



Minnesota Multiphasic  
Personality Inventory-2  
Restructured Form™

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## Interpretive Report: Clinical Settings

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MMPI-2-RF®

Minnesota Multiphasic Personality Inventory-2-Restructured Form™

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ID Number: 4  
Age: 50  
Gender: Male  
Marital Status: Married  
Years of Education: 12  
Date Assessed: 08/30/2008

**PEARSON**

**PsychCorp**

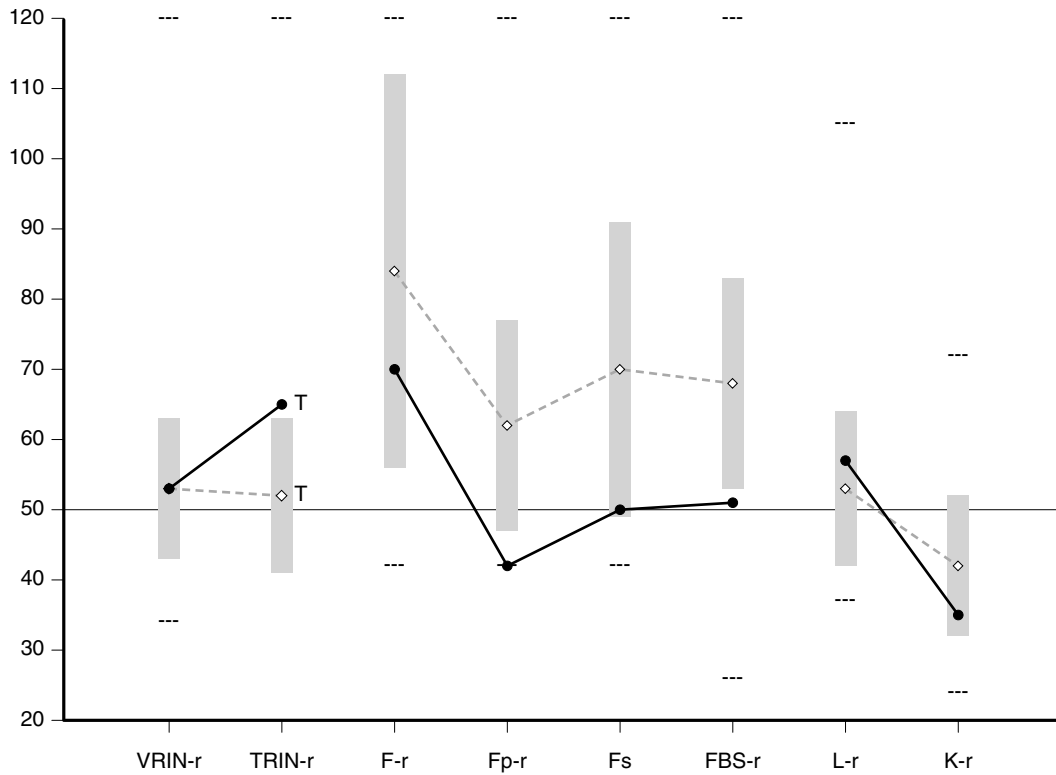
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### TRADE SECRET INFORMATION

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### MMPI-2-RF Validity Scales



Raw Score:	4	13	6	0	1	8	4	3
T Score:	53	65 T	70	42	50	51	57	35
Response %:	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0							Percent True (of items answered): 54%

