



Minnesota Multiphasic
Personality Inventory-2
Restructured Form™

Interpretive Report: Clinical Settings

MMPI-2-RF®

Minnesota Multiphasic Personality Inventory-2-Restructured Form™

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ID Number: 5
Age: 35
Gender: Male
Marital Status: Never Married
Years of Education: 11
Date Assessed: 08/11/2008

PEARSON

PsychCorp

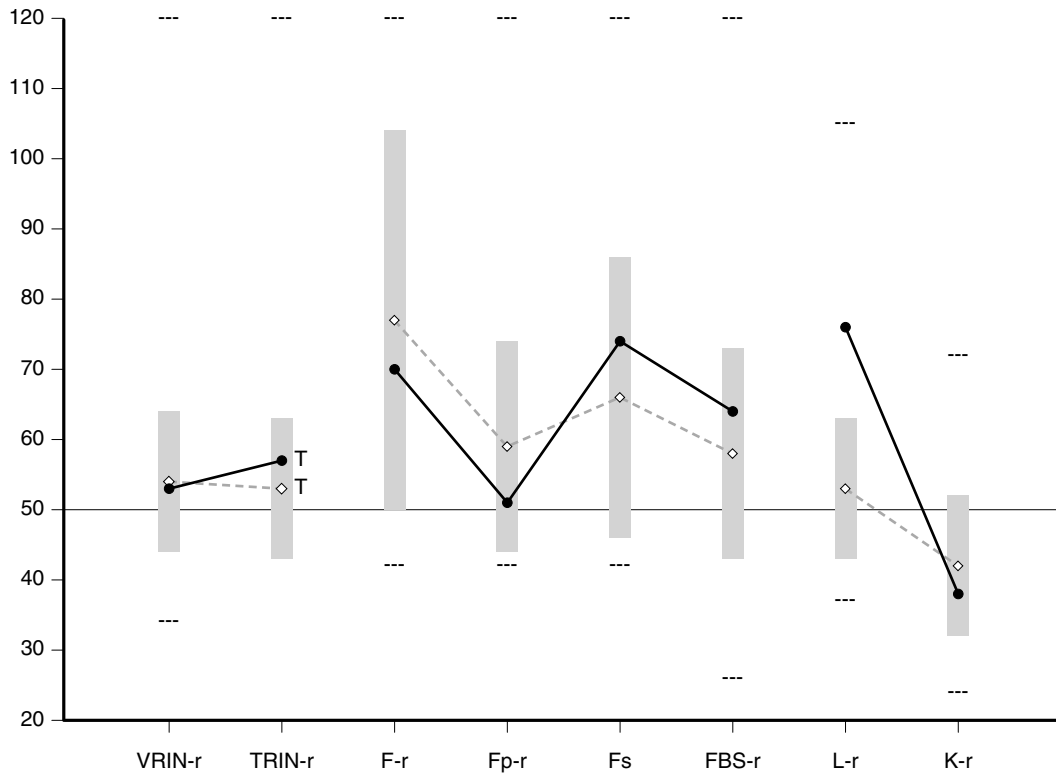
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TRADE SECRET INFORMATION

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MMPI-2-RF Validity Scales



Raw Score:	4	12	6	1	4	12	8	4
T Score:	53	57 T	70	51	74	64	76	38
Response %:	98	92	97	86	100	100	93	93
Cannot Say (Raw):	14							Percent True (of items answered): 45%

