



Minnesota Multiphasic  
Personality Inventory-2  
Restructured Form™

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**Interpretive Report: Clinical Settings**

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00RK4/TH

0 kppguqc'O wnr j cule'Rgtuqpcrk\ "Kxgpvt{/4/T gutwewt gf "Hqto i  
*Yossef S. Ben-Porath, PhD, & Auke Tellegen, PhD*

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K'P wo dgt< '34; ;  
Ci g< '62  
I gpf gt< 'O crg  
O ctken'Ucwu< 'P gxgt'O ctkgf  
[ gctu'qh'Gf wecvkp< '34  
F cvg'Cuuguuf < '254: 1233



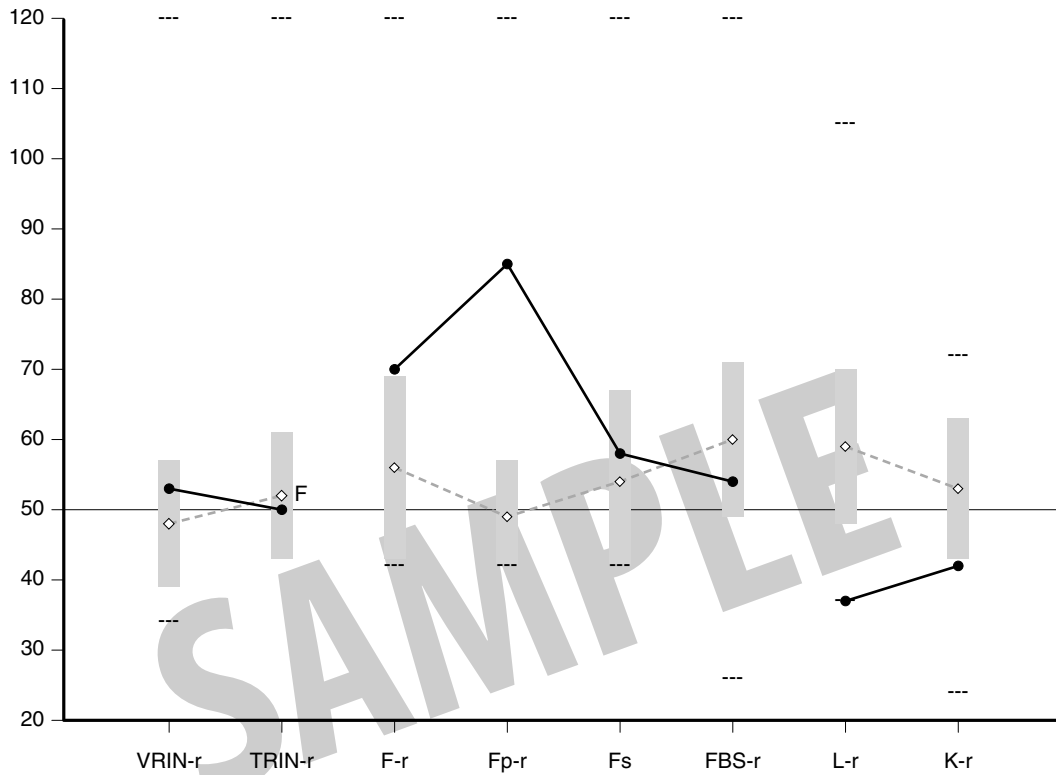
Eqr {tki j vI '422: 'd{ 'y g'Tgi gpw'qh'y g'Wpkxgtuk\ 'qh'O kppguqc0Cmiki j w'tgugtxgf 0  
F kwtkwgf 'zenukxgn\ 'wpgt 'hegpug'htqo 'y g'Wpkxgtuk\ 'qh'O kppguqc'd{ 'P E U'Rgctuq. 'kpe0Rqt vqpu'tgr tqf wegf 'htqo 'y g  
O O RK4/TH'gudqmqm0Eqr {tki j vI '422: 'd{ 'y g'Tgi gpw'qh'y g'Wpkxgtuk\ 'qh'O kppguqc0Cmiki j w'tgugtxgf 0Rqt vqpu  
gzegtr vgf 'htqo 'y g' MMPI-2-RF Manual for Administration, Scoring, and Interpretation0Eqr {tki j vI '422: 'd{ 'y g'Tgi gpw'qh  
y g'Wpkxgtuk\ 'qh'O kppguqc0Cmiki j w'tgugtxgf 0

