

Minnesota Multiphasic Personality Inventory-2 Restructured Form®

# **SAMPLE REPORT**

# Case Description: Ms. X — Forensic, Neuropsychological Score Report

Ms. X is a 47-year-old, separated woman who underwent a forensic neuropsychological evaluation in connection with a personal injury lawsuit she had filed. The litigation involved a motor vehicle accident that occurred several months prior to the evaluation. According to Ms. X she was cut off by another vehicle while driving, and, unable to avoid a collision, she broadsided the other car. She recalls striking her head against a window, but was uncertain whether she lost consciousness. She was transported to a local hospital where she remained hospitalized for several days. Ms. X was discharged with diagnoses of a severe neck sprain, a contusion resulting from restraint by her seatbelt, a bladder infection, torn ligaments in her left leg, and nerve damage in her left foot.

Medical records indicated that the attending paramedic who first evaluated Ms. X described her mental status as normal. At the hospital her Glascow Coma Scale score was 15/15. She is described in these records as presenting with a series of vaguely related symptoms and complaints that were investigated over the course of her hospitalization. Medical imaging studies did not reveal any abnormalities. Following discharge, after a series of complaints Ms. X was deemed to be incapable of caring for her own basic needs and found eligible to receive 24-hour assistance with basic living skills.

Ms. X reported having sustained another injury ten years prior to the recent motor vehicle accident when she fell into a ditch. According to her report a vertebrae fracture was diagnosed and treated unsuccessfully several years after this accident. She reported that prior to the first accident she had been employed as a paraprofessional, but she became disabled by the accident, and had not worked since this event. A review of medical records indicated that a number of evaluators concluded that Ms. X's symptoms and complaints following the initial accident could not be explained medically.

Ms. X's main complaint at the time of the current evaluation involved speech problems. Specifically, she complained that her speech was slowed and dysfluent, and that it required considerable effort for her to be able to speak. She also complained of diffuse pain with an unusual distribution, for which she was

Case descriptions do not accompany MMPI-2-RF reports, but are provided here as background information. The following report was generated from Q-global<sup>™</sup>, Pearson's web-based scoring and reporting application, using Ms. X.'s responses to the MMPI-2-RF. Additional MMPI-2-RF sample reports, product offerings, training opportunities, and resources can be found at <u>PearsonClinical.com/mmpi2rf</u>.

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# **SAMPLE REPORT**

# Case Description *(continued)*: Ms. X — Forensic, Neuropsychological Score Report

receiving very high doses of opiate-based medication. Ms. X claimed that since the accident she had lost her ability to perform simple math and was experiencing significant memory problems. She also reported experiencing mood swings and sleep difficulties.

Ms. X was referred for an independent neuropsychological evaluation by attorneys for the insurance company that was handling her case. The evaluating neuropsychologist observed that she presented with very atypical stuttering speech and other pseudoneurologic symptoms. Effort tests were administered as part of the neuropsychological test battery, and the results indicated that Ms. X exerted adequate effort. Cognitive testing indicated intact functioning in most areas likely to be affected by a brain injury, with some problems most likely due to extensive medication use.







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#### **Score Report**

MMPI-2-RF<sup>®</sup> Minnesota Multiphasic Personality Inventory-2-Restructured Form<sup>®</sup> *Yossef S. Ben-Porath, PhD, & Auke Tellegen, PhD* 

ID Number:	Ms. X
Age:	47
Gender:	Female
Marital Status:	Separated
Years of Education:	18
Date Assessed:	1/13/14



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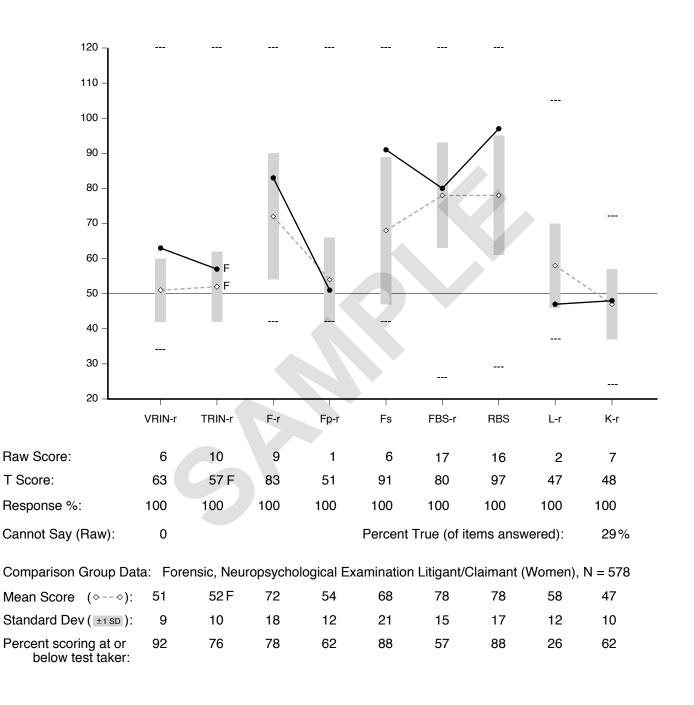
#### TRADE SECRET INFORMATION

Not for release under HIPAA or other data disclosure laws that exempt trade secrets from disclosure.

