



Minnesota Multiphasic  
Personality Inventory-2  
Restructured Form™

---

## Interpretive Report: Clinical Settings

---

MMPI-2-RF™

Minnesota Multiphasic Personality Inventory-2-Restructured Form™

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

---

ID Number: 11  
Age: 48  
Gender: Female  
Marital Status: Not reported  
Years of Education: Not reported  
Date Assessed: 08/10/2008

**PEARSON**

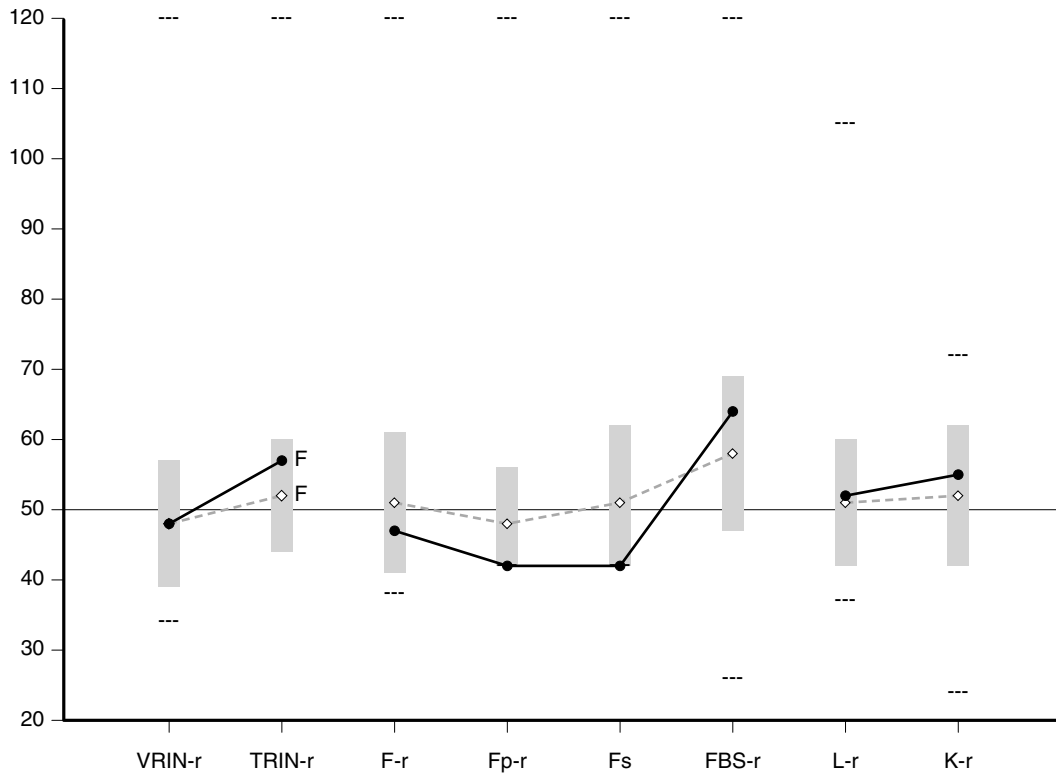
Copyright © 2008 by the Regents of the University of Minnesota. All rights reserved.  
Distributed exclusively under license from the University of Minnesota by NCS Pearson, Inc. Portions reproduced from the MMPI-2-RF test booklet. Copyright © 2008 by the Regents of the University of Minnesota. All rights reserved. Portions excerpted from the MMPI-2-RF Manual for Administration, Scoring, and Interpretation. Copyright © 2008 by the Regents of the University of Minnesota. All rights reserved.

**Minnesota Multiphasic Personality Inventory-2-Restructured Form, MMPI-2-RF**, and the MMPI-2-RF logo are trademarks of the University of Minnesota.

### **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	10	1	0	0	12	3	9
T Score:	48	57 F	47	42	42	64	52	55
Response %:	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0							Percent True (of items answered): 28%