MMPI-2-RF"cpf 'y g MMPI-2-RF logo'ctg'tgi kvgtgf 'tcf go ctmi'cpf Minnesota Multiphasic Personality  
Inventory-2-Restructured Form'ku'e'tcf go ctmi'qh'y g'Wpkxgtuk\ 'qh'O kppguqc0Pearson,'y g PSI logo,'cpf PsychCorp'ctg  
tcf go ctmi'p'y g'WLU0cpf lqt'qvj gt'eqwptkgu'qh'Rgctuq'Gf wecvkp.'kpe0'qt'ku'chhkrk'v'u+0

**TRADE SECRET INFORMATION**

P qv'ht' tgrguc'wpgt 'J RCC'qt'qvj gt'f cv'f kuenquw'g'rey u'y cv'gzgo r v'tcf g'ugetgw'htqo 'f kuenquw'g0

### MMPI-2-RF Validity Scales



Raw Score:	4	11	6	5	2	9	0	5
T Score:	53	50	70	85	58	54	37	42
Response %:	100	100	100	100	100	100	93	100
Cannot Say (Raw):	3							
							Percent True (of items answered):	42%

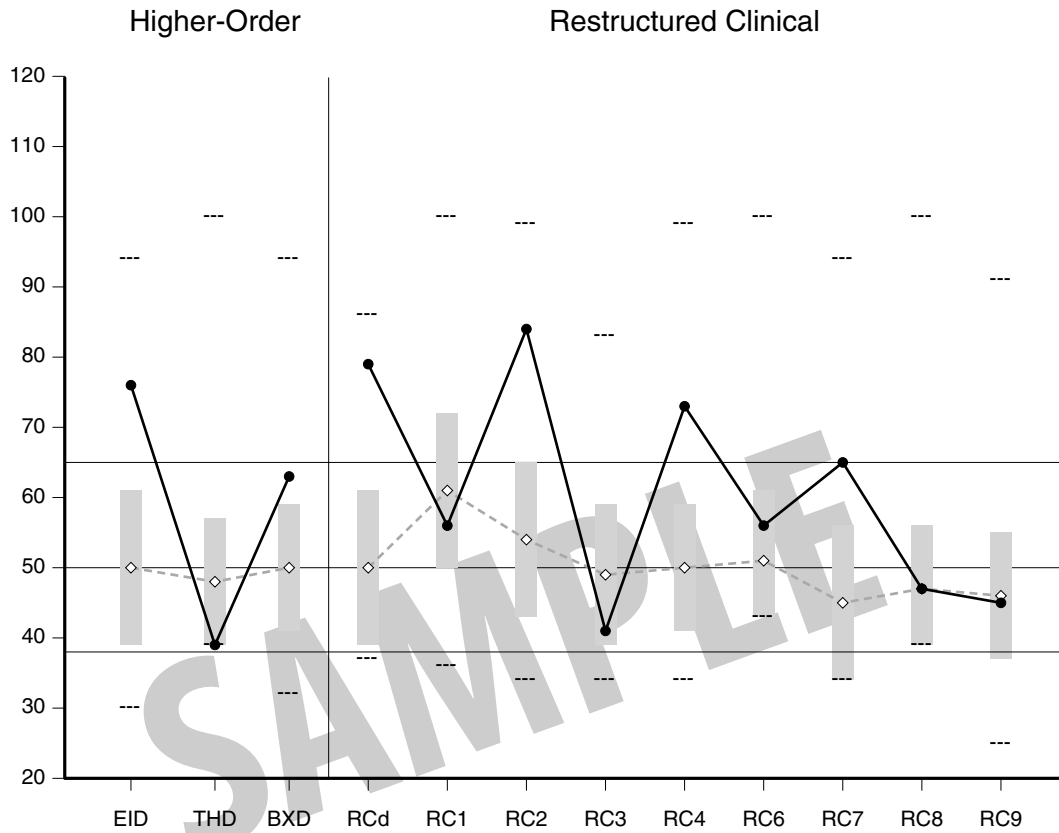
Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Men), N = 263

