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:	3
Age:	40
Gender:	Male
Marital Status:	Never Married
Years of Education:	9
Date Assessed:	08/24/2008

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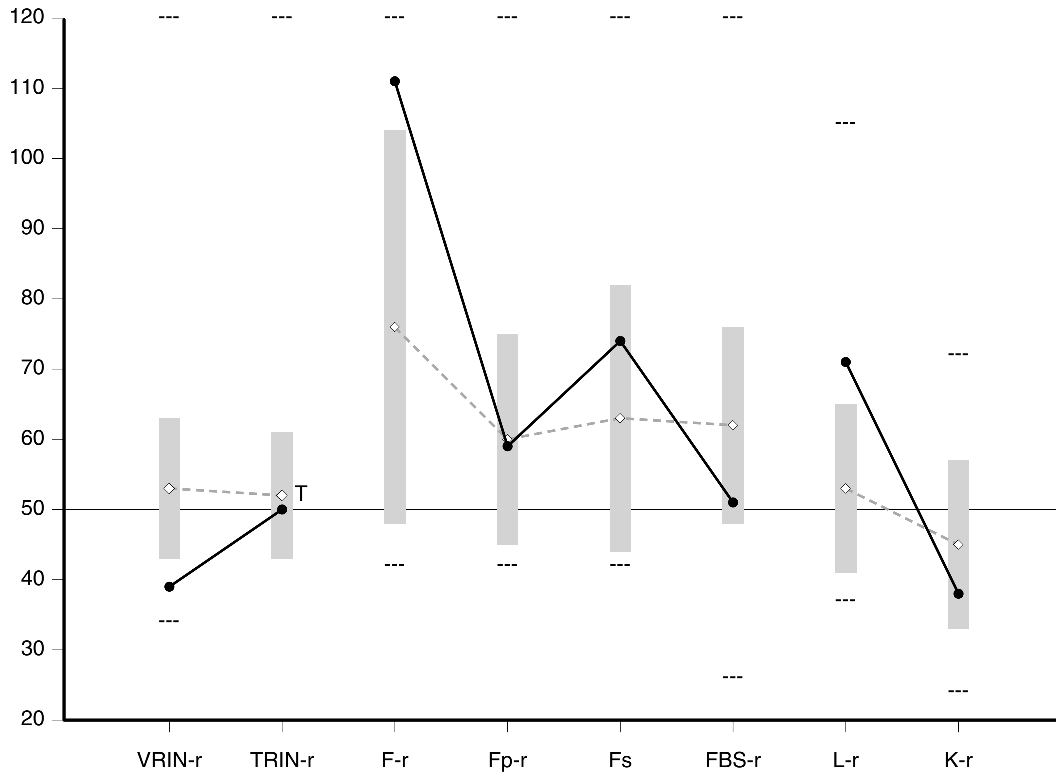
MMPI-2-RF Validity Scales



	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	L-r	K-r
Raw Score:	1	11	15	2	4	8	7	4
T Score:	39	50	111	59	74	51	71	38
Response %:	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0 Percent True (of items answered): 42%

