Introducing the MMPI-2-RF

Yossef S. Ben-Porath
Kent State University
ybenpora@kent.edu

Disclosure

Yossef Ben-Porath is a paid consultant to the MMPI publisher, the University of Minnesota, and distributor, Pearson. As co-author of the MMPI-2-RF he receives royalties on sales of the test.
Agenda

- Overview
- Scales
- Documentation and Standard Procedures
- Customization

MMPI-2-RF Overview
MMPI-2-RF Overview

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

Authors

Yossef S. Ben-Porath
Auke Tellegen
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
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
- MMPI-2 remains available as well

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

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

Internalizing (RCd Facets):

- **SUI**: Suicidal/Death Ideation – Direct reports of suicidal ideation and recent attempts
- **HLP**: Helplessness/Hopelessness – Belief that goals cannot be reached or problems solved
- **SFD**: Self-Doubt -- Lack of self-confidence, feelings of uselessness
- **NFC**: Inefficacy – Belief that one is indecisive and inefficacious

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

Internalizing (RC7 Facets):

- **STW**: Stress/Worry -- Preoccupation with disappointments, difficulty with time pressure
- **AXY**: Anxiety – Pervasive anxiety, frights, frequent nightmares
- **ANP**: Anger Proneness -- Becoming easily angered, impatient with others
- **BRF**: Behavior-Restricting Fears -- Fears that significantly inhibit normal behavior
- **MSF**: Multiple Specific Fears -- Fears of blood, fire, thunder, etc.
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

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
MMPI-2-RF Documentation and Standard Procedures

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

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
- 604 Criteria
- 53,886 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

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)
- Bariatric Surgery Candidate (Men & Women)
- Spine Surgery/Spinal Cord Stimulator Candidates (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)
- Prison Inmate (Men & Women)
- Personnel Screening, Law Enforcement (Men, Women & Combined)
- Personnel Screening, Corrections Officer (Men, Women & Combined)
- Personnel Screening, Clergy Candidates (Men, Women, & Combined)
### Table D-1. Comparison Group T-Score Means and Standard Deviations

<table>
<thead>
<tr>
<th>Scale</th>
<th>M (n=1,130)</th>
<th>W (n=1,130)</th>
<th>M (n=370)</th>
<th>W (n=380)</th>
<th>M (n=240)</th>
<th>W (n=433)</th>
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<td>50 (9)</td>
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<td>52 (15)</td>
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<td>51 (9)</td>
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<td>51T (10)</td>
<td>51T (10)</td>
<td>51T (9)</td>
<td>50 (9)</td>
<td>50 (9)</td>
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<tr>
<td>F-r</td>
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<td>50 (10)</td>
<td>72 (10)</td>
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<td>62 (20)</td>
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<td>50 (10)</td>
<td>49 (11)</td>
<td>50 (11)</td>
<td>50 (10)</td>
</tr>
<tr>
<td>Fs</td>
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<td>50 (10)</td>
<td>62 (18)</td>
<td>68 (10)</td>
<td>52 (13)</td>
<td>58 (10)</td>
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<td>56 (13)</td>
<td>67 (14)</td>
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<td>67 (10)</td>
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<td>59 (10)</td>
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<td>52 (11)</td>
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<td>46 (10)</td>
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<td>THD</td>
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<td>59 (13)</td>
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<td>52 (12)</td>
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<td>60 (12)</td>
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<tr>
<td>RCd</td>
<td>49 (9)</td>
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<td>63 (13)</td>
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<td>67 (15)</td>
<td>52 (13)</td>
<td>61 (14)</td>
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<td>59 (14)</td>
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<td>56 (11)</td>
<td>57 (12)</td>
<td>49 (11)</td>
<td>50 (10)</td>
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<td>52 (9)</td>
</tr>
<tr>
<td>RC6</td>
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<td>62 (15)</td>
<td>62 (15)</td>
<td>54 (12)</td>
<td>54 (13)</td>
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<tr>
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<td>62 (13)</td>
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<td>57 (13)</td>
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<td>53 (13)</td>
</tr>
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<td>RC9</td>
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<td>53 (11)</td>
<td>50 (10)</td>
<td>48 (10)</td>
<td>46 (10)</td>
</tr>
</tbody>
</table>