Mean Score (◇---◇):	48	52	56	49	54	60	59	53
Standard Dev (±1 SD):	9	9	13	8	13	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



	EID	THD	BXD	RCd	RC1	RC2	RC3	RC4	RC6	RC7	RC8	RC9
Raw Score:	29	0	11	20	5	13	2	13	1	13	1	9
T Score:	76	39	63	79	56	84	41	73	56	65	47	45
Response %:	100	100	96	100	100	100	100	95	100	100	100	100

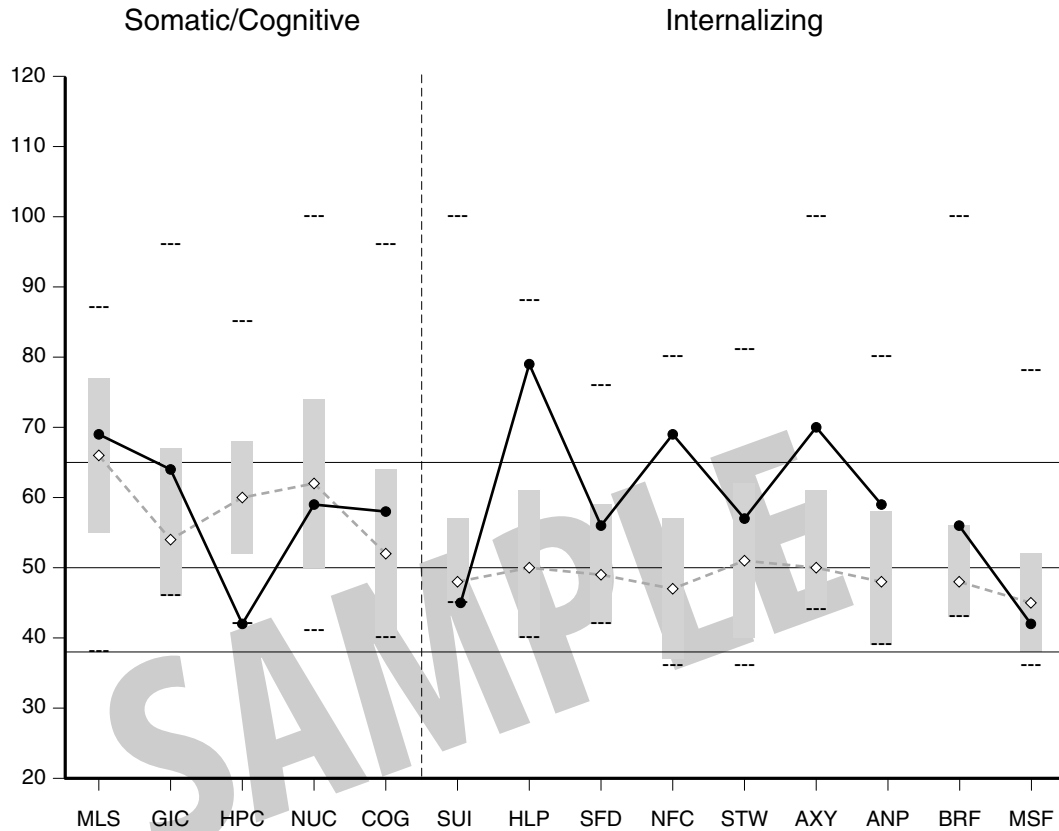
Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Men), N = 263

Mean Score (◇---◇):	50	48	50	50	61	54	49	50	51	45	47	46
Standard Dev (±1 SD):	11	9	9	11	11	11	10	9	10	11	9	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	1	0	2	3	0	4	2	7	4	2	4	1	1
T Score:	69	64	42	59	58	45	79	56	69	57	70	59	56	42
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