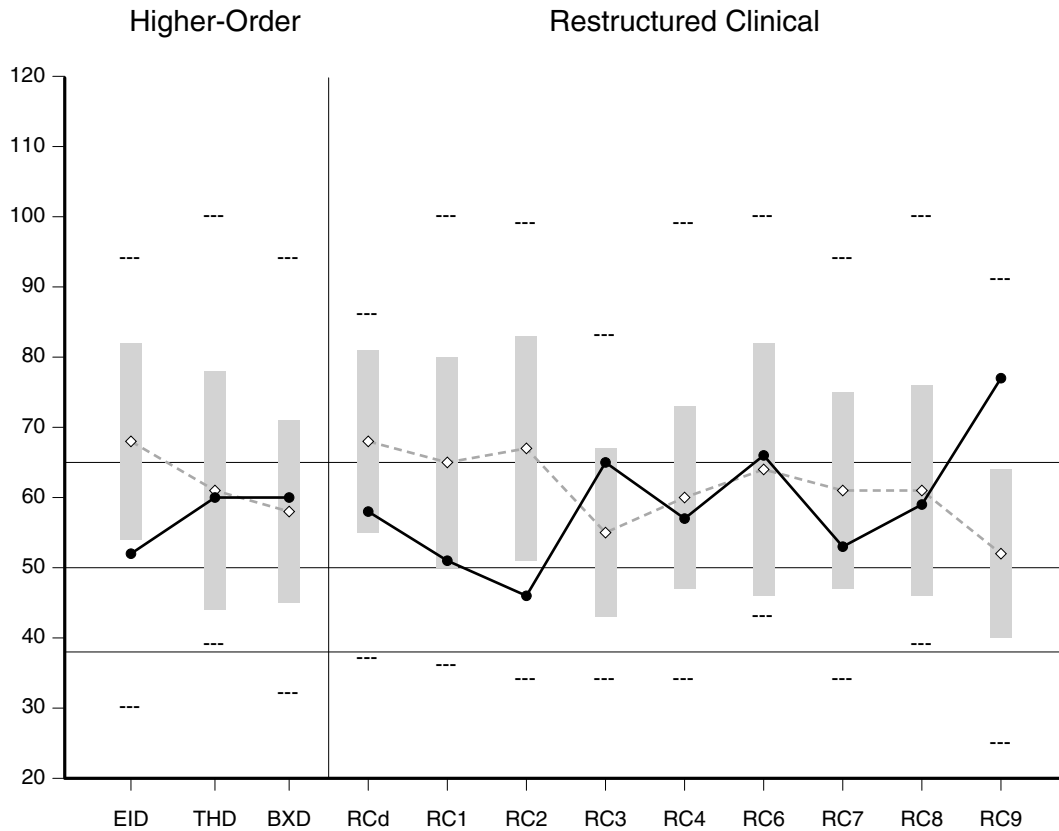
Comparison Group Data: Psychiatric Inpatient, VA Hospital (Men), N = 1,059

Mean Score (◇--◇):	53	52 T	84	62	70	68	53	42
Standard Dev (±1 SD):	10	11	28	15	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:	11	4	10	9	3	3	11	7	3	8	4	23
T Score:	52	60	60	58	51	46	65	57	66	53	59	77
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

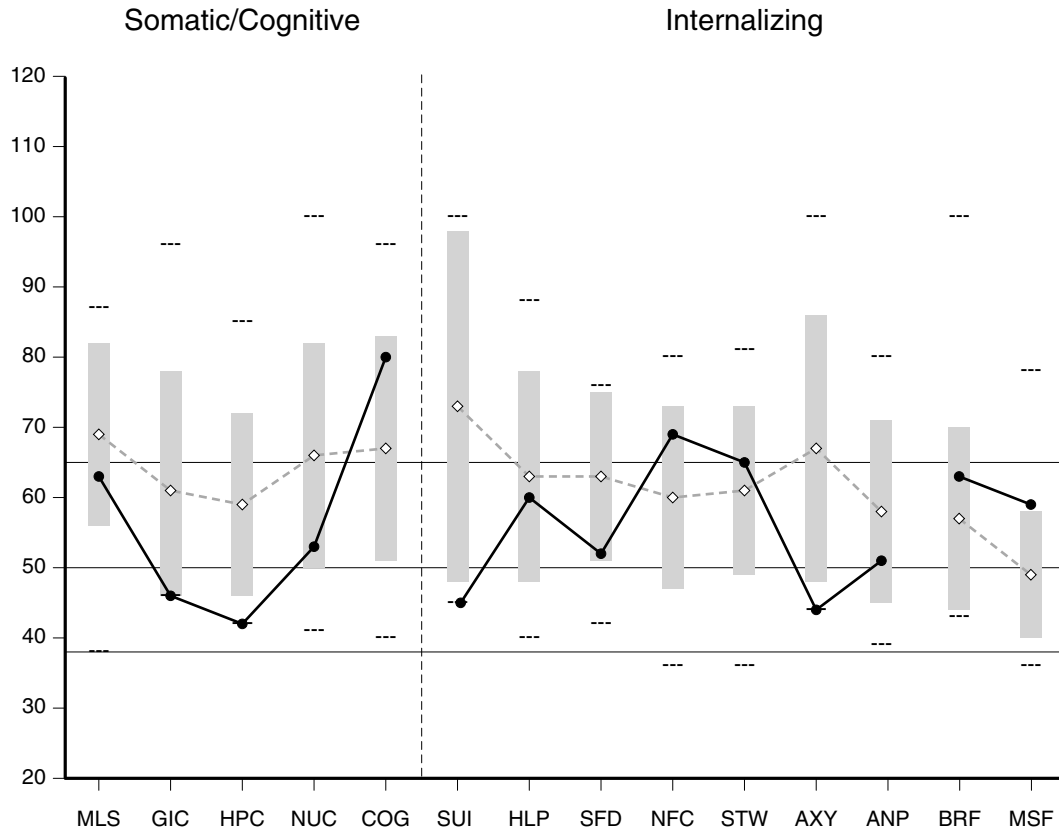
Comparison Group Data: Psychiatric Inpatient, VA Hospital (Men), N = 1,059

