Disclosure

Dr. Robert Archer receives royalties on sales of MMPI-A-RF test materials in his role as a co-author of the test.
Factors in the Development of the MMPI-A-RF

- Need to reduce the high degree of MMPI-A scale intercorrelation
  - Reduce redundant influence of demoralization factor across scales
  - Reduce item overlap between scales
  - Reduce scale content multidimensionality
- Develop a test based on roughly 250 items
- Test length of MMPI-A viewed by some as a significant disadvantage
- Develop an adolescent self-report measure comparable to the MMPI-2-RF but adapted to include measures uniquely related to adolescent psychopathology

MMPI-A-RF Project

- Project formed in late-2007 by University of Minnesota Press, Kent State University, and EVMS
- MMPI-2-RF used as a template, e.g., RC, Higher-Order, and Specific Problems Scales
- Norms based on MMPI-A normative sample
- Clinical samples from several settings, with data sets used separately for scale development and validation
- Reduced length from 478 to 241 items

Salient differences between the MMPI-A and the MMPI-A-RF

<table>
<thead>
<tr>
<th>Variable</th>
<th>MMPI-A</th>
<th>MMPI-A-RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Publication</td>
<td>1992</td>
<td>2016</td>
</tr>
<tr>
<td>Primary Influence</td>
<td>MMPI-2</td>
<td>MMPI-2-RF</td>
</tr>
<tr>
<td>Number of Items</td>
<td>478</td>
<td>241</td>
</tr>
<tr>
<td>Scale Structure</td>
<td>Extensive item overlap across scales</td>
<td>Non-overlapping items within hierarchical scale structure</td>
</tr>
<tr>
<td>Norms</td>
<td>Gender Specific</td>
<td>Non-gendered</td>
</tr>
<tr>
<td>T-score criterion for clinical elevation</td>
<td>T ≥ 65</td>
<td>T ≥ 60</td>
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</tbody>
</table>
11 studies including non-clinical samples (1995–2012)

<table>
<thead>
<tr>
<th>MMPI-A Scales</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>F</td>
</tr>
<tr>
<td>Mean</td>
<td>51.04</td>
</tr>
</tbody>
</table>

MMPI-A-RF Validity Scales

- VRIN-r (Variable Response Inconsistency-Revised)
  - Random responding
- TRIN-r (True Response Inconsistency-Revised)
  - Fixed responding
- CRIN (Combined Response Inconsistency)
  - Combination of fixed and random inconsistent responding
- F-r (Infrequent Responses-Revised)
  - Responses infrequent in the general population
- L-r (Uncommon Virtues-Revised)
  - Rarely claimed moral attributes or activities
- K-r (Adjustment Validity-Revised)
  - Uncommonly high level of psychological adjustment

Cannot Say (CNS) Score Interpretation

<table>
<thead>
<tr>
<th>Raw Score</th>
<th>Interpretive Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 10</td>
<td>Scores on some scales may be invalid.阅卷或语言障碍。严重精神病理学。神经症。缺乏合作。</td>
</tr>
<tr>
<td>1-9</td>
<td>Scores on some of the shorter scales may be invalid. Selective non-responsiveness.</td>
</tr>
<tr>
<td>0</td>
<td>None. The test taker provided scorable responses to all 241 items. The test taker was cooperative in terms of his or her willingness to respond to the test items.</td>
</tr>
</tbody>
</table>
**VRIN-r (Variable Response Inconsistency-Revised)**

<table>
<thead>
<tr>
<th>T Score</th>
<th>Protocol Validity Concerns</th>
<th>Possible Reasons for Score</th>
<th>Interpretive Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 75</td>
<td>The protocol is invalid because of excessive variable response inconsistency.</td>
<td>• Reading or language limitations • Cognitive impairment • Errors in recording responses • Intentional random responding</td>
<td>The protocol is uninterpretable.</td>
</tr>
<tr>
<td>65-74</td>
<td>There is some evidence of variable response inconsistency.</td>
<td>• Reading or language limitations • Cognitive impairment • Errors in recording responses • Carelessness</td>
<td>Scores on the Validity and Substantive Scales should be interpreted with some caution.</td>
</tr>
<tr>
<td>27-64</td>
<td>None.</td>
<td>• The test taker was able to comprehend and respond relevantly to the test items</td>
<td>The protocol is interpretable.</td>
</tr>
</tbody>
</table>

