Interpretive Report

MMPI-A-RF™
Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form™

Robert P. Archer, PhD, Richard W. Handel, PhD, Yossef S. Ben-Porath, PhD, & Auke Tellegen, PhD

Name:  Stephen
ID Number:  622932
Age:  15
Gender:  Male
Years of Education:  Not reported
Date Assessed:  10/01/2015

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TRADE SECRET INFORMATION  
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[ 1.0 / 17 / 3.3 ]
Comprehensively assess protocol validity with effective, reliable indicators of random responding, fixed responding, over-reporting, and under-reporting.

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

An optional reporting feature allows you to compare a test taker's scores with those of other adolescents 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-A-RF T scores are non-gendered.

<table>
<thead>
<tr>
<th>Scale</th>
<th>T Score</th>
<th>Mean T Score</th>
<th>Standard Dev (±1 SD)</th>
<th>Percent scoring at or below adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>VRIN-r</td>
<td>2</td>
<td>47</td>
<td>8</td>
<td>67</td>
</tr>
<tr>
<td>TRIN-r</td>
<td>5</td>
<td>51 F</td>
<td>8</td>
<td>47</td>
</tr>
<tr>
<td>CRIN</td>
<td>2</td>
<td>47</td>
<td>8</td>
<td>47</td>
</tr>
<tr>
<td>F-r</td>
<td>4</td>
<td>47</td>
<td>8</td>
<td>46</td>
</tr>
<tr>
<td>L-r</td>
<td>3</td>
<td>50</td>
<td>11</td>
<td>80</td>
</tr>
<tr>
<td>K-r</td>
<td>0</td>
<td>53</td>
<td>11</td>
<td>72</td>
</tr>
</tbody>
</table>

Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

Mean T Score (±1 SD): 47 ± 8

Percent scoring at or below adolescent: 67, 47, 46, 80, 72, 2

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-A-RF T scores are non-gendered.
MMPI-A-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales

The Higher-Order Scales are empirically derived, define classic dispositional distinctions corresponding to “affect, cognition, and conation,” and provide an organizing interpretive framework.

Introduced with the MMPI®-2 in 2003 and integrated into the MMPI-2-RF® in 2008, the RC Scales were adapted for the MMPI-A-RF.

Higher-Order

Restructured Clinical

Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

Mean T Score (≥ 99%): 50 52 52 52 49 51 51 54 53 46 49 47

Standard Dev (≥ 1 SD): 13 12 12 13 11 12 11 12 12 10 11 10

Percent scoring at or below adolescent: 98 69 25 93 74 97 69 35 66 94 78 62

The highest and lowest T scores possible on each scale are indicated by a “---”; MMPI-A-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.
MMPI-A-RF Somatic/Cognitive and Internalizing Scales

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

OCS is a scale unique to the MMPI-A-RF™.

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

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

A legend with scale abbreviations and full names is provided on each profile page for easy reference.
MMPI-A-RF Externalizing and Interpersonal Scales

**Raw Score:**
- FML: 3
- IPP: 1
- SAV: 0
- SHY: 0
- DSF: 2

**T Score:**
- FML: 55
- IPP: 39
- SAV: 38
- SHY: 42
- DSF: 54

**Response %:**
- FML: 100
- IPP: 100
- SAV: 100
- SHY: 100
- DSF: 100

**Comparison Group Data:** Psychiatric Outpatients, National (Boys), N = 6851
- Mean T Score (± SD): 56 ± 14
- Standard Dev (± 1 SD): 53 ± 12
- Percent scoring at or below adolescent: 63 ± 15

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

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

**NSA, ASA, CNP, and NPI are scales unique to the MMPI-A-RF."**
The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-A-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

**Harkness and McNulty's PSY-5 Scales provide a personality-disorder perspective on major dimensions of personality pathology.**

