



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

Name:
ID Number:
Age:
Gender:
Marital Status:
Years of Education:
Date Assessed:



PEARSON

PsychCorp

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. Pearson, the PSI logo, and PsychCorp are trademarks in the U.S. and/or other
countries of Pearson Education, Inc., or its affiliate(s).

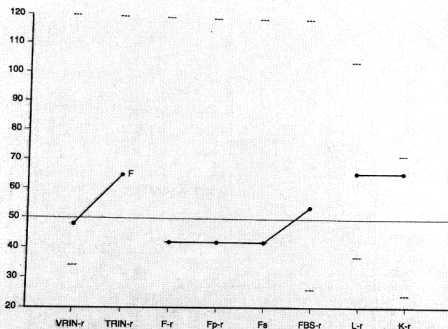
TRADE SECRET INFORMATION

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

[12/42/23.17]

15 (1) 15
16 (1) 16
17 (1) 17
18 (1) 18
19 (1) 19
20 (1) 20
21 (1) 21
22 (1) 22
23 (1) 23
24 (1) 24
25 (1) 25
26 (1) 26
27 (1) 27
28 (1) 28
29 (1) 29
30 (1) 30
31 (1) 31
32 (1) 32
33 (1) 33
34 (1) 34
35 (1) 35
36 (1) 36
37 (1) 37
38 (1) 38
39 (1) 39
40 (1) 40
Page 14

MMPI-2-RF Validity Scales



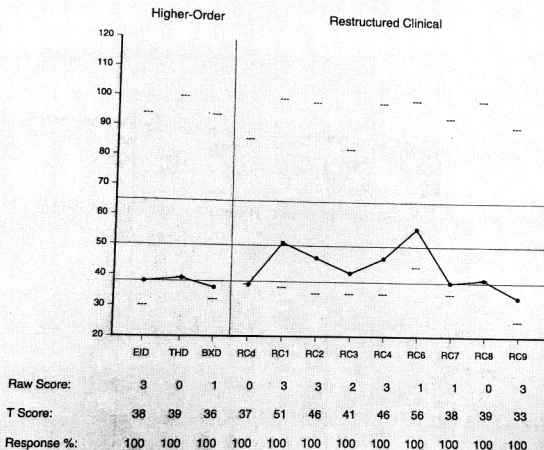
Raw Score:	3	9	0	0	0	9	6	12
T Score:	48	65	42	42	42	54	66	66
Response %:	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0							
	Percent True (of items answered):							25%

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

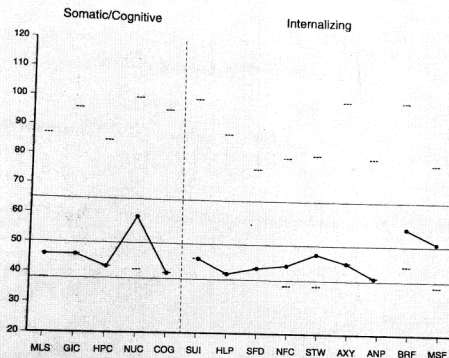
MMPI-2-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales



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

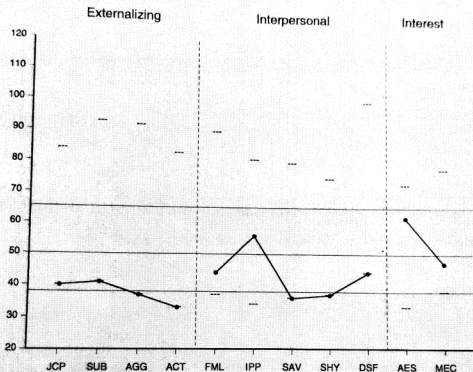


Raw Score:	1	0	0	2	0	0	0	0	1	2	0	0	1	4
T Score:	46	46	42	59	40	45	40	42	43	47	44	39	56	51
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

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

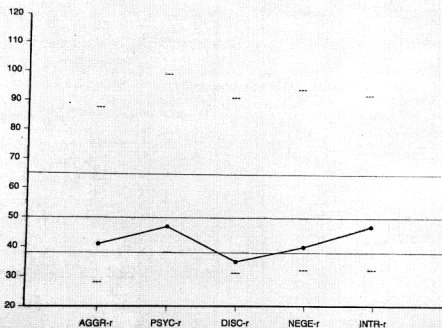


Raw Score:	0	0	0	0	1	6	0	0	0	5	2
T Score:	40	41	37	33	44	56	36	37	44	62	47
Response %:	100	100	100	100	100	100	100	100	100	100	100

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:	5	1	1	2	5
T Score:	41	47	35	40	47
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

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 under-reporting on the validity of this protocol. With that caution noted, there are no indications of somatic or cognitive complaints, or of emotional, thought, behavioral, or interpersonal dysfunction.

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. She also presented herself as very well-adjusted. This reported level of psychological adjustment is relatively rare in the general population. 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, Emotional, Thought, and Behavioral Dysfunction

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

Interpersonal Functioning Scales

These scales provide no evidence of dysfunction.

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

No specific psychodiagnostic recommendations are indicated by this MMPI-2-RF protocol.

TREATMENT CONSIDERATIONS

No specific recommendations for treatment are indicated by this MMPI-2-RF protocol.

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 (≥ 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.