



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: 000000017  
Age: 35  
Gender: Female  
Marital Status: Not reported  
Years of Education: Not reported  
Date Assessed: 03/01/2008

**PEARSON**

**PsychCorp**

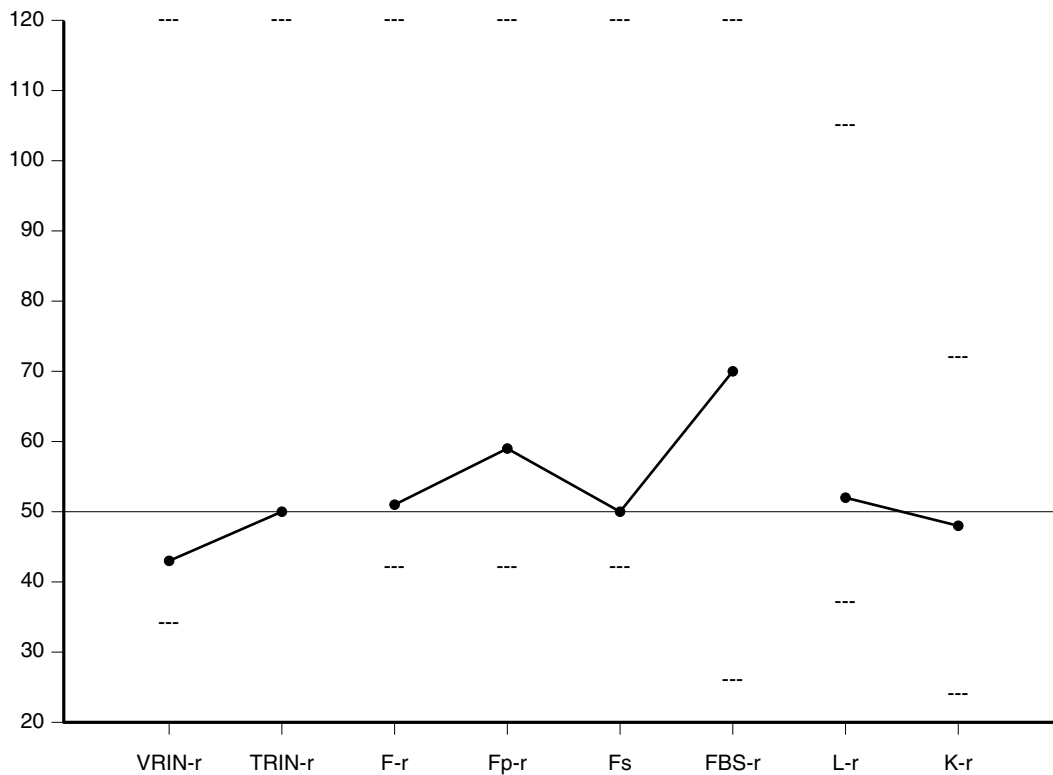
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### TRADE SECRET INFORMATION

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### MMPI-2-RF Validity Scales