**MMPI-A-RF Personality Psychopathology Five (PSY-5) Scales**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Response %</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGGR-r</td>
<td>4</td>
<td>44</td>
<td>100</td>
</tr>
<tr>
<td>PSYC-r</td>
<td>3</td>
<td>57</td>
<td>100</td>
</tr>
<tr>
<td>DISC-r</td>
<td>3</td>
<td>42</td>
<td>100</td>
</tr>
<tr>
<td>NEGE-r</td>
<td>12</td>
<td>77</td>
<td>100</td>
</tr>
<tr>
<td>INTR-r</td>
<td>12</td>
<td>81</td>
<td>100</td>
</tr>
</tbody>
</table>

**Comparison Group Data:** Psychiatric Outpatients, National (Boys), N = 6851

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean T Score (±1 SD)</th>
<th>Percent scoring at or below adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGGR-r</td>
<td>51 (±13)</td>
<td>37</td>
</tr>
<tr>
<td>PSYC-r</td>
<td>52 (±12)</td>
<td>79</td>
</tr>
<tr>
<td>DISC-r</td>
<td>53 (±12)</td>
<td>19</td>
</tr>
<tr>
<td>NEGE-r</td>
<td>49 (±12)</td>
<td>99</td>
</tr>
<tr>
<td>INTR-r</td>
<td>53 (±13)</td>
<td>97</td>
</tr>
</tbody>
</table>

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-A-RF T scores are non-gendered.
# MMPI-A-RF T Scores (by Domain)

## Protocol Validity

<table>
<thead>
<tr>
<th>Domain</th>
<th>Scale Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content Non-Responsiveness</td>
<td>1 47 50 43</td>
</tr>
<tr>
<td>Over-Reporting</td>
<td>55</td>
</tr>
<tr>
<td>Under-Reporting</td>
<td>56 31</td>
</tr>
</tbody>
</table>

## Substantive Scales

### Somatic/Cognitive Dysfunction

<table>
<thead>
<tr>
<th>Scale</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC1</td>
<td>53</td>
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<tr>
<td>MLS</td>
<td>73</td>
</tr>
<tr>
<td>GIC</td>
<td>58</td>
</tr>
<tr>
<td>HPC</td>
<td>51</td>
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<tr>
<td>NUC</td>
<td>48</td>
</tr>
<tr>
<td>COG</td>
<td>61</td>
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</table>

### Emotional Dysfunction

<table>
<thead>
<tr>
<th>Scale</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC4</td>
<td>74</td>
</tr>
<tr>
<td>HLP</td>
<td>60</td>
</tr>
<tr>
<td>SFD</td>
<td>62</td>
</tr>
<tr>
<td>NFC</td>
<td>74</td>
</tr>
<tr>
<td>RC2</td>
<td>75</td>
</tr>
<tr>
<td>INTR-r</td>
<td>81</td>
</tr>
<tr>
<td>RC7</td>
<td>63</td>
</tr>
<tr>
<td>OCS</td>
<td>53</td>
</tr>
<tr>
<td>STW</td>
<td>64</td>
</tr>
<tr>
<td>AXY</td>
<td>59</td>
</tr>
<tr>
<td>ANP</td>
<td>52</td>
</tr>
<tr>
<td>BRF</td>
<td>43</td>
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<tr>
<td>SPF</td>
<td>50</td>
</tr>
<tr>
<td>NEGE-r</td>
<td>77</td>
</tr>
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</table>

### Thought Dysfunction

<table>
<thead>
<tr>
<th>Scale</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC6</td>
<td>54</td>
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</tbody>
</table>

### Behavioral Dysfunction

<table>
<thead>
<tr>
<th>Scale</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC4</td>
<td>48</td>
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<tr>
<td>NSA</td>
<td>55</td>
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<tr>
<td>ASA</td>
<td>39</td>
</tr>
<tr>
<td>CNP</td>
<td>38</td>
</tr>
<tr>
<td>SUB</td>
<td>42</td>
</tr>
<tr>
<td>NPI</td>
<td>54</td>
</tr>
<tr>
<td>RC9</td>
<td>45</td>
</tr>
<tr>
<td>AGG</td>
<td>40</td>
</tr>
<tr>
<td>AGGR-r</td>
<td>44</td>
</tr>
<tr>
<td>DISC-r</td>
<td>42</td>
</tr>
</tbody>
</table>

