



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: 1b  
Age: 46  
Gender: Female  
Marital Status: Married  
Years of Education: 16  
Date Assessed: 08/15/2008

**PEARSON**

**PsychCorp**

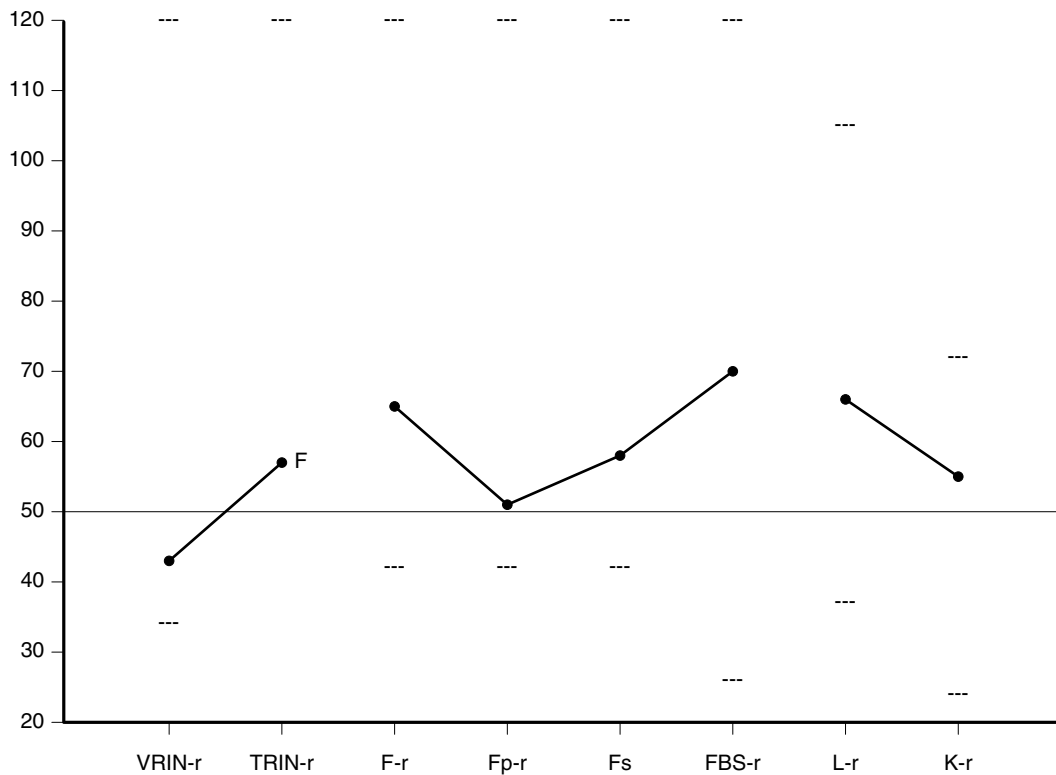
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### TRADE SECRET INFORMATION

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### MMPI-2-RF Validity Scales



Raw Score:	2	10	5	1	2	14	6	9
T Score:	43	57 F	65	51	58	70	66	55
Response %:	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0							
								Percent True (of items answered): 28%

