Interpretive Report: Clinical Settings

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

ID Number: Mr. I
Age: 36
Gender: Male
Marital Status: Married
Years of Education: Not reported
Date Assessed: 01/13/14
MMPI-2-RF Validity Scales

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

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%

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.

Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659
Mean Score (T-1 SD): 53 52 T 76 60 63 62 63 53 45
Standard Dev (T-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.

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<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 Responses</td>
</tr>
<tr>
<td>Fs</td>
<td>Infrequent Somatic Responses</td>
</tr>
<tr>
<td>FBS-r</td>
<td>Symptom Validity</td>
</tr>
<tr>
<td>RBS</td>
<td>Response Bias Scale</td>
</tr>
<tr>
<td>L-r</td>
<td>Uncommon Virtues</td>
</tr>
<tr>
<td>K-r</td>
<td>Adjustment Validity</td>
</tr>
</tbody>
</table>

ID: Mr. I
Introduction

The MMPI-2-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales define classic dispositional distinctions corresponding to “affect, cognition, and conation” and provide an organizing interpretive framework.

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

### Higher-Order
- EID: Emotional/Internalizing Dysfunction
- THD: Thought Dysfunction
- BXD: Behavioral/Externalizing Dysfunction

### Restructured Clinical
- RCd: Demoralization
- RC1: Somatic Complaints
- RC2: Low Positive Emotions
- RC3: Cynicism
- RC4: Antisocial Behavior
- RC5: Somatic Complaints
- RC6: Ideas of Persecution
- RC7: Dysfunctional Negative Emotions
- RC8: Aberrant Experiences
- RC9: Hypomanic Activation

### Comparison Group Data
- Psychiatric Inpatient, Community Hospital (Men), N = 659
- Mean Score: ( > 1 SD ): 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

### T-Score Floor and Ceiling
- T-score floor and ceiling are conveniently marked for every scale to help you more easily evaluate scores.
MMPI-2-RF Somatic/Cognitive and Internalizing Scales

Measures of self-reported poor health and specific somatic and cognitive complaints.

Measures of emotional dysfunction linked empirically and conceptually to Restructured Clinical Scales RCd (Demoralization) and RC7 (Dysfunctional Negative Emotions)

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS</td>
<td>2</td>
<td>52</td>
<td>100</td>
</tr>
<tr>
<td>GIC</td>
<td>0</td>
<td>46</td>
<td>100</td>
</tr>
<tr>
<td>HPC</td>
<td>0</td>
<td>42</td>
<td>100</td>
</tr>
<tr>
<td>NUC</td>
<td>1</td>
<td>53</td>
<td>100</td>
</tr>
<tr>
<td>COG</td>
<td>5</td>
<td>69</td>
<td>100</td>
</tr>
<tr>
<td>SUI</td>
<td>2</td>
<td>1</td>
<td>100</td>
</tr>
<tr>
<td>HLP</td>
<td>1</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>SFD</td>
<td>0</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>NFC</td>
<td>2</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>STW</td>
<td>0</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>AXY</td>
<td>0</td>
<td>4</td>
<td>100</td>
</tr>
<tr>
<td>ANP</td>
<td>3</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>BRF</td>
<td>0</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>MSF</td>
<td>2</td>
<td>0</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

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 (±1 SD): 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
- GIC: Gastrointestinal Complaints
- HPC: Head Pain Complaints
- NUC: Neurological Complaints
- COG: Cognitive Complaints
- SUI: Suicidal/Death Ideation
- HLP: Helplessness/Hopelessness
- SFD: Self-Doubt
- NFC: Inefficacy
- STW: Stress/Worry
- AXY: Anxiety
- ANP: Anger Proneness
- BRF: Behavior-Restricting Fears
- MSF: Multiple Specific Fears

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).

Measures of specific types of interpersonal functioning.

Measures of two types of general interests.

Raw Score:

<table>
<thead>
<tr>
<th>JCP</th>
<th>SUB</th>
<th>AGG</th>
<th>ACT</th>
<th>FML</th>
<th>IPP</th>
<th>SAV</th>
<th>SHY</th>
<th>DSF</th>
<th>AES</th>
<th>MEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

T Score:

<table>
<thead>
<tr>
<th>JCP</th>
<th>SUB</th>
<th>AGG</th>
<th>ACT</th>
<th>FML</th>
<th>IPP</th>
<th>SAV</th>
<th>SHY</th>
<th>DSF</th>
<th>AES</th>
<th>MEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>55</td>
<td>67</td>
<td>67</td>
<td>49</td>
<td>34</td>
<td>36</td>
<td>47</td>
<td>58</td>
<td>33</td>
<td>74</td>
</tr>
</tbody>
</table>

Response %:

<table>
<thead>
<tr>
<th>JCP</th>
<th>SUB</th>
<th>AGG</th>
<th>ACT</th>
<th>FML</th>
<th>IPP</th>
<th>SAV</th>
<th>SHY</th>
<th>DSF</th>
<th>AES</th>
<th>MEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>86</td>
<td>100</td>
</tr>
</tbody>
</table>

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

Mean Score (Mean + 1SD): 61 61 55 51 57 51 55 53 56 47 54

Standard Dev (Mean ± 1SD): 14 15 13 13 14 11 13 11 15 11 10

Percent scoring at or below test taker:

| JCP | SUB | AGG | ACT | JCP | SUB | AGG | ACT | JCP | SUB | AGG | ACT | JCP | SUB | AGG | ACT | JCP | SUB | AGG | ACT | JCP | SUB | AGG | ACT | JCP | SUB | AGG | ACT | JCP | SUB | AGG | ACT | JCP | SUB | AGG | ACT |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 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.

