



Minnesota Multiphasic
Personality Inventory-2
Restructured Form®

ANNOTATED SAMPLE REPORT

This MMPI-2-RF® Interpretive Report for Clinical Settings was generated from Q-global®, Pearson's web-based scoring and report application, using Mr. I's responses to the MMPI-2-RF.

MMPI-2-RF Interpretive and Score Reports can also be produced using Pearson's Q Local™ software and mail-in scoring.

Interpretive Report: Clinical Settings

MMPI-2-RF®

Minnesota Multiphasic Personality Inventory-2-Restructured Form®

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ID Number:	Mr. I
Age:	36
Gender:	Male
Marital Status:	Married
Years of Education:	Not reported
Date Assessed:	01/13/14



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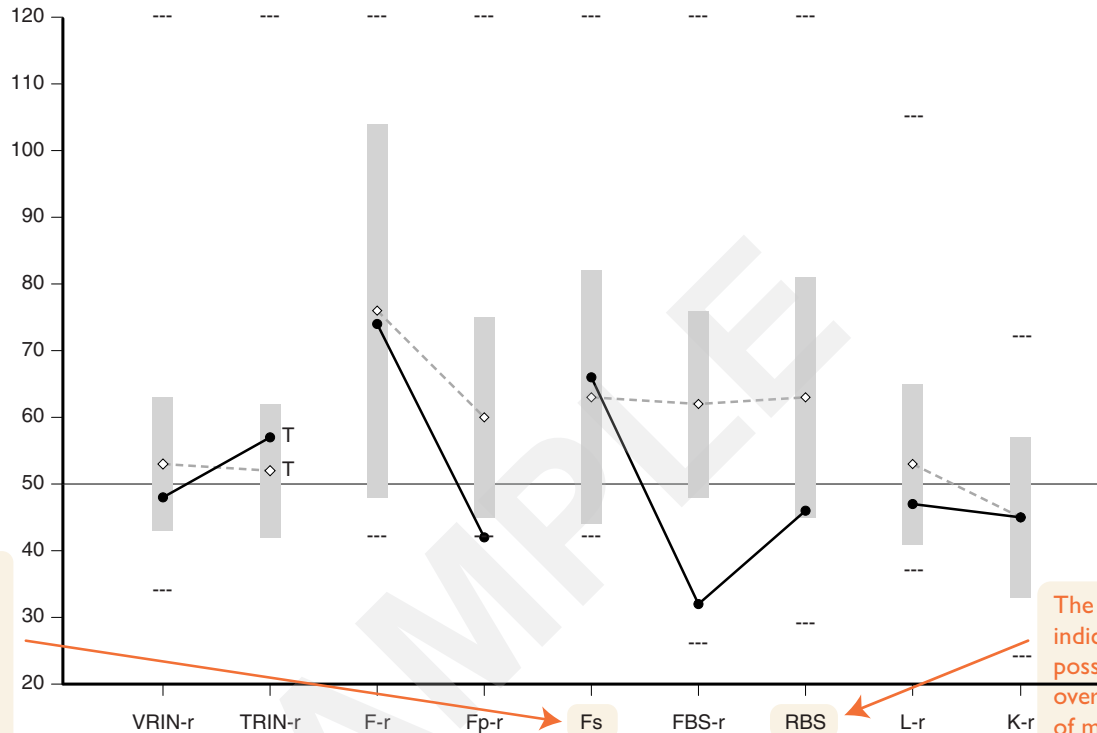
TRADE SECRET INFORMATION

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

[2.2 / 1 / QG]

MMPI-2-RF Validity Scales

Comprehensively assess protocol validity with effective, reliable indicators of random responding, fixed responding, overreporting, and underreporting.



The Fs Scale provides information about somatic complaints that are infrequent in medical patient populations.

The RBS Scale indicates possible over-reporting of memory complaints.

Raw Score:	3	12	7	0	3	2	4	2	6
T Score:	48	57 T	74	42	66	32	46	47	45
Response %:	94	100	97	95	94	87	100	100	86
Cannot Say (Raw):	17								
									Percent True (of items answered): 52%

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

Mean Score (◊--◊):	53	52 T	76	60	63	62	63	53	45
Standard Dev (± 1 SD):	10	10	28	15	19	14	18	12	12
Percent scoring at or below test taker:	45	76	58	25	73	0.9	22	45	59

An optional reporting feature allows you to compare a test taker's scores with those of individuals tested in a similar setting. Customized local comparison groups can also be generated and used.

