



Minnesota Multiphasic
Personality Inventory-2
Restructured Form™

Interpretive Report: Clinical Settings

MMPI-2-RF®

Minnesota Multiphasic Personality Inventory-2-Restructured Form™

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ID Number: 7
Age: 53
Gender: Female
Marital Status: Married
Years of Education: 12
Date Assessed: 08/13/2008

PEARSON

PsychCorp

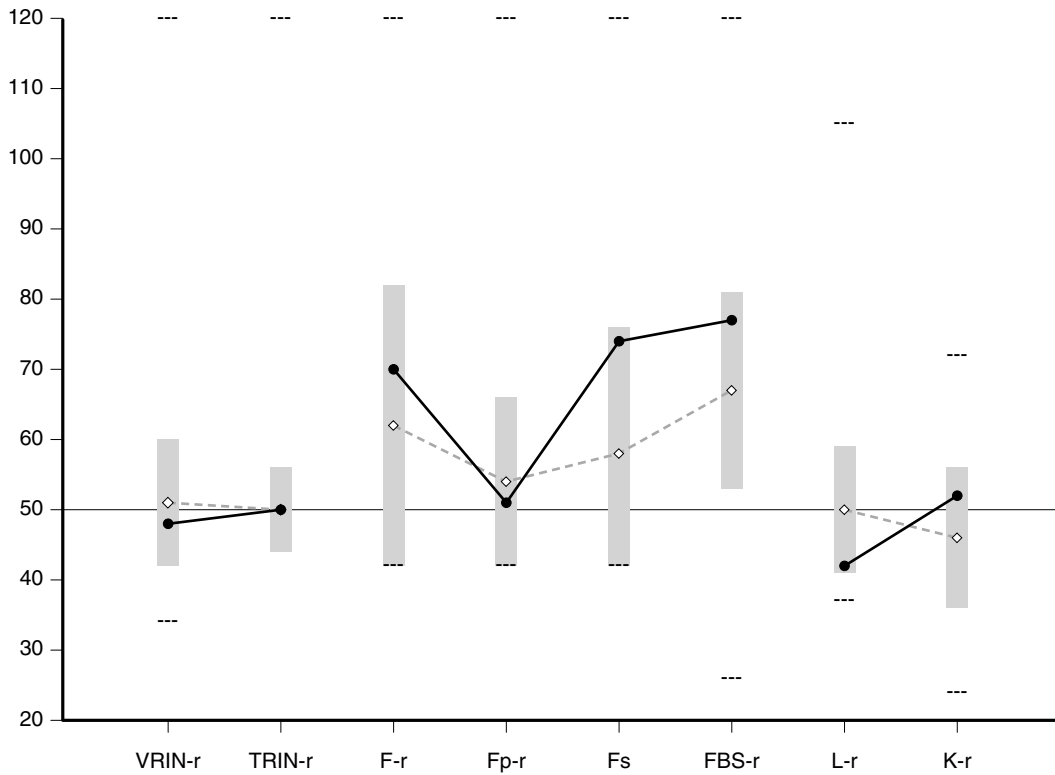
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TRADE SECRET INFORMATION

Not for release under HIPAA or other data disclosure laws that exempt trade secrets from disclosure.

MMPI-2-RF Validity Scales



Raw Score:	3	11	6	1	4	16	1	8
T Score:	48	50	70	51	74	77	42	52
Response %:	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0							Percent True (of items answered): 42%