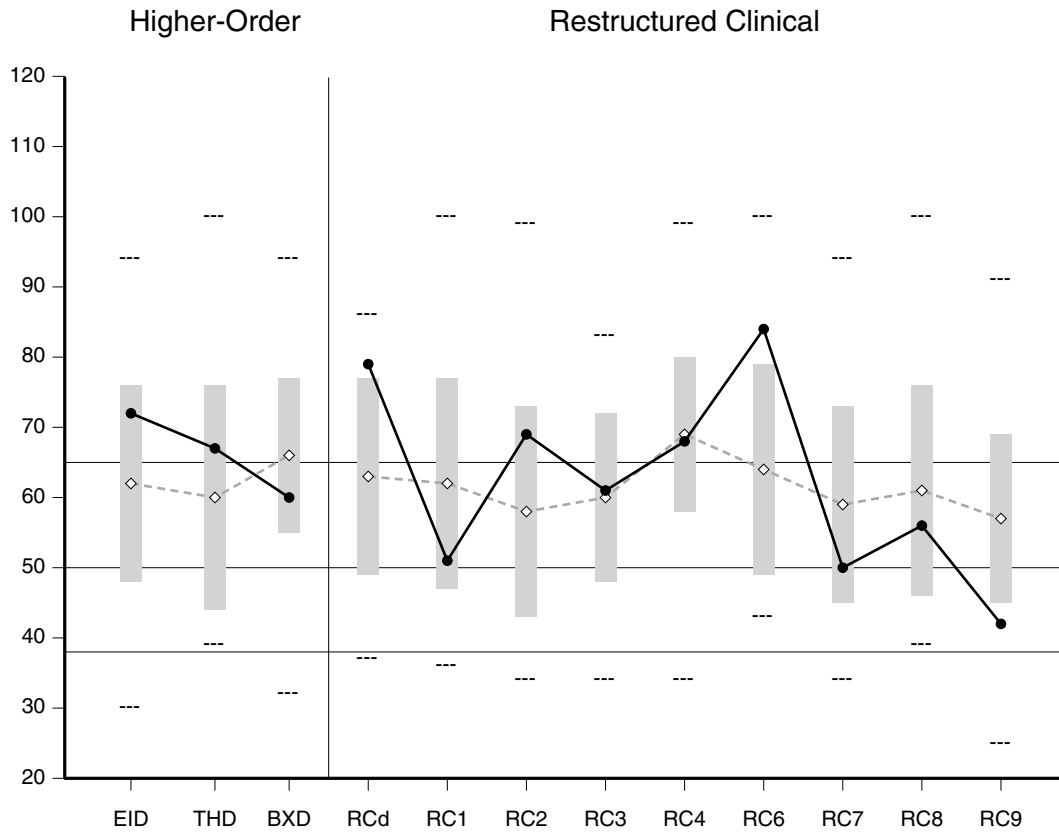
Comparison Group Data: Substance Abuse Treatment, VA (Men), N = 1,151

Mean Score (◇--◇):	54	53 T	77	59	66	58	53	42
Standard Dev (±1 SD):	10	10	27	15	20	15	10	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:	26	6	10	20	3	9	10	11	7	6	3	7
T Score:	72	67	60	79	51	69	61	68	84	50	56	42
Response %:	98	100	96	100	100	100	100	86	100	100	100	100

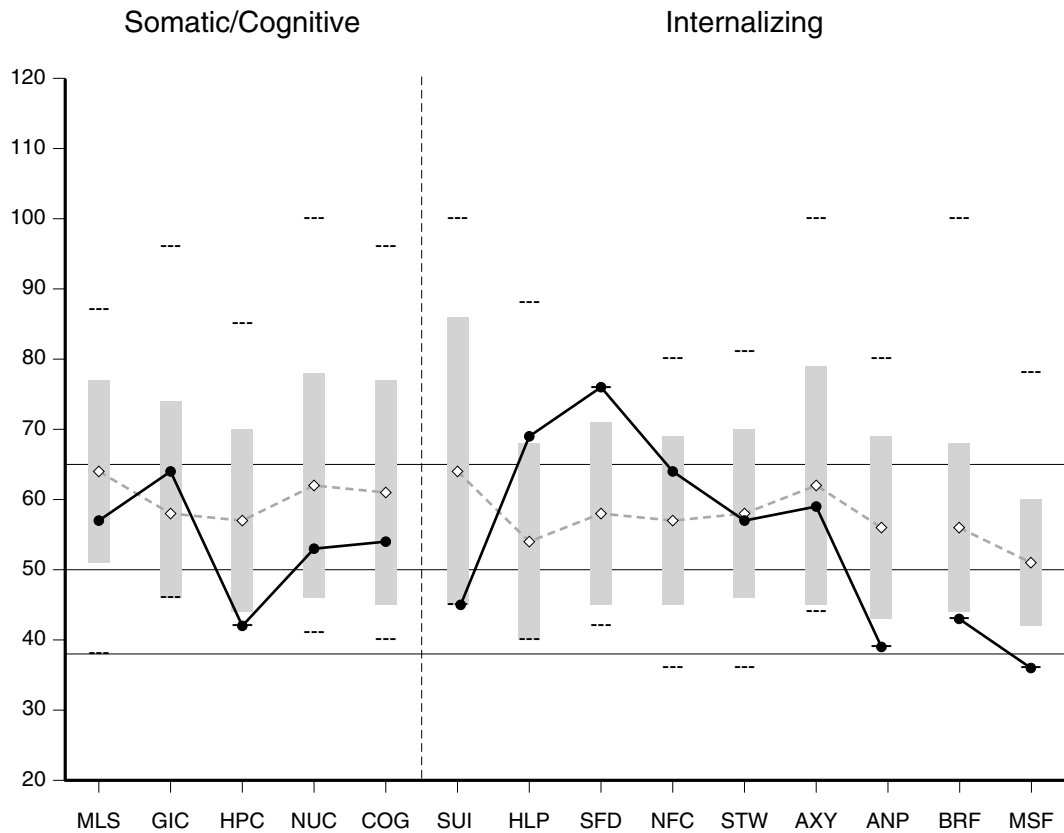
Comparison Group Data: Substance Abuse Treatment, VA (Men), N = 1,151

