



Minnesota Multiphasic  
Personality Inventory-2  
Restructured Form™

Interpretive Report: Clinical Settings

ORR4/TH

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

33: 4  
75  
Hgo cng  
O ctkcn/Ucww< 'O cttkgf  
[ gctu'qh'Gf wecvkqp< '34  
F cvg'Cuuguugf < '254: 14233



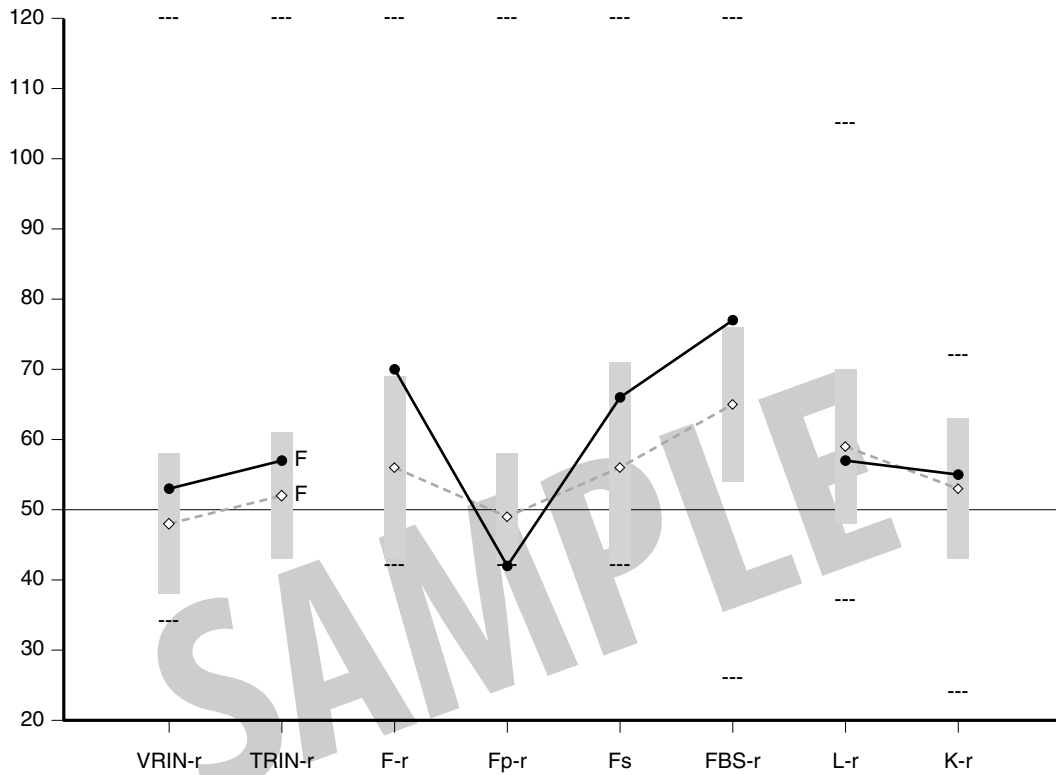
MMPI-2-RF Manual for Administration, Scoring, and Interpretation

Minnesota Multiphasic Personality Inventory-2-Restructured Form

TRADE SECRET INFORMATION

PsychCorp

### MMPI-2-RF Validity Scales



Raw Score:	4	10	6	0	3	16	4	9
T Score:	53	57 F	70	42	66	77	57	55
Response %:	100	96	100	100	100	100	100	100
Cannot Say (Raw):	1							
				Percent True (of items answered):				29%