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

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>Raw Score</th>
<th>T Score</th>
<th>Response %</th>
<th>Comparison Group Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGGR-r</td>
<td>15</td>
<td>74</td>
<td>100</td>
<td>Psychiatric Inpatient, Community Hospital (Men), N = 659</td>
</tr>
<tr>
<td>PSYC-r</td>
<td>5</td>
<td>63</td>
<td>96</td>
<td>Mean Score (−−−−): 50 58 60 58 58</td>
</tr>
<tr>
<td>DISC-r</td>
<td>11</td>
<td>63</td>
<td>95</td>
<td>Standard Dev (±1 SD): 10 17 11 14 15</td>
</tr>
<tr>
<td>NEGE-r</td>
<td>6</td>
<td>49</td>
<td>90</td>
<td>Percent scoring at or below test taker: 99.1 71 64 33 2</td>
</tr>
<tr>
<td>INTR-r</td>
<td>0</td>
<td>32</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Scale</th>
<th>T-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Non-Responsiveness</td>
<td>17</td>
</tr>
<tr>
<td>CNS</td>
<td>48</td>
</tr>
<tr>
<td>VRIN-r</td>
<td>57</td>
</tr>
<tr>
<td>TRIN-r</td>
<td>T</td>
</tr>
<tr>
<td>Over-Reporting</td>
<td>74</td>
</tr>
<tr>
<td>F-r</td>
<td>42</td>
</tr>
<tr>
<td>TRIN-r</td>
<td>66</td>
</tr>
<tr>
<td>Fp-r</td>
<td>32*</td>
</tr>
<tr>
<td>TRIN-r</td>
<td>46</td>
</tr>
<tr>
<td>Under-Reporting</td>
<td>47</td>
</tr>
<tr>
<td>L-r</td>
<td>45*</td>
</tr>
</tbody>
</table>

## Substantive Scales

### Somatic/Cognitive Dysfunction

<table>
<thead>
<tr>
<th>Scale</th>
<th>T-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC1</td>
<td>42</td>
</tr>
<tr>
<td>MLS</td>
<td>52</td>
</tr>
<tr>
<td>GIC</td>
<td>46</td>
</tr>
<tr>
<td>HPC</td>
<td>42</td>
</tr>
<tr>
<td>NUC</td>
<td>53</td>
</tr>
<tr>
<td>COG</td>
<td>69</td>
</tr>
</tbody>
</table>

### Emotional Dysfunction

<table>
<thead>
<tr>
<th>Scale</th>
<th>T-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>EID</td>
<td>43</td>
</tr>
<tr>
<td>RCd</td>
<td>49</td>
</tr>
<tr>
<td>SUI</td>
<td>79</td>
</tr>
<tr>
<td>HLP</td>
<td>52</td>
</tr>
<tr>
<td>SFD</td>
<td>42</td>
</tr>
<tr>
<td>NFC</td>
<td>51</td>
</tr>
</tbody>
</table>

### Thought Dysfunction

<table>
<thead>
<tr>
<th>Scale</th>
<th>T-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>THD</td>
<td>60</td>
</tr>
<tr>
<td>RC6</td>
<td>70</td>
</tr>
</tbody>
</table>

### Behavioral Dysfunction

<table>
<thead>
<tr>
<th>Scale</th>
<th>T-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>BXD</td>
<td>68</td>
</tr>
<tr>
<td>RC4</td>
<td>62</td>
</tr>
<tr>
<td>JCP</td>
<td>50</td>
</tr>
<tr>
<td>SUB</td>
<td>55</td>
</tr>
</tbody>
</table>

### Interpersonal Functioning

<table>
<thead>
<tr>
<th>Scale</th>
<th>T-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>FML</td>
<td>49</td>
</tr>
<tr>
<td>RC3</td>
<td>47*</td>
</tr>
<tr>
<td>IPP</td>
<td>34</td>
</tr>
<tr>
<td>SAV</td>
<td>36</td>
</tr>
<tr>
<td>SHY</td>
<td>47</td>
</tr>
<tr>
<td>DSF</td>
<td>58</td>
</tr>
</tbody>
</table>

### Interests

<table>
<thead>
<tr>
<th>Scale</th>
<th>T-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>AES</td>
<td>33*</td>
</tr>
<tr>
<td>MEC</td>
<td>74</td>
</tr>
</tbody>
</table>

*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

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

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 interpretable\(^1\). 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.