### Interpersonal Functioning

<table>
<thead>
<tr>
<th>Scale</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>FML</td>
<td>45</td>
</tr>
<tr>
<td>RC3</td>
<td>52</td>
</tr>
<tr>
<td>IPP</td>
<td>59</td>
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<tr>
<td>SAV</td>
<td>82</td>
</tr>
<tr>
<td>SHY</td>
<td>69</td>
</tr>
<tr>
<td>DSF</td>
<td>58</td>
</tr>
</tbody>
</table>

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

Scale scores shown in bold font are interpreted in the report.

Note: This information is provided to facilitate interpretation following the recommended structure for MMPI-A-RF interpretation in Chapter 7 of the MMPI-A-RF Administration, Scoring, Interpretation, and Technical Manual, which provides details in the text and an outline in Table 7-1.
This interpretive report is intended for use by a professional qualified to interpret the MMPI-A-RF. The information it contains should be considered in the context of the adolescent's background, the circumstances of the assessment, and other available information.

SYNOPSIS

This is a valid MMPI-A-RF protocol. Scores on the substantive scales indicate somatic and cognitive complaints, and emotional and interpersonal dysfunction. Somatic complaints relate to malaise. Cognitive complaints include difficulties in memory and concentration. Emotional-internalizing findings include suicidal ideation, demoralization, depression, generalized negative emotions, helplessness and hopelessness, self-doubt, feelings of inefficacy, and stress and worry. Interpersonal difficulties include social avoidance and social anxiety.

PROTOCOL VALIDITY

Content Non-Responsiveness

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

Ideas of Persecution (RC6): 89%

Inconsistent Responding
The adolescent 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 adolescent 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-A-RF scales, whereas statements that include the word "likely" are based on empirical correlates of scale scores, as reported in Appendix G of the MMPI-A-RF manual. Specific sources for each statement can be accessed with the annotation features of this report.

Somatic/Cognitive Dysfunction

The adolescent reports experiencing poor health, weakness, and/or fatigue\(^1\). He likely presents with multiple somatic complaints\(^2\) and complains of sleeplessness\(^3\) and low energy and fatigue\(^4\).

He reports a diffuse pattern of cognitive complaints\(^5\) and indeed likely experiences attention problems\(^6\), difficulties with concentration\(^7\), and slow speech\(^6\).

Emotional Dysfunction

The adolescent has responded in the keyed direction to one or more of the MMPI-A-RF items related to suicidal ideation or preoccupation with death. Please refer to the Critical Items section of the report. In addition, he received elevated scores on one or more scales that are correlated with suicidal ideation\(^8\) and with suicide attempts or gestures\(^9\).

His responses indicate considerable and pervasive emotional distress that is likely to be perceived as a crisis\(^10\). More specifically, he reports a lack of positive emotional experiences and being socially disengaged\(^11\). He likely experiences anhedonia\(^12\) and psychomotor retardation\(^12\). He is likely difficult to motivate\(^13\) and self-punishing\(^13\).

The adolescent reports feeling sad and being dissatisfied with his current life circumstances\(^14\). He indeed likely feels sad and/or depressed\(^15\) and that life is a strain\(^16\) and has low self-esteem\(^17\). He also reports being indecisive and ineffective in coping with difficulties\(^18\) and likely procrastinates\(^19\). In addition, he reports self-doubt, feelings of uselessness, and poor self-esteem\(^20\). He likely feels inferior\(^21\) and is self-defeating\(^2\), self-degrading\(^22\), and passive\(^23\). He also reports feeling hopeless and helpless\(^24\) and indeed likely feels hopeless\(^25\) and like a failure\(^26\) and believes he gets a raw deal from life\(^26\) and cannot be helped\(^27\). He likely gives up easily\(^26\). He may engage in self-mutilation\(^26\).