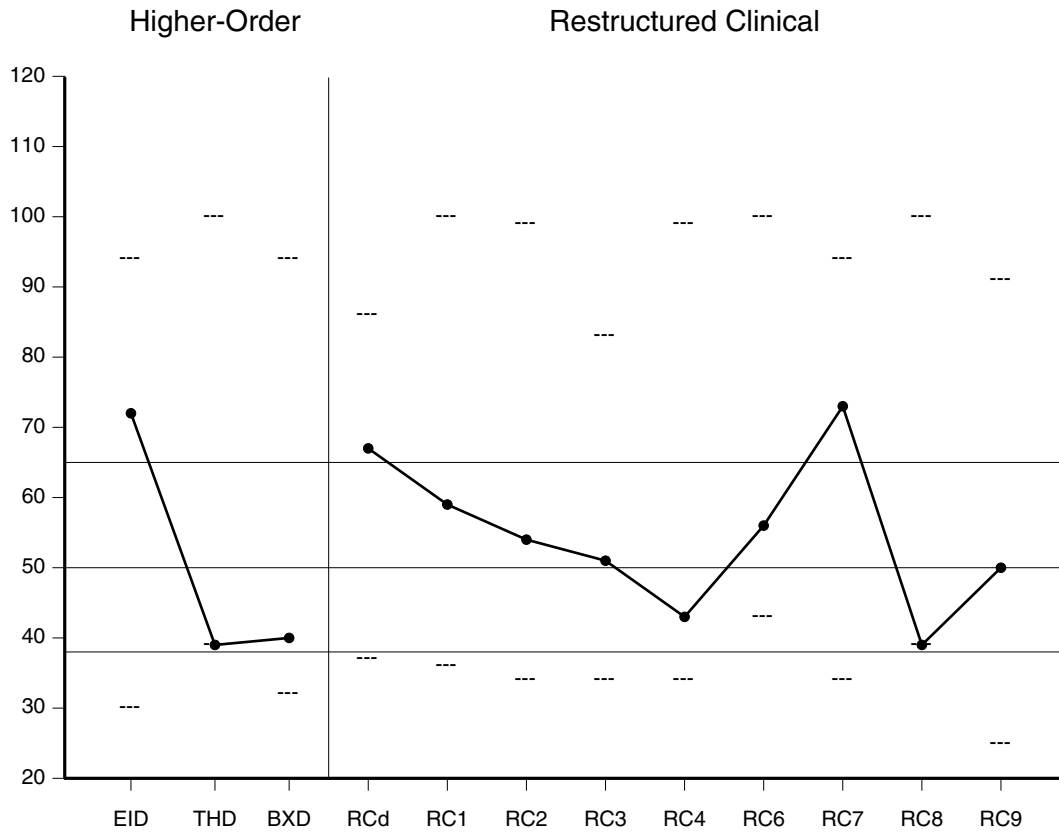


Raw Score:	2	11	2	2	1	14	3	7
T Score:	43	50	51	59	50	70	52	48
Response %:	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0							
							Percent True (of items answered):	46%

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
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

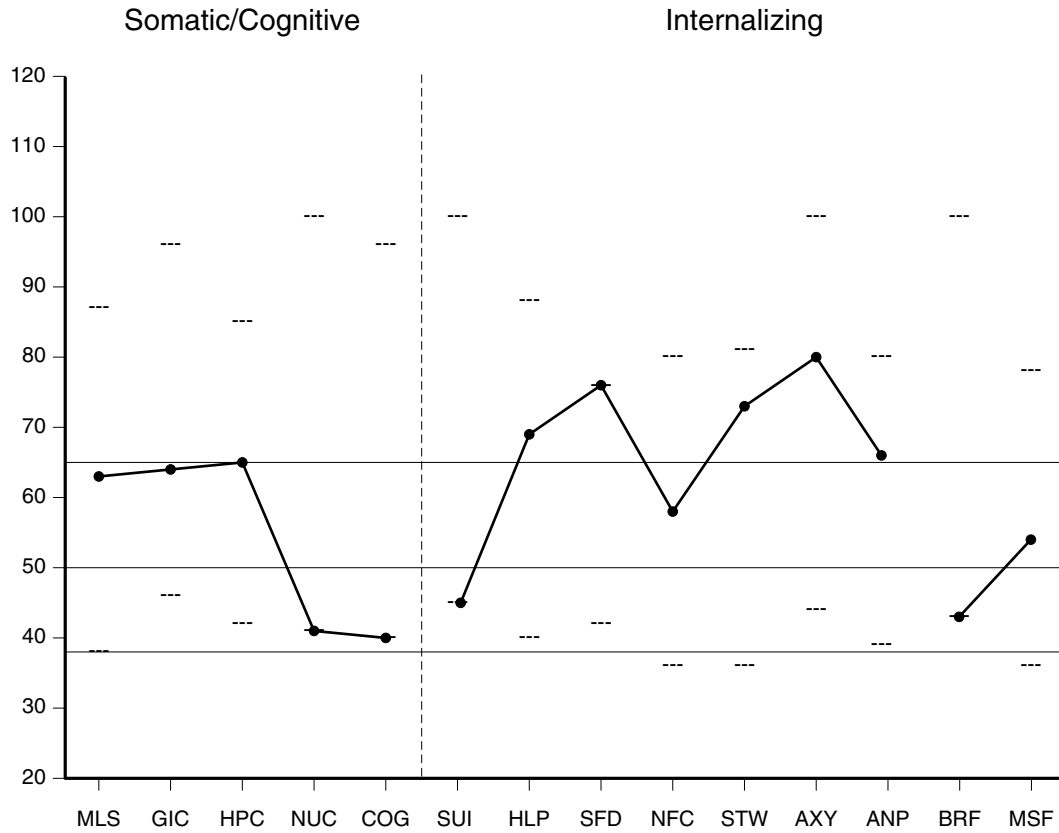


Raw Score:	26	0	2	14	6	5	7	2	1	16	0	12
T Score:	72	39	40	67	59	54	51	43	56	73	39	50
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

