INTRODUCING THE MMPI-2-RF

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Disclosure

Dr. Wygant is a paid consultant to the MMPI publisher, the University of Minnesota, and distributor, Pearson. He also receives research funding support from the Press.
Agenda

- Overview
- Scales
- Documentation and Standard Procedures
- Reports

MMPI-2-RF Overview

- 338-item version of MMPI-2
  - Released August 2008
MMPI-2-RF Overview

• 338-item version of MMPI-2
  • Released August 2008
• Authors
  Yossef S. Ben-Porath
  Auke Tellegen

• Subset of MMPI-2 pool
MMPI-2-RF Overview

- 338-item version of MMPI-2
  - Released August 2008
- Authors
- Subset of MMPI-2 pool
- Norms based on MMPI-2 sample
- Used extensively in Mental Health, Medical, Forensic, and Public Safety settings
MMPI-2-RF Overview

- 330+ Peer-reviewed publications
- General Topics
- Validity Scales
- Mental health Settings
- Medical Settings
- Forensic Settings
- Correctional Settings
- Police and Public Safety Settings
- Other non-clinical Settings

MMPI-2-RF SCALES
MMPI-2-RF Scales

• 51 Scales
  • 9 Validity Scales
  • 3 Higher-Order Scales
  • 9 RC Scales
  • 23 Specific Problems Scales
    • 5 Somatic/Cognitive
    • 9 Internalizing
    • 4 Externalizing
    • 5 Interpersonal
  • 2 Interest Scales
  • 5 PSY-5 Scales

MMPI-2-RF: Validity Scales

VRIN-r: Variable Response Inconsistency – Random responding
TRIN-r: True Response Inconsistency – Fixed responding
F-r: Infrequent Responses – Responses infrequent in the general population
Fp-r: Infrequent Psychopathology Responses – Responses infrequent in psychiatric populations
Fs: Infrequent Somatic Responses – Somatic complaints infrequent in medical patient populations
FBS-r: Symptom Validity – Somatic and cognitive complaints associated at high levels with over-reporting
RBS: Response Bias Scale - Exaggerated memory complaints
L-r: Uncommon Virtues – Rarely claimed moral attributes or activities
K-r: Adjustment Validity – Avowals of good psychological adjustment associated at high levels with under-reporting
MMPI-2-RF: Higher-Order Scales

- **EID** – *Emotional/Internalizing Dysfunction* – Problems associated with mood and affect
- **THD** – *Thought Dysfunction* – Problems associated with disordered thinking
- **BXD** – *Behavioral/Externalizing Dysfunction* – Problems associated with under-controlled behavior

MMPI-2-RF: RC Scales

- Identical to MMPI-2 RC Scales
  - **RCd**: *Demoralization* – General unhappiness and dissatisfaction
  - **RC1**: *Somatic Complaints* – Diffuse physical health complaints
  - **RC2**: *Low Positive Emotions* – Lack of positive emotional responsiveness
  - **RC3**: *Cynicism* – Non-self-referential beliefs expressing distrust and a generally low opinion of others
  - **RC4**: *Antisocial Behavior* – Rule breaking and irresponsible behavior
MMPI-2-RF: RC Scales

- **RC6**: Ideas of Persecution – Self-referential beliefs that others pose a threat
- **RC7**: Dysfunctional Negative Emotions – Maladaptive anxiety, anger, irritability
- **RC8**: Aberrant Experiences – Unusual perceptions or thoughts
- **RC9**: Hypomanic Activation – Over-Activation, aggression, impulsivity, and grandiosity

MMPI-2-RF: Specific Problems (SP) Scales

- **Somatic/Cognitive**
  - **MLS**: Malaise – Overall sense of physical debilitation, poor health
  - **GIC**: Gastrointestinal Complaints – Nausea, recurring upset stomach, and poor appetite
  - **HPC**: Head Pain Complaints – Head and neck pain
  - **NUC**: Neurological Complaints – Dizziness, weakness, paralysis, loss of balance, etc.
  - **COG**: Cognitive Complaints – Memory problems, difficulties concentrating
<table>
<thead>
<tr>
<th>Specific Problems (SP) Scales</th>
<th>Internalizing (RC\text{d} Facets)</th>
<th>Internalizing (RC\text{7} Facets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Internalizing (RC\text{d} Facets):</td>
<td>• Internalizing (RC\text{7} Facets):</td>
<td></td>
</tr>
<tr>
<td>➢ SUI: <strong>Suicidal/Death Ideation</strong> – Direct reports of suicidal ideation and recent attempts</td>
<td>➢ STW: <strong>Stress/Worry</strong> – Preoccupation with disappointments, difficulty with time pressure</td>
<td></td>
</tr>
<tr>
<td>➢ HLP: <strong>Helplessness/Hopelessness</strong> – Belief that goals cannot be reached or problems solved</td>
<td>➢ AXY: <strong>Anxiety</strong> – Pervasive anxiety, frights, frequent nightmares</td>
<td></td>
</tr>
<tr>
<td>➢ SFD: <strong>Self-Doubt</strong> – Lack of self-confidence, feelings of uselessness</td>
<td>➢ ANP: <strong>Anger Proneness</strong> – Becoming easily angered, impatient with others</td>
<td></td>
</tr>
<tr>
<td>➢ NFC: <strong>Inefficacy</strong> – Belief that one is indecisive and inefficacious</td>
<td>➢ BRF: <strong>Behavior-Restricting Fears</strong> – Fears that significantly inhibit normal behavior</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ MSF: <strong>Multiple Specific Fears</strong> – Fears of blood, fire, thunder, etc.</td>
<td></td>
</tr>
</tbody>
</table>
**MMPI-2-RF:**
**Specific Problems (SP) Scales**