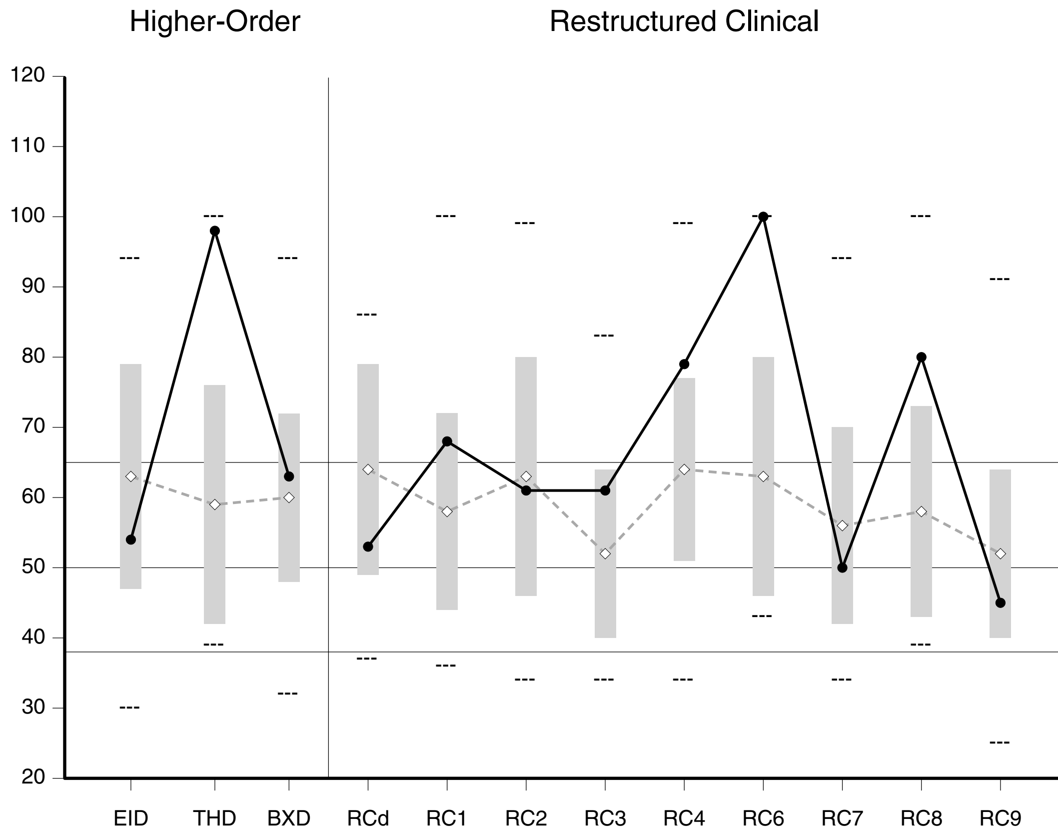
Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	L-r	K-r
Mean Score (◇- - -◇):	53	52 T	76	60	63	62	53	45
Standard Dev (±1 SD):	10	9	28	15	19	14	12	12

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
TRIN-r True Response Inconsistency
F-r Infrequent Responses
Fp-r Infrequent Psychopathology Responses
Fs Infrequent Somatic Responses
FBS-r Symptom Validity
L-r Uncommon Virtues
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:	13	15	11	5	10	7	10	15	12	6	10	9
T Score:	54	98	63	53	68	61	61	79	100	50	80	45
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

Mean Score (◇---◇):	63	59	60	64	58	63	52	64	63	56	58	52
Standard Dev (±1 SD):	16	17	12	15	14	17	12	13	17	14	15	12

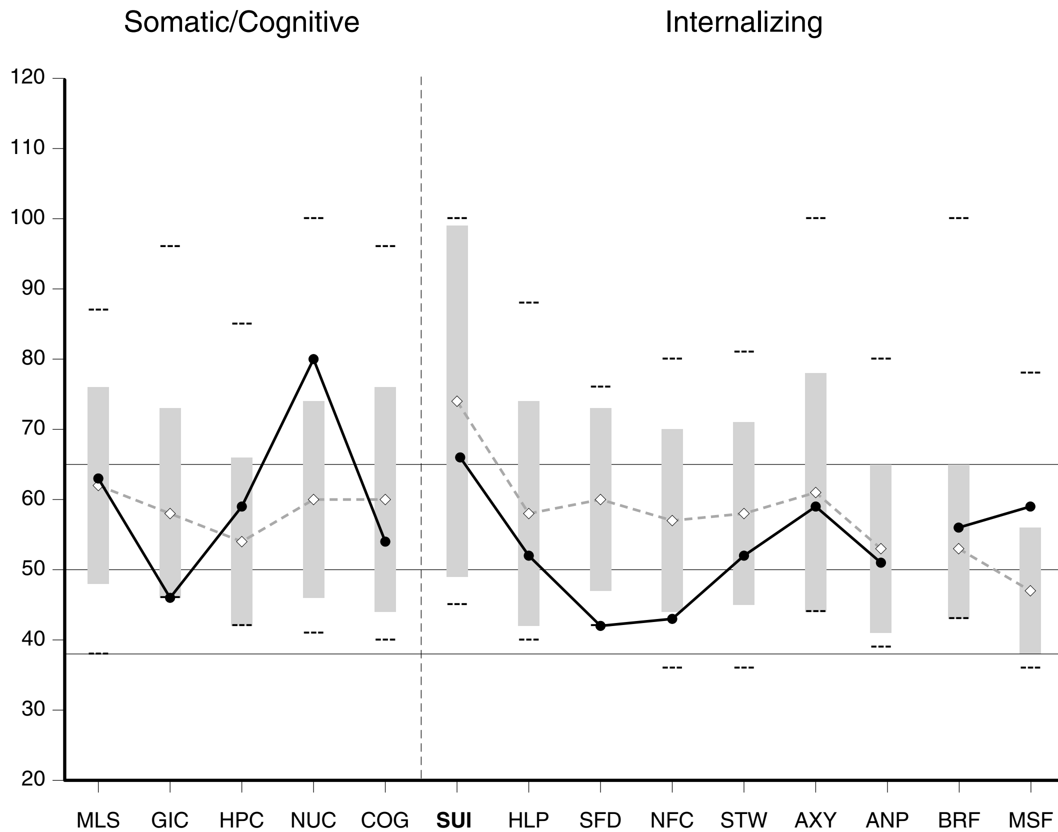
The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