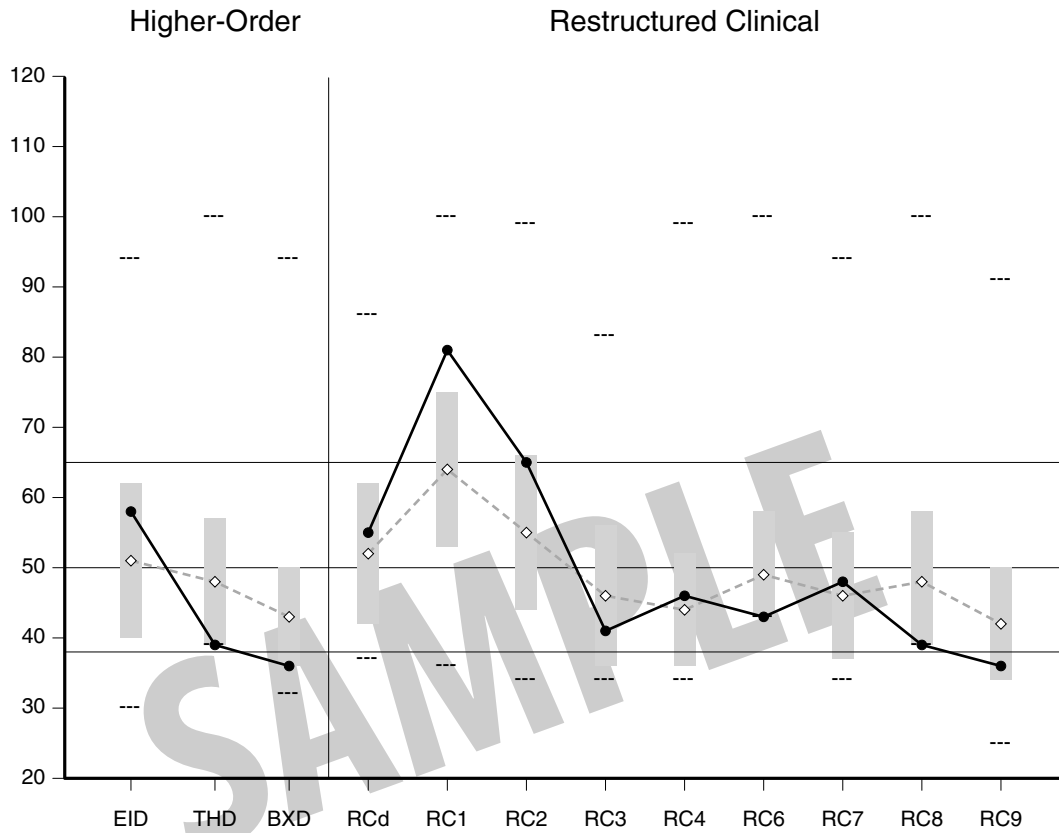
Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Women), N = 266

Mean Score (◇--◇):	48	52 F	56	49	56	65	59	53
Standard Dev (±1 SD):	10	9	13	9	15	11	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:	16	0	1	7	16	8	2	3	0	5	0	4
T Score:	58	39	36	55	81	65	41	46	43	48	39	36
Response %:	100	96	100	100	100	100	100	100	94	100	100	100

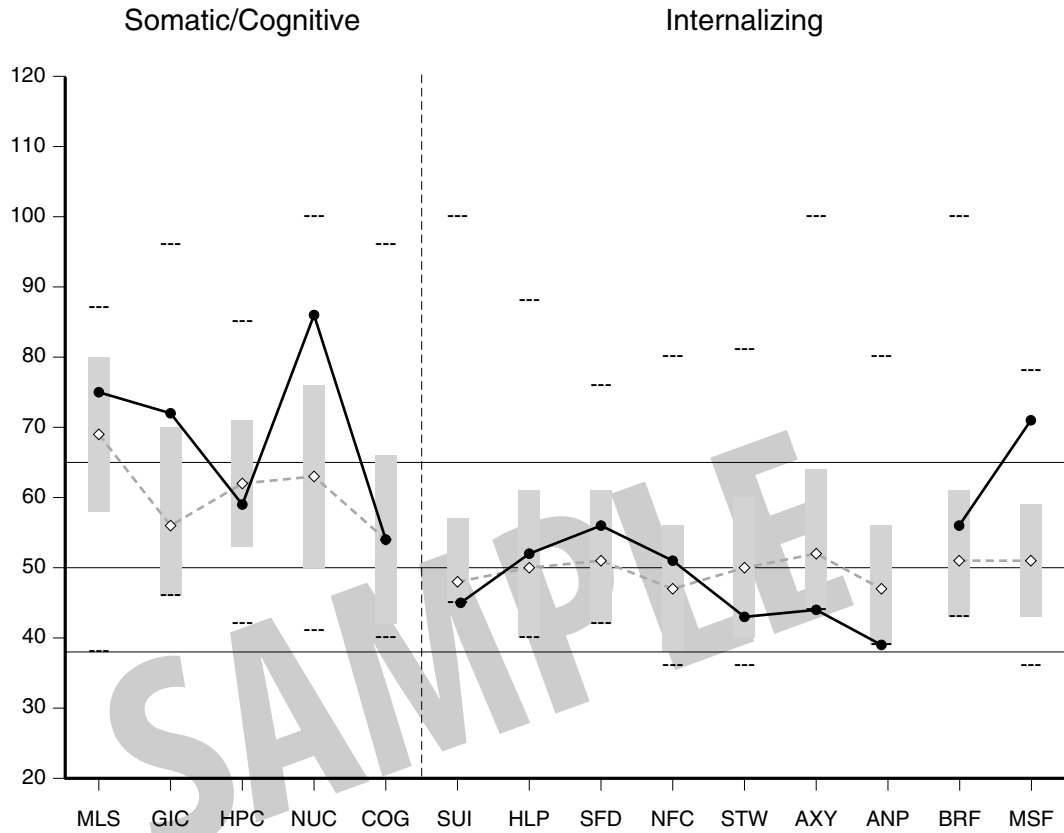
Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Women), N = 266