Somatic/Cognitive Dysfunction
The test taker reports a diffuse pattern of cognitive difficulties. He is likely to complain about memory problems, to have low tolerance for frustration, not to cope well with stress, and to experience difficulties in concentration.

Emotional Dysfunction
The test taker reports a history of suicidal ideation and/or attempts. He is likely to be preoccupied with suicide and death and to be at risk for current suicidal ideation and attempts. This risk is exacerbated by poor impulse control.

Thought Dysfunction
The test taker reports significant persecutory ideation such as believing that others seek to harm him. He is likely to be suspicious of and alienated from others, to experience interpersonal difficulties as a result of suspiciousness, and to lack insight.

He reports unusual thought processes. He is likely to experience thought disorganization, to engage in unrealistic thinking, and to believe he has unusual sensory-perceptual abilities.

Behavioral Dysfunction
The test taker’s responses indicate significant externalizing, acting-out behavior, which is likely to have gotten him into difficulties. More specifically, he is very likely to be restless and become bored and to be acutely over-activated as manifested in aggression, mood instability, euphoria, excitability, and sensation-seeking, risk-taking, or other forms of under-controlled, irresponsible behavior. He reports episodes of heightened excitation and energy level and may have a history of symptoms associated with manic or hypomanic episodes. He also reports engaging in physically aggressive, violent behavior and losing control, and is indeed likely to have a history of violent behavior toward others.

Interpersonal Functioning Scales
The test taker describes himself as having strong opinions, as standing up for himself, as assertive and direct, and able to lead others. He is likely to believe he has leadership capabilities, but to be viewed by others as domineering, self-centered, and possibly grandiose. He also reports enjoying social situations and events, and is likely to be perceived as outgoing and gregarious.
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). Individuals who respond in this manner are likely to be adventure- and sensation-seeking. 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).

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
- Cycling mood disorder

Thought Disorders
- Disorders involving persecutory ideation
- Disorders manifesting psychotic symptoms
- Personality disorders manifesting unusual thoughts and perceptions
- Schizoaffective disorder

Behavioral-Externalizing Disorders
- Manic or hypomanic episode or other conditions associated with excessive energy and activation
- Disorders associated with interpersonally aggressive behavior such as intermittent explosive disorder

TREATMENT CONSIDERATIONS

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.
- May require inpatient treatment due to hypomania.
- Need for mood-stabilizing medication.
- Origin of cognitive complaints. May require a neuropsychological evaluation.

Psychotherapy Process Issues
- Persecutory ideation may interfere with forming a therapeutic relationship and treatment compliance.
- Impaired thinking may disrupt treatment.
- Unlikely to be internally motivated for treatment\textsuperscript{45}.
- At significant risk for treatment non-compliance\textsuperscript{45}.
- Excessive behavioral activation may interfere with treatment\textsuperscript{42}.

**Possible Targets for Treatment**

- Mood stabilization in initial stages of treatment\textsuperscript{41}
- Persecutory ideation\textsuperscript{44}
- Inadequate self-control\textsuperscript{45}
- Reduction in interpersonally aggressive behavior\textsuperscript{39}

**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)

**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.*

*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.*
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%)

**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

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 61.1%, 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
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
RESEARCH REFERENCE LIST


PSI/PSI-2 and the MMPI-2-RF. Psychological Assessment, 25, 227-232. doi: 10.1037/a0030313
construct validity of the MMPI-2 Restructured Form (MMPI-2-RF) scale scores. Assessment, 19, 
176-186. doi: 10.1177/1073191111428763
Scales onto normal personality traits: Evidence of construct validity. Journal of Personality 
Assessment, 85, 179-187. doi: 10.1207/s15327752jpa8502_10
Mapping the MMPI-2 Restructured Clinical (RC) Scales onto the five factor model of personality. 
of the MMPI-2 Restructured Clinical (RC) Scales in a batterers' intervention program. Journal of 
Personality Assessment, 90, 129-135. doi: 10.1080/00223890701845153
Restructured Clinical (RC) Scales in a college counseling setting. Journal of Personality 
Assessment, 86, 89-99. doi: 10.1207/s15327752jpa8601_10
Restructured Clinical (RC) Scales in a private practice sample. Journal of Personality Assessment, 
86, 196-205. doi: 10.1207/s15327752jpa8602_09
evaluation of the Restructured Clinical Scales of the MMPI-2. Psychological Assessment, 17, 
345-358. doi: 10.1037/1040-3590.17.3.345
Inventory-2-Restructured Form (MMPI-2-RF): Technical manual. Minneapolis: University of 
Minnesota Press.
MMPI-2 Restructured Form and the standard MMPI-2 Clinical Scales in relation to DSM-IV. 
European Journal of Psychological Assessment. doi: 10.1027/1015-5759/a000140
depressive disorder using the MMPI-2-RF: A receiver operating characteristics (ROC) analysis. 
Journal of Psychopathology and Behavioral Assessment, 33, 368-374. doi: 
10.1007/s10862-010-9212-7

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.