- **Externalizing:**
  - **RC4 Facets**
  - JCP: *Juvenile Conduct Problems* – Difficulties at school and at home, stealing
  - SUB: *Substance Abuse* – Current and past misuse of alcohol and drugs

**RC9 Facets**
- AGG: *Aggression* – Physically aggressive, violent behavior
- ACT: *Activation* – Heightened excitation and energy level
MMPI-2-RF: Specific Problems (SP) Scales

• Interpersonal:
  ➢ FML: Family Problems – Conflictual family relationships
  ➢ IPP: Interpersonal Passivity – Being unassertive and submissive
  ➢ SAV: Social Avoidance – Avoiding or not enjoying social events
  ➢ SHY: Shyness – Bashful, prone to feel inhibited and anxious around others
  ➢ DSF: Disaffiliativeness – Disliking people and being around them

MMPI-2-RF: Interest Scales

➢ AES: Aesthetic-Literary Interests – Literature, music, the theater

➢ MEC: Mechanical-Physical Interests – Fixing and building things, the outdoors, sports
MMPI-2-RF: PSY-5 Scales

- **AGGR-r:** Aggressiveness-Revised – Instrumental, goal-directed aggression
- **PSYC-r:** Psychoticism-Revised – Disconnection from reality
- **DISC-r:** Disconstraint-Revised – Under-controlled behavior
- **NEGE-r:** Negative Emotionality/Neuroticism-Revised – Anxiety, insecurity, worry, and fear
- **INTR-r:** Introversion/Low Positive Emotionality-Revised – Social disengagement and anhedonia

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**MMPI-2-RF**

**DOCUMENTATION AND STANDARD PROCEDURES**
MMPI-2-RF Documentation

- Manual for Administration, Scoring, and Interpretation
- Technical Manual
- User’s Guide for Reports
MMPI-2-RF: Technical Manual

1. Introduction
2. Scale Development
3. Psychometric Properties and External Correlates
   - Reliability
   - Validity
   - MMPI-2/MMPI-2-RF
   - MMPI-2-RF Intercorrelations

• Appendixes
  A. External Correlates
MMPI-2-RF Technical Manual: Appendix A

- Empirical Correlates in
  - Mental Health
  - Outpatient
  - Inpatient
  - Medical
  - Substance Abuse Treatment
  - Forensic- Civil
  - Forensic- Criminal
  - Non-Clinical

- N= 4,336 Men; 2,327 Women
- 605 Criteria
- 53,970 Correlations

MMPI-2-RF: Technical Manual

- Appendixes
  A. External Correlates
  B. Conversion of Raw Means and Standard Deviations to T-Score Values
  C. MMPI-2/MMPI-2-RF Booklet and Normative Comparability
  D. MMPI-2-RF Comparison Group Data (N= Approximately 65,000 cases)
MMPI-2-RF: Standard Comparison Groups

- MMPI-2-RF Normative (Men & Women)
- Outpatient, Community Mental Health Center (Men & Women)
- Outpatient, Independent Practice (Men & Women)
- Psychiatric Inpatient, Community Hospital (Men & Women)
- Psychiatric Inpatient, VA Hospital (Men)
- Substance Abuse Treatment, VA (Men)
- Sexual Addiction Treatment Evaluatee (Men)
- Bariatric Surgery Candidate (Men & Women)
- Spine Surgery/Spinal Cord Stimulator Candidates (Men & Women)
- Chronic Pain Patients (Men & Women)
- College Counseling Clinic (Men & Women)
- College Student (Men & Women)
- Forensic, Disability Claimant (Men & Women)
- Forensic, Independent Neuropsychological Examination (Men & Women)
- Forensic, Pre-trial Criminal (Men & Women)
- Forensic, Child Custody (Men & Women)
- Forensic, Parental Fitness Evaluatee (Men & Women)
- Prison Inmate (Men & Women)
- Sex Offender (Child Victim) Evaluatee (Men)
- Personnel Screening, Law Enforcement (Men, Women & Combined)
- Personnel Screening, Corrections Officer (Men, Women & Combined)
- Personnel Screening, Firefighter Candidates (Men, Women & Combined)
- Personnel Screening, Clergy Candidates (Men, Women, & Combined)
MMPI-2-RF: Technical Manual

• Appendixes
  A. External Correlates
  B. Conversion of Raw Means and Standard Deviations to T-Score Values
  C. MMPI-2/MMPI-2-RF Booklet and Normative Comparability
  D. MMPI-2-RF Comparison Group Data
  E. MMPI-2/MMPI-2-RF Scale Correlations
1. Introduction
2. Intended Uses, User Qualifications, and Protection of Test Materials
3. Normative Sample Composition and Score Standardization
4. Procedures for Administration and Scoring