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

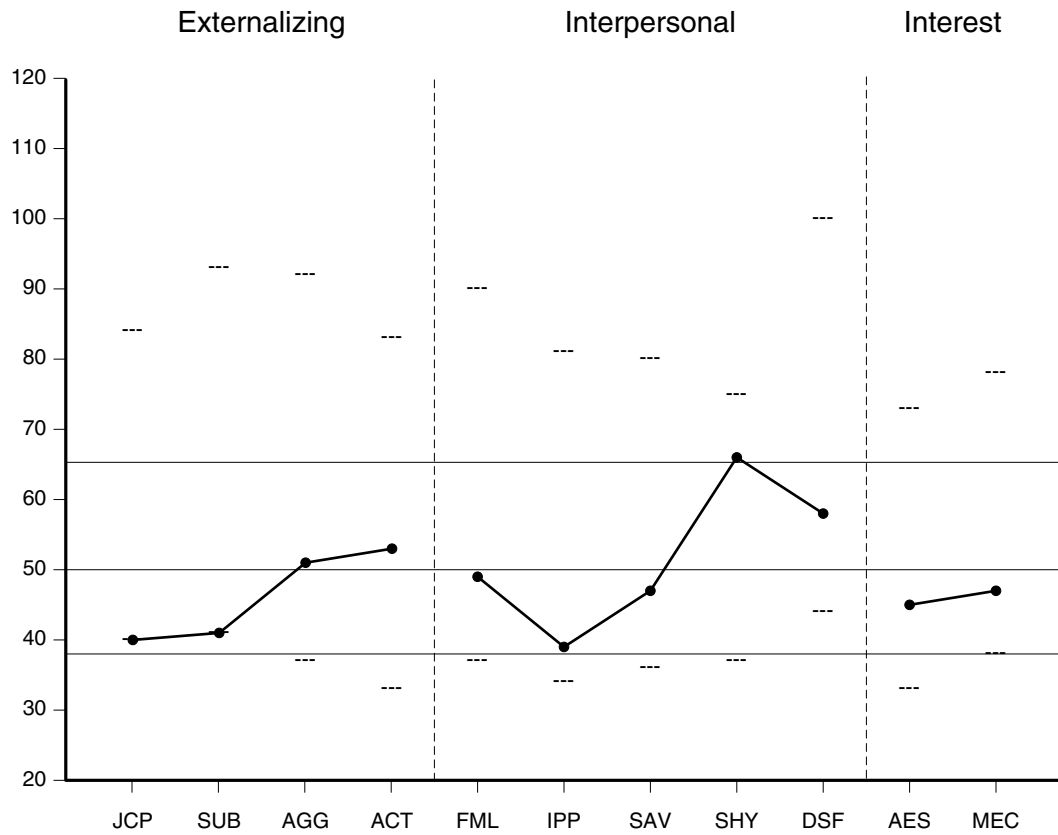


Raw Score:	4	1	3	0	0	0	3	4	5	6	3	5	0	5
T Score:	63	64	65	41	40	45	69	76	58	73	80	66	43	54
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