Mean Score (◇---◇):	62	60	66	63	62	58	60	69	64	59	61	57
Standard Dev (±1 SD):	14	16	11	14	15	15	12	11	15	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 | 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:	3	1	0	1	2	0	3	4	6	4	1	0	0	0
T Score:	57	64	42	53	54	45	69	76	64	57	59	39	43	36
Response %:	100	100	100	100	100	80	100	100	100	100	100	100	100	100

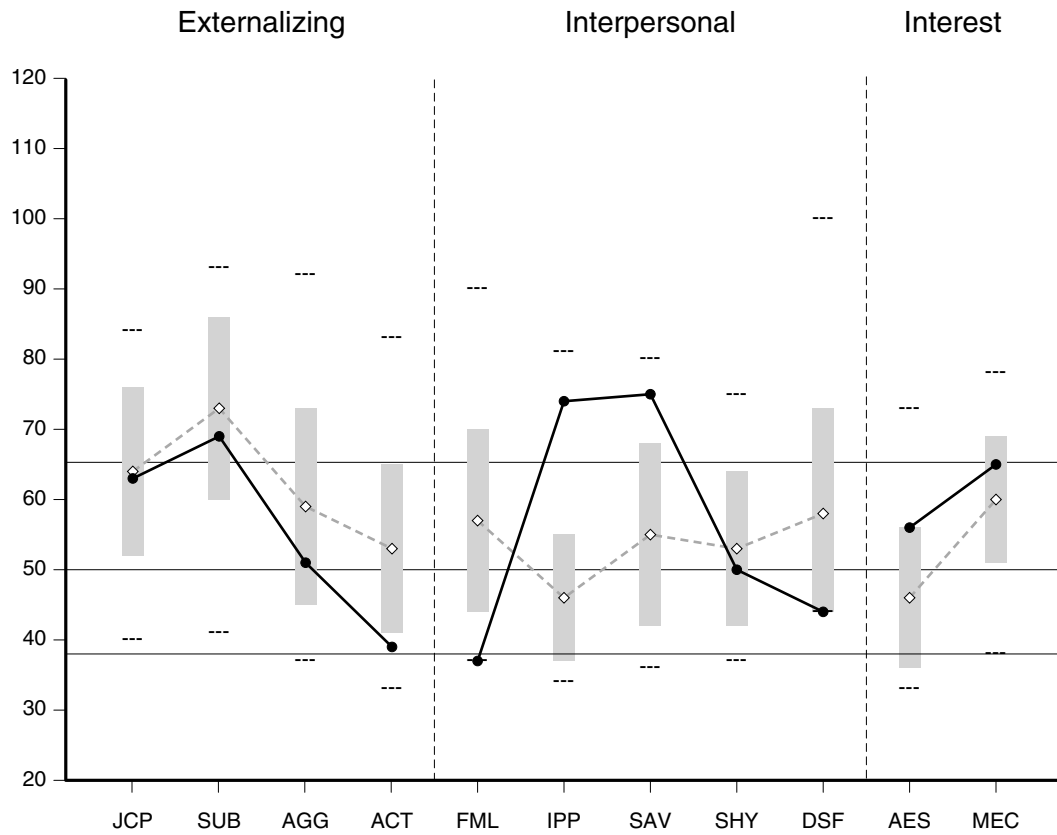
Comparison Group Data: Substance Abuse Treatment, VA (Men), N = 1,151