**TRIN-r (True Response Inconsistency-Revised)**

<table>
<thead>
<tr>
<th>T Score</th>
<th>Protocol Validity Concerns</th>
<th>Possible Reasons for Score</th>
<th>Interpretive Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 75T</td>
<td>The protocol is invalid because of excessive fixed, content-inconsistent True responding.</td>
<td>A non-cooperative test-taking approach</td>
<td>The protocol is uninterpretable.</td>
</tr>
<tr>
<td>65T - 74T</td>
<td>There is some evidence of fixed, content-inconsistent True responding.</td>
<td>A non-cooperative test-taking approach</td>
<td>Scores on the Validity and Substantive Scales should be interpreted with some caution.</td>
</tr>
<tr>
<td>≥ 75F</td>
<td>The protocol is invalid because of excessive fixed, content-inconsistent False responding.</td>
<td>A non-cooperative test-taking approach</td>
<td>The protocol is uninterpretable.</td>
</tr>
<tr>
<td>65F - 74F</td>
<td>There is some evidence of fixed, content-inconsistent False responding.</td>
<td>A non-cooperative test-taking approach</td>
<td>Scores on the Validity and Substantive Scales should be interpreted with some caution.</td>
</tr>
<tr>
<td>50-64</td>
<td>None.</td>
<td></td>
<td>The protocol is interpretable.</td>
</tr>
</tbody>
</table>

**CRIN (Combined Response Inconsistency)**

<table>
<thead>
<tr>
<th>T Score</th>
<th>Protocol Validity Concerns</th>
<th>Possible Reasons for Score</th>
<th>Interpretive Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 75</td>
<td>The protocol is invalid because of excessive response inconsistency</td>
<td>• Reading or language limitations • Cognitive impairment • Errors in recording responses • Intentional random responding • An uncooperative test-taking approach</td>
<td>The protocol is uninterpretable</td>
</tr>
<tr>
<td>65-74</td>
<td>There is some evidence of response inconsistency</td>
<td>• Reading or language limitations • Cognitive impairment • Errors in recording responses • Carelessness • An uncooperative test-taking approach</td>
<td>Scores on the Validity and Substantive Scales should be interpreted with some caution</td>
</tr>
<tr>
<td>37-64</td>
<td>None.</td>
<td>• The test taker was able to comprehend and respond relevantly to the test items</td>
<td>The protocol is interpretable</td>
</tr>
</tbody>
</table>
### F-r (Infrequent Responses-Revised)

<table>
<thead>
<tr>
<th>T Score</th>
<th>Protocol Validity Concerns</th>
<th>Possible Reasons for Score</th>
<th>Interpretive Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 90</td>
<td>The protocol is invalid. Over-reporting is indicated by assertion of a considerably larger than average number of rare symptoms.</td>
<td>Inconsistent responding Under-reporting</td>
<td>Inconsistent responding should be ruled out. The level of infrequent responding is very uncommon even in individuals with genuine, severe psychopathology or emotional distress who report credible symptoms, but it can also reflect exaggeration.</td>
</tr>
<tr>
<td>80-89</td>
<td>Possible over-reporting is indicated by assertion of a much larger-than-average number of symptoms.</td>
<td>Inconsistent responding Under-reporting</td>
<td>Inconsistent responding should be ruled out. This level of infrequent responding may occur in individuals with genuine, significant psychopathology, however, for individuals with no history or current corroborating evidence of psychopathology, it likely indicates over-reporting.</td>
</tr>
<tr>
<td>70-79</td>
<td>Possible over-reporting is indicated.</td>
<td>Inconsistent responding Under-reporting</td>
<td>Inconsistent responding should be ruled out. This level of infrequent responding may occur in individuals with genuine, significant psychopathology, however, for individuals with no history or current corroborating evidence of psychopathology, it likely indicates over-reporting.</td>
</tr>
<tr>
<td>&lt; 70</td>
<td>There is no evidence of over-reporting.</td>
<td>The protocol is interpretable.</td>
<td></td>
</tr>
</tbody>
</table>

