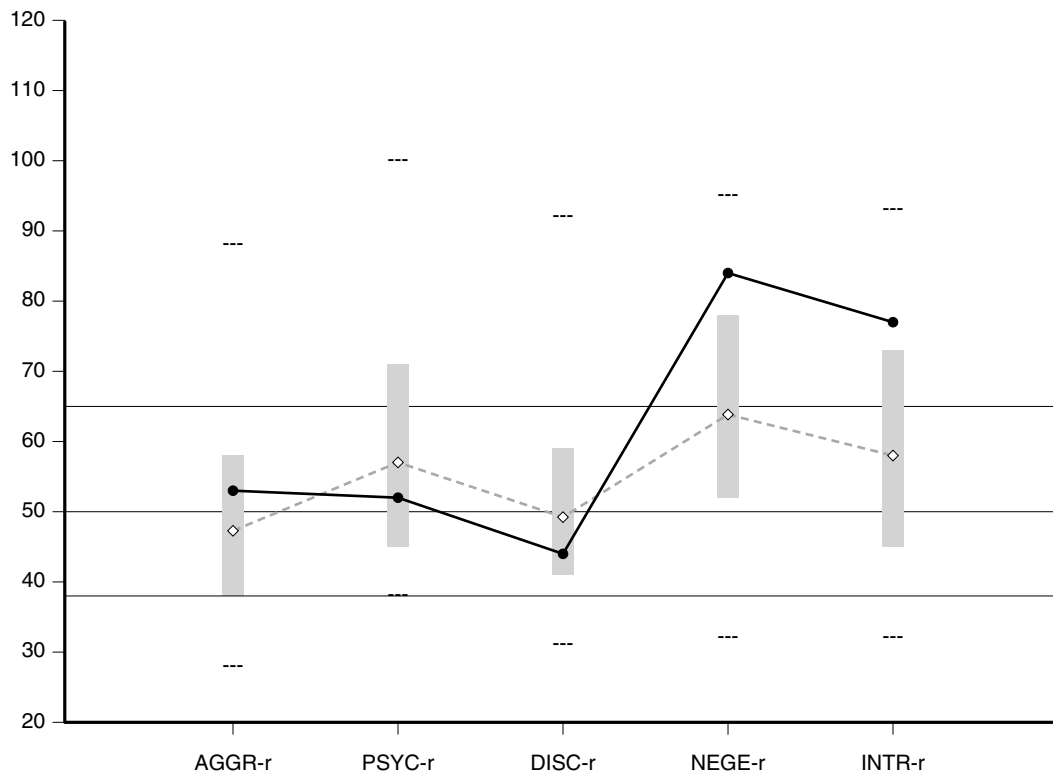
Comparison Group Data: Outpatient, Community Mental Health Center (Women), N = 582

Mean Score (◇--◇):	57	51	54	52	63	54	56	55	54	48	44
Standard Dev (±1 SD):	12	11	12	12	14	12	13	12	13	10	7

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:	10	2	4	17	15
T Score:	53	52	44	84	77
Response %:	100	100	100	100	100

Comparison Group Data: Outpatient, Community Mental Health Center (Women), N = 582

Mean Score (◇--◇):	48	58	50	65	59
Standard Dev (±1 SD):	10	13	9	13	14

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 Introversion/Low Positive Emotionality-Revised

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

SYNOPSIS

Scores on the MMPI-2-RF validity scales raise concerns about the possible impact of over-reporting on the validity of this protocol. With that caution noted, scores on the substantive scales indicate somatic and cognitive complaints, and emotional, thought, and interpersonal dysfunction. Somatic complaints include preoccupation with poor health, malaise, head pain, and neurological symptoms. Cognitive complaints include difficulties in memory and concentration. Emotional-internalizing findings include risk for **suicidal ideation**, demoralization, depression, helplessness and hopelessness, self-doubt, stress and worry, anxiety, fears, and anger. Dysfunctional thinking relates to aberrant perceptions and thoughts. Interpersonal difficulties include family problems, social avoidance, and a dislike of people and being around them.