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

VRIN-r	Variable Response Inconsistency	Fs	Infrequent Somatic Responses	L-r	Uncommon Virtues
TRIN-r	True Response Inconsistency	FBS-r	Symptom Validity	K-r	Adjustment Validity
F-r	Infrequent Responses	RBS	Response Bias Scale		
Fp-r	Infrequent Psychopathology Responses				

MMPI-2-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales

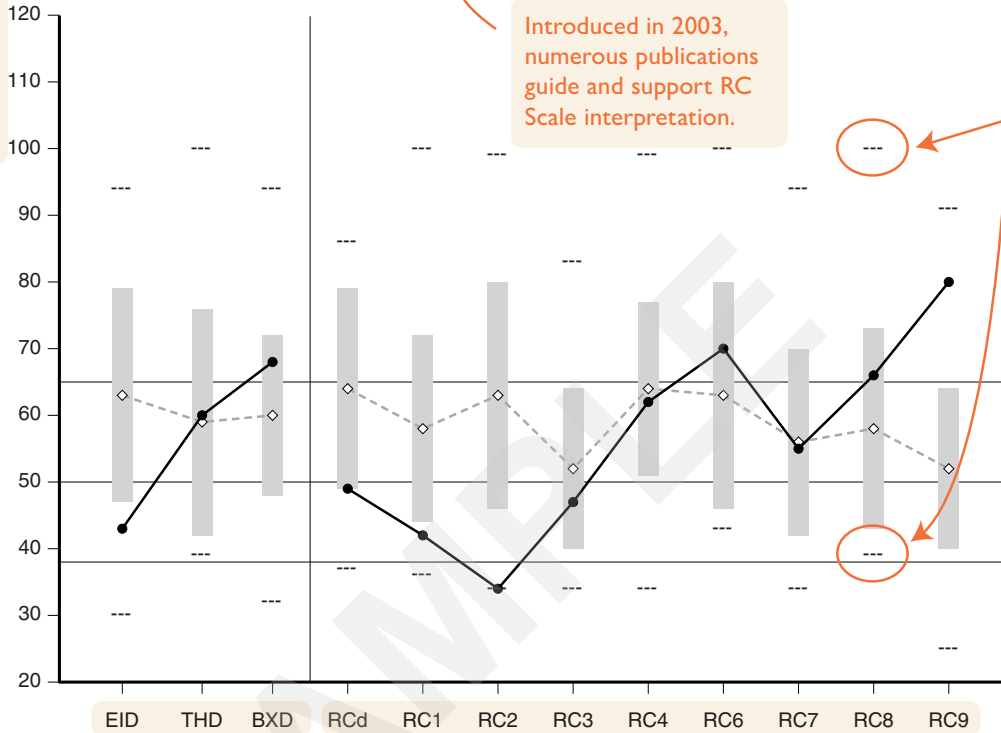
The Higher-Order Scales define classic dispositional distinctions corresponding to "affect, cognition, and conation" and provide an organizing interpretive framework.

Higher-Order

Restructured Clinical

Introduced in 2003, numerous publications guide and support RC Scale interpretation.

T-score floor and ceiling are conveniently marked for every scale to help you more easily evaluate scores.



Raw Score:	5	4	13	3	1	0	5	9	4	9	6	24
T Score:	43	60	68	49	42	34	47	62	70	55	66	80
Response %:	100	96	96	100	93	100	47	100	94	96	94	96