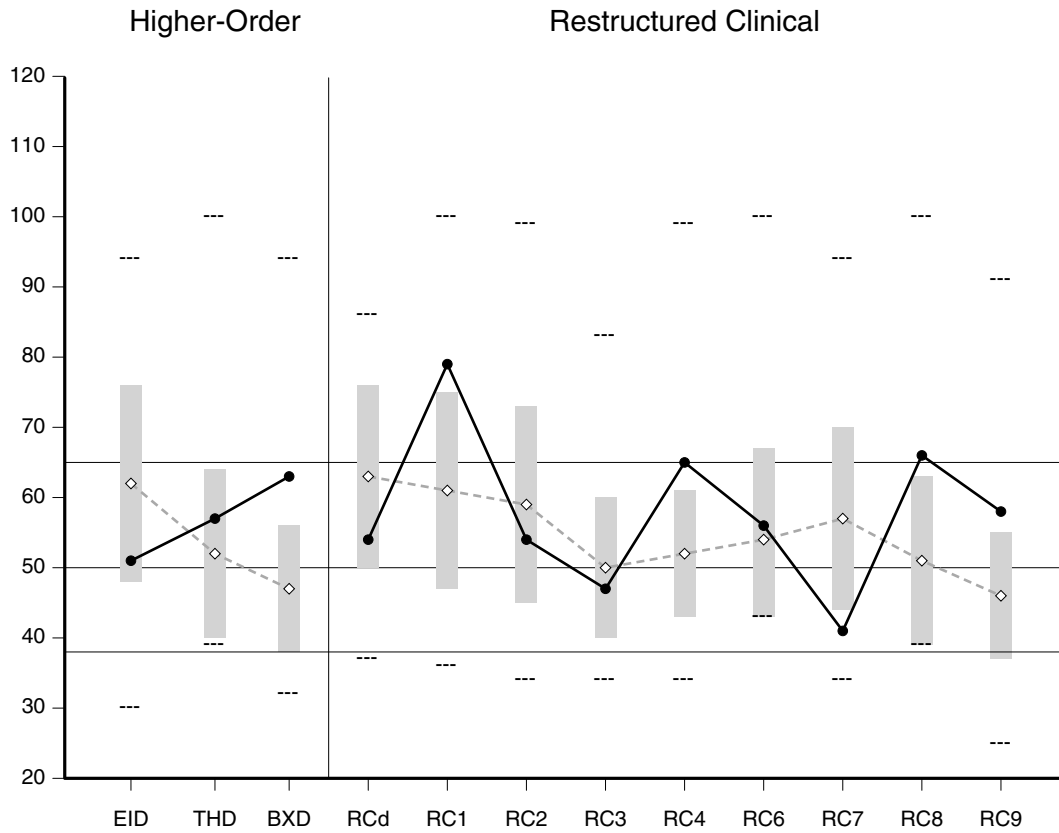
Comparison Group Data: Outpatient, Independent Practice (Women), N = 432

Mean Score (◇--◇):	51	50	62	54	58	67	50	46
Standard Dev (±1 SD):	9	6	20	12	18	14	9	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:	10	3	11	6	15	5	5	10	1	2	6	16
T Score:	51	57	63	54	79	54	47	65	56	41	66	58
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