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**Standard Administration Procedures**

- Assess the testability of the test-taker
  - Including reading ability
- Use standard administration and response-recording modalities:
  - Booklet and answer sheet
  - Audio CD
  - “On Screen” (with optional audio) using Q Local or Q Global
- Supervise testing
Standard Scoring Procedures

- Computer (Q Local, Q-global, or Mail-In)
  - Score Report
  - Interpretive Report
- Converting MMPI-2 to MMPI-2-RF protocol (Q Local, Q-global or Mail-In)
  - Score Report
  - Interpretive Report
- Hand scoring templates and profile sheets

MMPI-2-RF: Manual for Administration, Scoring, and Interpretation

1. Introduction
2. Intended Uses, User Qualifications, and Protection of Test Materials
3. Normative Sample Composition and Score Standardization
4. Procedures for Administration and Scoring
5. Test Interpretation
MMPI-2-RF: Manual for Administration, Scoring, and Interpretation

- Appendixes
  A. T-Score Conversion Tables
  B. Scoring Keys of the Scales
  C. Scale Membership and Scored Direction of MMPI-2-RF Items
  D. Itemmetric Data
  E. Item Conversion Tables
MMPI-2-RF: User’s Guide for Reports

- User's guide for:
  - MMPI-2-RF Score Report
**Score Report**

**MMPI-2-RF®**  
Minnesota Multiphasic Personality Inventory-2-Restructured Form®  
*Yossel S. Ben-Porath, PhD, & Auke Tellegen, PhD*

<table>
<thead>
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<th>Name:</th>
<th>Mr. P</th>
</tr>
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<tr>
<td>ID Number:</td>
<td>Fig002</td>
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<td>Age:</td>
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<td>Gender:</td>
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</tr>
<tr>
<td>Marital Status:</td>
<td>Never Married</td>
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<td>11</td>
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<tr>
<td>Date Assessed:</td>
<td>04/22/2011</td>
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**PsychCorp**

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[2.1.11/2.8.8]
MMPI-2-RF Validity Scales

Raw Score: 4 10 9 2 2 11 7 6 8
T Score: 53 57 F 53 59 56 61 59 66 52
Response %: 100 100 100 100 100 100 100 100 100
Cannot Say (Raw): 2 2
Percent True (of items answered): 42%

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

<table>
<thead>
<tr>
<th>Scale</th>
<th>H-O Score</th>
<th>RC Score</th>
<th>RC Score</th>
<th>RC Score</th>
<th>RC Score</th>
<th>RC Score</th>
<th>RC Score</th>
<th>RC Score</th>
<th>RC Score</th>
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<tbody>
<tr>
<td>E1O</td>
<td>11</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>10</td>
<td>4</td>
<td>11</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>T Score</td>
<td>52</td>
<td>74</td>
<td>55</td>
<td>55</td>
<td>68</td>
<td>50</td>
<td>65</td>
<td>52</td>
<td>80</td>
</tr>
<tr>
<td>Response %</td>
<td>98</td>
<td>100</td>
<td>100</td>
<td>98</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

- E1O: Emotional/Internalizing Dysfunction
- T1D: Thought Dysfunction
- B1O: Behavioral/Externalizing Dysfunction
- RC1: Somatic Complaints
- RC2: Low Positive Emotions
- RC3: Hypomanic
- RC4: Antisocial Behavior
- RC5: Demoralization
- RC6: Ideas of Persecution
- RC7: Dysfunctional Negative Emotions
- RC8: Aberrant Experiences
- RC9: Hypomanic Activation
MMPI-2-RF Somatic/Cognitive and Internalizing Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Response</th>
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<tbody>
<tr>
<td>MLS</td>
<td>3</td>
<td>57</td>
<td>100</td>
</tr>
<tr>
<td>GCO</td>
<td>0</td>
<td>46</td>
<td>100</td>
</tr>
<tr>
<td>HPC</td>
<td>6</td>
<td>42</td>
<td>100</td>
</tr>
<tr>
<td>NUC</td>
<td>5</td>
<td>75</td>
<td>100</td>
</tr>
<tr>
<td>COG</td>
<td>3</td>
<td>58</td>
<td>100</td>
</tr>
<tr>
<td>SUI</td>
<td>0</td>
<td>45</td>
<td>100</td>
</tr>
<tr>
<td>HLP</td>
<td>1</td>
<td>52</td>
<td>100</td>
</tr>
<tr>
<td>SFD</td>
<td>1</td>
<td>52</td>
<td>100</td>
</tr>
<tr>
<td>NFC</td>
<td>2</td>
<td>48</td>
<td>100</td>
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<td>STW</td>
<td>3</td>
<td>80</td>
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<td>AXY</td>
<td>1</td>
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<td>ANP</td>
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<td>71</td>
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<td>BRF</td>
<td>1</td>
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<tr>
<td>MSF</td>
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<td>51</td>
<td>89</td>
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The highest and lowest T scores possible on each scale are indicated by a '*'--'. MMPI-2-RF T scores are non-gendered.