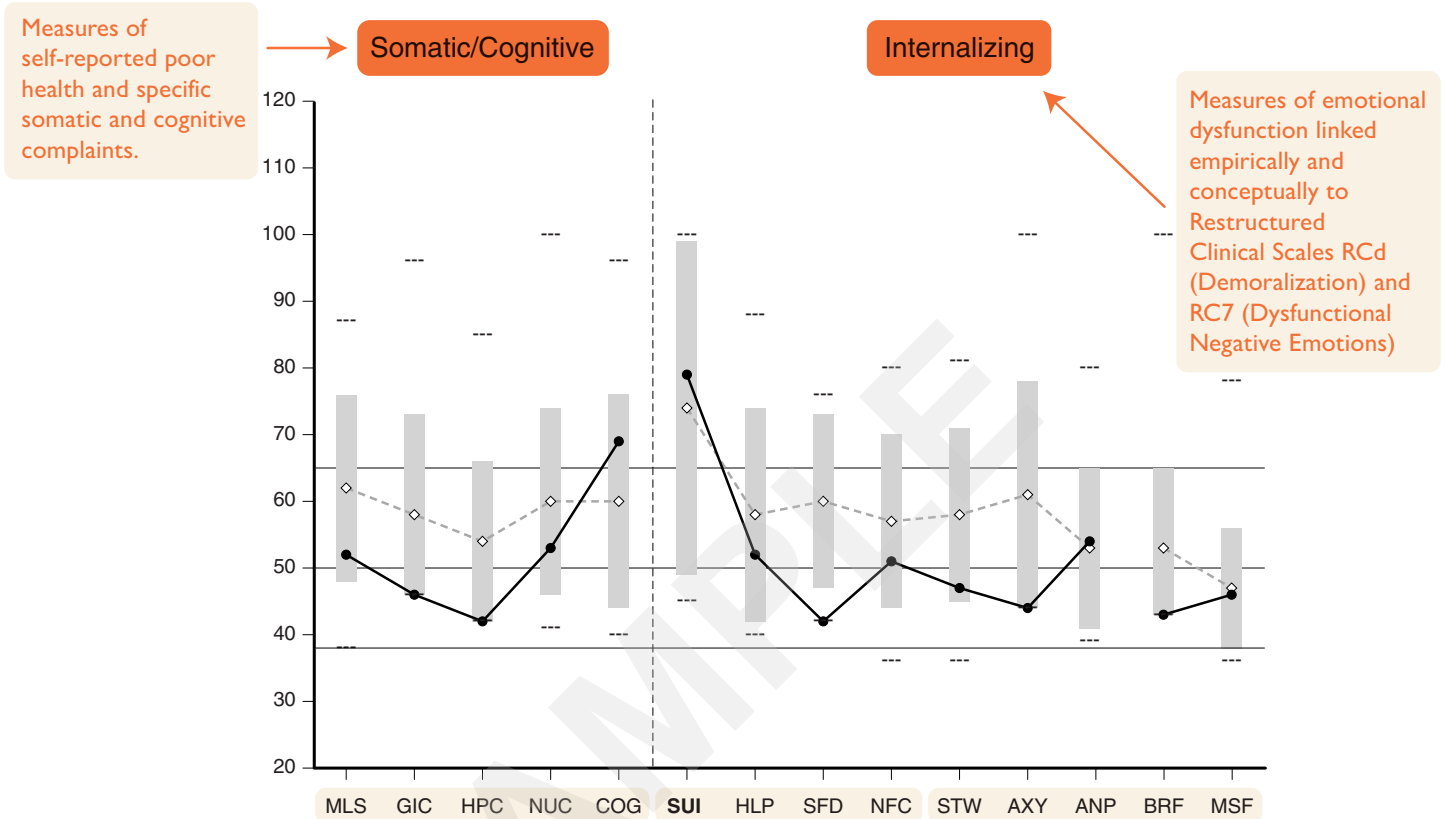
Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

Mean Score (◇):	63	59	60	64	58	63	52	64	63	56	58	52
Standard Dev (±1 SD):	16	17	12	15	14	17	12	13	17	14	15	12
Percent scoring at or below test taker:	14	66	75	22	19	3	44	48	75	55	76	99

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

EID	Emotional/Internalizing Dysfunction	RCd	Demoralization	RC6	Ideas of Persecution
THD	Thought Dysfunction	RC1	Somatic Complaints	RC7	Dysfunctional Negative Emotions
BXD	Behavioral/Externalizing Dysfunction	RC2	Low Positive Emotions	RC8	Aberrant Experiences
		RC3	Cynicism	RC9	Hypomanic Activation
		RC4	Antisocial Behavior		

MMPI-2-RF Somatic/Cognitive and Internalizing Scales



Raw Score:	2	0	0	1	5	2	1	0	3	2	0	3	0	2
T Score:	52	46	42	53	69	79	52	42	51	47	44	54	43	46
Response %:	100	100	100	90	100	100	100	100	100	100	100	100	100	100

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

Mean Score (◇---◇):	62	58	54	60	60	74	58	60	57	58	61	53	53	47
Standard Dev (±1SD):	14	15	12	14	16	25	16	13	13	13	17	12	12	9
Percent scoring at or below test taker:	34	53	37	44	73	64	51	25	44	31	37	67	51	55