EID Emotional/Internalizing Dysfunction
THD Thought Dysfunction
BXD Behavioral/Externalizing Dysfunction

RCd Demoralization
RC1 Somatic Complaints
RC2 Low Positive Emotions
RC3 Cynicism
RC4 Antisocial Behavior

RC6 Ideas of Persecution
RC7 Dysfunctional Negative Emotions
RC8 Aberrant Experiences
RC9 Hypomanic Activation

MMPI-2-RF Somatic/Cognitive and Internalizing Scales



	MLS	GIC	HPC	NUC	COG	**SUI**	HLP	SFD	NFC	STW	AXY	ANP	BRF	MSF
Raw Score:	4	0	2	6	2	1	1	0	1	3	1	2	1	6
T Score:	63	46	59	80	54	**66**	52	42	43	52	59	51	56	59
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

	MLS	GIC	HPC	NUC	COG	SUI	HLP	SFD	NFC	STW	AXY	ANP	BRF	MSF
Mean Score (◇--◇):	62	58	54	60	60	74	58	60	57	58	61	53	53	47
Standard Dev (±1 SD):	14	15	12	14	16	25	16	13	13	13	17	12	12	9

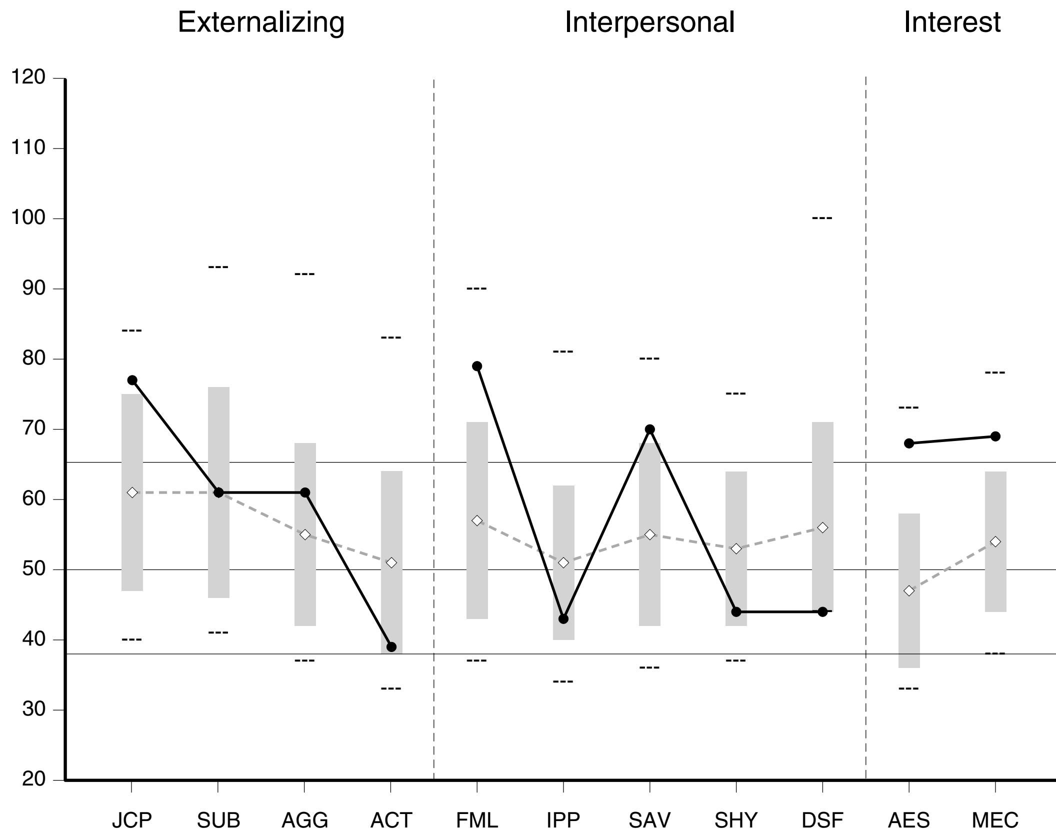
The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