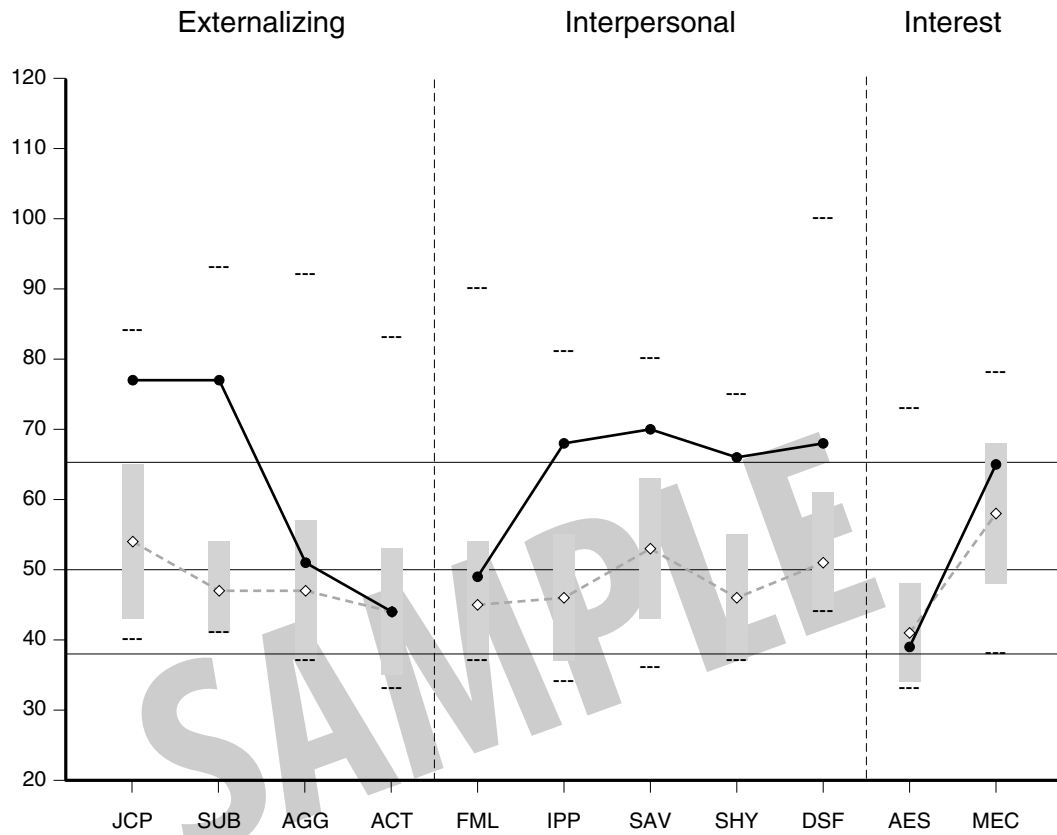
Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Men), N = 263

Mean Score (◇--◇):	66	54	60	62	52	48	50	49	47	51	50	48	48	45
Standard Dev (±1 SD):	11	13	8	12	12	9	11	10	10	11	11	10	8	7

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:	5	5	2	2	2	8	8	6	2	1	6
T Score:	77	77	51	44	49	68	70	66	68	39	65
Response %:	100	<b>86</b>	100	100	100	100	100	100	100	100	<b>89</b>

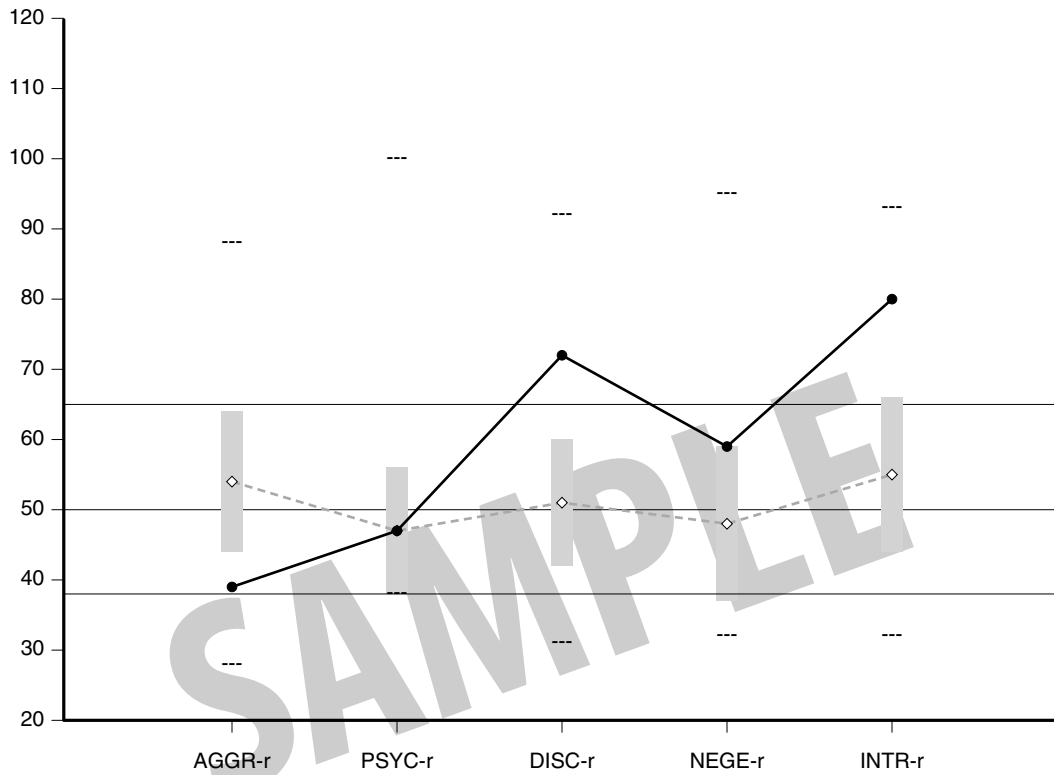
Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Men), N = 263