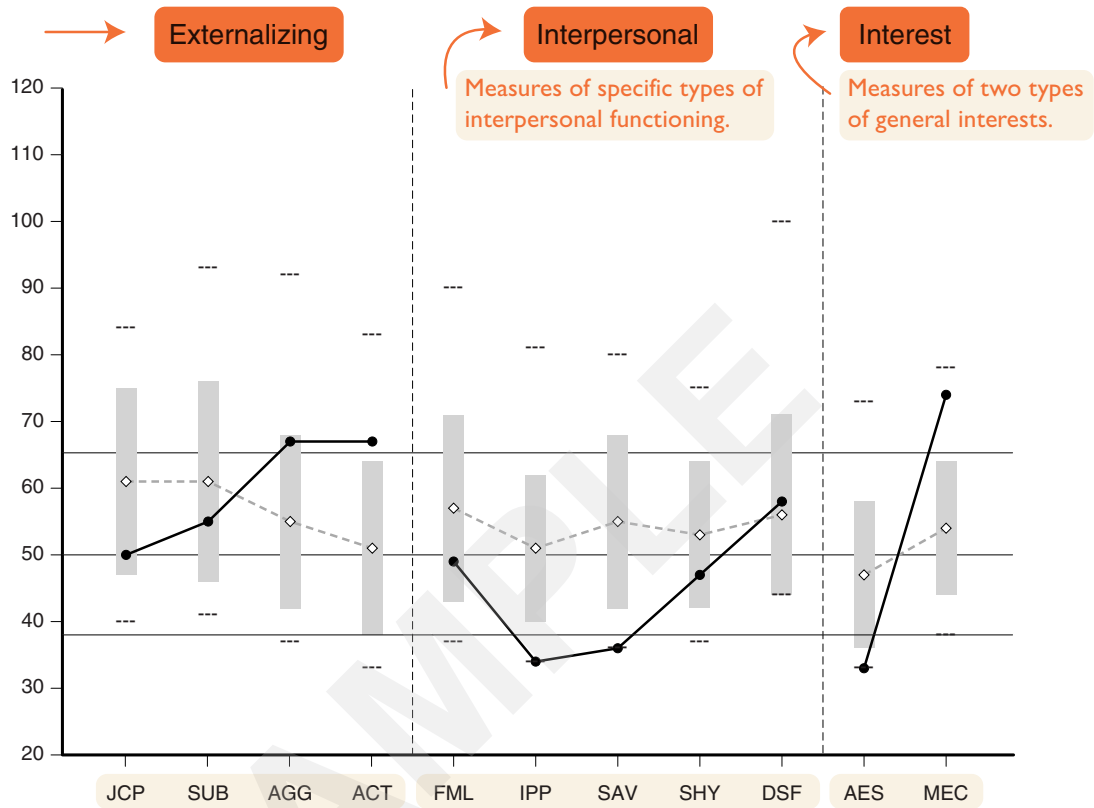
The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

MLS	Malaise	SUI	Suicidal/Death Ideation	AXY	Anxiety
GIC	Gastrointestinal Complaints	HLP	Helplessness/Hopelessness	ANP	Anger Proneness
HPC	Head Pain Complaints	SFD	Self-Doubt	BRF	Behavior-Restricting Fears
NUC	Neurological Complaints	NFC	Inefficacy	MSF	Multiple Specific Fears
COG	Cognitive Complaints	STW	Stress/Worry		

A legend with scale abbreviations and full names is provided on each profile page for easy reference.

MMPI-2-RF Externalizing, Interpersonal, and Interest Scales

Measures of behavioral dysfunction linked empirically and conceptually to RC4 (Antisocial Behavior) and RC9 (Hypomanic Activation).



Raw Score:	1	2	5	6	2	0	0	2	1	0	8
T Score:	50	55	67	67	49	34	36	47	58	33	74
Response %:	100	100	100	100	100	100	100	100	100	86	100

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

Mean Score (◇--◇):	61	61	55	51	57	51	55	53	56	47	54
Standard Dev (±1SD):	14	15	13	13	14	11	13	11	15	11	10
Percent scoring at or below test taker:	30	50	86	91	40	7	12	39	72	16	99.2

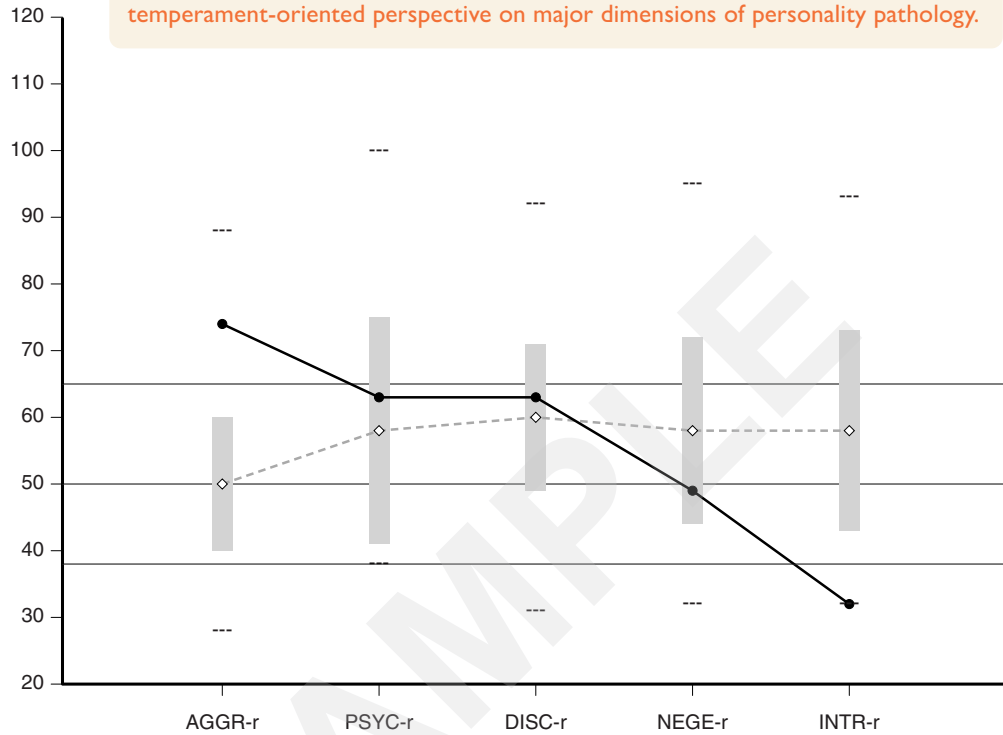
The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

