



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: 12
Age: 22
Gender: Male
Marital Status: Never Married
Years of Education: 13
Date Assessed: 08/22/2008



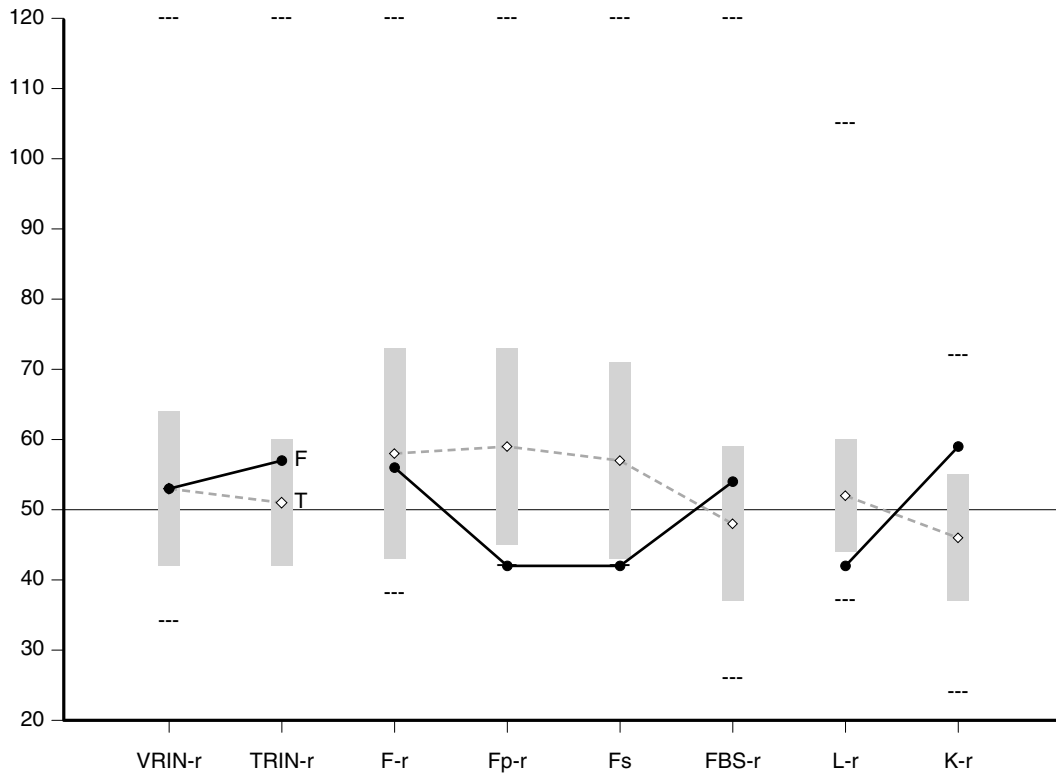
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TRADE SECRET INFORMATION

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

MMPI-2-RF Validity Scales



Raw Score:	4	10	3	0	0	9	1	10
T Score:	53	57 F	56	42	42	54	42	59
Response %:	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0							Percent True (of items answered): 42%

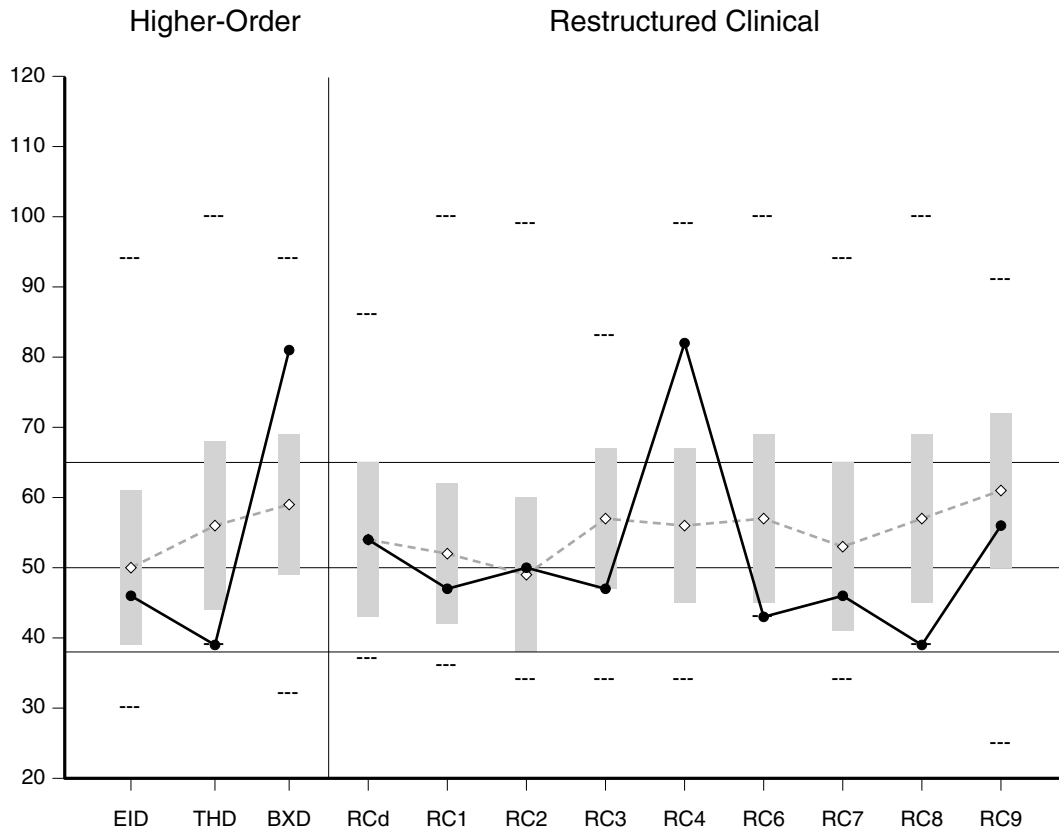
Comparison Group Data: College Student (Men), N = 1,227