Mean Score (◇--◇):	54	47	47	44	45	46	53	46	51	41	58
Standard Dev (±1 SD):	11	7	10	9	9	9	10	9	10	7	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:	4	1	14	10	16
T Score:	39	47	72	59	80
Response %:	100	100	95	100	100

Comparison Group Data: Spine Surgery/Spinal Cord Stimulator Candidate (Men), N = 263

Mean Score (◇--◇):	54	47	51	48	55
Standard Dev (±1 SD):	10	9	9	11	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

Scores on the MMPI-2-RF validity scales raise concerns about the possible impact of unscorable responses and over-reporting on the validity of this protocol. With that caution noted, scores on the substantive scales indicate somatic complaints and emotional, behavioral, and interpersonal dysfunction. Somatic complaints relate to malaise. Emotional-internalizing findings include risk for **suicidal ideation**, demoralization, depression, helplessness and hopelessness, and anxiety. Behavioral-externalizing problems include antisocial behavior, juvenile conduct problems, and substance abuse. Interpersonal difficulties include passivity, social avoidance, social anxiety, and a dislike of people and being around them.

## PROTOCOL VALIDITY

### Content Non-Responsiveness

#### Unscorable Responses

The test taker answered less than 90% of the items on the following scales. The resulting scores may therefore be artificially lowered. In particular, the absence of elevation on these scales is not interpretable. A list of all items for which the test taker provided unscorable responses appears under the heading "Item-Level Information."

Substance Abuse (SUB): 86%

Mechanical-Physical Interests (MEC): 89%

#### Inconsistent Responding

The test taker responded to the items in a consistent manner, indicating that he responded relevantly.

### Over-Reporting

The test taker reported a much larger than average number of symptoms rarely described by individuals with genuine, severe psychopathology. This level of infrequent responding may occur in individuals with genuine, severe psychopathology who report credible symptoms, but it could also reflect exaggeration. For individuals with no history or current corroborating evidence of psychopathology it very likely indicates over-reporting<sup>1</sup>.

## 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 unscorable responses and over-reporting on the validity of this protocol.**

### Somatic/Cognitive Dysfunction

The test taker reports experiencing poor health and feeling weak or tired<sup>2</sup>. He is indeed likely to be preoccupied with poor health<sup>3</sup> and to complain of sleep disturbance<sup>4</sup>, fatigue<sup>3</sup>, and sexual dysfunction<sup>3</sup>.

### Emotional Dysfunction

The test taker's responses indicate significant and pervasive emotional distress<sup>5</sup>. More specifically, he reports a significant lack of positive emotional experiences, pronounced anhedonia, and marked lack of interest<sup>6</sup>. He is very likely to be quite pessimistic<sup>7</sup>, to lack energy<sup>8</sup>, and to display vegetative symptoms of depression<sup>9</sup>.