<table>
<thead>
<tr>
<th>MLS</th>
<th>Malaise</th>
<th>SUI</th>
<th>Suicidal/Death Ideation</th>
<th>AXY</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCO</td>
<td>Gastrointestinal Complaints</td>
<td>HLP</td>
<td>Helplessness/Hopelessness</td>
<td>ANP</td>
<td>Anger Proneness</td>
</tr>
<tr>
<td>HPC</td>
<td>Head Pain Complaints</td>
<td>SFD</td>
<td>Self-Doubt</td>
<td>BRF</td>
<td>Behavior-Restricting Fears</td>
</tr>
<tr>
<td>NUC</td>
<td>Neurological Complaints</td>
<td>NFC</td>
<td>Inefficacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COG</td>
<td>Cognitive Complaints</td>
<td>STW</td>
<td>Stress/Worry</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MMPI-2-RF Externalizing, Interpersonal, and Interest Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>JCP</th>
<th>SUB</th>
<th>AOG</th>
<th>ACT</th>
<th>FML</th>
<th>IPP</th>
<th>SAV</th>
<th>SHY</th>
<th>DSF</th>
<th>AES</th>
<th>MEO</th>
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<tbody>
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<td>0</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
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<td>2</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>T Score</td>
<td>57</td>
<td>41</td>
<td>51</td>
<td>48</td>
<td>53</td>
<td>39</td>
<td>50</td>
<td>47</td>
<td>44</td>
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<td>Response %</td>
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<td>100</td>
<td>100</td>
<td>100</td>
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</tbody>
</table>

The highest and lowest T scores possible on each scale are indicated by a ‘—’. MMPI-2-RF T scores are not-gendered.

<table>
<thead>
<tr>
<th>Scale</th>
<th>JCP</th>
<th>SUB</th>
<th>AOG</th>
<th>ACT</th>
<th>FML</th>
<th>IPP</th>
<th>SAV</th>
<th>SHY</th>
<th>DSF</th>
<th>AES</th>
<th>MEO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Juvenile Conduct Problems</td>
<td>Family Problems</td>
<td>Aesthetic-Literary Interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Substance Abuse</td>
<td>Interpersonal Passivity</td>
<td>Mechanical-Physical Interests</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aggression</td>
<td>Social Avoidance</td>
<td>Shyness</td>
<td>DSF</td>
<td>Dufhilriveness</td>
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</table>
MMPI-2-RF PSY-5 Scales

Raw Score:  
AGG-r  13  
PSY-r  8  
DIS-r  7  
NEGE-r  6  
INTR-r  6

T Score:  
AGG-r  65  
PSY-r  73  
DIS-r  51  
NEGE-r  49  
INTR-r  49

Response %:  
AGG-r  100  
PSY-r  100  
DIS-r  100  
NEGE-r  100  
INTR-r  100

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

AGG-r  Aggressiveness-Revised  
PSY-r  Psychoticism-Revised  
DIS-r  Disconstraint-Revised  
NEGE-r  Negative Emotionality/Neuroticism-Revised  
INTR-r  Introversion/Extraversion Positive Emotionality-Revised
## MMPI-2-RF T Scores (By Domain)

### Protocol Validity

<table>
<thead>
<tr>
<th>Content Non-Responsiveness</th>
<th>2</th>
<th>53</th>
<th>57</th>
<th>6</th>
<th>61</th>
<th>69</th>
<th>C2</th>
<th>VH</th>
<th>TRB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-Reporting</td>
<td>83</td>
<td>63</td>
<td>63</td>
<td>61</td>
<td>69</td>
<td>69</td>
<td>66</td>
<td>52</td>
<td>66</td>
</tr>
<tr>
<td>Under-Reporting</td>
<td>66</td>
<td>66</td>
<td>66</td>
<td>66</td>
<td>66</td>
<td>66</td>
<td>66</td>
<td>66</td>
<td>66</td>
</tr>
</tbody>
</table>

### Substantive Scales

#### Semantic/Cognitive Dysfunction

<table>
<thead>
<tr>
<th>68</th>
<th>57</th>
<th>46</th>
<th>42</th>
<th>75</th>
<th>58</th>
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</thead>
<tbody>
<tr>
<td>RC1</td>
<td>MLS</td>
<td>GIC</td>
<td>HPC</td>
<td>NDC</td>
<td>COG</td>
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</table>

#### Emotional Dysfunction

<table>
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<th>45</th>
<th>52</th>
<th>52</th>
<th>48</th>
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<tbody>
<tr>
<td>HED</td>
<td>RC1</td>
<td>HUT</td>
<td>HLP</td>
<td>SPD</td>
<td>HPC</td>
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<td>49</td>
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<td>RC2</td>
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<td>RC7</td>
<td>STW</td>
<td>ASY</td>
<td>AMP</td>
<td>BRF</td>
<td>MRF</td>
</tr>
</tbody>
</table>

#### Thought Dysfunction

<table>
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<tbody>
<tr>
<td>HED</td>
<td>RC6</td>
<td>RC6</td>
<td>RC6</td>
<td>RC6</td>
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#### Behavioral Dysfunction