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

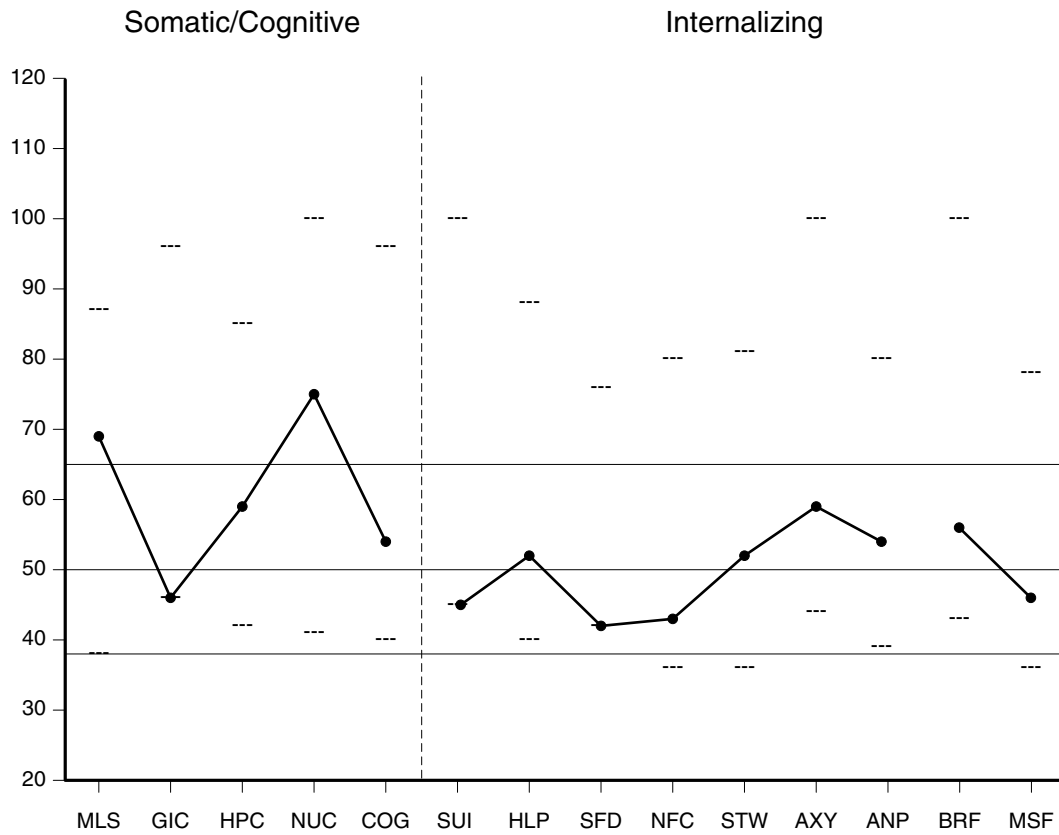


Raw Score:	12	0	1	3	12	7	3	0	0	5	0	5
T Score:	53	39	36	49	72	61	43	34	43	48	39	38
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

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

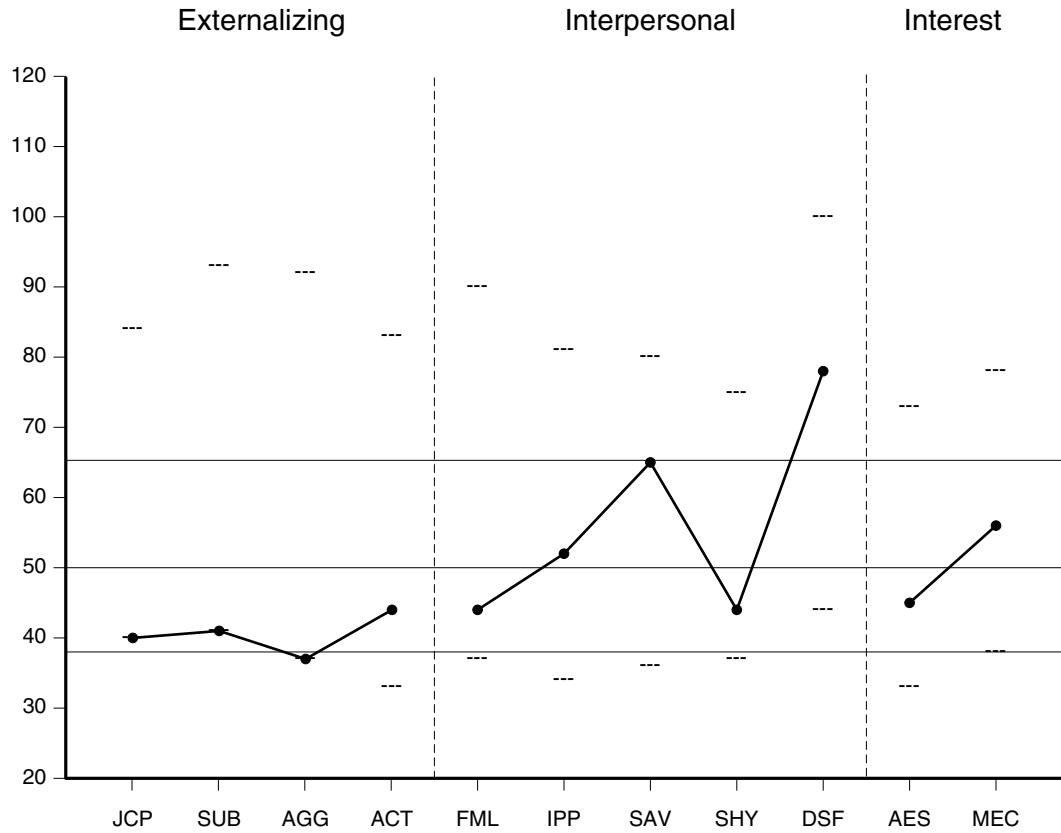


Raw Score:	5	0	2	5	2	0	1	0	1	3	1	3	1	2
T Score:	69	46	59	75	54	45	52	42	43	52	59	54	56	46
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