He is at risk for suicidal ideation<sup>10</sup>, although he did not endorse any of the MMPI-2-RF Suicidal/Death Ideation (SUI) scale items. He reports feeling sad and unhappy and being dissatisfied with his current life circumstances<sup>11</sup>. He is likely to complain of feeling depressed<sup>12</sup>. He also reports feeling hopeless<sup>13</sup>. He is likely to feel overwhelmed and that life is a strain<sup>14</sup>, to believe he cannot be helped<sup>14</sup> and gets a raw deal from life<sup>15</sup>, and to lack motivation for change<sup>14</sup>. In addition, he reports being passive, indecisive, and inefficacious, believing he is incapable of coping with current difficulties<sup>16</sup>. He is unlikely to be self-reliant<sup>17</sup>.

The test taker reports various negative emotional experiences<sup>18</sup> and is likely to be self-critical and guilt-prone<sup>19</sup>. He also reports feeling anxious<sup>20</sup> and is likely to experience significant anxiety and anxiety-related problems<sup>21</sup>, intrusive ideation, and nightmares<sup>22</sup>.

### Thought Dysfunction

There are no indications of disordered thinking in this protocol.

### Behavioral Dysfunction

The test taker reports a significant history of acting-out, antisocial behavior<sup>23</sup> and is likely to have poor impulse control<sup>24</sup>, to have been involved with the criminal justice system<sup>25</sup>, and to have difficulties with individuals in positions of authority<sup>26</sup>. He is also likely to act out when bored<sup>27</sup> and to have antisocial characteristics<sup>28</sup>. He also reports a history of problematic behavior at school<sup>29</sup>. He is likely to have a

history of juvenile delinquency and criminal and antisocial behavior<sup>30</sup> and to experience conflictual interpersonal relationships<sup>26</sup>. In addition, he reports significant past and current substance abuse<sup>31</sup>, and is indeed likely to have a history of problematic use of alcohol or drugs<sup>32</sup>, to be sensation-seeking<sup>33</sup>, and to have had legal problems as a result of substance abuse<sup>34</sup>.

### **Interpersonal Functioning Scales**

The test taker reports being unassertive<sup>35</sup> and is indeed likely to be passive and submissive in interpersonal relationships<sup>36</sup>. He also reports not enjoying social events and avoiding social situations<sup>37</sup>. He is likely to be introverted<sup>38</sup>, to have difficulty forming close relationships<sup>39</sup>, and to be emotionally restricted<sup>39</sup>. In addition, he reports being shy, easily embarrassed, and uncomfortable around others<sup>40</sup>. He is likely to be socially inhibited<sup>41</sup> and to be anxious and nervous in social situations<sup>41</sup>. He also reports disliking people and being around them<sup>42</sup>, and is likely to be asocial<sup>43</sup>.

### **Interest Scales**

The test taker reports an above average number of interests in activities or occupations of a mechanical or physical nature (e.g., fixing and building things, the outdoors, sports)<sup>44</sup>. Individuals who respond in this manner are likely to be adventure- and sensation-seeking<sup>45</sup>. He reports an average number of interests in activities or occupations of an aesthetic or literary nature (e.g., writing, music, the theater)<sup>46</sup>.

## **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, bearing in mind possible over-reporting:*

### **Emotional-Internalizing Disorders**

- Somatoform disorder, if physical origin for malaise has been ruled out<sup>47</sup>
- Depression-related disorder<sup>48</sup>
- Anxiety-related disorders including PTSD<sup>49</sup>

### **Behavioral-Externalizing Disorders**

- Antisocial personality disorder, substance use disorders, and other externalizing disorders<sup>50</sup>

### **Interpersonal Disorders**

- Disorders characterized by passive-submissive behavior such as dependent personality disorder<sup>51</sup>
- Disorders associated with social avoidance such as avoidant personality disorder<sup>52</sup>
- Social phobia<sup>53</sup>

## TREATMENT CONSIDERATIONS

*This section provides inferential treatment-related recommendations based on the test taker's MMPI-2-RF scores. The following recommendations need to be considered in light of cautions noted about the possible impact of over-reporting.*

### Areas for Further Evaluation

- Risk for self-harm<sup>54</sup>.
- May require inpatient treatment due to significant depression<sup>55</sup>.
- Need for antidepressant medication<sup>56</sup>.
- Origin of malaise complaints<sup>57</sup>.

