



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: 9  
Age: 34  
Gender: Female  
Marital Status: Never Married  
Years of Education: 12  
Date Assessed: 08/02/2008



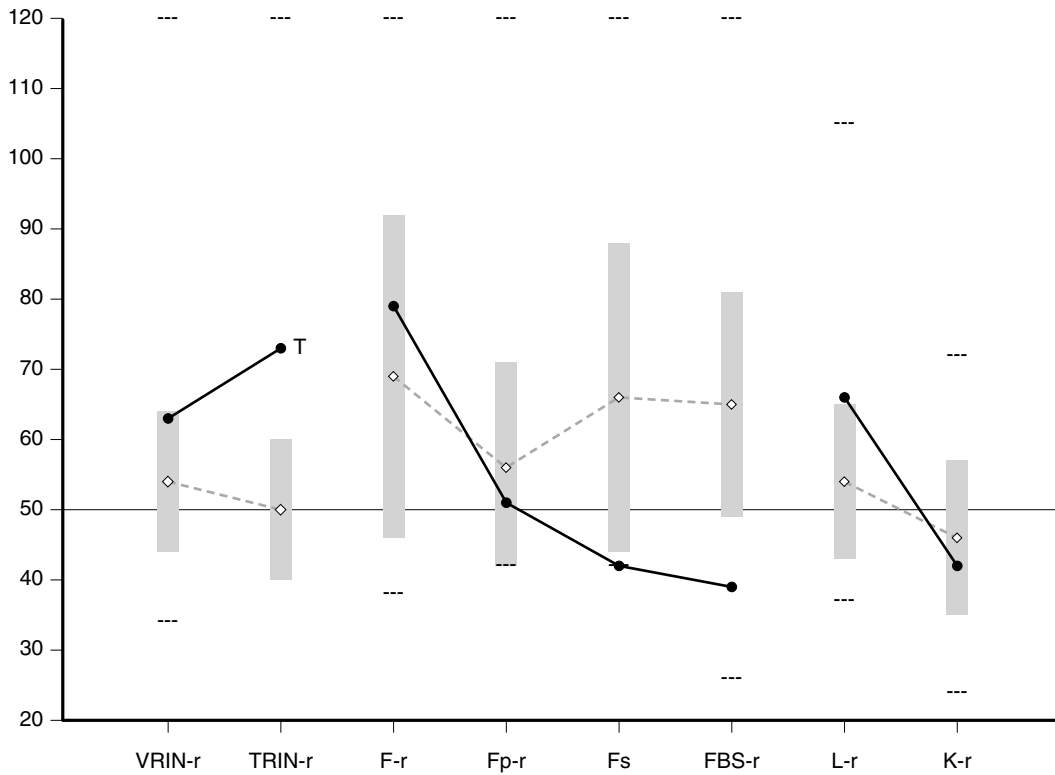
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### **TRADE SECRET INFORMATION**

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

### MMPI-2-RF Validity Scales



Raw Score:	6	14	8	1	0	4	6	5
T Score:	63	73 T	79	51	42	39	66	42
Response %:	100	100	100	100	100	100	100	100
Cannot Say (Raw):	0							Percent True (of items answered): 45%