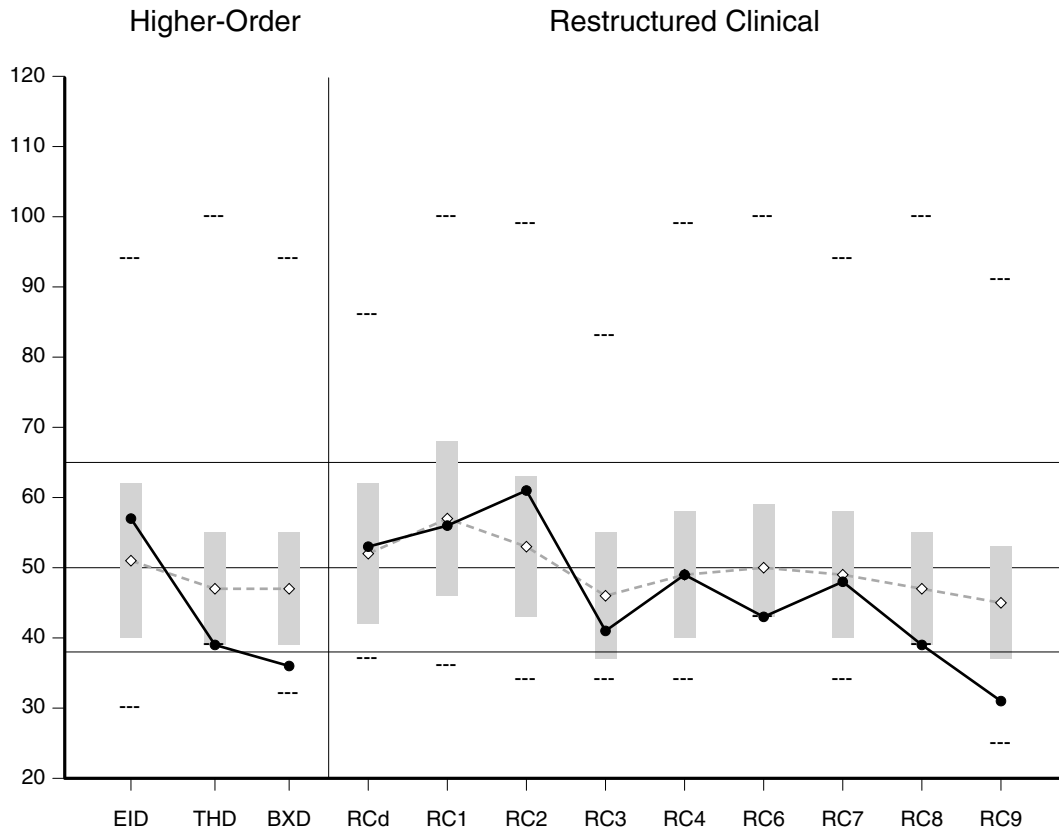
Comparison Group Data: Bariatric Surgery Candidate (Women), N = 435

Mean Score (◇--◇):	48	52 F	51	48	51	58	51	52
Standard Dev (±1 SD):	9	8	10	8	11	11	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:	15	0	1	5	5	7	2	4	0	5	0	2
T Score:	57	39	36	53	56	61	41	49	43	48	39	31
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

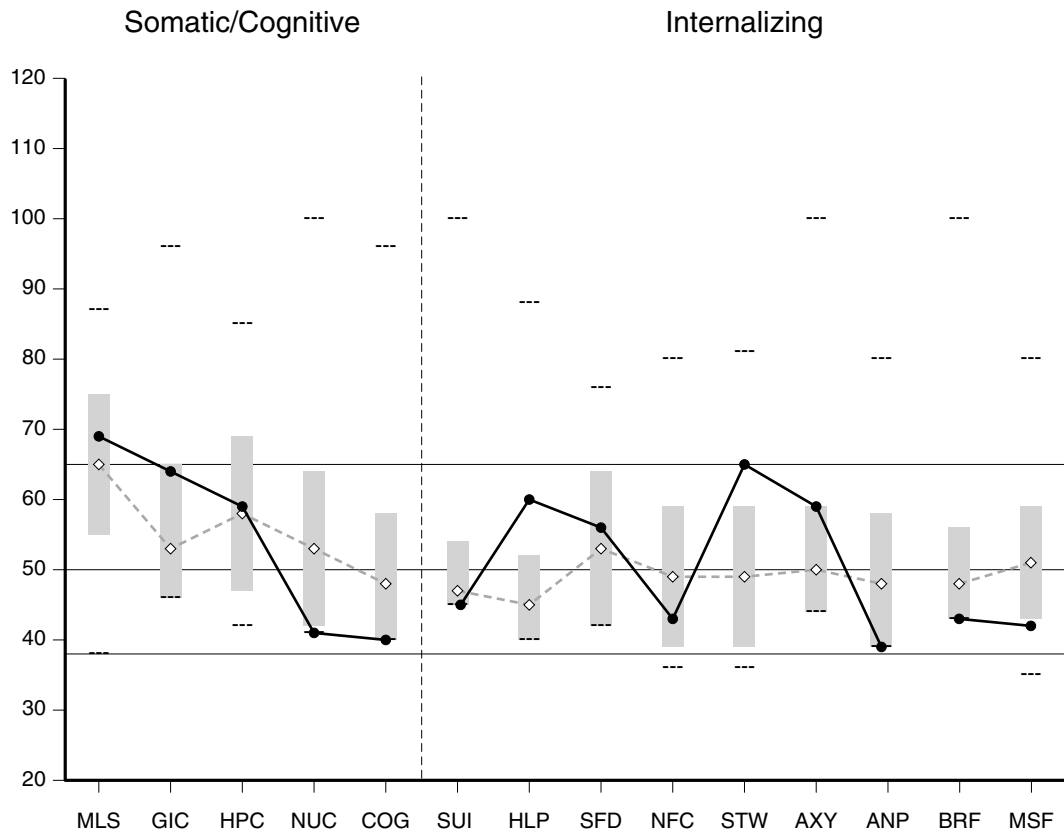
Comparison Group Data: Bariatric Surgery Candidate (Women), N = 435