[2.2/1/QG]

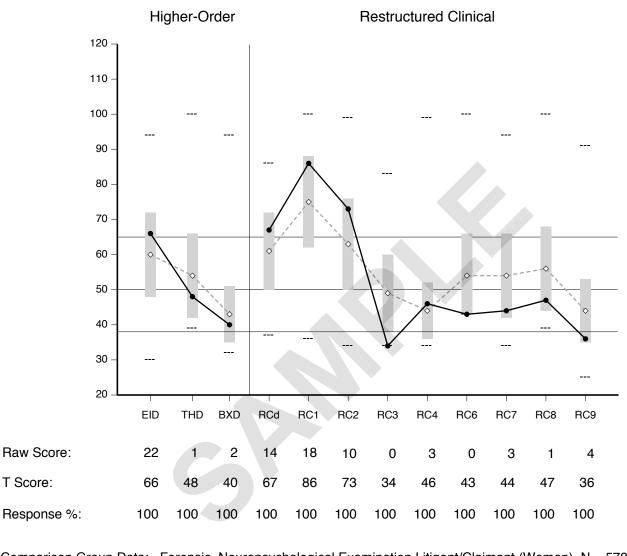
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# **MMPI-2-RF Validity Scales**

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



#### MMPI-2-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales

Comparison Group Data: Forensic, Neuropsychological Examination Litigant/Claimant (Women), N = 578 Mean Score (↔--↔): 60 Standard Dev ( ±1 SD ): Percent scoring at or below test taker:

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

RCd Demoralization

EID Emotional/Internalizing Dysfunction

THD Thought Dysfunction

BXD Behavioral/Externalizing Dysfunction R

RC1 Somatic Complaints

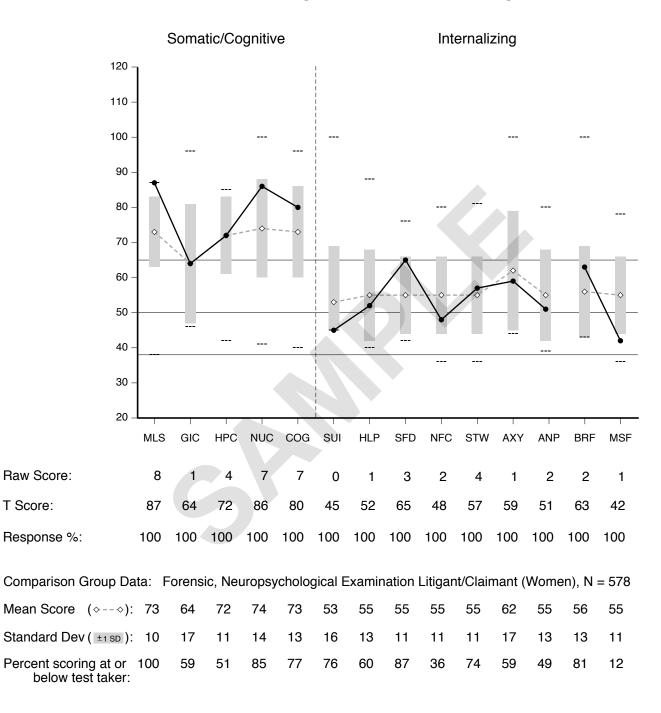
RC2 Low Positive Emotions

RC3 Cynicism

RC4 Antisocial Behavior

RC6 Ideas of PersecutionRC7 Dysfunctional Negative EmotionsRC8 Aberrant ExperiencesRC9 Hypomanic Activation