### L-r (Uncommon Virtues-Revised)

<table>
<thead>
<tr>
<th>T Score</th>
<th>Protocol Validity Concerns</th>
<th>Possible Reasons for Score</th>
<th>Interpretive Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 80</td>
<td>The protocol is likely invalid. Under-reporting is indicated by the test-taker presenting himself or herself in a very positive light.</td>
<td>Inconsistent responding Under-reporting</td>
<td>Inconsistent responding should be considered. If it is ruled out, note that the level of infrequent self-presentation is very unusual even in individuals with background stressing traditional values. Any absence of elevation on the Substantive Scales is uninterpretable.</td>
</tr>
<tr>
<td>70-79</td>
<td>Possible under-reporting is indicated by the test-taker presenting himself or herself in a very positive light.</td>
<td>Inconsistent responding Under-reporting</td>
<td>Inconsistent responding should be considered. If it is ruled out, note that the level of infrequent self-presentation is very unusual even in individuals with background stressing traditional values. Any absence of elevation on the Substantive Scales is uninterpretable.</td>
</tr>
<tr>
<td>60-69</td>
<td>Possible under-reporting is indicated by the test-taker presenting himself or herself in a very positive light.</td>
<td>Inconsistent responding Under-reporting</td>
<td>Inconsistent responding should be considered. If it is ruled out, note that the level of infrequent self-presentation is very unusual even in individuals with background stressing traditional values. Any absence of elevation on the Substantive Scales is uninterpretable.</td>
</tr>
<tr>
<td>&lt; 60</td>
<td>There is no evidence of under-reporting.</td>
<td></td>
<td>The protocol is interpretable.</td>
</tr>
</tbody>
</table>

### K-r (Adjustment Validity-Revised)

<table>
<thead>
<tr>
<th>T Score</th>
<th>Protocol Validity Concerns</th>
<th>Possible Reasons for Score</th>
<th>Interpretive Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 70</td>
<td>The protocol is likely invalid. Under-reporting is indicated by the test-taker presenting himself or herself as remarkably well adjusted.</td>
<td>Inconsistent responding Under-reporting</td>
<td>Inconsistent responding should be considered. If it is ruled out, note that the level of psychological adjustment is rare among adolescents. The absence of elevation on the Substantive Scales is uninterpretable.</td>
</tr>
<tr>
<td>60-69</td>
<td>Possible under-reporting is indicated by the test-taker presenting himself or herself as well adjusted.</td>
<td>Inconsistent responding Under-reporting</td>
<td>Inconsistent responding should be considered. If it is ruled out, note that the level of psychological adjustment is rare among adolescents. The absence of elevation on the Substantive Scales is uninterpretable.</td>
</tr>
<tr>
<td>50-59</td>
<td>Possible under-reporting is indicated by the test-taker presenting himself or herself as well adjusted.</td>
<td>Inconsistent responding Under-reporting</td>
<td>Inconsistent responding should be considered. If it is ruled out, note that the level of psychological adjustment is rare among adolescents. The absence of elevation on the Substantive Scales is uninterpretable.</td>
</tr>
<tr>
<td>&lt; 50</td>
<td>There is no evidence of under-reporting.</td>
<td></td>
<td>The protocol is interpretable.</td>
</tr>
</tbody>
</table>
MMPI-A-RF
HIGHER-ORDER (H-O) AND RESTRUCTURED CLINICAL (RC) SCALES

Higher-Order (H-O) 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

Emotional/Internalizing Dysfunction (EID)

Test Responses
T score ≤ 40
His or her responses indicate a better-than-average level of adjustment
T score 40-69
His or her responses indicate significant emotional distress
T score ≥ 80
His or her responses indicate considerable emotional distress that likely rises to a level perceived as a crisis.

Empirical Correlates
A broad range of symptoms and difficulties associated with demoralization, low positive emotions, and negative emotional experiences (e.g., low morale, depression, anxiety, feeling overwhelmed, helpless, and pessimistic). Specific manifestation of emotional/internalizing dysfunction will be indicated by elevations on scales RC6, RC2, RC7, HJ, SFH, OCS, STW, ANX, ANP, BRF, SPF, NEGE-r, and INTR-r.