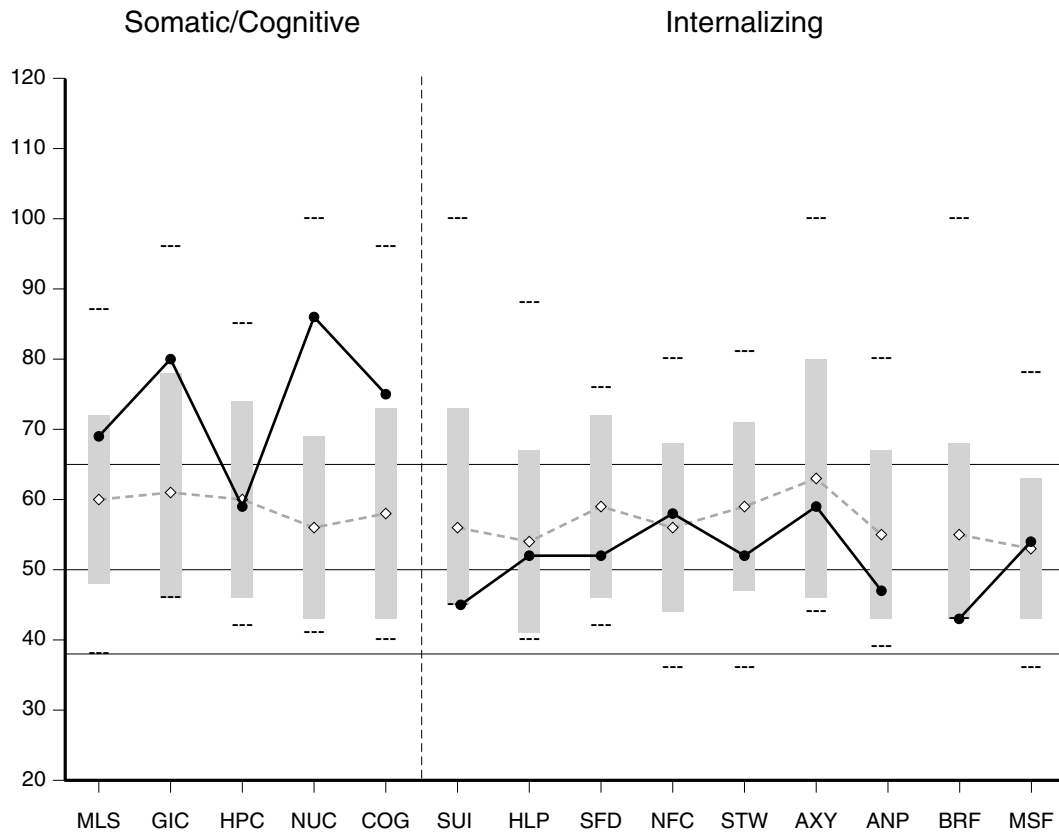
Comparison Group Data: Outpatient, Independent Practice (Women), N = 432

Mean Score (◇---◇):	62	52	47	63	61	59	50	52	54	57	51	46
Standard Dev (±1 SD):	14	12	9	13	14	14	10	9	13	13	12	9

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	3	2	7	6	0	1	1	5	3	1	1	0	5
T Score:	69	80	59	86	75	45	52	52	58	52	59	47	43	54
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

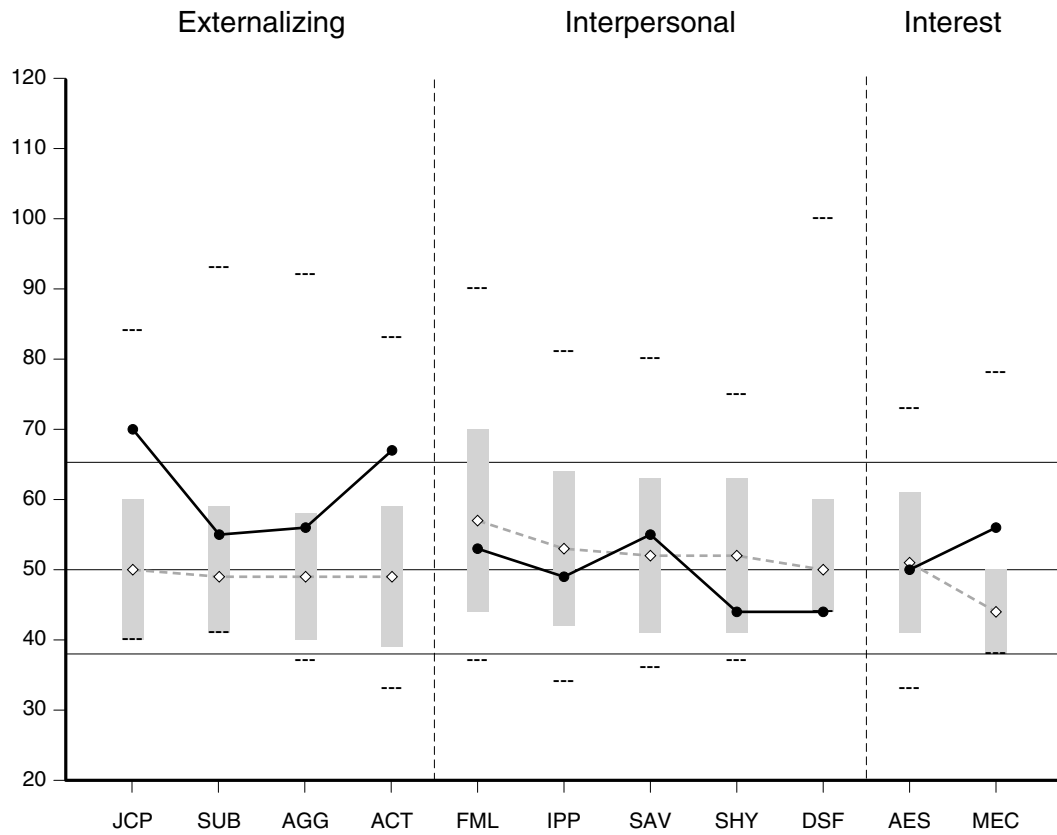
Comparison Group Data: Outpatient, Independent Practice (Women), N = 432