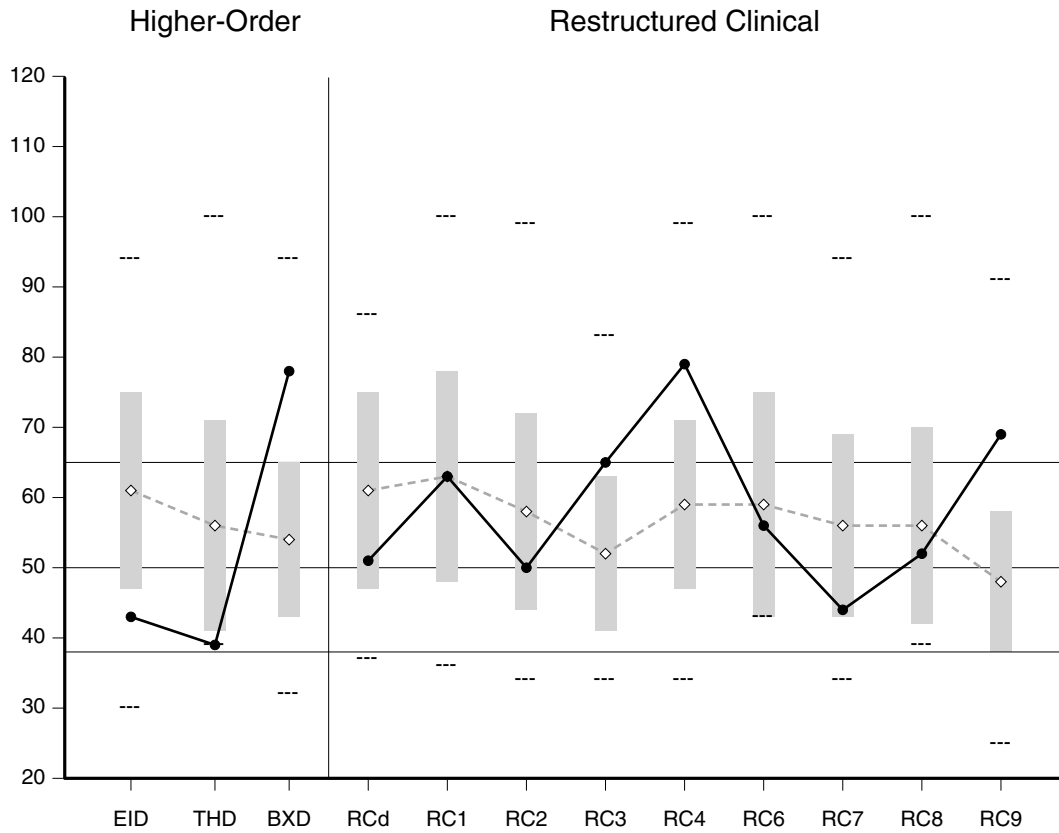
Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223

Mean Score (◇--◇):	54	50	69	56	66	65	54	46
Standard Dev (±1 SD):	10	10	23	15	22	16	11	11

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:	5	0	17	4	8	4	11	15	1	3	2	20
T Score:	43	39	78	51	63	50	65	79	56	44	52	69
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

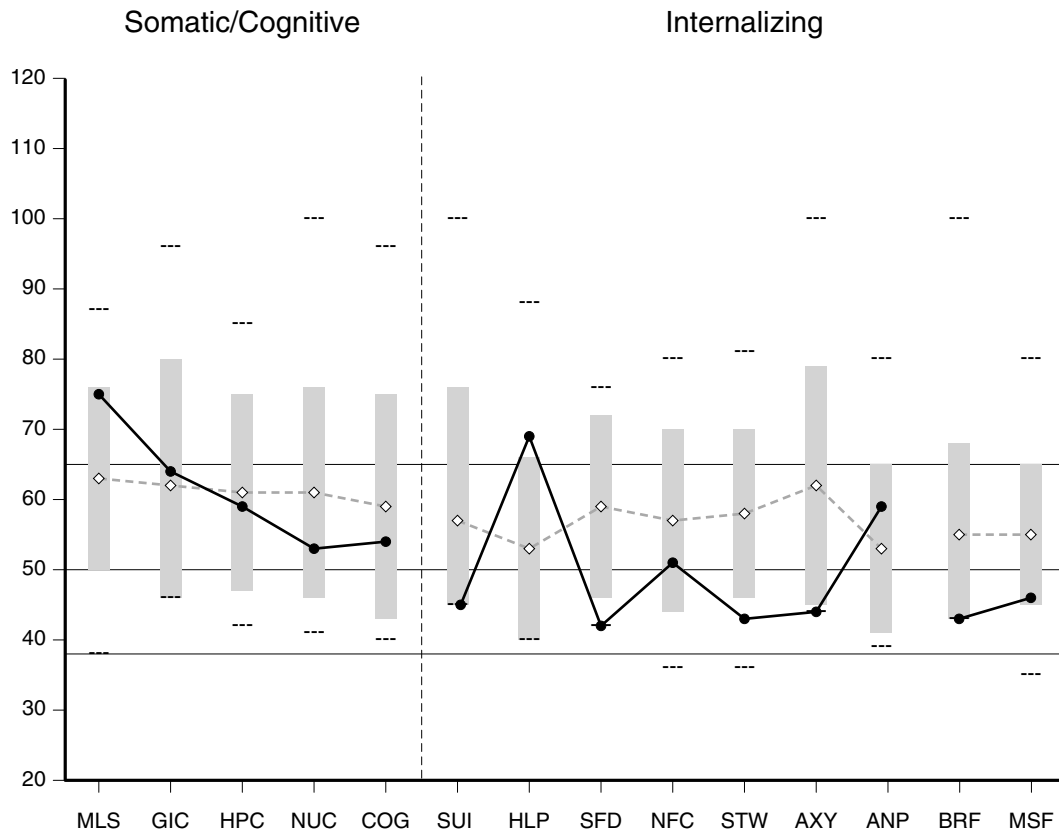
Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223