JCP	Juvenile Conduct Problems	FML	Family Problems	AES	Aesthetic-Literary Interests
SUB	Substance Abuse	IPP	Interpersonal Passivity	MEC	Mechanical-Physical Interests
AGG	Aggression	SAV	Social Avoidance		
ACT	Activation	SHY	Shyness		
		DSF	Disaffiliativeness		

Response percentages help assess the impact of nonresponding to items. The response percentage appears in bold if it drops below 90%, indicating a need to qualify scale score interpretation.

MMPI-2-RF PSY-5 Scales

Updated from the MMPI-2, Harkness and McNulty's PSY-5 Scales provide a temperament-oriented perspective on major dimensions of personality pathology.



Raw Score:	15	5	11	6	0
T Score:	74	63	63	49	32
Response %:	100	96	95	90	100

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

Mean Score (◇--◇):	50	58	60	58	58
Standard Dev (±1 SD):	10	17	11	14	15
Percent scoring at or below test taker:	99.1	71	64	33	2

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)

PROTOCOL VALIDITY

Content Non-Responsiveness	<u>17</u> CNS	<u>48</u> VRIN-r	<u>57 T</u> TRIN-r			
Over-Reporting	<u>74</u> F-r	<u>42</u> Fp-r		<u>66</u> Fs	<u>32*</u> FBS-r	<u>46</u> RBS
Under-Reporting	<u>47</u> L-r	<u>45*</u> K-r				

A one-page summary allows you to easily evaluate scores by domain and follow the recommended hierarchical interpretation guidelines.

SUBSTANTIVE SCALES

Somatic/Cognitive Dysfunction	<u>42</u> RC1	<u>52</u> MLS	<u>46</u> GIC	<u>42</u> HPC	<u>53</u> NUC	<u>69</u> COG
Emotional Dysfunction	<u>43</u> EID	<u>49</u> RCd	79 SUI	<u>52</u> HLP	<u>42</u> SFD	<u>51</u> NFC
		<u>34</u> RC2	<u>32</u> INTR-r			
		<u>55</u> RC7	<u>47</u> STW	<u>44</u> AXY	<u>54</u> ANP	<u>43</u> BRF
Thought Dysfunction	<u>60</u> THD	<u>70</u> RC6				
		<u>66</u> RC8				
		<u>63</u> PSYC-r				
Behavioral Dysfunction	<u>68</u> BXD	<u>62</u> RC4	<u>50</u> JCP	<u>55</u> SUB		
		<u>80</u> RC9	<u>67</u> AGG	<u>67</u> ACT	<u>74</u> AGGR-r	<u>63</u> DISC-r
Interpersonal Functioning		<u>49</u> FML	<u>47*</u> RC3	<u>34</u> IPP	<u>36</u> SAV	<u>47</u> SHY
Interests		<u>33*</u> AES	<u>74</u> MEC			

*The test taker provided scorable 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.

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

Summary of the major conclusions based on the substantive scales scores with due consideration of the validity scale findings.

Scores on the MMPI-2-RF validity scales raise concerns about the possible impact of unscorable responses on the validity of this protocol. With that caution noted, scores on the substantive scales indicate cognitive complaints and emotional, thought, behavioral, and interpersonal dysfunction. Cognitive complaints include difficulties in memory and concentration. Emotional-internalizing findings relate to **suicidal ideation**. Dysfunctional thinking includes ideas of persecution and aberrant perceptions and thoughts. Behavioral-externalizing problems include aggression and excessive activation. Interpersonal difficulties relate to over-assertiveness.

PROTOCOL VALIDITY

Comprehensive information about three types of potential threats to the validity of the test results.

Content Non-Responsiveness

Unscorable Responses

The test taker answered less than 90% of the items on the following scales. The resulting scores may therefore be artificially lowered. In particular, the absence of elevation on these scales is not interpretable¹. A list of all items for which the test taker provided unscorable responses appears under the heading "Item-Level Information."