Mean Score (◇--◇):	51	47	47	52	57	53	46	49	50	49	47	45
Standard Dev (±1 SD):	11	8	8	10	11	10	9	9	9	9	8	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:	5	1	2	0	0	0	2	2	1	5	1	0	0	1
T Score:	69	64	59	41	40	45	60	56	43	65	59	39	43	42
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

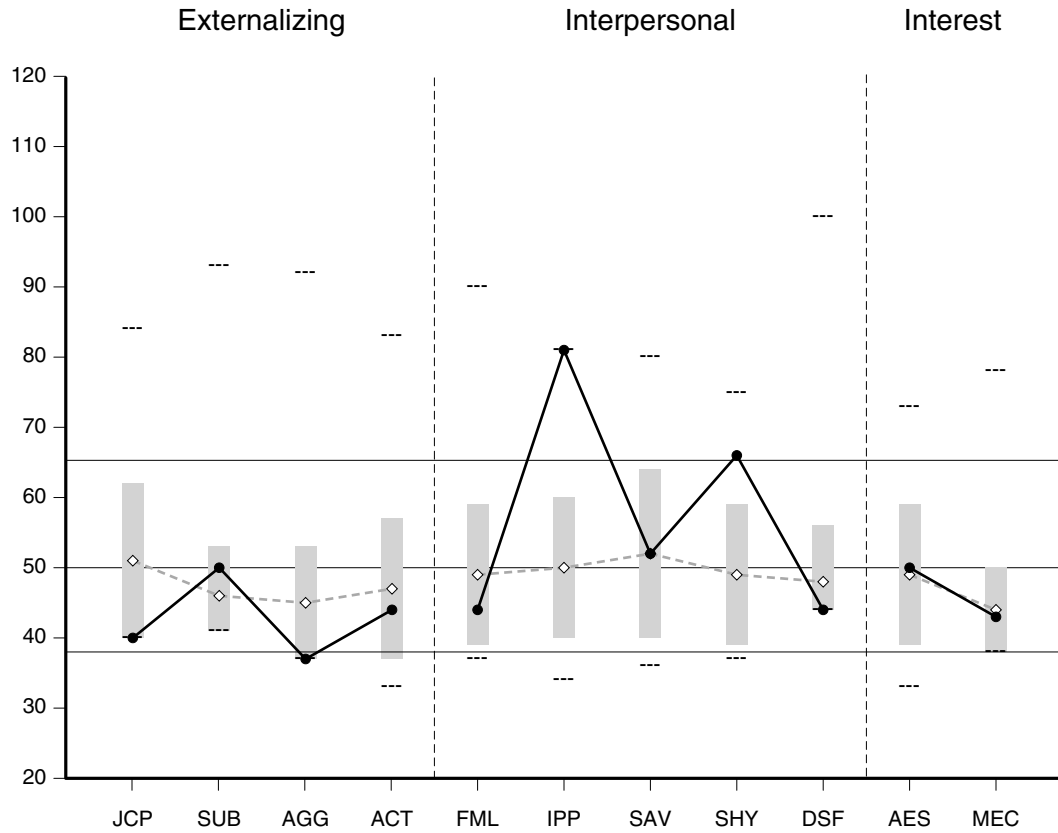
Comparison Group Data: Bariatric Surgery Candidate (Women), N = 435

Mean Score (◇--◇):	65	53	58	53	48	47	45	53	49	49	50	48	48	51
Standard Dev (±1 SD):	10	12	11	11	10	7	7	11	10	10	9	10	8	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:	0	1	0	2	1	10	4	6	0	3	1
T Score:	40	50	37	44	44	81	52	66	44	50	43
Response %:	100	100	100	100	100	100	100	100	100	100	100