Mean Score (◇---◇):	61	56	54	61	63	58	52	59	59	56	56	48
Standard Dev (±1 SD):	14	15	11	14	15	14	11	12	16	13	14	10

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:	6	1	2	1	2	0	3	0	3	1	0	4	0	2
T Score:	75	64	59	53	54	45	69	42	51	43	44	59	43	46
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

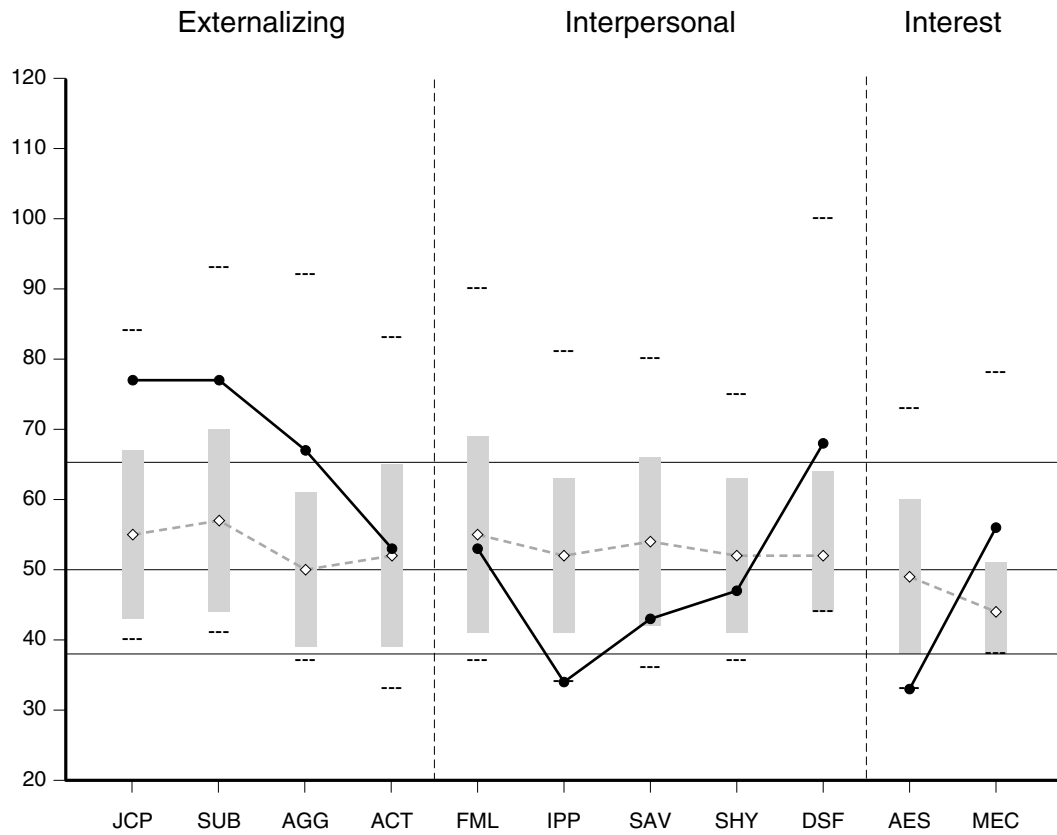
Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223

Mean Score (◇--◇):	63	62	61	61	59	57	53	59	57	58	62	53	55	55
Standard Dev (±1 SD):	13	18	14	15	16	19	13	13	13	12	17	12	13	10

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:	5	5	5	4	3	0	1	2	2	0	4
T Score:	77	77	67	53	53	34	43	47	68	33	56
Response %:	100	100	100	100	100	100	100	100	100	100	100