Mean Score (◇--◇):	64	58	57	62	61	64	54	58	57	58	62	56	56	51
Standard Dev (±1 SD):	13	16	13	16	16	22	14	13	12	12	17	13	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	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:	3	4	2	1	0	9	9	3	0	4	6
T Score:	63	69	51	39	37	74	75	50	44	56	65
Response %:	83	100	100	100	40	100	100	100	83	100	89

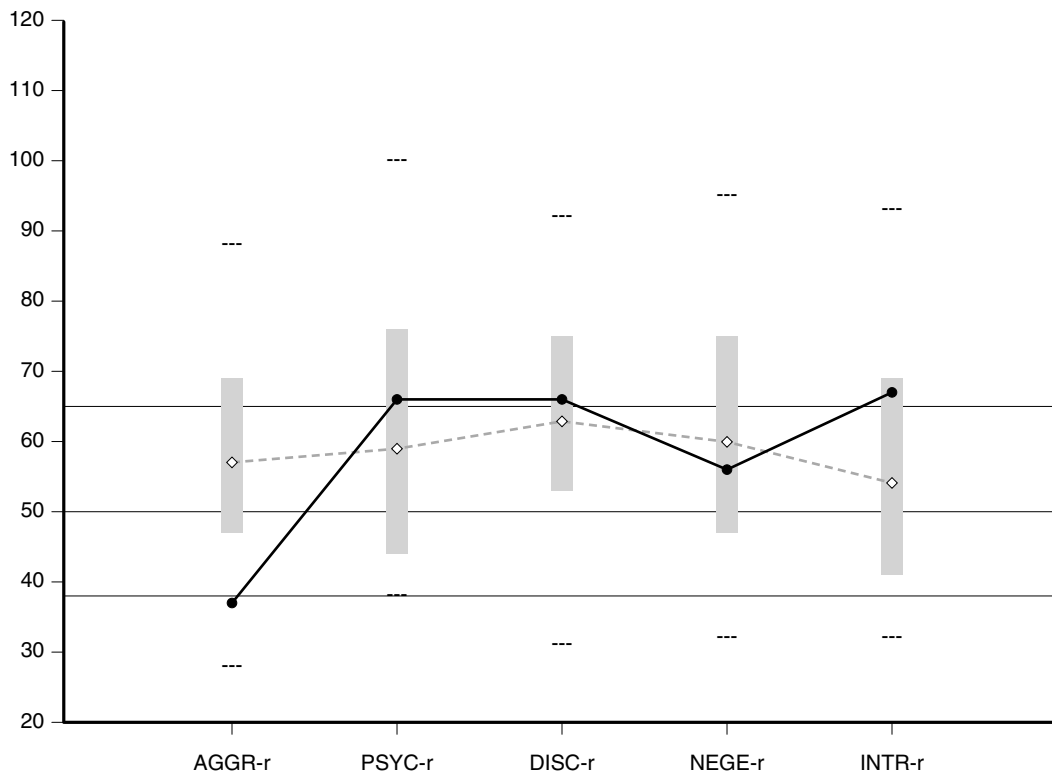
Comparison Group Data: Substance Abuse Treatment, VA (Men), N = 1,151

Mean Score (◇--◇):	64	73	59	53	57	46	55	53	58	46	60
Standard Dev (±1 SD):	12	13	14	12	13	9	13	11	15	10	9

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:	3	6	12	9	12
T Score:	37	66	66	56	67
Response %:	100	100	100	100	100

Comparison Group Data: Substance Abuse Treatment, VA (Men), N = 1,151

Mean Score (◇--◇):	58	60	64	61	55
Standard Dev (±1 SD):	11	16	11	14	14

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 under-reporting on the validity of this protocol. With that caution noted, scores on the substantive scales indicate emotional, thought, behavioral, and interpersonal dysfunction. Emotional-internalizing findings include risk for **suicidal ideation**, demoralization, depression, helplessness and hopelessness, and self-doubt. Dysfunctional thinking relates to ideas of persecution. Behavioral-externalizing problems include antisocial behavior and substance abuse. Interpersonal difficulties include passivity and social avoidance.

PROTOCOL VALIDITY

Content Non-Responsiveness

Unscorable Responses

The test taker's score on the following validity scale may have been compromised by one or more unscorable items. As a result, the score on this scale may underestimate threats to the validity of this protocol.

Infrequent Psychopathology Responses (Fp-r): 86%

He 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.