Diagnostic Considerations
Evaluate for internalizing disorders
Thought Dysfunction (THD)

Test Responses
- T score 60-79: His or her responses indicate significant thought dysfunction
- T score ≥ 80: His or her responses indicate serious thought dysfunction

Empirical Correlates
A broad range of symptoms and difficulties associated with disordered thinking including paranoid delusions and auditory and visual hallucinations. Specific manifestations of thought dysfunction will be indicated by elevations on RC6, RC8, and PSYC-r.

Diagnostic Considerations
Evaluate for disorders associated with thought dysfunction, including possible substance-induced psychosis (if SUB ≥ 60).

Behavioral/Externalizing Dysfunction (BXD)

Test Responses
- T score < 40: His or her responses indicate a higher-than-average level of behavioral constraint
- T score 60-79: His or her responses indicate significant externalizing and acting-out behaviors
- T score ≥ 80: His or her responses indicate considerable externalizing, acting-out behavior that very likely results in marked dysfunction and has gotten him or her into difficulties

Empirical Correlates
A broad range of behaviors and difficulties associated with under-controlled behavior (e.g., conduct-disordered and oppositional behaviors, alcohol or substance abuse, poor impulse control, school suspensions, running away). Specific manifestations of behavioral/externalizing dysfunction indicated by elevations on RC4, RC9, NSA, ASA, CNP, SUB, AGG, NPI, AGGR-r, and DISC-r.

Diagnostic Considerations
Evaluate for externalizing disorders including Conduct Disorder and Oppositional-Defiant Disorder.

Restructured Clinical (RC) Scales
- RCd (Demoralization) - General unhappiness and dissatisfaction
- RC1 (Somatic Complaints) - Diffuse physical health complaints
- RC2 (Low Positive Emotions) - A distinctive, core vulnerability factor in depression
- RC3 (Cynicism) - Non-self-referential beliefs that others are bad and not to be trusted
- RC4 (Antisocial Behavior) - Rule breaking and irresponsible behavior
- RC6 (Ideas of Persecution) - Self-referential beliefs that others pose a threat
- RC7 (Dysfunctional Negative Emotions) - Maladaptive anxiety, anger, and irritability
- RC8 (Aberrant Experiences) - Unusual perceptions or thoughts associated with psychosis
- RC9 (Hypomanic Activation) - Over-activation, aggression, impulsivity, and grandiosity, uncontrolled behavior
### Alpha Coefficients

<table>
<thead>
<tr>
<th>Scale</th>
<th>Boys</th>
<th>Girls</th>
<th>Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCD (18 items)</td>
<td>.83</td>
<td>.87</td>
<td>.86</td>
</tr>
<tr>
<td>RC1 (23 items)</td>
<td>.72</td>
<td>.80</td>
<td>.76</td>
</tr>
<tr>
<td>RC2 (10 items)</td>
<td>.65</td>
<td>.61</td>
<td>.63</td>
</tr>
<tr>
<td>RC3 (9 items)</td>
<td>.62</td>
<td>.59</td>
<td>.61</td>
</tr>
<tr>
<td>RC4 (20 items)</td>
<td>.71</td>
<td>.73</td>
<td>.71</td>
</tr>
<tr>
<td>RC5 (9 items)</td>
<td>.62</td>
<td>.66</td>
<td>.64</td>
</tr>
<tr>
<td>RC6 (11 items)</td>
<td>.59</td>
<td>.60</td>
<td>.59</td>
</tr>
<tr>
<td>RC8 (8 items)</td>
<td>.60</td>
<td>.64</td>
<td>.67</td>
</tr>
<tr>
<td>RC9 (8 items)</td>
<td>.47</td>
<td>.54</td>
<td>.50</td>
</tr>
</tbody>
</table>

### Demoralization (RCd)

**Test Response**
- T score ≤ 40
- Reports a higher-than-average level of life morale and life satisfaction
- T score 40-70
- Reports feeling sad and dissatisfied with his or her current life circumstances
- T score ≥ 80
- Reports feelings of depression, social isolation, low self-confidence, and helplessness