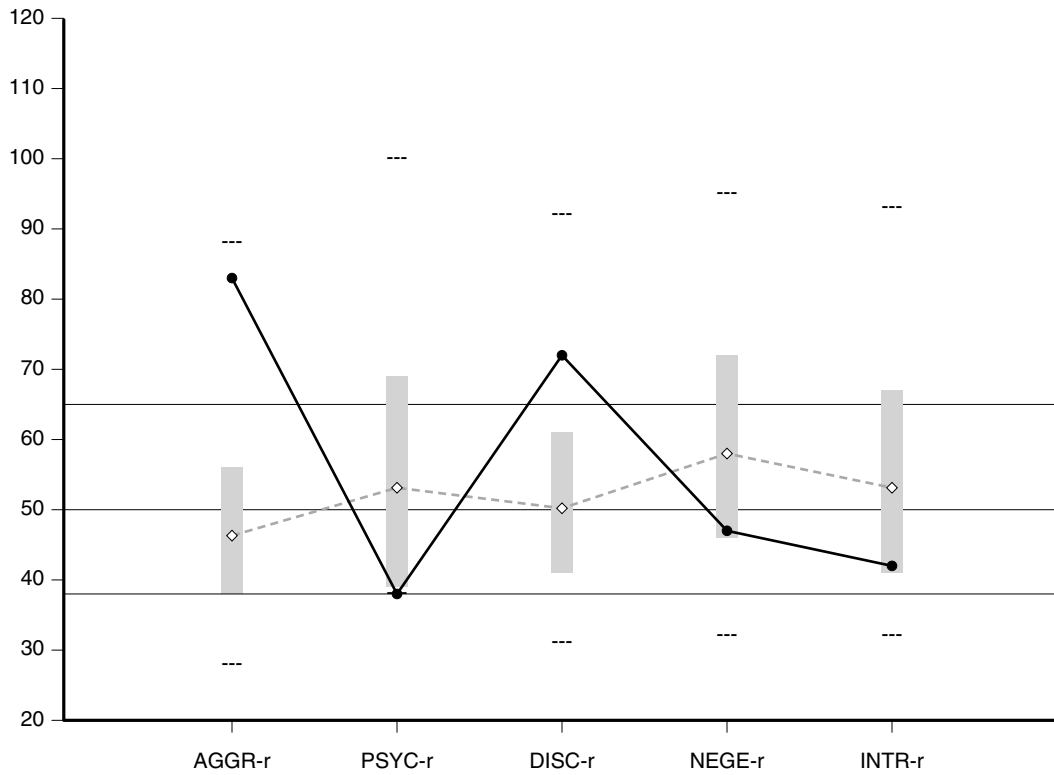
Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223

Mean Score (◇--◇):	55	57	50	52	55	52	54	52	52	49	44
Standard Dev (±1 SD):	12	13	11	13	14	11	12	11	12	11	7

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:	17	0	14	5	3
T Score:	83	38	72	47	42
Response %:	100	100	100	100	100

Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223

Mean Score (◇--◇):	47	54	51	59	54
Standard Dev (±1 SD):	9	15	10	13	13

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 inconsistent responding, over-reporting, and under-reporting on the validity of this protocol. With that caution noted, scores on the substantive scales indicate somatic complaints and emotional, behavioral, and interpersonal dysfunction. Somatic complaints relate to malaise. Emotional-internalizing findings relate to helplessness and hopelessness. Behavioral-externalizing problems include antisocial behavior, juvenile conduct problems, substance abuse, and aggression. Interpersonal difficulties include over-assertiveness, a dislike of people and being around them, and cynicism.

## **PROTOCOL VALIDITY**

### **Content Non-Responsiveness**

#### Unscorable Responses

The test-taker produced scorable responses to all the MMPI-2-RF items.

#### Inconsistent Responding

There is some evidence of inconsistency because of fixed True responding to the MMPI-2-RF items. This level of inconsistency does not invalidate the test protocol. However, scores on the MMPI-2-RF scales should be interpreted with some caution.

### **Over-Reporting**

The test-taker generated a larger than average number of infrequent responses to the MMPI-2-RF items. This level of infrequent responding may occur in individuals with genuine psychological difficulties who report credible symptoms. However, for individuals with no history or current corroborating evidence of dysfunction it likely indicates over-reporting.