Antisocial Behavior (RC4): 86%

Suicidal/Death Ideation (SUI): 80%

Juvenile Conduct Problems (JCP): 83%

Family Problems (FML): 40%

Disaffiliativeness (DSF): 83%

Mechanical-Physical Interests (MEC): 89%

A list of all items for which the test taker provided unscorable responses appears under the heading "Item-Level Information."

Inconsistent Responding

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

Over-Reporting

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

Under-Reporting

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 unscorable responses and under-reporting on the validity of this protocol.

Somatic/Cognitive Dysfunction

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

Emotional Dysfunction

The test taker's responses indicate significant emotional distress. He is at risk for suicidal ideation, 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. He is likely to complain of feeling depressed. He also reports feeling hopeless. He is likely to feel overwhelmed and that life is a strain, to believe he cannot be helped and gets a raw deal from life, and to lack motivation for change. In addition, he 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.

He reports a lack of positive emotional experiences, significant anhedonia, and lack of interest. He is likely to be pessimistic.

Thought Dysfunction

The test taker's responses indicate significant 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.

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 experience conflictual interpersonal relationships, to act out when bored, and to have antisocial characteristics. He also reports significant past and current substance abuse, and is indeed likely to have a history of problematic use of alcohol or drugs, to be sensation-seeking, and to have had legal problems as a result of substance abuse.

Interpersonal Functioning Scales

The test taker reports being unassertive and is indeed likely to be passive and submissive in interpersonal relationships. He also 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 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. He reports an average number of interests in activities or occupations of an aesthetic or literary nature (e.g., writing, music, the theater).

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:

Emotional-Internalizing Disorders

- Depression-related disorder

Thought Disorders

- Disorders involving paranoid delusional thinking

Behavioral-Externalizing Disorders

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

Interpersonal Disorders

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

Areas for Further Evaluation

- Risk for self-harm.
- May require inpatient treatment due to paranoid delusional thinking .
- Need for antipsychotic and antidepressant medications.

Psychotherapy Process Issues

- Serious emotional difficulties may motivate him for treatment.
- 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

- Psychological distress as an initial target
- Loss of hope and feelings of despair as early targets for intervention
- Low self-esteem and other manifestations of self-doubt
- Anhedonia
- Prominent persecutory ideation
- Inadequate self-control
- Reduction or cessation of substance abuse
- Reducing passive, submissive behavior
- Difficulties associated with social avoidance

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.

- 7. Item Content Omitted (Fp-r)
- 38. Item Content Omitted (RC4)
- 58. Item Content Omitted (VRIN-r, FML)
- 80. Item Content Omitted (K-r, RC4, FML)
- 96. Item Content Omitted (BXD, RC4, JCP)
- 98. Item Content Omitted (Fp-r)
- 103. Item Content Omitted (FML)



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.

- 120. Item Content Omitted (TRIN-r, F-r, EID, SUI)
- 124. Item Content Omitted (Fp-r, DSF)
- 138. Item Content Omitted (FML)
- 148. Item Content Omitted (MEC)
- 180. Item Content Omitted (VRIN-r, FML)
- 269. Item Content Omitted (TRIN-r, FML)
- 298. Item Content Omitted (L-r)

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 Substance Abuse Treatment, VA (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 = 69)

- 169. Item Content Omitted (True; NS 4.3%, CG 23.5%)
- 214. Item Content Omitted (True; NS 10.4%, CG 19.5%)
- 282. Item Content Omitted (False; NS 17.3%, CG 28.8%)

Ideas of Persecution (RC6, T Score = 84)

- 34. Item Content Omitted (True; NS 10.6%, CG 37.7%)
- 71. Item Content Omitted (True; NS 2.0%, CG 9.8%)
- 110. Item Content Omitted (True; NS 9.9%, CG 32.1%)
- 194. Item Content Omitted (True; NS 17.1%, CG 42.1%)
- 233. Item Content Omitted (True; NS 5.5%, CG 31.3%)
- 264. Item Content Omitted (True; NS 5.3%, CG 15.8%)
- 332. Item Content Omitted (True; NS 3.2%, CG 15.0%)

Substance Abuse (SUB, T Score = 69)

- 49. Item Content Omitted (True; NS 29.6%, CG 61.0%)
- 237. Item Content Omitted (False; NS 27.4%, CG 70.8%)
- 266. Item Content Omitted (True; NS 5.0%, CG 89.6%)
- 297. Item Content Omitted (True; NS 14.4%, CG 69.9%)

End of Report

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