**Empirical Correlates**
- May experience suicidal ideation
- Feels life is a strain
- Feels sad
- Reports feeling “depressed”
- Feels anxious
- Has low self-esteem
- Has problems with attention and concentration
- Reports feeling ineffective in dealing with problems
- Complains of low energy and fatigue

**Diagnostic Considerations**
- Evaluate for depression-related disorder

**Treatment Considerations**
- Evaluate risk for self-harm (if suicide items are endorsed or HLP ≥ 60)

---

### MMPI-A-RF SPECIFIC PROBLEMS (SP) SCALES
Somatic/Cognitive Scales

- MLS (Malaise)
  - Overall sense of physical debilitation, poor health
- GIC (Gastrointestinal Complaints)
  - Nausea, recurring upset stomach, & 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

Internalizing Scales

- HLP (Helplessness/Hopelessness)
  - Belief that goals cannot be reached or problems solved
- SPD (Self-Doubt)
  - Lack of self-confidence, feelings of uselessness
- NFD (Self-Doubt)
  - Belief that one is indecisive and inefficacious
- OCS (Obsessions/Compulsions)
  - Varied obsessional and compulsive behaviors
- STW (Stress/Worry)
  - Preoccupation with disappointments, difficulty with time pressure
- ANX (Anxiety)
  - Pervasive anxiety, frights, frequent nightmares
- AMP (Anger Proneness)
  - Easily angered, impatient with others
- BRF (Behavior-Restricting Fears)
  - Fears that significantly inhibit normal behavior
- SPF (Specific Fears)
  - Multiple specific fears

Externalizing Scales

- NSA (Negative School Attitudes)
  - Negative attitudes and beliefs about school
- ASA (Antisocial Attitudes)
  - Various anti-social beliefs and attitudes
- CNP (Conduct Problems)
  - Difficulties at school and at home, stealing
- SUB (Substance Abuse)
  - Current and past misuse of alcohol and drugs
- AGG (Aggression)
  - Physically aggressive, violent behavior
- NPI (Negative Peer Influence)
  - Affiliation with negative peer group
**Interpersonal Scales**

- **FML (Family Problems)**
  - Confictual family relationships
- **IPP (Interpersonal Passivity)**
  - Being unassertive and submissive
- **SAV (Social Avoidance)**
  - Avoiding or not enjoying social events
- **SHY (Shyness)**
  - Feeling uncomfortable and anxious around others
- **DSF (Disaffiliativeness)**
  - Disliking people and being around them

**MMPI-A-RF**

**PSY-5 SCALES AND CRITICAL ITEMS**

**Personality Psychopathology Five (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
Forbey and Ben-Porath
MMPI-A-RF Critical Items

<table>
<thead>
<tr>
<th>Content Area</th>
<th># of Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression</td>
<td>2</td>
</tr>
<tr>
<td>Anxiety</td>
<td>4</td>
</tr>
<tr>
<td>Cognitive Problems</td>
<td>2</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>7</td>
</tr>
<tr>
<td>Depression/Suicidal Ideation</td>
<td>7</td>
</tr>
<tr>
<td>Eating Problems</td>
<td>2</td>
</tr>
<tr>
<td>Family Problems</td>
<td>2</td>
</tr>
<tr>
<td>Hallucinatory Experiences</td>
<td>3</td>
</tr>
<tr>
<td>Personality Edation</td>
<td>6</td>
</tr>
<tr>
<td>School Problems</td>
<td>4</td>
</tr>
<tr>
<td>Self-Denigration</td>
<td>2</td>
</tr>
<tr>
<td>Somatic Complaints</td>
<td>6</td>
</tr>
<tr>
<td>Substance Use/Abuse</td>
<td>5</td>
</tr>
<tr>
<td>Unusual Thinking</td>
<td>1</td>
</tr>
<tr>
<td>Total Items</td>
<td>53</td>
</tr>
</tbody>
</table>