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

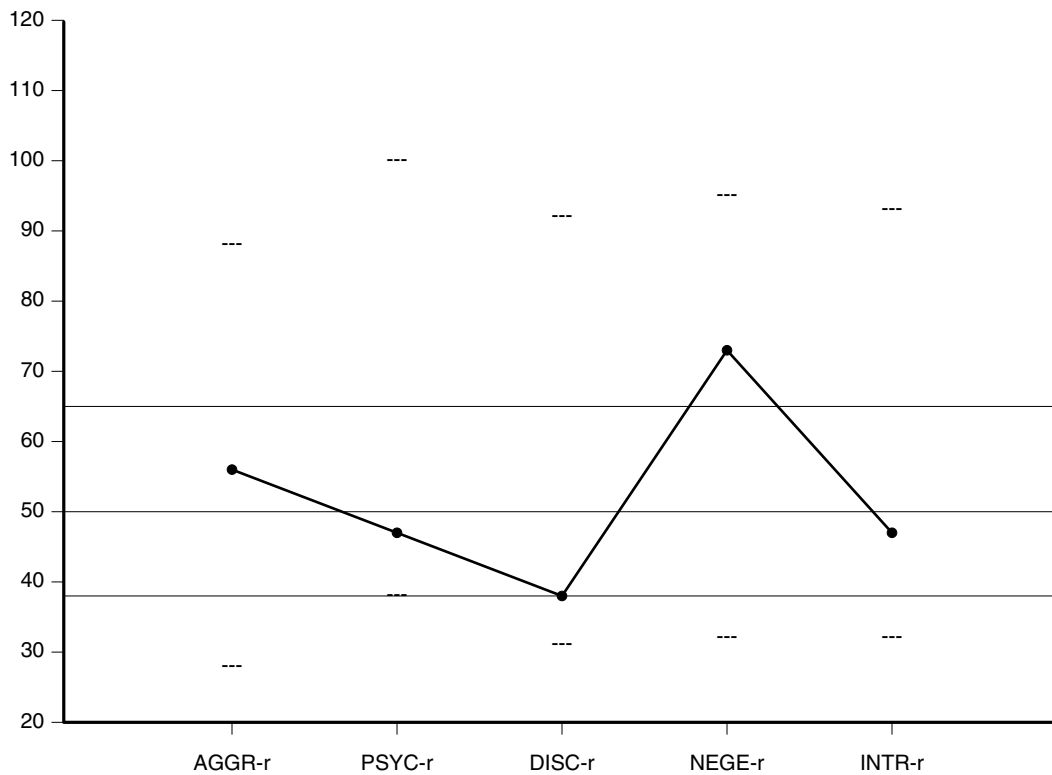


Raw Score:	0	0	2	4	2	1	2	6	1	2	2
T Score:	40	41	51	53	49	39	47	66	58	45	47
Response %:	100	100	100	100	100	100	100	100	100	100	100

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:	11	1	2	14	5
T Score:	56	47	38	73	47
Response %:	100	100	100	100	100

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 somatic complaints and emotional and interpersonal dysfunction. Somatic complaints relate to head pain. Emotional-internalizing findings include risk for **suicidal ideation**, demoralization, helplessness and hopelessness, self-doubt, stress and worry, anxiety, and anger. 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 experiencing head pain and is likely to present with multiple somatic complaints and to be prone to developing physical symptoms in response to stress.

### **Emotional Dysfunction**

The test taker's responses indicate significant emotional distress. More specifically, she reports various negative emotional experiences and is likely to be self-critical and guilt-prone. She also reports feeling anxious and is likely to experience significant anxiety and anxiety-related problems, intrusive ideation, and nightmares. She is also likely to be stress-reactive and worry-prone and to engage in obsessive rumination. In addition, she reports being anger-prone. She is indeed 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 at risk for suicidal ideation, although she did not endorse any of the MMPI-2-RF Suicidal/Death Ideation (SUI) scale items. She reports feeling sad and unhappy and being dissatisfied with her current life circumstances. She is likely to complain of feeling depressed. She also reports feeling hopeless and pessimistic. She is likely to feel 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.

### **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.

### **Interpersonal Functioning Scales**

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

### **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, if physical origin for head pain complaints has been ruled out
- Anxiety-related disorders including PTSD
- Disorders involving excessive stress and worry such as obsessive-compulsive disorder
- Anger-related disorders
- Depression-related disorder

### **Interpersonal Disorders**

- Social phobia

## 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 anxiolytic medication.
- Origin of head pain complaints.

### Psychotherapy Process Issues

- Emotional difficulties may motivate her for treatment.

### Possible Targets for Treatment

- Loss of hope and feelings of despair as early targets for intervention
- Pain management for head pain complaints
- Dysfunctional negative emotions
- Anxiety
- Stress management and excessive worry and rumination
- Anger management
- Psychological distress as an initial target
- Low self-esteem and other manifestations of self-doubt
- Anxiety in social situations

## 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 that answered each item in the keyed direction is provided in parentheses following the item content.*

Helplessness/Hopelessness (HLP, T Score = 69)

- 135. Item Content Omitted (True, 24.2%)
- 282. Item Content Omitted (False, 17.3%)
- 336. Item Content Omitted (True, 38.0%)



### 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 = 80)

228. Item Content Omitted (True, 17.3%)

275. Item Content Omitted (True, 5.0%)

289. Item Content Omitted (True, 12.7%)

### **End of Report**

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