<table>
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<tbody>
<tr>
<td>RC1</td>
<td>JCP</td>
<td>SUB</td>
<td>RC4</td>
<td>SUB</td>
<td>SUB</td>
</tr>
<tr>
<td>53</td>
<td>51</td>
<td>46</td>
<td>65</td>
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</tr>
<tr>
<td>RC5</td>
<td>AGG</td>
<td>ACT</td>
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</table>

#### Interpersonal Functioning

<table>
<thead>
<tr>
<th>53</th>
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<th>39</th>
<th>50</th>
<th>47</th>
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</thead>
<tbody>
<tr>
<td>PML</td>
<td>RC5</td>
<td>BRF</td>
<td>BRF</td>
<td>BRF</td>
<td>BRF</td>
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<td>BRF</td>
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</tbody>
</table>

#### Interests

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>AFB</td>
<td>MBC</td>
<td>MBC</td>
<td>MBC</td>
<td>MBC</td>
<td>MBC</td>
<td>MBC</td>
<td>MBC</td>
<td>MBC</td>
</tr>
</tbody>
</table>

*The test taker provided scalable responses to less than 90% of the items scored on this scale. See the relevant profile page for the specific percentage.

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

Unscoreable 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 unscoreable. The scales on which the items appear are in parentheses following the item content.

172.

184.

Critical Responses

Seven MMPI-2-RF scales—Suicidal/Death Ideation (SUI), Helplessness/Helplessness (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 that answered each item in the keyed direction is provided in parentheses following the item content.

Anxiety (AXY, T Score = 80)

79.
275.
289.

Ideas of Persecution (RC6, T Score = 80)

150.
194.
212.
233.
264.
310.

Aberrant Experiences (RC8, T Score = 70)

32.
85.
179.
199.
216.
240.
330.

End of Report
User-Designated Item-Level Information

The following item-level information is based on the report user's selection of additional scales, and/or of lower cutoffs for the critical scales from the previous section. Items answered by the test taker in the keyed direction (True or False) on a selected scale are listed below if his T score on that scale is at the user-designated cutoff score or higher. The percentage of the MMPI-2-RF normative sample that answered each item in the keyed direction is provided in parentheses following the item content.

Somatic Complaints (RC1, T Score = 68)

28.
69.
113.
162.
174.
227.
242.
254.
290.
313.

Neurological Complaints (NUC, T Score = 75)

69.
113.
162.
227.
313.

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.
MMPI-2-RF: User’s Guide for Reports

- User’s guide for:
  - MMPI-2-RF Score Report
  - Comparison Group Option
  - Standard and Custom

MMPI-2-RF: Standard Comparison Groups

- MMPI-2-RF Normative (Men & Women)
- Outpatient, Community Mental Health Center (Men & Women)
- Outpatient, Independent Practice (Men & Women)
- Psychiatric Inpatient, Community Hospital (Men & Women)
- Psychiatric Inpatient, VA Hospital (Men)
- Substance Abuse Treatment, VA (Men)
- Sexual Addiction Treatment Evaluee (Men)
- Bariatric Surgery Candidate (Men & Women)
- Spine Surgery/Spinal Cord Stimulator Candidates (Men & Women)
- Chronic Pain Patients (Men & Women)
- College Counseling Clinic (Men & Women)
- College Student (Men & Women)
- Forensic, Disability Claimant (Men & Women)
- Forensic, Independent Neuropsychological Examination (Men & Women)
- Forensic, Pre-trial Criminal (Men & Women)
- Forensic, Child Custody (Men & Women)
- Forensic, Parental Fitness Evaluees (Men & Women)
- Prison Inmate (Men & Women)
- Sex Offender (Child Victim) Evaluee (Men)
- Personnel Screening, Law Enforcement (Men, Women & Combined)
- Personnel Screening, Corrections Officer (Men, Women & Combined)
- Personnel Screening, Firefighter Candidates (Men, Women & Combined)
- Personnel Screening, Clergy Candidates (Men, Women, & Combined)
MMPI-2-RF Validity Scales

Raw Score:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>VRIN-r</td>
<td>4</td>
</tr>
<tr>
<td>TRIN-r</td>
<td>10</td>
</tr>
<tr>
<td>F-r</td>
<td>9</td>
</tr>
<tr>
<td>Fp-r</td>
<td>2</td>
</tr>
<tr>
<td>F</td>
<td>2</td>
</tr>
<tr>
<td>Fe</td>
<td>11</td>
</tr>
<tr>
<td>FB-r</td>
<td>7</td>
</tr>
<tr>
<td>RBS</td>
<td>6</td>
</tr>
<tr>
<td>Lr</td>
<td>6</td>
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<tr>
<td>Kr</td>
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</tbody>
</table>

T Score:

<table>
<thead>
<tr>
<th>Scale</th>
<th>T Score</th>
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</thead>
<tbody>
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<td>53</td>
</tr>
<tr>
<td>TRIN-r</td>
<td>57 F</td>
</tr>
<tr>
<td>F-r</td>
<td>63</td>
</tr>
<tr>
<td>Fp-r</td>
<td>59</td>
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<tr>
<td>F</td>
<td>58</td>
</tr>
<tr>
<td>Fe</td>
<td>61</td>
</tr>
<tr>
<td>FB-r</td>
<td>59</td>
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<tr>
<td>RBS</td>
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<tr>
<td>Lr</td>
<td>52</td>
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Response %:

<table>
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<tr>
<th>Scale</th>
<th>Response %</th>
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<tbody>
<tr>
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<td>100</td>
</tr>
<tr>
<td>TRIN-r</td>
<td>100</td>
</tr>
<tr>
<td>F-r</td>
<td>100</td>
</tr>
<tr>
<td>Fp-r</td>
<td>100</td>
</tr>
<tr>
<td>F</td>
<td>100</td>
</tr>
<tr>
<td>Fe</td>
<td>100</td>
</tr>
<tr>
<td>FB-r</td>
<td>100</td>
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<tr>
<td>RBS</td>
<td>100</td>
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<tr>
<td>Lr</td>
<td>100</td>
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<tr>
<td>Kr</td>
<td>100</td>
</tr>
</tbody>
</table>

Cannot Say (Raw):

<table>
<thead>
<tr>
<th>Scale</th>
<th>Cannot Say (Raw)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VRIN-r</td>
<td>2</td>
</tr>
</tbody>
</table>

Percent True (of items answered): 42%

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

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
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<tbody>
<tr>
<td>VRIN-r</td>
<td>Variable Response Inconsistency</td>
</tr>
<tr>
<td>TRIN-r</td>
<td>True Response Inconsistency</td>
</tr>
<tr>
<td>F-r</td>
<td>Infrequent Responses</td>
</tr>
<tr>
<td>Fp-r</td>
<td>Infrequent Psychopathology</td>
</tr>
<tr>
<td>Fe</td>
<td>Infrequent Somatic Responses</td>
</tr>
<tr>
<td>FB-r</td>
<td>Symptom Validity</td>
</tr>
<tr>
<td>RBS</td>
<td>Response Bias Scale</td>
</tr>
<tr>
<td>Lr</td>
<td>Uncommon Virtues</td>
</tr>
<tr>
<td>Kr</td>
<td>Adjustment Validity</td>
</tr>
</tbody>
</table>
MMPI-2-RF Validity Scales

Raw Score:  4  10  9  2  2  11  7  6  8
T Score:  53  57  53  50  59  61  50  66  52
Response %:  100  100  100  100  100  100  100  100  100
Cannot Say (Raw):  2  Percent True (of items answered):  42%

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 669
Mean Score:  53  52  76  80  63  62  63  53  45
Standard Dev:  10  10  20  15  19  14  18  12  12
Percent scoring at or below less likely:  63  76  97  94  58  55  51  66  75

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: User’s Guide for Reports

- Custom Comparison Groups
  - Can be created with MMPI-2-RF or MMPI-2 cases stored on user’s Q Local system
  - Requires at least 200 valid cases
  - Can be Shared
MMPI-2-RF Validity Scales

Raw Score: 4 10 9 2 2 11 7 6 8
T Score: 53 57 F 83 59 58 61 59 66 52
Response %: 100 100 100 100 100 100 100 100 100

Cannot Say (Raw): 2
Percent True (of items answered): 42%

Comparison Group Data: Custom Comparison Group X (Men), N = 832*
Mean Score ( <= ): 46 51 F 56 50 54 53 54 57 53
Standard Dev ( <= ): 9 8 17 11 15 13 14 13 12
Percent scoring at or below test taker: 86 84 92 89 81 81 78 83 46

*User-defined comparison group.
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: User’s Guide for Reports

- User’s guide for:
  - MMPI-2-RF Score Report
  - Comparison Group Option
    - Standard and Custom
  - Interpretive Report
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 unacceptable responses, 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, thought, and interpersonal dysfunction. Somatic complaints include preoccupation with poor health and neurological symptoms. Emotional-internalizing findings include anxiety and fears. Dysfunctional thinking includes ideas of persecution and aberrant perceptions and thoughts. Interpersonal difficulties relate to cynicism.

PROTOCOL VALIDITY

Content Non-Responsiveness

Unacceptable Responses
The test taker answered less than 90% of the items on the following scale. The resulting score may therefore be artificially lowered. In particular, the absence of elevation on this scale is not interpretable. A list of all items for which the test taker provided unacceptable responses appears under the heading "Item-Level Information."

Multiple Specific Fears (MSF): 89%

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

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

Somatic/Cognitive Dysfunction
The test taker reports multiple somatic complaints\(^1\) including vague neurological complaints\(^2\). He is likely to complain of fatigue\(^3\). He is also likely to be preoccupied with physical health concerns\(^4\) and to be prone to developing physical symptoms in response to stress\(^5\).

Emotional Dysfunction
The test taker reports feeling anxious\(^6\) and is likely to experience significant anxiety and anxiety-related problems\(^7\), intrusive ideation, and nightmares\(^8\). He also reports multiple fears that significantly restrict normal activity in and outside the home\(^9\).