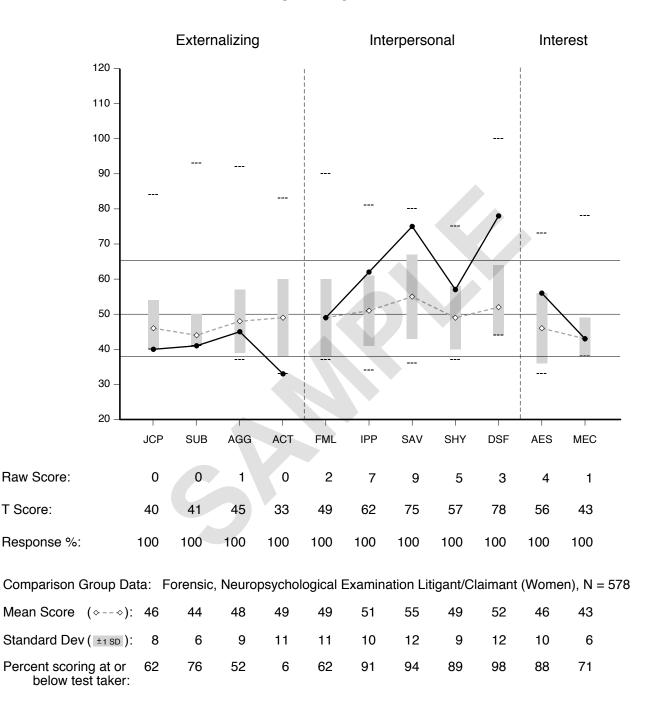
Fears



## MMPI-2-RF Somatic/Cognitive and Internalizing Scales

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

HPC NUC	Malaise Gastrointestinal Complaints Head Pain Complaints Neurological Complaints	SFD NFC		BRF	Anxiety Anger Proneness Behavior-Restricting Fea Multiple Specific Fears
	Cognitive Complaints		Stress/Worry	mer	



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

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

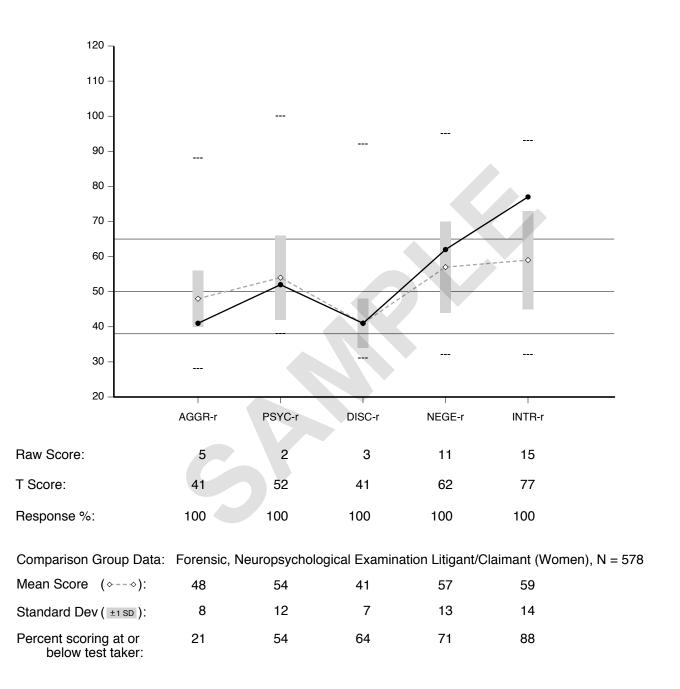
AES **Aesthetic-Literary Interests** 

Mechanical-Physical Interests MEC

SAV Social Avoidance SHY Shyness

DSF Disaffiliativeness





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

AGGR-rAggressiveness-RevisedPSYC-rPsychoticism-RevisedDISC-rDisconstraint-RevisedNEGE-rNegative Emotionality/Neuroticism-RevisedINTR-rIntroversion/Low Positive Emotionality-Revised

# MMPI-2-RF T SCORES (BY DOMAIN)

#### PROTOCOL VALIDITY

Content Non-Responsiveness		0 CNS	63 VRIN-r	57 F TRIN-r				
Over-Reporting		<u>83</u> F-r	51 Fp-r	-	91 Fs	80 FBS-r	97 RBS	-
Under-Reporting		47 L-r	48 K-r		15	1.02-1	KD5	
SUBSTANTIVE SCALES		L-I	K-I					
Somatic/Cognitive Dysfunction		86 RC1	87 MLS	64 GIC	72 HPC	86 NUC	80 COG	
		_						
Emotional Dysfunction	66 EID	67 RCd	45 SUI	52 HLP	65 SFD	48 NFC		
		73 RC2	77 INTR-r					
		44	57	59	51	63	42	62
		RC7	STW	AXY	ANP	BRF	MSF	NEGE-r
Thought Dysfunction _	48 THD	43 RC6 47 RC8						
		52 PSYC-r						
Behavioral Dysfunction	40	46	40	41				
	BXD	RC4	JCP	SUB				
		<u>36</u> RC9	45 AGG	33 ACT	41 AGGR-r	41 DISC-r		
		KC9	AUG	ACI	AUUK-I	DISC-I		
Interpersonal Functioning		49	34	62	75	57	78	
		FML	RC3	IPP	SAV	SHY	DSF	
Interests		56	43					
		AES	MEC					

*Note.* This information is provided to facilitate interpretation following the recommended structure for MMPI-2-RF interpretation in Chapter 5 of the *MMPI-2-RF Manual for Administration, Scoring, and Interpretation*, which provides details in the text and an outline in Table 5-1.

## **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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