Mean Score (◇--◇):	53	51 T	58	59	57	48	52	46
Standard Dev (±1 SD):	11	9	15	14	14	11	8	9

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:	7	0	18	6	2	4	5	16	0	4	0	15
T Score:	46	39	81	54	47	50	47	82	43	46	39	56
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

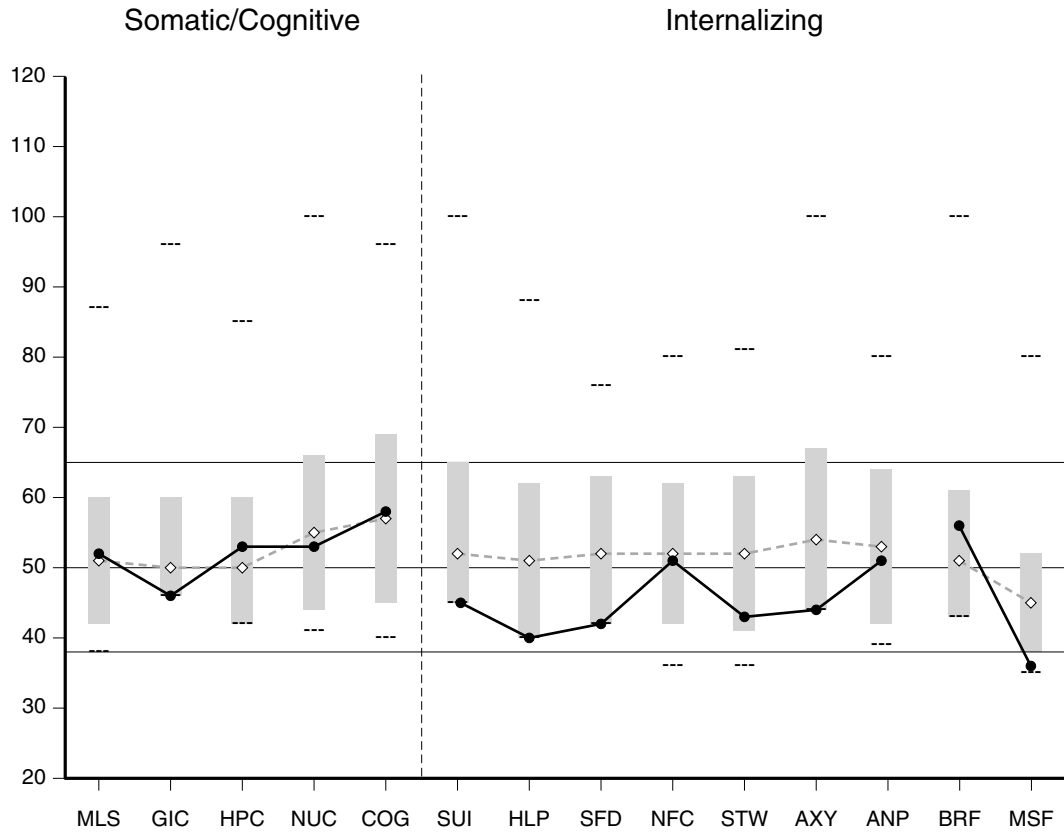
Comparison Group Data: College Student (Men), N = 1,227

Mean Score (◇---◇):	50	56	59	54	52	49	57	56	57	53	57	61
Standard Dev (±1 SD):	11	12	10	11	10	11	10	11	12	12	12	11