Mean Score (◇---◇):	51	48	43	52	64	55	46	44	49	46	48	42
Standard Dev (±1 SD):	11	9	7	10	11	11	10	8	9	9	10	8

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:	6	2	2	7	2	0	1	2	3	1	0	0	1	8
T Score:	75	72	59	86	54	45	52	56	51	43	44	39	56	71
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

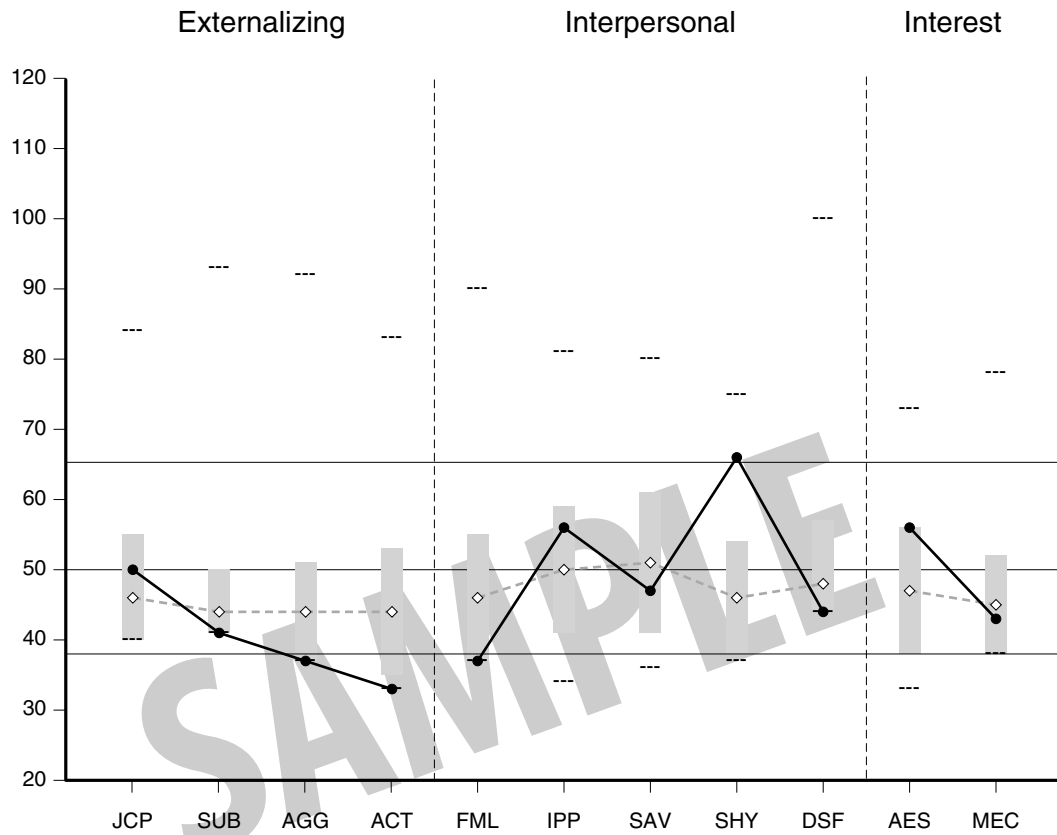
Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Women), N = 266

Mean Score (◇--◇):	69	56	62	63	54	48	50	51	47	50	52	47	51	51
Standard Dev (±1 SD):	11	14	9	13	12	9	11	10	9	10	12	9	10	8

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:	1	0	0	0	0	6	2	6	0	4	1
T Score:	50	41	37	33	37	56	47	66	44	56	43
Response %:	100	100	100	100	100	100	100	100	100	100	100