Symptom Validity (FBS-r): 87%
Adjustment Validity (K-r): 86%
Cynicism (RC3): 47%
Aesthetic-Literary Interests (AES): 86%

Inconsistent Responding

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

Over-Reporting

There are no indications of over-reporting in this protocol.

Under-Reporting

There are no indications of under-reporting in this protocol.

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 on the validity of this protocol.

Cautions indicated by Validity Scale scores appear in bold.

Somatic/Cognitive Dysfunction

The test taker reports a diffuse pattern of cognitive difficulties². He is likely to complain about memory problems³, to have low tolerance for frustration⁴, not to cope well with stress⁴, and to experience difficulties in concentration⁵.

On-screen report viewing produces hover text, which identifies the scale scores that triggered the statement and indicates if it is based on item content, correlates, or inferences made by the report authors.

Emotional Dysfunction

The test taker reports a history of suicidal ideation and/or attempts⁶. He is likely to be preoccupied with suicide and death⁷ and to be at risk for current suicidal ideation and attempts⁷. This risk is exacerbated by poor impulse control⁸.

Thought Dysfunction

The test taker reports significant persecutory ideation such as believing that others seek to harm him⁹. He is likely to be suspicious of and alienated from others¹⁰, to experience interpersonal difficulties as a result of suspiciousness¹¹, and to lack insight¹¹.

He reports unusual thought processes¹². He is likely to experience thought disorganization¹³, to engage in unrealistic thinking¹⁴, and to believe he has unusual sensory-perceptual abilities¹⁵.

Behavioral Dysfunction

The test taker's responses indicate significant externalizing, acting-out behavior, which is likely to have gotten him into difficulties¹⁶. More specifically, he is very likely to be restless and become bored¹⁷ and to be acutely over-activated as manifested in aggression¹⁸, mood instability¹⁹, euphoria¹⁷, excitability²⁰, and sensation-seeking, risk-taking, or other forms of under-controlled, irresponsible behavior²¹. He reports episodes of heightened excitation and energy level²² and may have a history of symptoms associated with manic or hypomanic episodes²³. He also reports engaging in physically aggressive, violent behavior and losing control²⁴, and is indeed likely to have a history of violent behavior toward others²⁵.

Interpersonal Functioning Scales

The test taker describes himself as having strong opinions, as standing up for himself, as assertive and direct, and able to lead others²⁶. He is likely to believe he has leadership capabilities, but to be viewed by others as domineering, self-centered, and possibly grandiose²⁷. He also reports enjoying social situations and events²⁸, and is likely to be perceived as outgoing and gregarious²⁹.

Interest Scales

The test taker reports an above average number of interests in activities or occupations of a mechanical or physical nature (e.g., fixing and building things, the outdoors, sports)³⁰. Individuals who respond in this manner are likely to be adventure- and sensation-seeking³¹. The extent to which he lacks aesthetic or literary interests cannot be accurately gauged because of unscorable responses. There is possible evidence that he indicates little or no interest in activities or occupations of an aesthetic or literary nature (e.g., writing, music, the theater)³².

DIAGNOSTIC CONSIDERATIONS

Diagnostic possibilities for further consideration, listed under four possible subheadings: Emotional-Internalizing, Thought, Behavioral-Externalizing, and Interpersonal disorders.

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

- Cycling mood disorder³³

Thought Disorders

- Disorders involving persecutory ideation³⁴
- Disorders manifesting psychotic symptoms³⁵
- Personality disorders manifesting unusual thoughts and perceptions³⁶
- Schizoaffective disorder³⁷

Behavioral-Externalizing Disorders

- Manic or hypomanic episode or other conditions associated with excessive energy and activation³⁸
- Disorders associated with interpersonally aggressive behavior such as intermittent explosive disorder³⁹

TREATMENT CONSIDERATIONS

Treatment-related recommendations characterized as inferential because they are based on the authors' judgment of the treatment implications of certain test results.

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

Areas for Further Evaluation

- **Risk for suicide should be assessed immediately**⁴⁰.
- May require inpatient treatment due to hypomania⁴¹.
- Need for mood-stabilizing medication⁴².
- Origin of cognitive complaints⁴³. May require a neuropsychological evaluation.

Psychotherapy Process Issues

- Persecutory ideation may interfere with forming a therapeutic relationship and treatment compliance⁴⁴.
- Impaired thinking may disrupt treatment³⁶.

- Unlikely to be internally motivated for treatment⁴⁵.
- At significant risk for treatment non-compliance⁴⁵.
- Excessive behavioral activation may interfere with treatment⁴².