Mean Score (◇---◇):	68	61	58	68	65	67	55	60	64	61	61	52
Standard Dev (±1 SD):	14	17	13	13	15	16	12	13	18	14	15	12

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:	4	0	0	1	7	0	2	1	7	5	0	2	2	6
T Score:	63	46	42	53	80	45	60	52	69	65	44	51	63	59
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

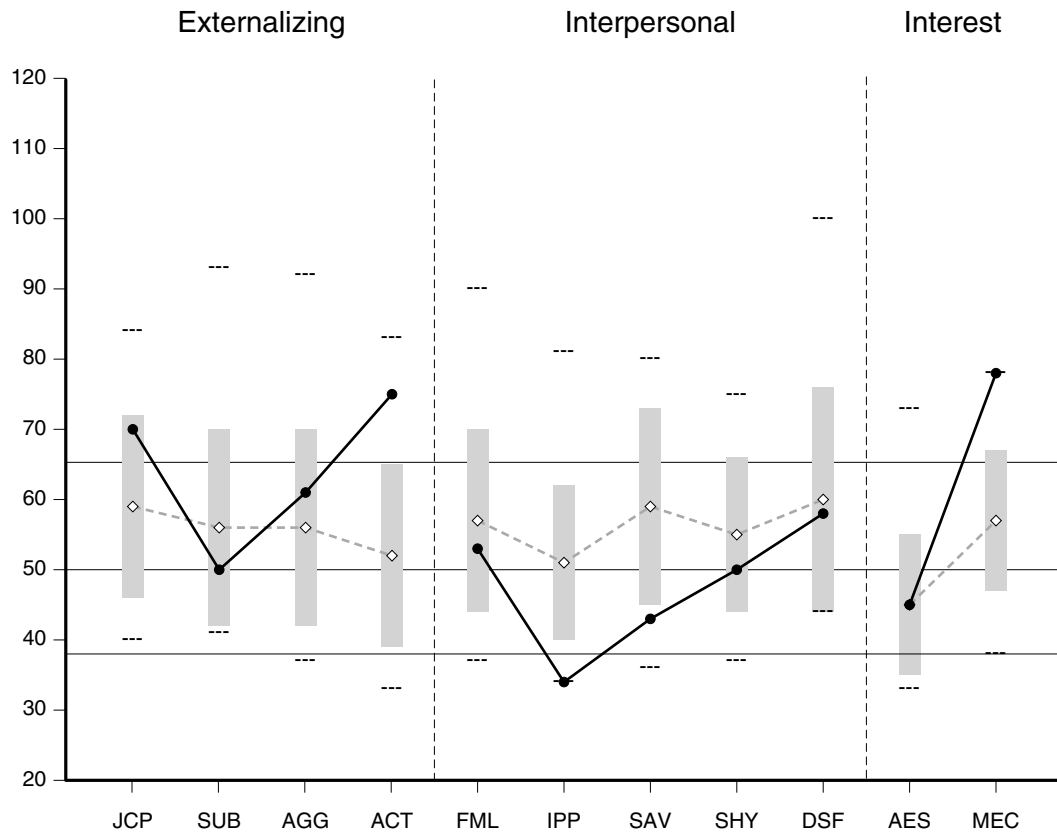
Comparison Group Data: Psychiatric Inpatient, VA Hospital (Men), N = 1,059