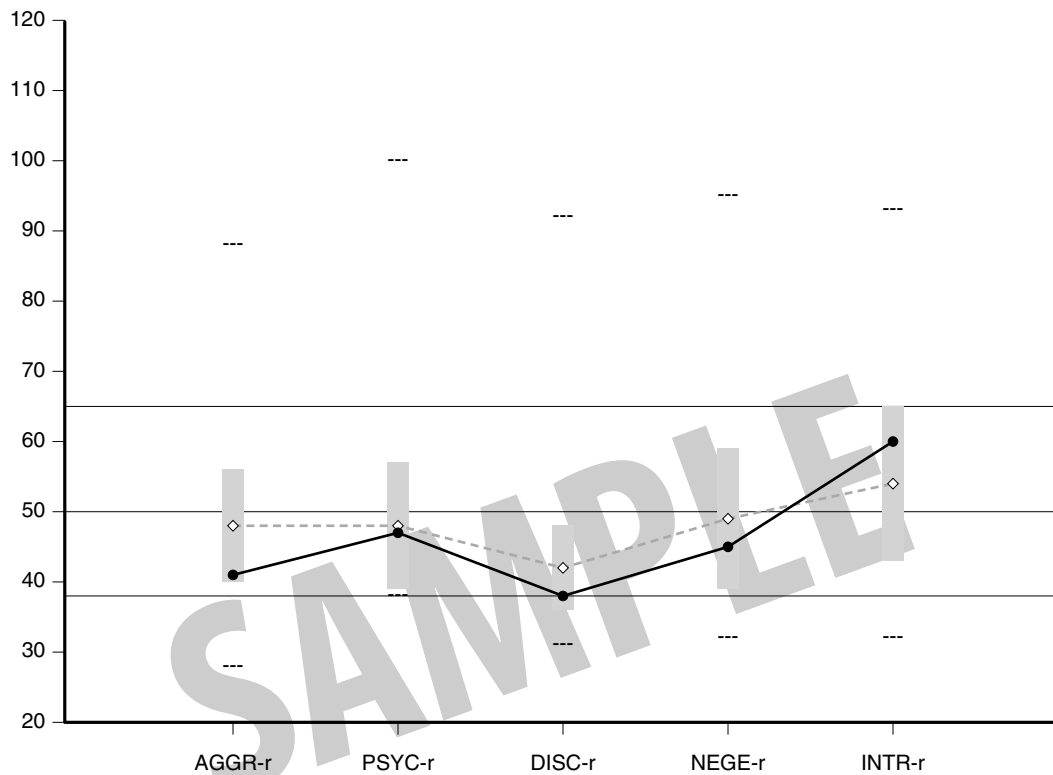
Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Women), N = 266

Mean Score (◇--◇):	46	44	44	44	46	50	51	46	48	47	45
Standard Dev (±1 SD):	9	6	7	9	9	9	10	8	9	9	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:	5	1	2	4	10
T Score:	41	47	38	45	60
Response %:	100	100	100	100	100

Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Women), N = 266

Mean Score (◇--◇):	48	48	42	49	54
Standard Dev (±1 SD):	8	9	6	10	11

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 complaints and emotional and interpersonal dysfunction. Somatic complaints include preoccupation with poor health, malaise, neurological symptoms, and gastrointestinal problems. Emotional-internalizing findings include depression and fears. Interpersonal difficulties relate to social anxiety.

## 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 a diffuse pattern of somatic complaints involving different bodily systems<sup>1</sup> including a number of vague neurological complaints<sup>2</sup> and a number of gastrointestinal complaints<sup>3</sup>. She is indeed likely to have a history of gastrointestinal problems<sup>4</sup>. She is also very likely to have a psychological component to her somatic complaints<sup>5</sup>. In addition, she is very likely to be prone to developing physical symptoms in response to stress<sup>6</sup>. She also reports experiencing poor health and feeling weak or tired<sup>7</sup>. She is indeed likely to be preoccupied with poor health<sup>8</sup> and to complain of sleep disturbance<sup>9</sup>, fatigue<sup>10</sup>, low energy<sup>11</sup>, and sexual dysfunction<sup>9</sup>.

### Emotional Dysfunction

The test taker reports a lack of positive emotional experiences, significant anhedonia, and lack of interest<sup>12</sup>. Her low reported level of activation may be linked to this affective pattern<sup>13</sup>.

She reports multiple specific fears of certain animals and acts of nature<sup>14</sup>.

### **Thought Dysfunction**

There are no indications of disordered thinking in this protocol.

### **Behavioral Dysfunction**

There are no indications of maladaptive externalizing behavior in this protocol. The test taker's responses indicate a higher than average level of behavioral constraint<sup>15</sup>. She is unlikely to engage in externalizing, acting-out behavior<sup>15</sup>. In addition, she reports a below average level of aggressive behavior<sup>16</sup>.

### **Interpersonal Functioning Scales**

The test taker reports being shy, easily embarrassed, and uncomfortable around others<sup>17</sup>. She is likely to be socially introverted<sup>18</sup> and inhibited<sup>18</sup> and to be anxious and nervous in social situations<sup>18</sup>.