PROTOCOL VALIDITY

Content Non-Responsiveness

There are no problems with unscorable items in this protocol. The test taker responded relevantly to the items on the basis of their content.

Over-Reporting

The test taker generated a much larger than average number of infrequent responses to the MMPI-2-RF items. This level of infrequent responding may occur in individuals with genuine, substantial psychological difficulties who report credible symptoms. However, for individuals with no history or current corroborating evidence of substantial dysfunction it very likely indicates over-reporting.

Under-Reporting

There are no indications of under-reporting in this protocol.

SUBSTANTIVE SCALE INTERPRETATION

Clinical symptoms, personality characteristics, and behavioral tendencies of the test taker are described in this section and organized according to an empirically guided framework. 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 viewed with the annotation features of this report.

The following interpretation needs to be considered in light of cautions noted about the possible impact of over-reporting on the validity of this protocol.

Somatic/Cognitive Dysfunction

The test taker reports multiple somatic complaints including head pain and vague neurological complaints. She is likely to be prone to developing physical symptoms in response to stress. She also reports experiencing poor health and feeling weak or tired. She is indeed likely to be preoccupied with poor health and to complain of sleep disturbance, fatigue, low energy, and sexual dysfunction.

She reports a diffuse pattern of cognitive difficulties including memory problems, difficulties concentrating, intellectual limitations, and confusion. She is indeed very likely to complain about memory problems, not to cope well with stress, and to experience difficulties in concentration.

Emotional Dysfunction

The test taker's responses indicate considerable and pervasive emotional distress that is likely to be perceived as a crisis. More specifically, she reports various negative emotional experiences and is very likely to be inhibited behaviorally by these emotions. She is also very likely to be self-critical and guilt-prone. She also reports feeling constantly anxious, feeling often that something dreadful is about to happen, being frightened by something every day, and having frequent nightmares. She is indeed very likely to experience significant anxiety and anxiety-related problems and intrusive ideation. In addition, she reports multiple fears that significantly restrict normal activity in and outside the home. She also reports getting easily upset, being impatient with others, becoming easily angered, and sometimes even being overcome by anger. She is indeed very likely to have problems with anger, irritability, and low tolerance for frustration; to hold grudges; to have temper tantrums; and to be argumentative and abusive. She is also likely to be stress-reactive and worry-prone and to engage in obsessive rumination.

She is at high risk for suicidal ideation. However, she did not endorse any of the MMPI-2-RF Suicidal/Death Ideation (SUI) scale items. She reports experiencing significant emotional turmoil, feeling overwhelmed, and being extremely unhappy, sad, and dissatisfied with her life. She is very likely to complain about significant depression. She also reports believing she cannot change and overcome her problems and is incapable of reaching her life goals. She is very likely to feel hopeless, overwhelmed, and that life is a strain, to believe she cannot be helped and gets a raw deal from life, and to lack motivation for change. In addition, she reports lacking confidence and feeling useless, and is very likely to be prone to rumination, to experience self-doubt, to feel insecure and inferior, and to be self-disparaging and intropunitive. She also reports being passive, indecisive, and inefficacious, believing she is incapable of coping with current difficulties. She is unlikely to be self-reliant.

The test taker reports a lack of positive emotional experiences, significant anhedonia, and lack of interest. She is likely to be pessimistic.

Thought Dysfunction

The test taker reports unusual thought processes. She is likely to experience thought disorganization, to engage in unrealistic thinking, and to believe she has unusual sensory-perceptual abilities. Her aberrant experiences may include somatic delusions.

Behavioral Dysfunction

There are no indications of maladaptive externalizing behavior in this protocol.

Interpersonal Functioning Scales

The test taker reports conflictual family relationships and lack of support from family members. She is indeed likely to have family conflicts and to experience poor family functioning, to have strong negative feelings about family members, and to blame family members for her difficulties.

She reports not enjoying social events and avoiding social situations. She is likely to be introverted, to have difficulty forming close relationships, and to be emotionally restricted. She also reports disliking people and being around others, preferring to be alone. She is very likely to be asocial.