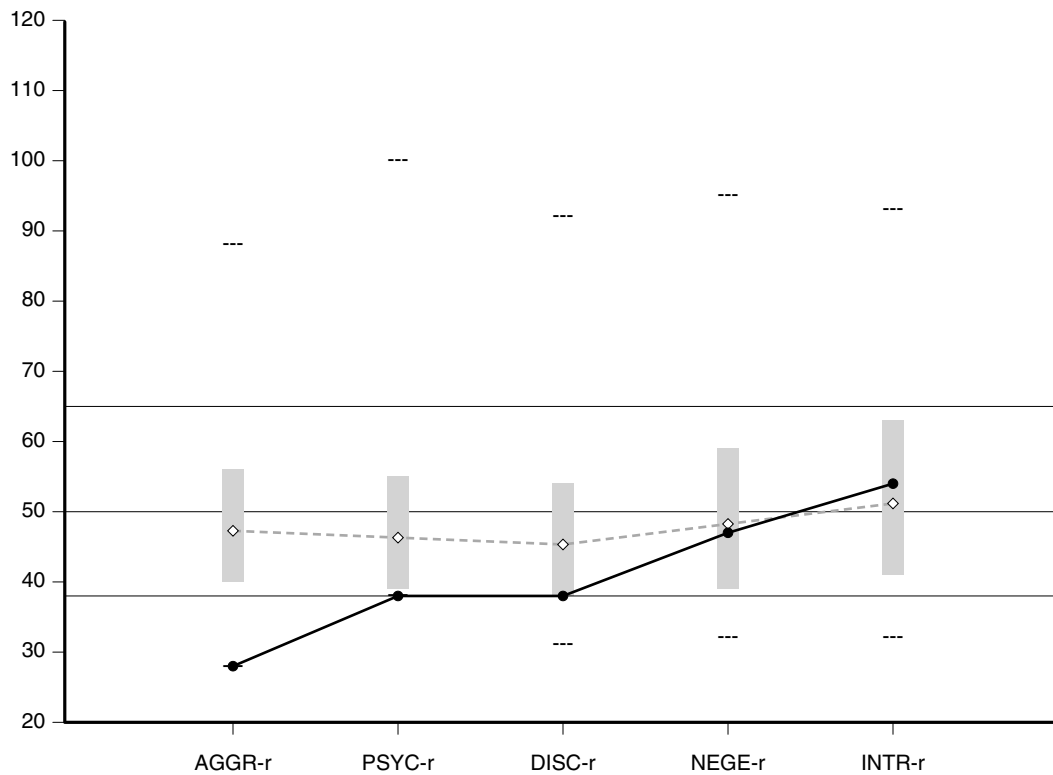
Comparison Group Data: Bariatric Surgery Candidate (Women), N = 435

Mean Score (◇--◇):	51	46	45	47	49	50	52	49	48	49	44
Standard Dev (±1 SD):	11	7	8	10	10	10	12	10	8	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:	0	0	2	5	8
T Score:	28	38	38	47	54
Response %:	100	100	100	100	100

Comparison Group Data: Bariatric Surgery Candidate (Women), N = 435

Mean Score (◇--◇):	48	47	46	49	52
Standard Dev (±1 SD):	8	8	8	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 relate to malaise. Emotional-internalizing findings relate to stress and worry. Interpersonal difficulties include passivity and 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 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.

### **Emotional Dysfunction**

The test-taker is likely to be stress-reactive and worry-prone and to engage in obsessive rumination.

### **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. She is unlikely to engage in externalizing, acting-out behavior. She is likely to have a very low energy level and to be disengaged from her environment. In addition, she reports a below average level of aggressive behavior.

### **Interpersonal Functioning Scales**

The test-taker reports being unassertive and submissive, not liking to be in charge, and ready to give in to others. She is indeed very likely to be passive and submissive in interpersonal relationships. She also 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 malaise has been ruled out
- Disorders involving excessive stress and worry such as obsessive-compulsive disorder

### **Interpersonal Disorders**

- Disorders characterized by passive-submissive behavior such as dependent personality disorder
- 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**

- Origin of malaise complaints.

### **Psychotherapy Process Issues**

- Malaise may impede her willingness or ability to engage in treatment.

### **Possible Targets for Treatment**

- Stress management and excessive worry and rumination
- Reducing passive, submissive behavior
- 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 test-taker has not produced an elevated T score ( $\geq 65$ ) on any of these scales.

### 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.

---