### **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)<sup>19</sup>. 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)<sup>20</sup>.

## **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<sup>21</sup>, if physical origins for malaise<sup>22</sup>, neurological complaints<sup>23</sup>, and gastrointestinal complaints<sup>24</sup> have been ruled out
- Depression-related disorder<sup>25</sup>
- Specific phobias<sup>26</sup>

### **Interpersonal Disorders**

- Social phobia<sup>27</sup>

## **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 antidepressant medication<sup>28</sup>.
- Extent to which genuine physical health problems contribute to the scores on the Somatic Complaints (RC1) and Neurological Complaints (NUC) scales<sup>29</sup>.
- Origin of gastrointestinal complaints<sup>24</sup>.
- Origin of malaise complaints<sup>30</sup>.

### Psychotherapy Process Issues

- Likely to reject psychological interpretations of somatic complaints<sup>29</sup>.
- Malaise may impede her willingness or ability to engage in treatment<sup>30</sup>.
- Low positive emotionality may interfere with engagement in therapy<sup>31</sup>.

### Possible Targets for Treatment

- Stress reduction for gastrointestinal complaints if stress-related<sup>24</sup>
- Anhedonia<sup>31</sup>
- Specific fears<sup>26</sup>
- Anxiety in social situations<sup>27</sup>

ITEMS  
NOT  
SHOWN

#### 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.

## ITEM-LEVEL INFORMATION

### Unscorable Responses

Following is a list of items to which the test taker 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.

212. Item Content Omitted (True)

### 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 test taker has not produced an elevated T score ( $\geq 65$ ) on any of these scales.

## 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.*

- <sup>1</sup> Test Response: RC1=81
- <sup>2</sup> Test Response: NUC=86
- <sup>3</sup> Test Response: GIC=72
- <sup>4</sup> Correlate: GIC=72, Ref. 9
- <sup>5</sup> Correlate: RC1=81, Ref. 2, 3, 4, 6, 7, 9
- <sup>6</sup> Correlate: RC1=81, Ref. 3, 9; NUC=86, Ref. 9
- <sup>7</sup> Test Response: MLS=75
- <sup>8</sup> Correlate: RC1=81, Ref. 2, 3, 4, 6, 7, 9; MLS=75, Ref. 9; NUC=86, Ref. 9
- <sup>9</sup> Correlate: MLS=75, Ref. 9
- <sup>10</sup> Correlate: RC1=81, Ref. 9; MLS=75, Ref. 9
- <sup>11</sup> Correlate: RC2=65, Ref. 1, 4, 9; MLS=75, Ref. 9
- <sup>12</sup> Test Response: RC2=65
- <sup>13</sup> Inference: RC2=65; ACT=33
- <sup>14</sup> Test Response: MSF=71
- <sup>15</sup> Correlate: BXD=36, Ref. 9; DISC-r=38, Ref. 9
- <sup>16</sup> Test Response: AGG=37
- <sup>17</sup> Test Response: SHY=66
- <sup>18</sup> Correlate: SHY=66, Ref. 9
- <sup>19</sup> Test Response: AES=56
- <sup>20</sup> Test Response: MEC=43
- <sup>21</sup> Correlate: RC1=81, Ref. 5
- <sup>22</sup> Correlate: MLS=75, Ref. 5
- <sup>23</sup> Inference: NUC=86
- <sup>24</sup> Inference: GIC=72
- <sup>25</sup> Correlate: RC2=65, Ref. 8, 9
- <sup>26</sup> Inference: MSF=71
- <sup>27</sup> Inference: SHY=66
- <sup>28</sup> Correlate: RC2=65, Ref. 9
- <sup>29</sup> Inference: RC1=81; NUC=86
- <sup>30</sup> Inference: MLS=75
- <sup>31</sup> Inference: RC2=65

---

## RESEARCH REFERENCE LIST

1. 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.
2. 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.
3. 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.
4. 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.
5. Locke, D. E. C., Kirlin, K. A., Thomas, M. L., Osborne, D., Hurst, D. F., Drazkowski, J. F., Sirven, J. I., & Noe, K. H. (2010). The Minnesota Multiphasic Personality Inventory-2-Restructured Form in the epilepsy monitoring unit. *Epilepsy & Behavior, 17*(2), 252-258.
6. 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.
7. 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.
8. 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.
9. Tellegen, A., & Ben-Porath, Y. S. (2008). *The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF): Technical manual*. Minneapolis: University of Minnesota Press.

## End of Report

---

This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.

---