MMPI-A-RF
INTERPRETATION

I. Protocol Validity
   a. Content Non-Responsiveness
   b. Over-Reporting
   c. Under-Reporting

II. Substantive Scale Interpretation
   a. Somatic/Cognitive Dysfunction
      RC1, MLS, GIC, HPC< NUC, COG
   b. Emotional Dysfunction
      1. EID
      2. RCd, HLP, SFD, NFC
      3. RC2, INTR-r
      4. RC7, STW, AXV, ANP, BRF, SPF, OCS, NEGE-r
   c. Thought Dysfunction
      1. THD
      2. RC6
      3. RC8
      4. PSYC-r
   d. Behavioral Dysfunction
      1. BXD
      2. RC4, NSA, ASA, CNP, SUB, NFC
      3. RC9, AGG
      4. ASGG-v, DISC-r
   e. Interpersonal Dysfunction
      1. JNL
      2. JOL
      3. JOL
      4. SAV
      5. JOL
      6. JOL

f. Diagnostic Considerations
   Most Substantive Scales

g. Treatment Considerations
   All Substantive Scales
Clinical Case Example:
Stephen – Psychiatric Outpatient
Clinical Case Example:
Stephen – Psychiatric Outpatient
### DISCLOSURE SCALE INTERPRETATION

<table>
<thead>
<tr>
<th>Disclosure</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very Low Disclosure</td>
</tr>
<tr>
<td>2</td>
<td>Low Disclosure</td>
</tr>
<tr>
<td>3</td>
<td>Moderate Disclosure</td>
</tr>
<tr>
<td>4</td>
<td>High Disclosure</td>
</tr>
<tr>
<td>5</td>
<td>Very High Disclosure</td>
</tr>
</tbody>
</table>

### SYMPTOMS

- **Insomnia**: Difficulty falling or staying asleep, early morning waking, or non-restorative sleep
- **Anxiety**: Feelings of being overly tense or unable to relax
- **Depression**: Feelings of sadness, hopelessness, or worthlessness
- **Stress**: Feelings of being overwhelmed or unable to cope

### PHYSICAL VULNERABILITY

- **Past Medical History**: Current diagnosis of a medical condition that requires ongoing treatment
- **Medication Use**: Use of any medication that could affect cognitive function
- **Social Support**: Lack of social support or isolation

### IMPACT ON FUNCTIONAL STATUS

- **Daily Living**: Ability to perform daily activities independently
- **Work**: Ability to work or perform job duties
- **School**: Ability to attend school or complete academic tasks

### MAJOR VULNERABILITY FACTORS

- **Recent Trauma**: Recent physical or emotional trauma
- **Economic Stress**: Financial difficulties or unemployment
- **Psychosocial Stress**: Stress from relationships or family issues

### IMPACT ON QUALITY OF LIFE (QOL)

- **Physical Health**: Impact on physical health and mobility
- **Mental Health**: Impact on mental health and emotional well-being
- **Social Support**: Impact on social support and relationships

### IMPACT ON FUNCTIONAL STATUS (FES)

- **Daily Living**: Impact on daily living skills
- **Work**: Impact on work productivity
- **School**: Impact on academic performance
### Clinical History (Initial Data)

**Chief Complaint:**
- History of headaches, especially upon waking but also occurring during the day. 

**Past Medical History:**
- Hypertension well controlled with medication.
- Diabetes type 2 controlled with medication.
- History of occasional migraines in the past.

**Medication:**
- Aspirin, ibuprofen, and naproxen for occasional pain.

**Social History:**
- Non-smoker, non-drinker.
- No history of head trauma.

**Family History:**
- No history of similar conditions.

**Physical Examination:**
- Fundus: Normal on examination.
- Neurological examination: Slight slowing of mental processing, but overall normal.

**Other Relevant Information:**
- Patient reports no recent travel or exposure to known infectious diseases.

### Diagnosis Considerations

**Etiology:**
- Migraines: History of occasional migraines.
- Tension-type headaches: Slight slowing of mental processing.

**Treatment Considerations**

**Initial Management:**
- Increased hydration.
- Avoidance of triggers.
- Medication adjustment.

**Follow-up:**
- Close monitoring of headache frequency and intensity.
- Consider referral to a neurologist if headaches persist or worsen.
MMPI-A-RF

DOCUMENTATION AND
STANDARD PROCEDURES
MMPI-A-RF Documentation

- Manual for Administration, Scoring, and Interpretation
- User’s Guide for Reports

Manual for Administration, Scoring, and Interpretation

User’s Guide for Reports
QUESTIONS?

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