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:	2	0	1	1	3	0	0	0	3	1	0	2	1	0
T Score:	52	46	53	53	58	45	40	42	51	43	44	51	56	36
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

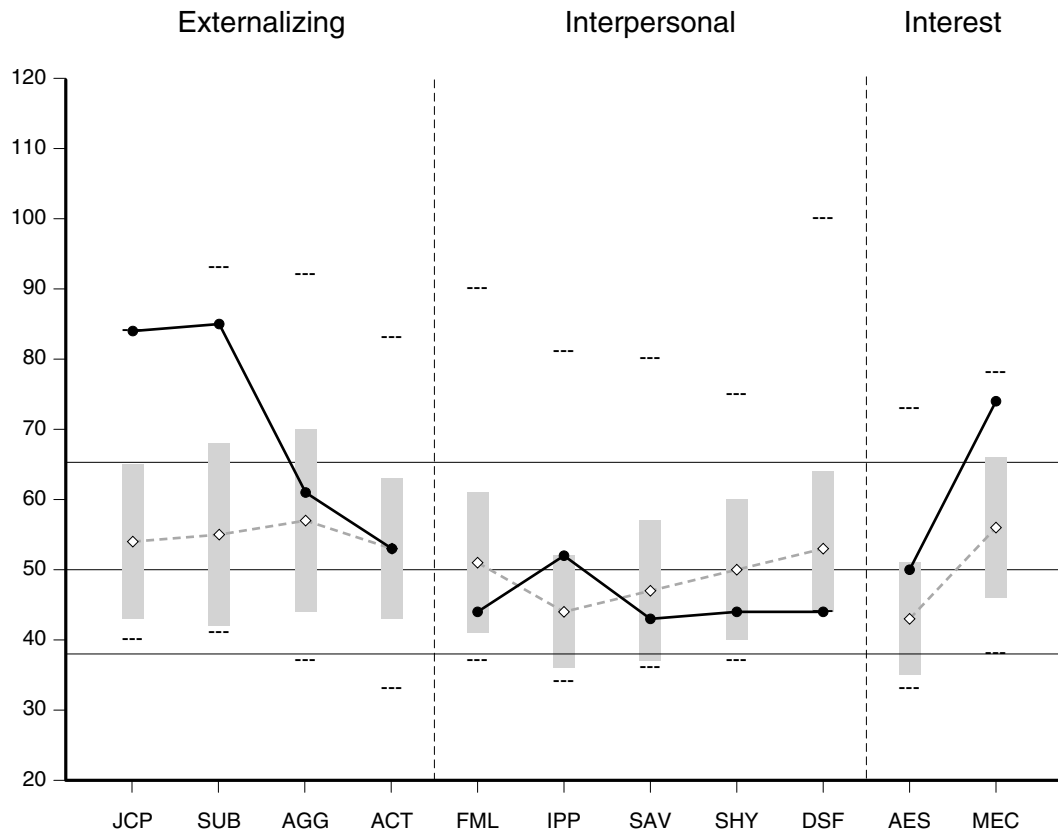
Comparison Group Data: College Student (Men), N = 1,227

Mean Score (◇--◇):	51	50	50	55	57	52	51	52	52	52	54	53	51	45
Standard Dev (±1 SD):	9	10	10	11	12	13	11	11	10	11	13	11	10	7

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:	6	6	4	4	1	5	1	1	0	3	8
T Score:	84	85	61	53	44	52	43	44	44	50	74
Response %:	100	100	100	100	100	100	100	100	100	100	100