MLS Malaise
GIC Gastrointestinal Complaints
HPC Head Pain Complaints
NUC Neurological Complaints
COG Cognitive Complaints

SUI Suicidal/Death Ideation
HLP Helplessness/Hopelessness
SFD Self-Doubt
NFC Inefficacy
STW Stress/Worry

AXY Anxiety
ANP Anger Proneness
BRF Behavior-Restricting Fears
MSF Multiple Specific Fears

MMPI-2-RF Externalizing, Interpersonal, and Interest Scales



	JCP	SUB	AGG	ACT	FML	IPP	SAV	SHY	DSF	AES	MEC
Raw Score:	5	3	4	1	8	2	8	1	0	6	7
T Score:	77	61	61	39	79	43	70	44	44	68	69
Response %:	100	100	100	100	100	100	100	100	100	100	100

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

Mean Score (◇- - -◇):	61	61	55	51	57	51	55	53	56	47	54
Standard Dev (±1 SD):	14	15	13	13	14	11	13	11	15	11	10

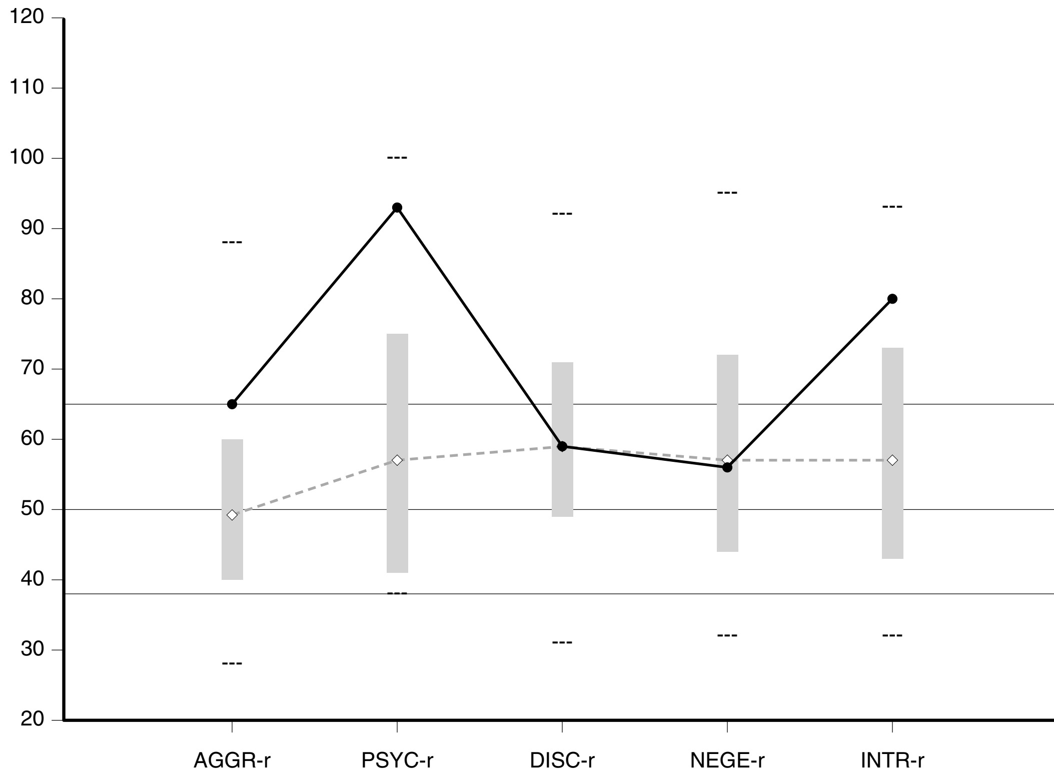
The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