Thought Dysfunction
The test taker's responses indicate significant and pervasive thought dysfunction\(^9\). 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\(^9\). He is very likely to be suspicious and distrustful\(^9\) to experience serious interpersonal difficulties as a result of pervasive interpersonal suspiciousness\(^9\), and to lack insight\(^9\).

He reports unusual thought processes\(^9\). He is likely to engage in unrealistic thinking\(^9\) and to believe he has unusual sensory-perceptual abilities\(^9\). His aberrant experiences may include somatic delusions\(^9\).

Behavioral Dysfunction
There are no indications of maladaptive externalizing behavior in this protocol. However, because of indications of under-reporting described earlier, such problems cannot be ruled out.

Interpersonal Functioning Scales
The test taker reports having cynical beliefs, distrust of others, and believing others look out only for their own interests\(^10\). He is likely to be hostile toward others\(^10\) and feel alienated from them\(^10\), and to have negative interpersonal experiences as a result of his cynical beliefs\(^10\).

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)\(^11\). He also reports an average number of interests in activities or occupations of a mechanical or physical nature (e.g., fixing and building things, the
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 MMP-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, over-reporting, and under-reporting on the validity of this protocol.

Somatic/Cognitive Dysfunction
The test taker reports multiple somatic complaints including vague neurological complaints. He is likely to complain of fatigue. He is also likely to be preoccupied with physical health concerns and to be prone to developing physical symptoms in response to stress.

Emotional Dysfunction
The test taker reports feeling anxious and is likely to experience significant anxiety and anxiety-related problems, intrusive ideation, and nightmares. He also reports multiple fears that significantly restrict normal activity in and outside the home.
outdoors, sports)\textsuperscript{26}.

**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**
- Somatoform disorder\textsuperscript{27} and/or conditions involving somatic delusions, if physical origin for neurological complaints has been ruled out\textsuperscript{28}
- Anxiety-related disorders including PTSD\textsuperscript{29}
- Agoraphobia and specific phobias\textsuperscript{30}

**Thought Disorders**
- Disorders involving paranoid delusional thinking\textsuperscript{31}
- Disorders manifesting psychotic symptoms\textsuperscript{32}
- Personality disorders manifesting unusual thoughts and perceptions\textsuperscript{33}

**Interpersonal Disorders**
- Personality disorders involving mistrust of and hostility toward others\textsuperscript{34}

**TREATMENT CONSIDERATIONS**

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

**Areas for Further Evaluation**
- May require inpatient treatment due to paranoid delusional thinking\textsuperscript{35}.
- Need for antipsychotic\textsuperscript{36} and anxiolytic\textsuperscript{37} medications.
- Extent to which genuine physical health problems contribute to the scores on the Somatic Complaints (RC1) and Neurological Complaints (NUC) scales\textsuperscript{38}.

**Psychotherapy Process Issues**
- Likely to reject psychological interpretations of somatic complaints\textsuperscript{39}.
- Extreme persecutory ideation may interfere with forming a therapeutic relationship and treatment compliance\textsuperscript{40}.
- Impaired thinking may disrupt treatment\textsuperscript{41}.
- Cynicism may interfere with forming a therapeutic relationship\textsuperscript{42}.\textsuperscript{43}.
Possible Targets for Treatment
- Anxiety
- Behavior-restricting fears
- Prominent persecutory ideation
- Lack of interpersonal trust

ITEM-LEVEL INFORMATION

Uncodable Responses
Following is a list of items to which the test taker did not provide scoreable responses. Unanswered or double answered (both True and False) items are uncodable. The scales on which the items appear are in parentheses following the item content.

172.

184.

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 (AGO)—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 that answered each item in the keyed direction is provided in parentheses following the item content.

Anxiety (AXY, T Score = 80)
79.
275.
289.

Ideas of Persecution (RC6, T Score = 80)
150.
194.
212.
233.
264.
310.

Aberrant Experiences (RC8, T Score = 70)
32.
85.
179.

ITEMS NOT SHOWN
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.
ENDNOTES

This section lists for each statement in the report the MMPI-2-RF score(s) that triggered it. In addition, each statement is identified as a Test Response, if based on item content, a Correlate, if based on empirical correlates, or an Inference, if based on the report authors’ judgment. (This information can also be accessed on-screen by placing the cursor on a given statement.) For correlate-based statements, research references (Ref. No.) are provided, keyed to the consecutively numbered reference list following the endnotes.