### Psychotherapy Process Issues

- Malaise may impede his willingness or ability to engage in treatment<sup>57</sup>.
- Serious emotional difficulties may motivate him for treatment<sup>58</sup>.
- Indecisiveness may interfere with establishing treatment goals and progress in treatment<sup>59</sup>.
- Acting-out tendencies can result in treatment non-compliance and interfere with the development of a therapeutic relationship<sup>60</sup>.
- His aversive response to close relationships may make it difficult to form a therapeutic alliance and achieve progress in treatment<sup>61</sup>.

### Possible Targets for Treatment

- Psychological distress as an initial target<sup>58</sup>
- Loss of hope and feelings of despair as early targets for intervention<sup>62</sup>
- Pronounced anhedonia<sup>63</sup>
- Dysfunctional negative emotions<sup>64</sup>
- Anxiety<sup>65</sup>
- Inadequate self-control<sup>66</sup>
- Reduction or cessation of substance abuse<sup>67</sup>
- Reducing passive, submissive behavior<sup>51</sup>
- Difficulties associated with social avoidance<sup>52</sup>
- Anxiety in social situations<sup>68</sup>



#### 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.*

49. Item Content Omitted (True)

188. Ivgō 'Eqpvgpv'Qo kwgf '\*Vt wg+  
298."Kgo 'Eqpvgpv'Qo kwgf '\*Vt wg+

### 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 Spine Surgery/Spinal Cord Stimulator Candidate (Men) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.*

#### Helplessness/Hopelessness (HLP, T Score = 79)

135. Item Content Omitted (True)  
214. Item Content Omitted (True)  
282. Item Content Omitted (True)  
336. Item Content Omitted (True)



#### 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 = 70)

228. Item Content Omitted (True)  
275. Item Content Omitted (True)

#### Substance Abuse (SUB, T Score = 77)

86. Item Content Omitted (True)  
141. Item Content Omitted (True)  
192. Item Content Omitted (True)  
266. Item Content Omitted (True)  
297. Item Content Omitted (True)

## 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> Correlate: Fp-r=85, Ref. 19, 21
- <sup>2</sup> Test Response: MLS=69
- <sup>3</sup> Correlate: MLS=69, Ref. 21
- <sup>4</sup> Correlate: MLS=69, Ref. 21; AXY=70, Ref. 21
- <sup>5</sup> Correlate: EID=76, Ref. 21
- <sup>6</sup> Test Response: RC2=84; INTR-r=80
- <sup>7</sup> Correlate: RC2=84, Ref. 3, 21; HLP=79, Ref. 21; INTR-r=80, Ref. 21
- <sup>8</sup> Correlate: RC2=84, Ref. 1, 6, 21
- <sup>9</sup> Correlate: RC2=84, Ref. 1, 21
- <sup>10</sup> Correlate: RCd=79, Ref. 1, 2, 6, 20, 21
- <sup>11</sup> Test Response: RCd=79
- <sup>12</sup> Correlate: RCd=79, Ref. 1, 2, 4, 5, 6, 7, 9, 12, 15, 18, 20, 21, 22, 23, 24, 25; RC2=84, Ref. 1, 2, 4, 5, 6, 7, 12, 15, 18, 20, 21, 22, 23, 24, 25; INTR-r=80, Ref. 21
- <sup>13</sup> Test Response: HLP=79
- <sup>14</sup> Correlate: HLP=79, Ref. 21
- <sup>15</sup> Correlate: RCd=79, Ref. 21; HLP=79, Ref. 21
- <sup>16</sup> Test Response: NFC=69
- <sup>17</sup> Correlate: NFC=69, Ref. 21
- <sup>18</sup> Test Response: RC7=65
- <sup>19</sup> Correlate: RC7=65, Ref. 21
- <sup>20</sup> Test Response: AXY=70
- <sup>21</sup> Correlate: RC7=65, Ref. 3, 12, 15, 18, 21, 22; AXY=70, Ref. 21
- <sup>22</sup> Correlate: RC7=65, Ref. 9, 21, 24; AXY=70, Ref. 21
- <sup>23</sup> Test Response: RC4=73
- <sup>24</sup> Correlate: RC4=73, Ref. 3, 4, 5, 11, 13, 14, 16, 20, 21, 25; DISC-r=72, Ref. 21
- <sup>25</sup> Correlate: RC4=73, Ref. 1, 6, 14, 17, 21
- <sup>26</sup> Correlate: RC4=73, Ref. 21; JCP=77, Ref. 21
- <sup>27</sup> Correlate: RC4=73, Ref. 21
- <sup>28</sup> Correlate: RC4=73, Ref. 6, 7, 15, 16, 17, 18, 20, 21, 24
- <sup>29</sup> Test Response: JCP=77
- <sup>30</sup> Correlate: RC4=73, Ref. 2, 14, 17, 21; JCP=77, Ref. 21
- <sup>31</sup> Test Response: SUB=77
- <sup>32</sup> Correlate: RC4=73, Ref. 1, 2, 3, 5, 6, 7, 14, 15, 17, 20, 21, 24, 25; SUB=77, Ref. 21
- <sup>33</sup> Correlate: SUB=77, Ref. 21; DISC-r=72, Ref. 21
- <sup>34</sup> Correlate: SUB=77, Ref. 21
- <sup>35</sup> Test Response: IPP=68