Mean Score (◇--◇):	69	61	59	66	67	73	63	63	60	61	67	58	57	49
Standard Dev (±1 SD):	13	17	13	16	16	25	15	12	13	12	19	13	13	9

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	1	4	7	3	0	1	3	1	2	9
T Score:	70	50	61	75	53	34	43	50	58	45	78
Response %:	100	100	100	100	100	100	100	100	100	100	100

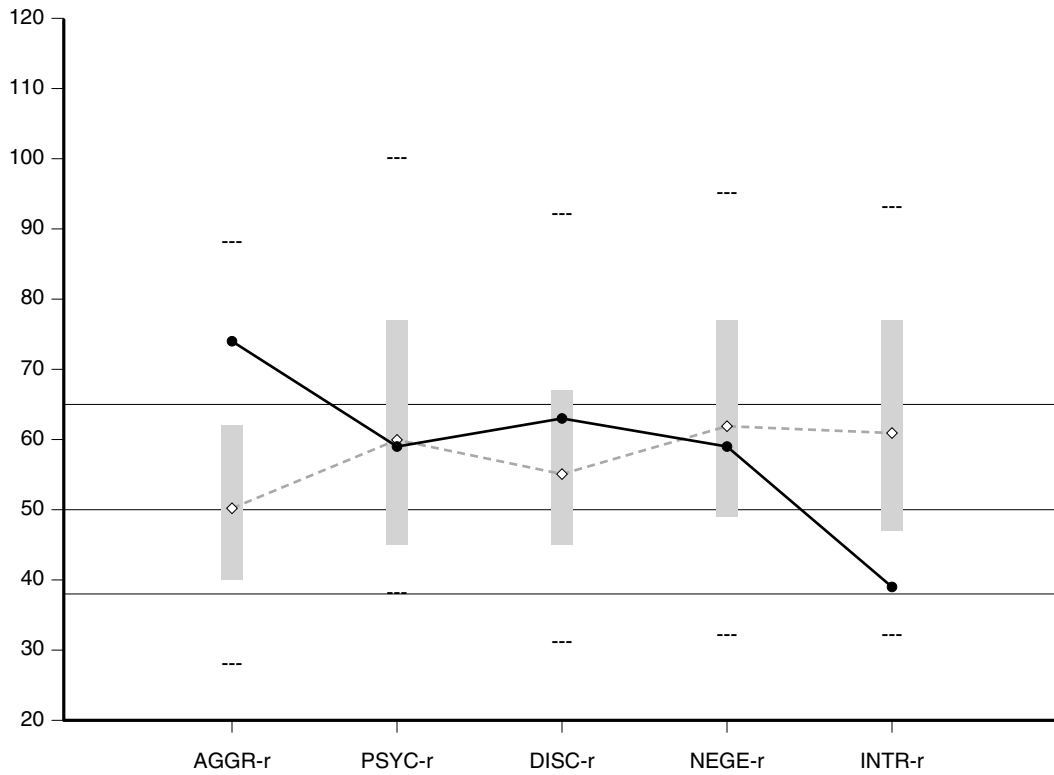
Comparison Group Data: Psychiatric Inpatient, VA Hospital (Men), N = 1,059

Mean Score (◇--◇):	59	56	56	52	57	51	59	55	60	45	57
Standard Dev (±1 SD):	13	14	14	13	13	11	14	11	16	10	10