Possible Targets for Treatment

- Mood stabilization in initial stages of treatment⁴¹
- Persecutory ideation⁴⁴
- Inadequate self-control⁴⁵
- Reduction in interpersonally aggressive behavior³⁹

ITEM-LEVEL INFORMATION

Unscorable 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 unscorable. The scales on which the items appear are in parentheses following the item content.

- 9. Item Content Omitted (RC7, NEGE-r)
- 15. Item Content Omitted (Fs, FBS-r, RC1)
- 36. Item Content Omitted
- 55. Item Content Omitted (VRIN-r, FBS-r, RC3)
- 99. Item Content Omitted (VRIN-r, FBS-r, K-r, RC3)
- 107. Item Content Omitted (BXD, RC9, DISC-r)
- 121. Item Content Omitted (RC3)
- 185. Item Content Omitted (RC3)
- 191. Item Content Omitted (Fp-r)
- 194. Item Content Omitted (VRIN-r, RC6)
- 203. Item Content Omitted (F-r, THD, RC8, PSYC-r)
- 209. Item Content Omitted (NEGE-r)
- 238. Item Content Omitted (RC3)
- 296. Item Content Omitted (AES)
- 304. Item Content Omitted (RC3)
- 313. Item Content Omitted (RC1, NUC)
- 326. Item Content Omitted (RC3)



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.

If the test taker obtains an elevated score on one or more of these scales, the keyed item response can provide information on the specific difficulties the test taker is reporting.

Critical Responses

Seven MMPI-2-RF scales--Suicidal/Death Ideation (SUI), Helplessness/Hopelessness (HLP), Anxiety (AXY), Ideas of Persecution (RC6), Aberrant Experiences (RC8), Substance Abuse (SUB), and Aggression (AGG)--have been designated by the test authors as having critical item content that may require immediate attention and follow-up. Items answered by the individual in the keyed direction (True or False) on a critical scale are listed below if his T score on that scale is 65 or higher. The

percentage of the MMPI-2-RF normative sample (NS) and of the Psychiatric Inpatient, Community Hospital (Men) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Suicidal/Death Ideation (SUI, T Score = 79)

251. Item Content Omitted (True; NS 3.0%, CG 20.8%)

334. Item Content Omitted (True; NS 13.5%, CG 35.5%)

Ideas of Persecution (RC6, T Score = 70)

14. Item Content Omitted (True; NS 2.9%, CG 8.5%)

34. Item Content Omitted (True; NS 10.6%, CG 27.3%)

71. Item Content Omitted (True; NS 2.0%, CG 17.3%)

110. Item Content Omitted (True; NS 9.9%, CG 32.5%)

The percentages of individuals in both the normative sample (NS) and the selected comparison group (CG) who answered the item in the same direction as the test taker.

Aberrant Experiences (RC8, T Score = 66)

32. Item Content Omitted (True; NS 21.1%, CG 51.0%)

85. Item Content Omitted (False; NS 17.1%, CG 35.2%)

106. Item Content Omitted (True; NS 8.7%, CG 31.7%)

159. Item Content Omitted (True; NS 6.0%, CG 27.0%)

240. Item Content Omitted (True; NS 8.8%, CG 23.2%)

257. Item Content Omitted (True; NS 12.4%, CG 37.0%)

Aggression (AGG, T Score = 67)

23. Item Content Omitted (True; NS 39.0%, CG 46.3%)

312. Item Content Omitted (True; NS 5.5%, CG 25.8%)

316. Item Content Omitted (True; NS 45.1%, CG 50.5%)

329. Item Content Omitted (True; NS 12.7%, CG 29.3%)

337. Item Content Omitted (True; NS 50.2%, CG 52.2%)

User-Designated Item-Level Information

Custom reporting allows you to evaluate responses at the item level by selecting specific scales and/or cutoffs of interest.

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 (NS) and of the Psychiatric Inpatient, Community Hospital (Men) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Hypomanic Activation (RC9, T Score = 80)