JCP Juvenile Conduct Problems
SUB Substance Abuse
AGG Aggression
ACT Activation

FML Family Problems
IPP Interpersonal Passivity
SAV Social Avoidance
SHY Shyness
DSF Disaffiliativeness

AES Aesthetic-Literary Interests
MEC Mechanical-Physical Interests

MMPI-2-RF PSY-5 Scales



	AGGR-r	PSYC-r	DISC-r	NEGE-r	INTR-r
Raw Score:	13	14	10	9	16
T Score:	65	93	59	56	80
Response %:	100	100	100	100	100

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

	AGGR-r	PSYC-r	DISC-r	NEGE-r	INTR-r
Mean Score (◇---◇):	50	58	60	58	58
Standard Dev (±1 SD):	10	17	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

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 over-reporting and under-reporting on the validity of this protocol. With that caution noted, scores on the substantive scales indicate somatic complaints and emotional, thought, behavioral, and interpersonal dysfunction. Somatic complaints include preoccupation with poor health and neurological symptoms. Emotional-internalizing findings relate to **suicidal ideation**. Dysfunctional thinking includes ideas of persecution and aberrant perceptions and thoughts. Behavioral-externalizing problems include antisocial behavior and juvenile conduct problems. Interpersonal difficulties include family problems and social avoidance.

PROTOCOL VALIDITY

Content Non-Responsiveness

There are no problems with unscorable items in this protocol. The test taker responded relevantly to the items on the basis of their content.

Over-Reporting

The test taker generated a considerably larger than average number of infrequent responses to the MMPI-2-RF items. This level of infrequent responding may occur in individuals with genuine, severe psychological difficulties who report credible symptoms. However, for individuals with no history or current corroborating evidence of severe dysfunction it most likely indicates over-reporting.

Under-Reporting

There is also evidence of possible under-reporting in this protocol. The test taker presented himself in a very positive light by denying several minor faults and shortcomings that most people acknowledge. This level of virtuous self-presentation is uncommon, but may, to some extent, reflect a background stressing traditional values. Any absence of elevation on the substantive scales should be interpreted with caution. Elevated scores on the substantive scales may underestimate the problems assessed by those scales.

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 over-reporting and under-reporting on the validity of this protocol.

Somatic/Cognitive Dysfunction

The test taker reports multiple somatic complaints including vague neurological complaints. He is likely to complain of fatigue. He is also likely to be preoccupied with physical health concerns and to be prone to developing physical symptoms in response to stress.

Emotional Dysfunction

The test taker reports a history of suicidal ideation and/or attempts. He is likely to be preoccupied with suicide and death and to be at risk for current suicidal ideation and attempts. This risk is exacerbated by poor impulse control.

Thought Dysfunction

The test taker's responses indicate serious and pervasive thought dysfunction. More specifically, he reports prominent persecutory ideation that likely rises to the level of paranoid delusions, including a strong belief that others seek to harm him. He is very likely to be suspicious and distrustful, to experience serious interpersonal difficulties as a result of pervasive interpersonal suspiciousness, and to lack insight.

He reports a large number of unusual thoughts and perceptions. He is very likely to experience symptoms that can include auditory and/or visual hallucinations and non-persecutory delusions such as thought broadcasting and mind reading. He is also very likely to present with significantly impaired reality testing and to experience serious impairment in occupational and interpersonal functioning. His aberrant experiences may include somatic delusions.

Behavioral Dysfunction

The test taker reports a significant history of acting-out, antisocial behavior and is likely to have poor impulse control, to have been involved with the criminal justice system, and to have difficulties with individuals in positions of authority. He is also likely to act out when bored and to have antisocial characteristics. He also reports a history of problematic behavior at school. He is likely to have a history of juvenile delinquency and criminal and antisocial behavior and to experience conflictual interpersonal relationships.