#### MMPI-2-RF Validity Scales

- **VRSN-r**: Verbal Reasoning Scale
- **TRN-r**: Test Relevance Scale
- **F-r**: False Self-Report Scale
- **Fp-r**: Inflated Psychopathology Scale
- **Fs**: F Scale
- **FBS-r**: False Belief Scale
- **RBS**: Response Bias Scale
- **L-r**: Lie Scale
- **K-r**: Correction for Lie Scale
- **EID**: Ego Identities Disorganization Scale
- **THD**: Thought Disorganization Scale
- **BXD**: Bipolar Disorder Scale
- **RCd**: Reasoning and Conditional Scale
- **RC1**: Realism Scale
- **RC2**: Responsibility Scale
- **RC3**: Control Scale
- **RC4**: Compliance Scale
- **RC6**: Compliance Scale
- **RC7**: Control Scale
- **RC8**: Coerciveness Scale
- **RC9**: Control Scale

*The highest and lowest T-scores possible on each scale are indicated by +++. MMPI-2-RF T-scores are non-gendered.*
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
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
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)
- Supervise testing

Standard Scoring Procedures

- Computer (Q Local or Mail-In)
  - Score Report
  - Interpretive Report
- Converting MMPI-2 to MMPI-2-RF protocol (Q Local 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

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®
Yusuf S. Ben-Porath, PhD, & Auke Tellegen, PhD

Name: Mr. P
ID Number: P02972
Age: 49
Gender: Male
Marital Status: Never Married
Years of Education: 11
Date Administered: 04/22/2011

PEARSON

MMPI-2-RF® Score Report
04/22/2011, Page 2

MMPI-2-RF Validity Scales

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

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
<th>T Score</th>
<th>Raw Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vli</td>
<td>Lied items</td>
<td>55</td>
<td>80</td>
</tr>
<tr>
<td>Pfs</td>
<td>Frequent Good Responses</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Pp</td>
<td>Frequent Reversed Responses</td>
<td>70</td>
<td>60</td>
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<tr>
<td>Pd</td>
<td>Frequent True Responses</td>
<td>90</td>
<td>60</td>
</tr>
<tr>
<td>Pd</td>
<td>Frequent False Responses</td>
<td>100</td>
<td>60</td>
</tr>
<tr>
<td>Pd</td>
<td>Frequent Psychopathology Responses</td>
<td>100</td>
<td>60</td>
</tr>
</tbody>
</table>

Percent True (of items answered): 40%
MMPI-2-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales

Raw Scores: 11 5 8 5 4 7 3 5 6 8 7 14
T Scores: 52 72 66 55 68 65 52 80 63 70 63
Response %: 98 100 100 98 100 100 100 100 100 100 100

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

MMPI-2-RF Somatic/Cognitive and Internizing Scales

Raw Scores: 3 0 0 5 0 1 1 2 3 3 4
T Scores: 67 46 42 75 66 63 53 60 52 80 47 71 63
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 norm-derated.
MMPI-2-RF Externalizing, Interpersonal, and Interest Scales

Raw Score: 2 0 2 3 3 1 2 2 0 4 4
T Score: 37 41 51 46 50 50 47 44 60 56
Response %: 150 100 100 100 100 100 100 100 100 100

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

JOP = Juvenile Conduct Problems
RPS = Risk of Psychopathy
GAS = Avoidance Anxiety
PPS = Passive-Positive
SAS = Social Strain
RPS = Risk of Psychopathy
RR = Organicity
PSI = Psychoticism
RSI = Rejection Sensitivity
SOS = Social Strain

MMPI-2-RF PSY-5 Scales

Raw Score: 13 6 7 6 6
T Score: 56 79 51 60 60
Response %: 100 100 100 100 100

The highest and lowest T scores possible on each scale are indicated by + or -. MMPI-2-RF T scores are non-gendered.
### MMPI-2-RF T Scores (By Domain)

<table>
<thead>
<tr>
<th>Domain</th>
<th>T Score</th>
<th>Normative Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Affect</td>
<td>66</td>
<td>50-87</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>70</td>
<td>50-87</td>
</tr>
<tr>
<td>Extraversion</td>
<td>65</td>
<td>50-87</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>55</td>
<td>50-87</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>62</td>
<td>50-87</td>
</tr>
<tr>
<td>Openness</td>
<td>68</td>
<td>50-87</td>
</tr>
</tbody>
</table>