Interest Scales

The test taker reports an average number of interests in activities or occupations of a mechanical or physical nature (e.g., fixing and building things, the outdoors, sports). She indicates little or no interest in activities or occupations of an aesthetic or literary nature (e.g., writing, music, the theater).

DIAGNOSTIC CONSIDERATIONS

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

Emotional-Internalizing Disorders

- Somatoform disorder and/or conditions involving somatic delusions, if physical origin for neurological complaints has been ruled out; malaise and head pain complaints also suggest a possible somatoform disorder if physical origins for them have been ruled out
- Anxiety-related disorders including PTSD
- Agoraphobia and specific phobias
- Anger-related disorders
- Disorders involving excessive stress and worry such as obsessive-compulsive disorder
- Depression-related disorder

Thought Disorders

- Disorders manifesting psychotic symptoms
- Personality disorders manifesting unusual thoughts and perceptions

Interpersonal Disorders

- Disorders associated with social avoidance such as avoidant personality disorder

TREATMENT CONSIDERATIONS

This section provides inferential treatment-related recommendations based on the test taker's MMPI-2-RF scores.

Areas for Further Evaluation

- Risk for self-harm.
- May require inpatient treatment due to significant depression .
- Need for antidepressant and anxiolytic medications.
- Origin of head pain complaints.
- Extent to which genuine physical health problems contribute to the scores on the Somatic Complaints (RC1) and Neurological Complaints (NUC) scales.
- Origin of malaise complaints.
- Origin of cognitive complaints. May require a neuropsychological evaluation.

Psychotherapy Process Issues

- Likely to reject psychological interpretations of somatic complaints.
- Malaise may impede her willingness or ability to engage in treatment.
- Serious emotional difficulties may motivate her for treatment.
- Indecisiveness may interfere with establishing treatment goals and progress in treatment.
- Impaired thinking may disrupt treatment.
- Her aversive response to close relationships may make it difficult to form a therapeutic alliance and achieve progress in treatment.

Possible Targets for Treatment

- Psychological distress as an initial target
- Loss of hope and feelings of despair as early targets for intervention
- Pain management for head pain complaints
- Serious dysfunctional negative emotions
- Anxiety
- Behavior-restricting fears
- Anger management
- Stress management and excessive worry and rumination
- Low self-esteem and other manifestations of self-doubt
- Pronounced anhedonia
- Family problems
- Difficulties associated with social avoidance

ITEM-LEVEL INFORMATION

Unscorable Responses

The test taker produced scorable responses to all the MMPI-2-RF items.

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 percentage of the MMPI-2-RF normative sample (NS) and of the Outpatient, Community Mental Health Center (Women) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Helplessness/Hopelessness (HLP, T Score = 88)

- 135. Item Content Omitted (True; NS 24.2%, CG 50.2%)
- 169. Item Content Omitted (True; NS 4.3%, CG 36.4%)
- 214. Item Content Omitted (True; NS 10.4%, CG 26.6%)
- 282. Item Content Omitted (False; NS 17.3%, CG 46.2%)
- 336. Item Content Omitted (True; NS 38.0%, CG 36.1%)



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.

Anxiety (AXY, T Score = 100)

- 79. Item Content Omitted (True; NS 6.2%, CG 33.2%)
- 146. Item Content Omitted (True; NS 1.8%, CG 14.9%)
- 228. Item Content Omitted (True; NS 17.3%, CG 57.6%)
- 275. Item Content Omitted (True; NS 5.0%, CG 34.5%)
- 289. Item Content Omitted (True; NS 12.7%, CG 45.5%)

Aberrant Experiences (RC8, T Score = 70)

- 32. Item Content Omitted (True; NS 21.1%, CG 41.6%)
- 106. Item Content Omitted (True; NS 8.7%, CG 25.8%)
- 122. Item Content Omitted (True; NS 3.3%, CG 14.6%)
- 159. Item Content Omitted (True; NS 6.0%, CG 25.3%)
- 257. Item Content Omitted (True; NS 12.4%, CG 29.7%)
- 273. Item Content Omitted (True; NS 5.2%, CG 14.8%)
- 330. Item Content Omitted (True; NS 15.2%, CG 19.1%)

End of Report

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