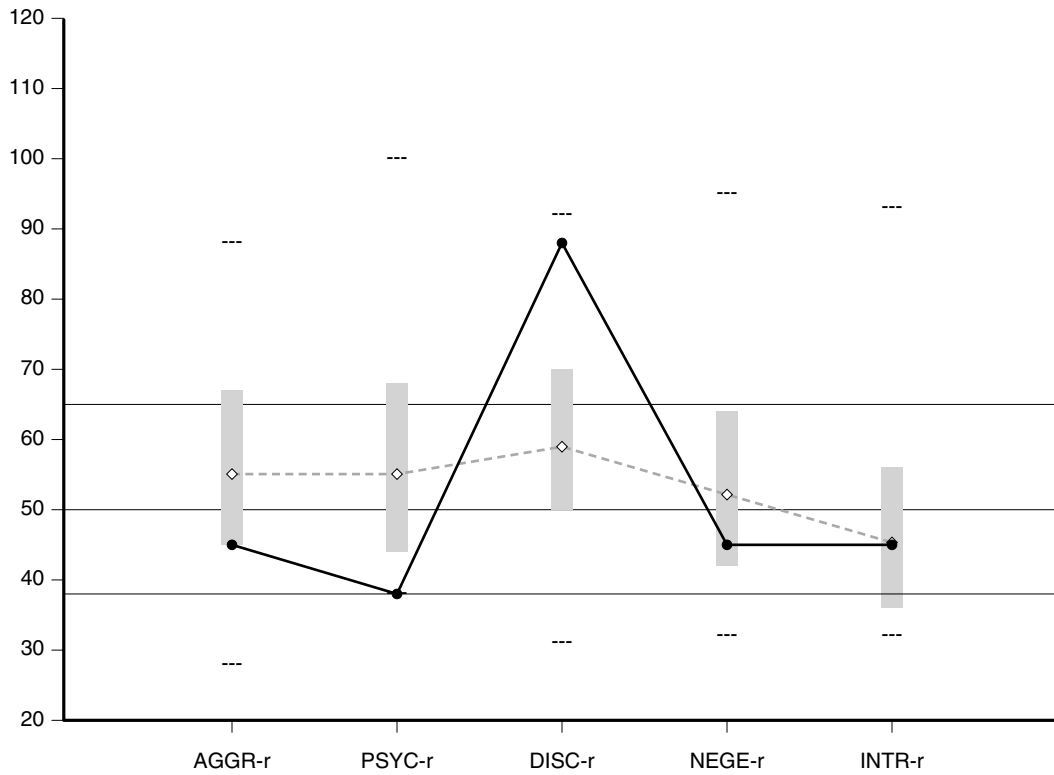
Comparison Group Data: College Student (Men), N = 1,227

Mean Score (◇--◇):	54	55	57	53	51	44	47	50	53	43	56
Standard Dev (±1 SD):	11	13	13	10	10	8	10	10	11	8	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	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:	7	0	19	4	4
T Score:	45	38	88	45	45
Response %:	100	100	100	100	100

Comparison Group Data: College Student (Men), N = 1,227

Mean Score (◇--◇):	56	56	60	53	46
Standard Dev (±1 SD):	11	12	10	11	10

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

This is a valid MMPI-2-RF protocol. Scores on the substantive scales indicate behavioral dysfunction. Behavioral-externalizing problems include antisocial behavior, juvenile conduct problems, and substance abuse.

PROTOCOL VALIDITY

This is a valid MMPI-2-RF protocol. There are no problems with unscorable items. The test-taker responded to the items relevantly on the basis of their content, and there are no indications of over- or under-reporting.

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.

Somatic/Cognitive Dysfunction

There are no indications of somatic or cognitive dysfunction in this protocol.

Emotional Dysfunction

There are no indications of emotional-internalizing dysfunction in this protocol. The test-taker reports a lower than average number of specific fears.

Thought Dysfunction

There are no indications of disordered thinking in this protocol.

Behavioral Dysfunction

The test-taker's responses indicate considerable externalizing, acting-out behavior that is very likely to result in marked dysfunction and to have gotten him into difficulties. More specifically, he reports serious antisocial behavior and is very likely to have poor impulse control and to have been involved with the criminal justice system. He is also very likely to act out when bored, to fail to conform to

societal norms and expectations, and to have antisocial characteristics. He also reports a significant history of substance abuse, current substance abuse, frequent use of alcohol and drugs, and using alcohol to "relax and open up". He is indeed very 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. In addition, he reports a history of juvenile conduct problems such as problematic behavior at school, stealing, and being influenced negatively by peers. He is indeed very likely to have a substantial history of juvenile delinquency and criminal and antisocial behavior, to experience conflictual interpersonal relationships, and to have serious difficulties with individuals in positions of authority.

Interpersonal Functioning Scales

These scales provide no further evidence of dysfunction.

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:

Behavioral-Externalizing Disorders

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

TREATMENT CONSIDERATIONS

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

Psychotherapy Process Issues

- Unlikely to be internally motivated for treatment.
- Extreme acting-out tendencies significantly increase the risk of treatment non-compliance and jeopardize the development of a therapeutic relationship.

Possible Targets for Treatment

- Inadequate self-control
- Reduction or cessation of substance abuse

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

Substance Abuse (SUB, T Score = 85)

- 49. Omitted Item. (True; NS 29.6%, CG 37.1%)
- 141. Omitted Item. (True; NS 34.2%, CG 50.4%)
- 192. Omitted Item. (True; NS 11.2%, CG 14.3%)
- 237. Omitted Item. (False; NS 27.4%, CG 37.7%)
- 266. Omitted Item. (True; NS 5.0%, CG 9.4%)
- 297. Omitted Item. (True; NS 14.4%, CG 42.3%)



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.

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.