Interpersonal Functioning Scales

The test taker reports conflictual family relationships and lack of support from family members. He is indeed likely to have family conflicts and to experience poor family functioning, to have strong negative feelings about family members, and to blame family members for his difficulties.

He reports not enjoying social events and avoiding social situations. He is likely to be introverted, to have difficulty forming close relationships, and to be emotionally restricted.

Interest Scales

The test taker reports an uncommon pattern of multiple interests in two different areas. He reports an above average number of interests in activities or occupations of an aesthetic or literary nature (e.g., writing, music, the theater). Individuals who respond in this manner are likely to be aesthetically oriented, more aware of sensory experiences than the average person, and empathic. He also 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). Individuals who respond in this manner are likely to be adventure- and sensation-seeking.

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

- Malingering of emotional symptoms
- Somatoform disorder and/or conditions involving somatic delusions, if physical origin for neurological complaints has been ruled out

Thought Disorders

- Disorders involving paranoid delusional thinking
- Disorders manifesting psychotic symptoms
- Personality disorders manifesting unusual thoughts and perceptions

Behavioral-Externalizing Disorders

- Antisocial personality disorder, substance use disorders, and other externalizing disorders

Interpersonal Disorders

- Disorders associated with social avoidance such as avoidant personality disorder

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 suicide should be assessed immediately**.
- May require inpatient treatment due to paranoid delusional thinking and disorganized thinking .
- Need for antipsychotic medication.
- Extent to which genuine physical health problems contribute to the scores on the Somatic Complaints (RC1) and Neurological Complaints (NUC) scales.

Psychotherapy Process Issues

- May need to be stabilized prior to successful implementation of treatment.
- Significantly impaired thinking is likely to disrupt treatment.
- Likely to reject psychological interpretations of somatic complaints.
- Extreme persecutory ideation may interfere with forming a therapeutic relationship and treatment compliance.
- Acting-out tendencies can result in treatment non-compliance and interfere with the development of a therapeutic relationship.

Possible Targets for Treatment

- Prominent persecutory ideation
- Psychotic symptoms
- Increased insight for the test taker about his thought dysfunction
- Inadequate self-control
- Family problems
- Difficulties associated with social avoidance

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, Community

Hospital (Men) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Suicidal/Death Ideation (SUI, T Score = 66)

334. Item Content Omitted (True; NS 13.5%, CG 35.5%)

Ideas of Persecution (RC6, T Score = 100)

14. Item Content Omitted (True; NS 2.9%, CG 8.5%)
34. Item Content Omitted (True; NS 10.6%, CG 27.3%)
71. Item Content Omitted (True; NS 2.0%, CG 17.3%)
110. Item Content Omitted (True; NS 9.9%, CG 32.5%)
129. Item Content Omitted (True; NS 0.5%, CG 2.9%)
168. Item Content Omitted (True; NS 2.8%, CG 8.8%)
194. Item Content Omitted (True; NS 17.1%, CG 43.6%)
212. Item Content Omitted (False; NS 9.1%, CG 28.4%)
233. Item Content Omitted (True; NS 5.5%, CG 29.7%)
264. Item Content Omitted (True; NS 5.3%, CG 21.4%)
310. Item Content Omitted (True; NS 3.0%, CG 16.5%)
332. Item Content Omitted (True; NS 3.2%, CG 19.1%)

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.

Aberrant Experiences (RC8, T Score = 80)

12. Item Content Omitted (True; NS 22.2%, CG 13.7%)
32. Item Content Omitted (True; NS 21.1%, CG 51.0%)
85. Item Content Omitted (False; NS 17.1%, CG 35.2%)
106. Item Content Omitted (True; NS 8.7%, CG 31.7%)
199. Item Content Omitted (True; NS 12.1%, CG 20.6%)
203. Item Content Omitted (True; NS 4.5%, CG 10.0%)
216. Item Content Omitted (True; NS 10.2%, CG 18.5%)
257. Item Content Omitted (True; NS 12.4%, CG 37.0%)
311. Item Content Omitted (True; NS 32.4%, CG 28.2%)
330. Item Content Omitted (True; NS 15.2%, CG 19.0%)

End of Report

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