- 13. Item Content Omitted (True; NS 40.9%, CG 43.4%)
- 39. Item Content Omitted (True; NS 51.0%, CG 53.3%)
- 47. Item Content Omitted (True; NS 42.7%, CG 45.7%)
- 61. Item Content Omitted (False; NS 61.6%, CG 73.4%)
- 72. Item Content Omitted (True; NS 81.5%, CG 69.3%)
- 97. Item Content Omitted (True; NS 50.5%, CG 45.2%)
- 118. Item Content Omitted (True; NS 57.4%, CG 61.3%)
- 131. Item Content Omitted (True; NS 43.3%, CG 47.0%)
- 143. Item Content Omitted (True; NS 27.5%, CG 32.3%)
- 155. Item Content Omitted (True; NS 41.6%, CG 37.9%)
- 166. Item Content Omitted (True; NS 38.9%, CG 31.7%)
- 181. Item Content Omitted (True; NS 35.3%, CG 36.7%)
- 193. Item Content Omitted (True; NS 32.8%, CG 38.2%)
- 207. Item Content Omitted (True; NS 66.9%, CG 47.3%)
- 219. Item Content Omitted (True; NS 51.5%, CG 54.9%)
- 244. Item Content Omitted (True; NS 56.9%, CG 64.5%)
- 248. Item Content Omitted (True; NS 16.1%, CG 25.6%)
- 256. Item Content Omitted (True; NS 65.7%, CG 58.1%)
- 267. Item Content Omitted (True; NS 12.9%, CG 32.0%)
- 292. Item Content Omitted (True; NS 26.1%, CG 30.3%)
- 305. Item Content Omitted (True; NS 37.6%, CG 47.2%)
- 316. Item Content Omitted (True; NS 45.1%, CG 50.5%)
- 327. Item Content Omitted (True; NS 41.7%, CG 46.4%)
- 337. Item Content Omitted (True; NS 50.2%, CG 52.2%)

Activation (ACT, T Score = 67)

- 72. Item Content Omitted (True; NS 81.5%, CG 69.3%)
- 166. Item Content Omitted (True; NS 38.9%, CG 31.7%)
- 181. Item Content Omitted (True; NS 35.3%, CG 36.7%)
- 207. Item Content Omitted (True; NS 66.9%, CG 47.3%)
- 219. Item Content Omitted (True; NS 51.5%, CG 54.9%)
- 267. Item Content Omitted (True; NS 12.9%, CG 32.0%)

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 Test Response: COG=69
- ³ Correlate: COG=69, Ref. 3, 10, 21
- ⁴ Correlate: COG=69, Ref. 21
- ⁵ Correlate: COG=69, Ref. 3, 21
- ⁶ Test Response: SUI=79
- ⁷ Correlate: SUI=79, Ref. 21
- ⁸ Inference: BXD=68; RC9=80
- ⁹ Test Response: RC6=70
- ¹⁰ Correlate: RC6=70, Ref. 1, 3, 4, 11, 15, 19, 21
- ¹¹ Correlate: RC6=70, Ref. 21
- ¹² Test Response: RC8=66
- ¹³ Correlate: RC8=66, Ref. 11, 21
- ¹⁴ Correlate: RC8=66, Ref. 3, 6, 7, 9, 21
- ¹⁵ Correlate: RC8=66, Ref. 6, 7, 9, 20, 21
- ¹⁶ Correlate: BXD=68, Ref. 13, 21
- ¹⁷ Correlate: RC9=80, Ref. 21
- ¹⁸ Correlate: RC9=80, Ref. 8, 15, 17, 18, 20, 21
- ¹⁹ Correlate: RC9=80, Ref. 3, 19, 21
- ²⁰ Correlate: RC9=80, Ref. 3, 11, 16, 21
- ²¹ Correlate: RC9=80, Ref. 16, 21
- ²² Test Response: ACT=67
- ²³ Correlate: RC9=80, Ref. 19, 21; ACT=67, Ref. 21, 23
- ²⁴ Test Response: AGG=67
- ²⁵ Correlate: RC9=80, Ref. 8, 15, 17, 18, 20, 21; AGG=67, Ref. 21
- ²⁶ Test Response: IPP=34
- ²⁷ Correlate: IPP=34, Ref. 2, 12, 21; AGGR-r=74, Ref. 21
- ²⁸ Test Response: SAV=36
- ²⁹ Correlate: SAV=36, Ref. 2, 21; INTR-r=32, Ref. 21
- ³⁰ Test Response: MEC=74
- ³¹ Correlate: MEC=74, Ref. 21
- ³² Test Response: AES=33
- ³³ Correlate: ACT=67, Ref. 23
- ³⁴ Correlate: RC6=70, Ref. 14, 22
- ³⁵ Correlate: RC8=66, Ref. 21
- ³⁶ Inference: RC8=66

Statements based on empirical correlates are linked to specific research references listed at the end of the report.

³⁷ Inference: RC6=70; RC9=80

³⁸ Correlate: ACT=67, Ref. 14, 23

³⁹ Inference: AGG=67

⁴⁰ Inference: SUI=79

⁴¹ Inference: RC9=80

⁴² Inference: RC9=80; ACT=67

⁴³ Inference: COG=69

⁴⁴ Inference: RC6=70

⁴⁵ Inference: BXD=68

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RESEARCH REFERENCE LIST

Sources of statements based on empirical correlates. References are updated as additional studies are published. Highlighted text provides hyperlinks to publications when viewed on an internet-enabled device.

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