1 Correlate: Response % < 90, Ref: 5
2 Correlate: F=r=83, Ref: 4, 10, 15, 16, 18, 25, 30
3 Correlate: L=r=66, Ref: 17
4 Test Response: RC1=68
5 Test Response: NUC=75
6 Correlate: RC1=68, Ref: 3, 27
7 Correlate: RC1=68, Ref: 4, 6, 8, 9, 11, 22, 23, 27, 28, NUC=75, Ref: 4, 27
8 Correlate: RC1=68, Ref: 9, 27; NUC=75, Ref: 27
9 Test Response: AXY=80
10 Correlate: AXY=80, Ref: 24
11 Correlate: AXY=80, Ref: 27
12 Test Response: BRF=71
13 Correlate: THD=74, Ref: 27; PSYC-r=73, Ref: 27
14 Test Response: RC6=80
15 Correlate: RC6=80, Ref: 2, 4, 11, 20, 23, 27
16 Correlate: RC6=80, Ref: 27
17 Test Response: RC8=70; PSYC-r=73
18 Correlate: RC8=70, Ref: 4, 6, 7, 9, 27; PSYC-r=73, Ref: 27
19 Correlate: RC8=70, Ref: 6, 7, 9, 26, 27; PSYC-r=73, Ref: 27
20 Inference: RC1=68; NUC=75
21 Test Response: RC3=65
22 Correlate: RC3=65, Ref: 8, 12, 21, 27
23 Correlate: RC3=65, Ref: 12, 20, 27; RC6=80, Ref: 2, 11, 20, 23, 27
24 Correlate: RC3=65, Ref: 6, 27
25 Test Response: AES=56
26 Test Response: MEC=56
27 Correlate: RC1=68, Ref: 13, 14, 29
28 Inference: RC8=70; NUC=75
29 Correlate: AXY=80, Ref: 1, 24, 27
30 Inference: BRF=71
31 Correlate: RC6=80, Ref: 19
32 Correlate: RC8=70, Ref: 27
33 Inference: RC8=70; PSYC-r=73
34 Inference: RC3=65
35 Inference: RC6=80
36 Correlate: RC6=80, Ref: 27; PSYC-r=73, Ref: 27
RESEARCH REFERENCE LIST


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.
MMPI-2-RF: User’s Guide for Reports

- User’s guide for:
  - MMPI-2-RF Score Report
    - Comparison Group Option
      - Standard and Custom
  - MMPI-2-RF Interpretive Report
    - Standard and Custom
    - Does not alter interpretation
  - MMPI-2-RF Police Candidate Interpretive Report (PCIR)
Case Example

- 47 year old, widowed Caucasian woman
- Evaluated as part of a lawsuit regarding the death of her husband
- I was retained by the plaintiff for the evaluation
Score Report

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

ID Number:  17187
Age:  47
Gender:  Female
Marital Status:  Widowed
Years of Education:  12
Date Assessed:  04/07/2017
MMPI-2-RF Validity Scales

Raw Score:
- VRIN-r: 1
- TRIN-r: 11
- F-r: 10
- Fp-r: 4
- Fs: 5
- FBS-r: 19
- RBS: 14
- L-r: 3
- K-r: 4

T Score:
- 39
- 50
- 88
- 77
- 83
- 86
- 88
- 52
- 38

Response %:
- 100
- 100
- 100
- 100
- 100
- 100
- 100
- 100
- 100

Cannot Say (Raw): 0

Percent True (of items answered): 41%

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

![Graph showing MMPI-2-RF Higher-Order and Restructured Clinical scales]

Raw Score: 32 5 1 20 10 14 4 2 1 13 9 5
T Score: 80 63 36 79 68 88 46 43 56 65 76 38
Response %: 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.

<table>
<thead>
<tr>
<th>EID</th>
<th>Emotional/Internalizing Dysfunction</th>
<th>RCd</th>
<th>Demoralization</th>
<th>RC6</th>
<th>Ideas of Persecution</th>
</tr>
</thead>
<tbody>
<tr>
<td>THD</td>
<td>Thought Dysfunction</td>
<td>RC1</td>
<td>Somatic Complaints</td>
<td>RC7</td>
<td>Dysfunctional Negative Emotions</td>
</tr>
<tr>
<td>BXD</td>
<td>Behavioral/Externalizing Dysfunction</td>
<td>RC2</td>
<td>Low Positive Emotions</td>
<td>RC8</td>
<td>Aberrant Experiences</td>
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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.

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

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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 Externalizing, Interpersonal, and Interest Scales

Raw Score: 0 0 1 2 2 10 10 5 4 0 0
T Score: 40 41 45 44 49 81 80 57 88 33 38
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.
MMPI-2-RF PSY-5 Scales

Raw Score:  2   6   1   16   18
T Score:   35  66  35  80  87
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
### MMPI-2-RF T Scores (By Domain)

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#### Substantive Scales

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**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 percentage of the MMPI-2-RF normative sample that answered each item in the keyed direction is provided in parentheses following the item content.

Suicidal/Death Ideation (SUI, T Score = 66)

334. Item content omitted.

Helplessness/Hopelessness (HLP, T Score = 88)

135. Item content omitted.
169. Item content omitted.
214. Item content omitted.
282. Item content omitted.
336. Item content omitted.

Anxiety (AXY, T Score = 100)

79. Item content omitted.
146. Item content omitted.
228. Item content omitted.
275. Item content omitted.
289. Item content omitted.

Aberrant Experiences (RC8, T Score = 76)

32. Item content omitted.
46. Item content omitted.
85. Item content omitted.
122. Item content omitted.
159. Item content omitted.
199. Item content omitted.
240. Item content omitted.
257. Item content omitted.
311. Item content omitted.
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.
Additional Resources

• mmpi-2-rf.com
• Training CD
Questions/Comments?

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- Eastern Kentucky University
- Richmond, KY 40475
- (859) 622-6796
- Dustin.Wygant@eku.edu