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

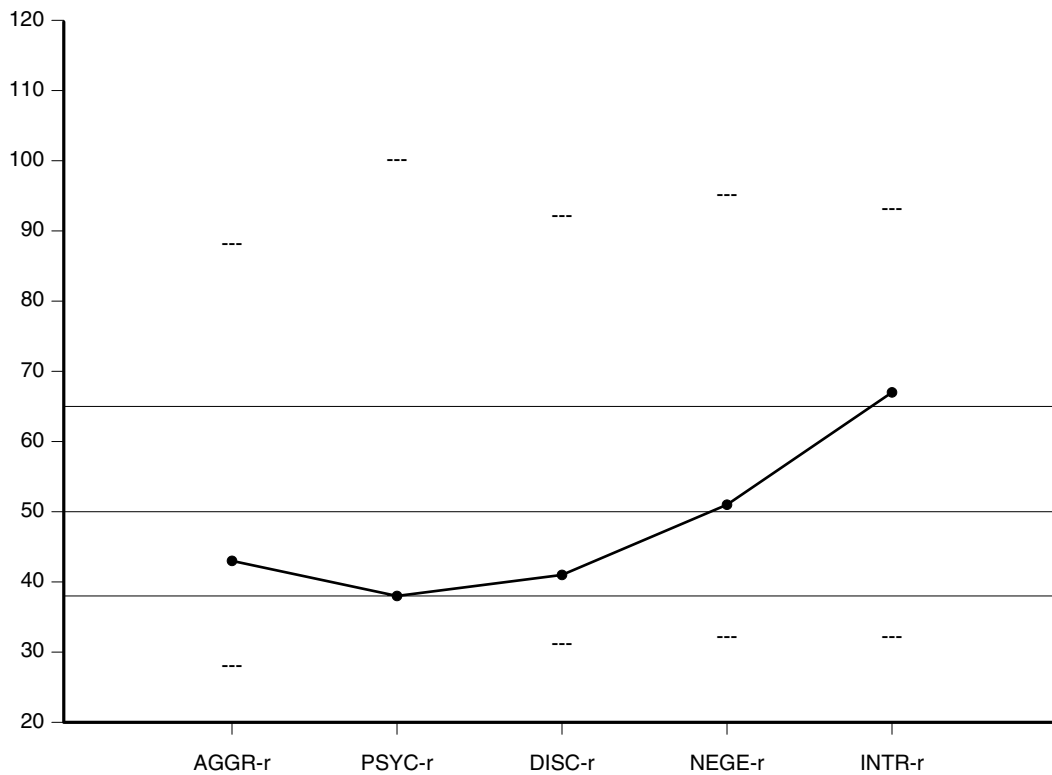


Raw Score:	0	0	0	2	1	5	7	1	3	2	4
T Score:	40	41	37	44	44	52	65	44	78	45	56
Response %:	100	100	100	100	100	100	100	100	100	100	100

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:	6	0	3	7	12
T Score:	43	38	41	51	67
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

Scores on the MMPI-2-RF validity scales raise concerns about the possible impact of under-reporting on the validity of this protocol. With that caution noted, scores on the substantive scales indicate somatic complaints and interpersonal dysfunction. Somatic complaints include preoccupation with poor health, malaise, and neurological symptoms. Interpersonal difficulties include social avoidance and a dislike of people and being around them.

## 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

There are no indications of over-reporting in this protocol.

### Under-Reporting

The test taker presented herself in a positive light by denying some minor faults and shortcomings that most people acknowledge. This level of virtuous self-presentation may 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 under-reporting on the validity of this protocol.**

### **Somatic/Cognitive Dysfunction**

The test taker reports multiple somatic complaints including vague neurological complaints. She is likely to be prone to developing physical symptoms in response to stress. She also 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, low energy, and sexual dysfunction.

### **Emotional Dysfunction**

There are no indications of emotional-internalizing dysfunction in this protocol. However, because of indications of under-reporting described earlier, such problems cannot be ruled out.

### **Thought Dysfunction**

There are no indications of disordered thinking in this protocol. However, because of indications of under-reporting described earlier, such problems cannot be ruled out.

### **Behavioral Dysfunction**

There are no indications of maladaptive externalizing behavior in this protocol. However, because of indications of under-reporting described earlier, such problems cannot be ruled out.

### **Interpersonal Functioning Scales**

The test taker reports not enjoying social events and avoiding social situations. She is likely to be introverted, to have difficulty forming close relationships, and to be emotionally restricted. She also reports disliking people and being around them, and is likely to be asocial.

### **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 origins for malaise and neurological complaints have been ruled out

### **Interpersonal Disorders**

- Disorders associated with social avoidance such as avoidant personality disorder

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## TREATMENT CONSIDERATIONS

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

### Areas for Further Evaluation

- Extent to which genuine physical health problems contribute to the scores on the Somatic Complaints (RC1) and Neurological Complaints (NUC) scales.
- Origin of malaise complaints.

### Psychotherapy Process Issues

- Likely to reject psychological interpretations of somatic complaints.
- Malaise may impede her willingness or ability to engage in treatment.
- Her aversive response to close relationships may make it difficult to form a therapeutic alliance and achieve progress in treatment.

### Possible Targets for Treatment

- 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 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

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