Mean Score (◇--◇):	60	61	60	56	58	56	54	59	56	59	63	55	55	53
Standard Dev (±1 SD):	12	17	14	13	15	17	13	13	12	12	17	12	13	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:	4	2	3	6	3	4	5	1	0	3	4
T Score:	70	55	56	67	53	49	55	44	44	50	56
Response %:	100	100	100	100	100	100	100	100	100	100	100

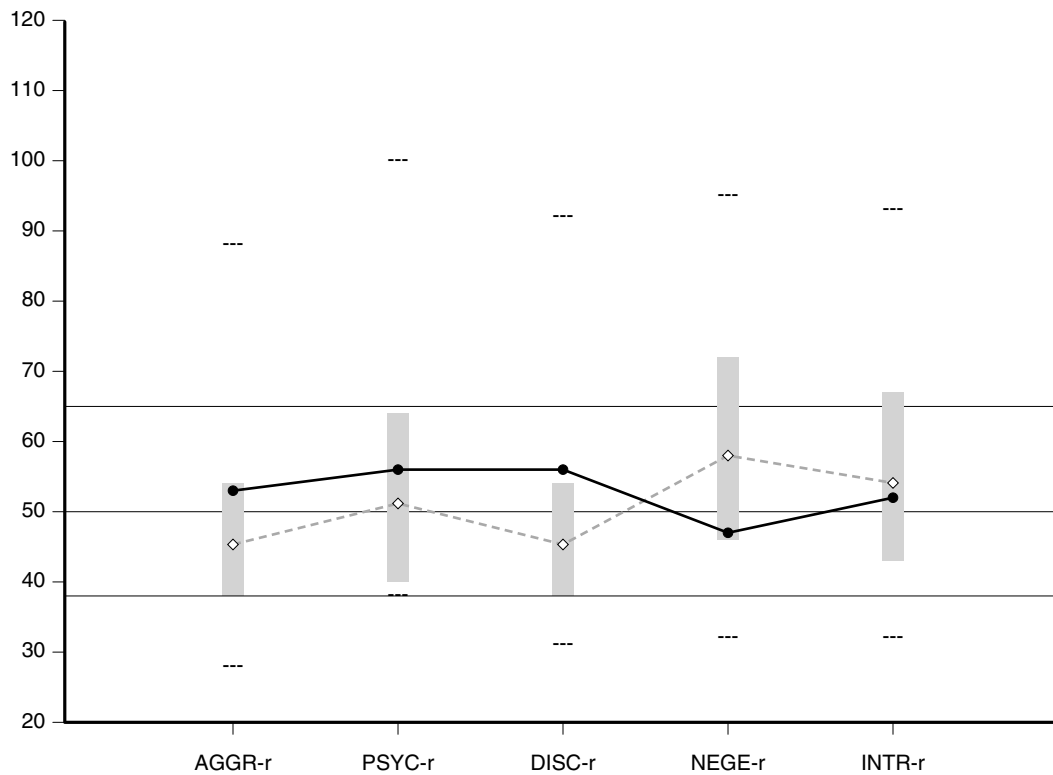
Comparison Group Data: Outpatient, Independent Practice (Women), N = 432