He reports an above-average level of negative emotional experiences including remorse and apprehensiveness\(^28\). He likely experiences anxiety\(^29\), nightmares\(^30\), and insecurity\(^30\). He also reports an above-average level of stress and worry\(^31\).

Thought Dysfunction

There are no indications of disordered thinking in this protocol.
Behavioral Dysfunction
There are no indications of maladaptive externalizing behavior in this protocol. The adolescent reports a below-average number of conduct problems.

Interpersonal Functioning Scales
The adolescent reports substantial social avoidance and withdrawal and very likely has few or no friends. He very likely is introverted and socially withdrawn and isolated. He also very likely is socially awkward, may be bullied by peers, and may be uncomfortable with the opposite sex. He also reports being shy, easily embarrassed, and uncomfortable around others. He indeed likely is shy.

DIAGNOSTIC CONSIDERATIONS

This section provides recommendations for psychodiagnostic assessment based on the adolescent's MMPI-A-RF results. It is recommended that he be evaluated for the following:

Emotional-Internalizing Disorders
- Somatic Symptom Disorder and related disorders, if physical origins for malaise have been ruled out
- Internalizing disorders
- Depression-related disorders and other conditions characterized by anhedonia
- Anxiety-related disorders
- Stress-related disorders

Behavioral-Externalizing Disorders
- Attention Deficit/Hyperactivity Disorder (ADHD) and related neurodevelopmental disorders

Interpersonal Disorders
- Disorders associated with social avoidance
- Social Anxiety Disorder

TREATMENT CONSIDERATIONS

This section provides inferential treatment-related recommendations based on the adolescent's MMPI-A-RF scores.

Areas for Further Evaluation
- Evaluate risk for self-harm.
- May require inpatient treatment due to significant depression.
- Evaluate need for antidepressant medication.
- Explore origin of cognitive complaints. This may require a neuropsychological evaluation.
Psychotherapy Process Issues
- Malaise may impede his willingness or ability to engage in treatment.
- Emotional difficulties may motivate him for treatment.
- Significant lack of positive emotions and social isolation may interfere with engagement in therapy.

Possible Targets for Treatment
- Pronounced anhedonia
- Psychological distress as an initial target
- Passivity and indecisiveness
- Low self-esteem and lack of confidence
- Feelings of hopelessness and helplessness
- Dysfunctional negative emotions
- Stress management
- Social avoidance
- Social anxiety

ITEM-LEVEL INFORMATION

Unscorable Responses
Following is a list of items to which the adolescent 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.

26. Item Content Omitted. (TRIN-r, CRIN, THD, RC6)

Critical Responses
Six MMPI-A-RF scales—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 adolescent in the keyed direction (True or False) on a critical scale are listed below if his T score on that scale is 60 or higher. The percentage of the MMPI-A-RF normative sample (NS) and of the Psychiatric Outpatients, National (Boys) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Helplessness/Hopelessness (HLP, T Score = 60)

56. Item Content Omitted. (False; NS 31.6%, CG 28.1%)
60. Item Content Omitted. (True; NS 39.9%, CG 30.2%)
169. Item Content Omitted. (False; NS 17.1%, CG 19.0%)
228. Item Content Omitted. (True; NS 35.6%, CG 33.3%)
239. Item Content Omitted. (True; NS 40.9%, CG 49.1%)
Critical Items (Forbey & Ben-Porath)