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:	15	4	11	10	2
T Score:	74	59	63	59	39
Response %:	100	100	100	100	100

Comparison Group Data: Psychiatric Inpatient, VA Hospital (Men), N = 1,059

Mean Score (◇--◇):	51	61	56	63	62
Standard Dev (±1 SD):	11	16	11	14	15

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

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*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.*

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## **SYNOPSIS**

This is a valid MMPI-2-RF protocol. Scores on the substantive scales indicate cognitive complaints and emotional, thought, behavioral, and interpersonal dysfunction. Cognitive complaints include difficulties in memory and concentration. Emotional-internalizing findings relate to stress and worry. Dysfunctional thinking relates to ideas of persecution. Behavioral-externalizing problems include juvenile conduct problems and excessive activation. Interpersonal difficulties relate to cynicism.

## **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 cognitive difficulties. He 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**

The test taker reports being passive, indecisive, and inefficacious, believing he is incapable of coping with current difficulties. He is unlikely to be self-reliant.

He is likely to be stress-reactive and worry-prone and to engage in obsessive rumination.

### **Thought Dysfunction**

The test taker reports significant persecutory ideation such as believing that others seek to harm him. He is likely to be suspicious of others, to experience interpersonal difficulties as a result of suspiciousness, and to lack insight.

### **Behavioral Dysfunction**

The test taker is very likely to be restless and become bored and to be acutely over-activated as manifested in aggression, mood instability, euphoria, excitability, and sensation-seeking, risk-taking, or other forms of under-controlled, irresponsible behavior. He reports episodes of heightened excitement and energy level and may have a history of symptoms associated with manic or hypomanic episodes.

He reports a history of problematic behavior at school. He is likely to have a history of juvenile delinquency and criminal and antisocial behavior, to experience conflictual interpersonal relationships, to engage in acting-out behavior, and to have difficulties with individuals in positions of authority.

### **Interpersonal Functioning Scales**

The test taker reports having cynical beliefs, distrust of others, and believing others look out only for their own interests. He is likely to be hostile toward others and feel alienated from them, and to have negative interpersonal experiences as a result of his cynical beliefs.

### **Interest Scales**

The test taker reports a markedly above average number of interests in activities or occupations of a mechanical or physical nature (e.g., fixing and building things, the outdoors, sports). Individuals who respond in this manner are very likely to be adventure- and sensation-seeking. He reports an average number of interests 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 he be evaluated for the following:*

### **Emotional-Internalizing Disorders**

- Disorders involving excessive stress and worry such as obsessive-compulsive disorder
- Cycling mood disorder

### **Thought Disorders**

- Disorders involving persecutory ideation

### **Behavioral-Externalizing Disorders**

- Manic or hypomanic episode or other conditions associated with excessive energy and activation
- Externalizing disorders, particularly antisocial personality disorder

### **Interpersonal Disorders**

- Personality disorders involving mistrust of and hostility toward others

## **TREATMENT CONSIDERATIONS**

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

### **Areas for Further Evaluation**

- May require inpatient treatment due to hypomania .
- Need for mood-stabilizing medication.
- Origin of cognitive complaints. May require a neuropsychological evaluation.

### **Psychotherapy Process Issues**

- Indecisiveness may interfere with establishing treatment goals and progress in treatment.
- Persecutory ideation may interfere with forming a therapeutic relationship and treatment compliance.
- Excessive behavioral activation may interfere with treatment.
- Cynicism may interfere with forming a therapeutic relationship.

### **Possible Targets for Treatment**

- Mood stabilization in initial stages of treatment
- Stress management and excessive worry and rumination
- Persecutory ideation
- Lack of interpersonal trust

## **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 his T score on that scale is 65 or higher. The percentage of the MMPI-2-RF normative sample (NS) and of the Psychiatric Inpatient, VA Hospital (Men) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.*

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Ideas of Persecution (RC6, T Score = 66)

- 194. Item Content Omitted (True; NS 17.1%, CG 45.9%)
- 212. Item Content Omitted (False; NS 9.1%, CG 31.1%)
- 233. Item Content Omitted (True; NS 5.5%, CG 26.6%)



**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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