### Word Counts

#### Uncorrelated Responses

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

112. Often, even though everything is going fine for me, I feel that I don't care about anything. (EID, RC)

114. I have no fear of water. (SST)

#### Critical Responses

Seven MMPI-2-RF scales—Suicide/Dearth Ideation (SDI), Hypochondriasis (HPH), Hypomania (HMO), Anxiety (ANX), Hostility/Persuasion (HS), Absentmindedness (ABS), and Aggressiveness (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 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 (ANX; T Score = 80)

79. I have nightmares every few nights. (True, 6.2%)

213. I've been worried about something dreadful is about to happen. (True, 5.0%)

289. I have often been frightened at the middle of the night. (True, 2.7%)

#### Ideas of Persuasion (HPS; T Score = 80)

150. Someone has been trying to trick me. (True, 2.0%)

194. I am sure I am being followed. (True, 17.1%)

212. I am afraid of someone who really wishes to hurt me. (False, 9.3%)

233. People say mysterious and obscure things about me. (True, 3.5%)

264. Someone is in it for me. (True, 3.5%)

301. People are not very kind to me. (True, 3.0%)

#### Absentmindedness (ABS; T Score = 70)

32. I have had very peculiar and strange experiences. (True, 21.1%)

87. I have never seen a vision. (False, 7.1%)

179. Sometimes my vision seems to change even though I have no cold. (True, 12.0%)

196. My hearing is not as good as it used to be. (True, 3.3%)

216. At times I hear sounds that I don't hear. (True, 10.3%)

280. I often feel as if things are not real. (True, 3.9%)

330. Sometimes seems to hear thoughts being spoken out loud. (True, 15.2%)

End of Report
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)
- Bariatric Surgery Candidate (Men & Women)
- Spine Surgery/Spinal Cord Stimulator Candidates (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)
- Prison Inmate (Men & Women)
- Personnel Screening, Law Enforcement (Men, Women & Combined)
- Personnel Screening, Corrections Officer (Men, Women & Combined)
- Personnel Screening, Clergy Candidates (Men, Women, & Combined)
Create Comparison Group

1. Select Assessment:
   MMPI-2-RF

2. Choose One:
   - Select an Existing Comparison Group Name
     Herb
   - New Comparison Group Name (limit 46 characters)

3. Choose a Gender:
   - Combined-Gender
   - Female
   - Male

[OK] [Cancel]
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

SYNOPSIS

Scores on the MMPI-2-RF validity scales raise concerns about the possible impact of concealing responses, over-reporting, and under-reporting on the validity of the test. Accurate test scores are dependent on the test taker’s truthfulness. Scores on the validity scales indicate the test taker’s tendency to present a self-reporting pattern that yields symptom scores that are higher or lower than they should be.

SAVING CONTENT

The interpretative report is intended for use by a professional qualified to interpret the MMPI-2-RF. The information contained should be considered in the context of the test taker’s background, the circumstances of the assessment, and other available information.

PROTOCOL VALIDITY

Content Non-Responding

Unscored Responses

The test taker answered less than 90% of the items on the following scale. The resulting scores 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 unusable responses appears under the heading “Item-Level Information.”

Multiple Scoring Errors (MSE): 30%

Incorrect Response

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

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 psychopathology, it likely indicates over-reporting.

Under-Reporting

There is also evidence of possible under-reporting in the protocol. The test taker presented himself in a positive light by denying some minor faults and shortcoming 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. Elevating scores on the substantive scales may underestimate the problems assessed by these 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 unascorable 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.

Thought Dysfunction

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

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 for their own interests. He is likely to be hostile toward others and feel alienated from them, and to have negative interpersonal experiences as a result of his cynical belief system.

Interests 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). He also reports an average number of interests in submitting or participating in aesthetic or physical pursuits (e.g., dancing, hiking, camping).
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 Interacting Disorders
- Somatoform disorders and conditions involving somatic complaints, if physical origin for XAN (xanthoprotein) has been ruled out.
- Anxiety-related disorders including PSTD.
- Agoraphobia and specific phobias.

Thought Disorders
- Disorders involving paranoid delusional thinking.
- Disorders manifesting psychotic symptoms.
- Personality disorders manifesting unusual thoughts and perceptions.

Interpersonal Disorders
- Personality disorders involving aberrant 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
- May require imprint treatment due to paranoid delusional thinking.
- Need for antipsychotic(s) and anxiolytic(s) medications.
- Extent to which genuine physical health problems contribute to the scores on the Somatoform Complaints (BCL) and Neurasthenic Complaints (SCL) scales.