- <sup>36</sup> Correlate: IPP=68, Ref. 21  
<sup>37</sup> Test Response: SAV=70  
<sup>38</sup> Correlate: SAV=70, Ref. 21; SHY=66, Ref. 21; DSF=68, Ref. 21  
<sup>39</sup> Correlate: SAV=70, Ref. 21  
<sup>40</sup> Test Response: SHY=66  
<sup>41</sup> Correlate: SHY=66, Ref. 21  
<sup>42</sup> Test Response: DSF=68  
<sup>43</sup> Correlate: DSF=68, Ref. 21  
<sup>44</sup> Test Response: MEC=65  
<sup>45</sup> Correlate: MEC=65, Ref. 21  
<sup>46</sup> Test Response: AES=39  
<sup>47</sup> Correlate: MLS=69, Ref. 8  
<sup>48</sup> Correlate: RCd=79, Ref. 20, 21; RC2=84, Ref. 20, 21; INTR-r=80, Ref. 21  
<sup>49</sup> Correlate: RC7=65, Ref. 9, 10, 12, 22, 24; AXY=70, Ref. 21  
<sup>50</sup> Correlate: RC4=73, Ref. 7, 16, 20, 21, 24; JCP=77, Ref. 21; SUB=77, Ref. 21  
<sup>51</sup> Inference: IPP=68  
<sup>52</sup> Inference: SAV=70  
<sup>53</sup> Correlate: RC7=65, Ref. 22; SHY=66, Ref. 21  
<sup>54</sup> Correlate: RCd=79, Ref. 21  
<sup>55</sup> Inference: RC2=84  
<sup>56</sup> Correlate: RC2=84, Ref. 21; INTR-r=80, Ref. 21  
<sup>57</sup> Inference: MLS=69  
<sup>58</sup> Inference: RCd=79  
<sup>59</sup> Inference: NFC=69  
<sup>60</sup> Inference: RC4=73  
<sup>61</sup> Inference: DSF=68  
<sup>62</sup> Inference: HLP=79  
<sup>63</sup> Inference: RC2=84; INTR-r=80  
<sup>64</sup> Inference: RC7=65  
<sup>65</sup> Inference: AXY=70  
<sup>66</sup> Inference: RC4=73; DISC-r=72  
<sup>67</sup> Inference: SUB=77  
<sup>68</sup> Inference: SHY=66

## 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. Binford, A., & Liljequist, L. (2008). Behavioral correlates of selected MMPI-2 Clinical, Content, and Restructured Clinical Scales. *Journal of Personality Assessment, 60*, 608-614.
3. Forbey, J. D., & Ben-Porath, Y. S. (2007). A comparison of the MMPI-2 Restructured Clinical (RC) and Clinical Scales in a substance abuse treatment sample. *Psychological Services, 4*, 46-58.
4. 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.
5. 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.
6. 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.
7. Kamphuis, J. H., Arbisi, P. A., Ben-Porath, Y. S., & McNulty, J. L. (2008). Detecting comorbid Axis-II status among inpatients using the MMPI-2 Restructured Clinical Scales. *European Journal of Psychological Assessment, 24*, 157-164.
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