The MMPI-A-RF contains a number of items whose content may indicate the presence of psychological problems when endorsed in the deviant direction. These "critical items" are adopted from the ones designated by Forbey and Ben-Porath for the MMPI-A (for details, see Forbey, J.D., & Ben-Porath, Y.S. [1998] A critical item set for the MMPI-A. Minneapolis, MN: University of Minnesota Press). Responses to critical items may provide an additional source of hypotheses about the adolescent; however, they should be used with caution because single item responses are unreliable. The percentage of the MMPI-A-RF normative sample (NS) and of the Psychiatric Outpatients, National (Boys) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Anxiety
   170. Item Content Omitted. (True; NS 12.4%, CG 23.3%)

Cognitive Problems
   126. Item Content Omitted. (True; NS 17.0%, CG 20.2%)

Conduct Problems
   111. Item Content Omitted. (True; NS 24.6%, CG 25.5%)

Depression/Suicidal Ideation
   46. Item Content Omitted. (True; NS 30.3%, CG 23.9%)
   69. Item Content Omitted. (True; NS 20.1%, CG 26.0%)

Hallucinatory Experiences
   108. Item Content Omitted. (True; NS 12.0%, CG 12.9%)

School Problems
   40. Item Content Omitted. (True; NS 22.3%, CG 36.7%)

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.
This section lists for each statement in the report the MMPI-A-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. Validity data supporting the correlate-based statements may be found in the MMPI-A-RF Administration, Scoring, Interpretation, and Technical Manual.

1 Test Response: MLS=73
2 Correlate: MLS=73; COG=61
3 Correlate: MLS=73; STW=64
4 Correlate: RC2=75; MLS=73; INTR-r=81
5 Test Response: COG=61
6 Correlate: COG=61
7 Correlate: RCd=74; RC7=63; MLS=73; COG=61; STW=64; NEGE-r=77
8 Correlate: RC7=63; HLP=60; SFD=62; NEGE-r=77
9 Correlate: SFD=62
10 Correlate: EID=80
11 Test Response: RC2=75; INTR-r=81
12 Correlate: RC2=75; INTR-r=81
13 Correlate: RC2=75
14 Test Response: RCd=74
15 Correlate: RCd=74; RC2=75; HLP=60; SFD=62; NEGE-r=77; INTR-r=81
16 Correlate: RCd=74
17 Correlate: RCd=74; RC2=75; RC7=63; HLP=60; NEGE-r=77; INTR-r=81
18 Test Response: NFC=74
19 Correlate: NFC=74
20 Test Response: SFD=62
21 Correlate: SFD=62; SHY=69
22 Correlate: RC2=75; SFD=62
23 Correlate: SFD=62; NFC=74
24 Test Response: HLP=60
25 Correlate: RC2=75; HLP=60
26 Correlate: HLP=60
27 Correlate: HLP=60; INTR-r=81
28 Test Response: RC7=63; NEGE-r=77
29 Correlate: RCd=74; RC7=63; HLP=60; NFC=74; STW=64; NEGE-r=77
30 Correlate: RC7=63
31 Test Response: STW=64
32 Test Response: CNP=38
33 Test Response: SAV=82
34 Correlate: SAV=82; SHY=69
35 Correlate: RC2=75; SFD=62; SAV=82; SHY=69; INTR-r=81
36 Correlate: RC2=75; SAV=82; SHY=69; INTR-r=81
37 Correlate: SAV=82
38 Test Response: SHY=69
39 Correlate: SHY=69
40 Inference: MLS=73
41 Inference: EID=80
42 Inference: RCd=74; RC2=75; HLP=60; SFD=62; NEGE-r=77; INTR-r=81
43 Inference: RC2=75
44 Inference: RC7=63; NEGE-r=77; INTR-r=81
45 Inference: STW=64
46 Inference: COG=61
47 Inference: SAV=82
48 Inference: SHY=69
49 Inference: RC7=63; HLP=60; SFD=62
50 Inference: EID=80; RCd=74; RC7=63; NEGE-r=77
51 Inference: RCd=74
52 Inference: NFC=74
53 Inference: SFD=62
54 Inference: HLP=60
55 Inference: RC7=63; NEGE-r=77

End of Report

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