Psychotherapy Process Issues
- Likely to reject psychological interpretations of somatic complaints.
- Extreme paranoid ideation may interfere with forming a therapeutic relationship and treatment compliance.
- Imposed thinking may disrupt treatment.
- Cynicism may interfere with forming a therapeutic relationship.

ITEM-LEVEL INFORMATION

Unacceptable Responses

Following is a list of items to which the test-taker did not provide respondsable responses. Unanswered or double answers yield a True and False scores for unacceptable. The scales on which the items appear are in parentheses following the item content.

112. Often, even though everything is going fine for me, I feel that I don’t care about anything. (LID, RC)
114. I have no time for water. (NFI)

Critical Responses

Items MPQ-LR: Suicide/Homicide Ideation (SU/LY), Depression/Hopelessness (HPIL), Anxiety (AYT), Hope of Persecution (BCL), Somatic Illness (BCL), Substance Abuse (ESA), and Aggression (AG-R)-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. The score on each scale is 0 if no higher. The percentage of the MMPI-2-RF normative sample that answered each item in the keyed direction is provided for comparison following the item content.

Anxiety (AYT), T Score = 69
78. I have nightmares every few nights. (True, 6.25)
278. Several times a week I feel as if something dreadful is about to happen. (True, 5.0)
299. I have often been frightened at the middle of the night. (True, 12.75)

Ideas of Persecution (BCL), T Score = 69
170. Someone has been trying to rob me. (True, 6.0)
194. I am sure I am being talked about. (True, 7.15)
212. I have no reason to worry that someone is after me. (False, 5.95)
233. People say thing that are not true about me. (True, 5.5)
264. Someone has it in for me. (True, 5.35)
310. People aren’t very kind to me. (True, 4.65)

Abnormal Experiences (BCL), T Score = 70
72. I have had very peculiar and strange experiences. (True, 21.35)
172. I have seen things that did not really exist. (False, 17.15)
179. Sometimes my voice sounds like it changes even though I haven’t moved. (True, 12.05)
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 True Response, if based on true content, or a Correlate, if based on empirical correlation, 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 correlator based statements, research references (if any) are provided, keyed to the consecutively numbered reference list following the endnotes.

1. Correlate: R-50, R-2, 5, 12, 17, 19, 21
2. Correlate: R-48, R-17, 19
3. Test Response: RC-18
4. Test Response: N-70
5. Correlate: R-48, R-19
6. Correlate: R-7-9, R-5, 8, 15, 16, 18, 20, N-70, R-3, 19
7. Correlate: R-7-9, R-6, 19, N-75, R-19
8. Test Response: AX-90
9. Correlate: AX-90, R-19
10. Test Response: BB-71
11. Correlate: THD-74, R-19, PSY-C=73, R-19
12. Test Response: BC-80
13. Correlate: BC-80, R-2, 3, 13, 16, 19
14. Correlate: BSS-85, R-9
15. Test Response: BC-85, PSY-C=73
16. Correlate: BSS-85, R-2, 3, 13, 16, 19, PSY-C=73, R-19
17. Correlate: BC-85, R-6, 19, R-19, PSY-C=73, R-19
18. Reference: BB-71
19. Reference: BB-71
20. Reference: BB-71
21. Reference: BB-71
22. Correlate: BC-60, R-13, 14, 19
23. Correlate: BC-60, R-6, 13, 19, RC-60, R-2, 3, 13, 16, 19
25. Test Response: AAS-79
26. Test Response: BB-71
27. Correlate: BC-60, R-19
28. Reference: BB-71
29. Reference: BB-71
30. Reference: BB-71
31. Reference: BC-60, R-19
32. Reference: BB-71
33. Reference: BB-71
34. Reference: BC-70
35. Reference: BC-70
36. Reference: BC-70
37. Reference: BC-70
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 disclosure. Any use of this material is subject to use only in accordance with your employer’s official 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 Comparison Groups
    - Do not alter interpretation

Further Information

- Interpreting the MMPI-2-RF
  - University of Minnesota Press
  - January 2012
Further Information

- Interpreting the MMPI-2-RF
  - University of Minnesota Press
  - January 2012

- Pearson: clinicalcustomersupport@pearson.com