Mean Score (◇--◇):	50	49	49	49	57	53	52	52	50	51	44
Standard Dev (±1 SD):	10	10	9	10	13	11	11	11	10	10	6

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	3	9	5	7
T Score:	53	56	56	47	52
Response %:	100	100	100	100	100

Comparison Group Data: Outpatient, Independent Practice (Women), N = 432

Mean Score (◇--◇):	46	52	46	59	55
Standard Dev (±1 SD):	8	12	8	13	12

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

This is a valid MMPI-2-RF protocol. Scores on the substantive scales indicate somatic and cognitive complaints, and thought and behavioral dysfunction. Somatic complaints include preoccupation with poor health, malaise, neurological symptoms, and gastrointestinal problems. Cognitive complaints include difficulties in memory and concentration. Dysfunctional thinking findings relate to aberrant perceptions and thoughts. Behavioral-externalizing problems include antisocial behavior, juvenile conduct problems, and excessive activation.

PROTOCOL VALIDITY

This is a valid MMPI-2-RF protocol. There are no problems with unscorable items. The test taker 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 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.

Somatic/Cognitive Dysfunction

The test taker reports multiple somatic complaints including a number of vague neurological complaints and a number of gastrointestinal complaints. She is indeed likely to have a history of gastrointestinal problems. She is also very 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, and sexual dysfunction.

She reports a diffuse pattern of cognitive difficulties. She is likely to complain about memory problems, to have low tolerance for frustration, not to cope well with stress, and to experience difficulties in concentration.

Emotional Dysfunction

There are no indications of emotional-internalizing dysfunction in this protocol.

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

The test taker reports a significant history of acting-out, antisocial behavior and is likely to have poor impulse control, to have been involved with the criminal justice system, and to have difficulties with individuals in positions of authority. She is also likely to act out when bored and to have antisocial characteristics. She also reports a history of problematic behavior at school. She is likely to have a history of juvenile delinquency and criminal and antisocial behavior and to experience conflictual interpersonal relationships.

She reports episodes of over-activation such as heightened excitation and energy level and may have a history of symptoms associated with manic or hypomanic episodes.

Interpersonal Functioning Scales

These scales provide no further evidence of dysfunction.

Interest Scales

The test taker reports an average number of interests in activities or occupations of an aesthetic or literary nature (e.g., writing, music, the theater). She also 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).

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 gastrointestinal complaints also suggest a possible somatoform disorder if physical origins for them have been ruled out
- Cycling mood disorder

Thought Disorders

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

Behavioral-Externalizing Disorders

- Antisocial personality disorder, substance use disorders, and other externalizing disorders
- Manic or hypomanic episode or other conditions associated with excessive energy and activation

TREATMENT CONSIDERATIONS

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

Areas for Further Evaluation

- Need for mood-stabilizing medication.
- Extent to which genuine physical health problems contribute to the scores on the Somatic Complaints (RC1) and Neurological Complaints (NUC) scales.
- Origin of gastrointestinal complaints.
- 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.
- Impaired thinking may disrupt treatment.
- Acting-out tendencies can result in treatment non-compliance and interfere with the development of a therapeutic relationship.
- Excessive behavioral activation may interfere with treatment.

Possible Targets for Treatment

- Stress reduction for gastrointestinal complaints if stress-related
- Inadequate self-control

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, Independent Practice (Women) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Aberrant Experiences (RC8, T Score = 66)

- 106. Item Content Omitted (True; NS 8.7%, CG 13.7%)
- 159. Item Content Omitted (True; NS 6.0%, CG 14.6%)
- 179. Item Content Omitted (True; NS 12.6%, CG 18.8%)
- 199. Item Content Omitted (True; NS 12.1%, CG 17.1%)
- 257. Item Content Omitted (True; NS 12.4%, CG 18.8%)
- 273. Item Content Omitted (True; NS 5.2%, CG 6.5%)



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.

End of Report

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