### **Under-Reporting**

There is also evidence of possible under-reporting in this protocol. 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 inconsistent responding, over-reporting, and under-reporting on the validity of this protocol.**

### **Somatic/Cognitive Dysfunction**

The test-taker 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**

The test-taker reports feeling hopeless and pessimistic. She is likely to feel overwhelmed and that life is a strain, to believe she cannot be helped and gets a raw deal from life, and to lack motivation for change.

### **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**

The test-taker's responses indicate significant, generalized, externalizing, acting-out behavior, which is likely to have gotten her into difficulties. More specifically, she reports a significant history of antisocial behavior and is likely to have been involved with the criminal justice system and to have difficulties with individuals in positions of authority. She is also likely to act out when bored and to have antisocial characteristics. She also reports a history of problematic behavior at school. She is likely to have a history of juvenile delinquency and criminal and antisocial behavior and to experience conflictual interpersonal relationships. In addition, she reports significant past and current substance abuse, and is indeed likely to have a history of problematic use of alcohol or drugs and to have had legal problems as a result of substance abuse.

She is likely to be restless and become bored and to be over-activated as manifested in poor impulse control, aggression, mood instability, euphoria, and sensation-seeking, risk-taking, or other forms of under-controlled behavior. She reports engaging in physically aggressive, violent behavior and losing control, and is indeed likely to have a history of violent behavior toward others.

### **Interpersonal Functioning Scales**

The test-taker describes herself as having strong opinions, as standing up for herself, as assertive and direct, and able to lead others. She is likely to believe she has leadership capabilities, but to be viewed by others as domineering, self-centered, and possibly grandiose. She also reports having cynical beliefs,

distrust of others, and believing others look out only for their own interests. She is likely to be hostile toward others and feel alienated from them, and to have negative interpersonal experiences as a result of her cynical beliefs. In addition, she reports disliking people and being around them, and is likely to be asocial and socially introverted, but her asocial behavior is not associated with social anxiety.

### **Interest Scales**

The test-taker 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). She indicates little or no interest 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 she be evaluated for the following:*

### **Emotional-Internalizing Disorders**

- Somatoform disorder, if physical origin for malaise has been ruled out

### **Behavioral-Externalizing Disorders**

- Antisocial personality disorder, substance use disorders, and other externalizing disorders
- Disorders associated with interpersonally aggressive behavior such as intermittent explosive disorder

### **Interpersonal Disorders**

- Personality disorders involving mistrust of and hostility toward others

## **TREATMENT CONSIDERATIONS**

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

### **Areas for Further Evaluation**

- Origin of malaise complaints.

### **Psychotherapy Process Issues**

- Malaise may impede her willingness or ability to engage in treatment.
- Unlikely to be internally motivated for treatment.
- Acting-out tendencies can result in treatment non-compliance and interfere with the development of a therapeutic relationship.
- Cynicism may interfere with forming a therapeutic relationship.
- Her aversive response to close relationships may make it difficult to form a therapeutic alliance and achieve progress in treatment.

### Possible Targets for Treatment

- Loss of hope and feelings of despair as early targets for intervention
- Inadequate self-control
- Reduction or cessation of substance abuse
- Reduction in interpersonally aggressive behavior
- Lack of interpersonal trust

## 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 percentage of the MMPI-2-RF normative sample (NS) and of the Forensic, Pre-trial Criminal (Women) 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)

- 135. Omitted Item. (True; NS 24.2%, CG 30.9%)
- 282. Omitted Item. (False; NS 17.3%, CG 30.0%)
- 336. Omitted Item. (True; NS 38.0%, CG 29.1%)

#### Substance Abuse (SUB, T Score = 77)

- 49. Omitted Item. (True; NS 29.6%, CG 35.9%)
- 141. Omitted Item. (True; NS 34.2%, CG 40.4%)
- 237. Omitted Item. (False; NS 27.4%, CG 57.0%)
- 266. Omitted Item. (True; NS 5.0%, CG 55.6%)
- 297. Omitted Item. (True; NS 14.4%, CG 18.4%)

#### Aggression (AGG, T Score = 67)

- 26. Omitted Item. (True; NS 19.9%, CG 12.1%)
- 84. Omitted Item. (True; NS 12.1%, CG 8.5%)
- 316. Omitted Item. (True; NS 45.1%, CG 39.5%)
- 329. Omitted Item. (True; NS 12.7%, CG 16.1%)



#### 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.

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337. Omitted Item. (True; NS 50.2%, CG 52.0%)

### **End of Report**

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