



Minnesota Multiphasic
Personality Inventory-2
Restructured Form®

SAMPLE REPORT

Case Description: Mr. I — Psychiatric Inpatient Interpretive Report

Mr. I is a 46-year-old, married man admitted for inpatient treatment after presenting with psychotic thinking and assaultive behavior. At intake, he described a recent pattern of decreased sleep and presented with bizarre delusional thinking, religious preoccupation, visual hallucinations, and tangential and circumstantial thinking. He had previously been diagnosed with Schizophrenia and Schizoaffective Disorder.

Case descriptions do not accompany MMPI-2-RF reports, but are provided here as background information. The following report was generated from Q-global™, Pearson's web-based scoring and reporting application, using Mr. I.'s responses to the MMPI-2-RF. Additional MMPI-2-RF sample reports, product offerings, training opportunities, and resources can be found at [PearsonClinical.com/mmpi2rf](https://www.pearsonclinical.com/mmpi2rf).

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Minnesota Multiphasic
Personality Inventory-2
Restructured Form®

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:	1/13/14



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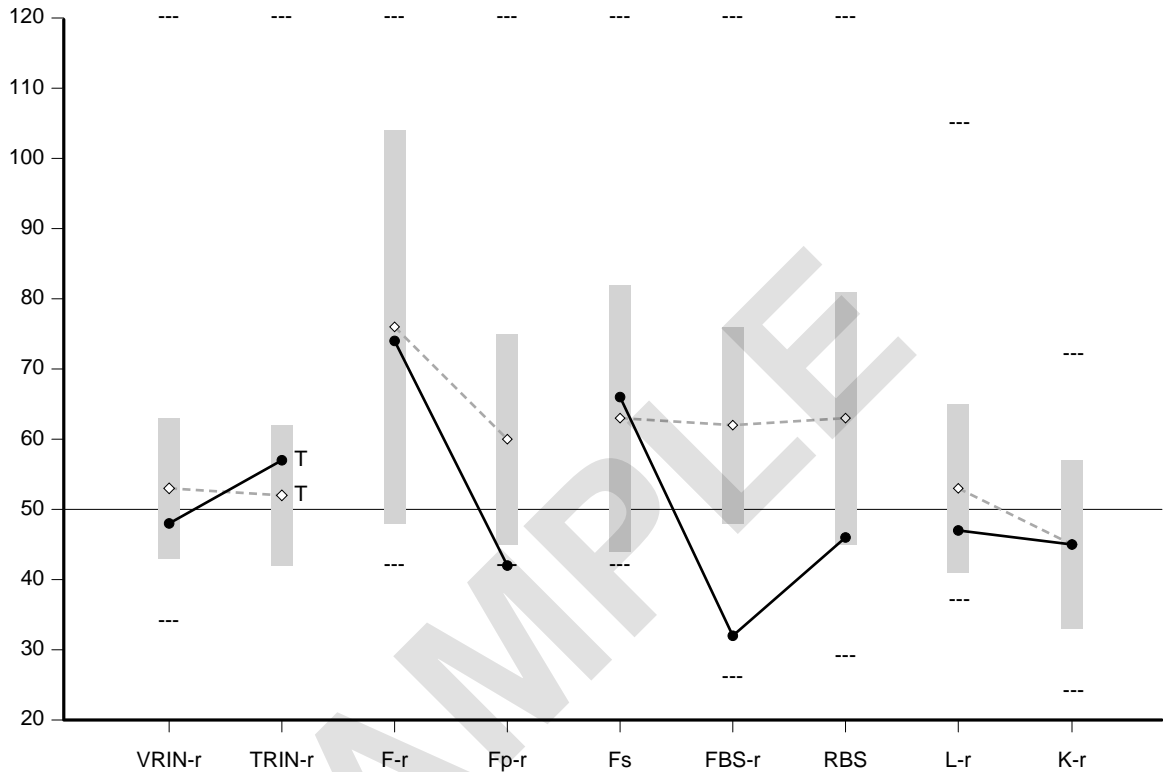
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[2.2 / 1 / QG]

MMPI-2-RF Validity Scales



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%

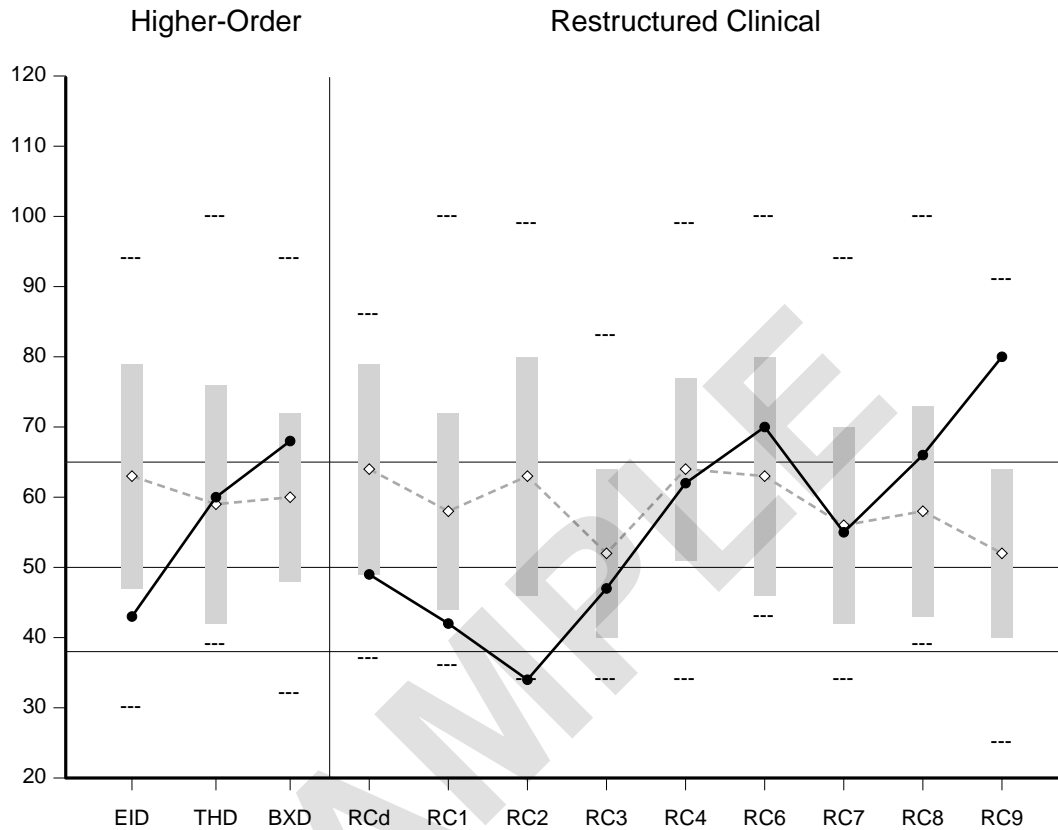
Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

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

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



	EID	THD	BXD	RCd	RC1	RC2	RC3	RC4	RC6	RC7	RC8	RC9
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

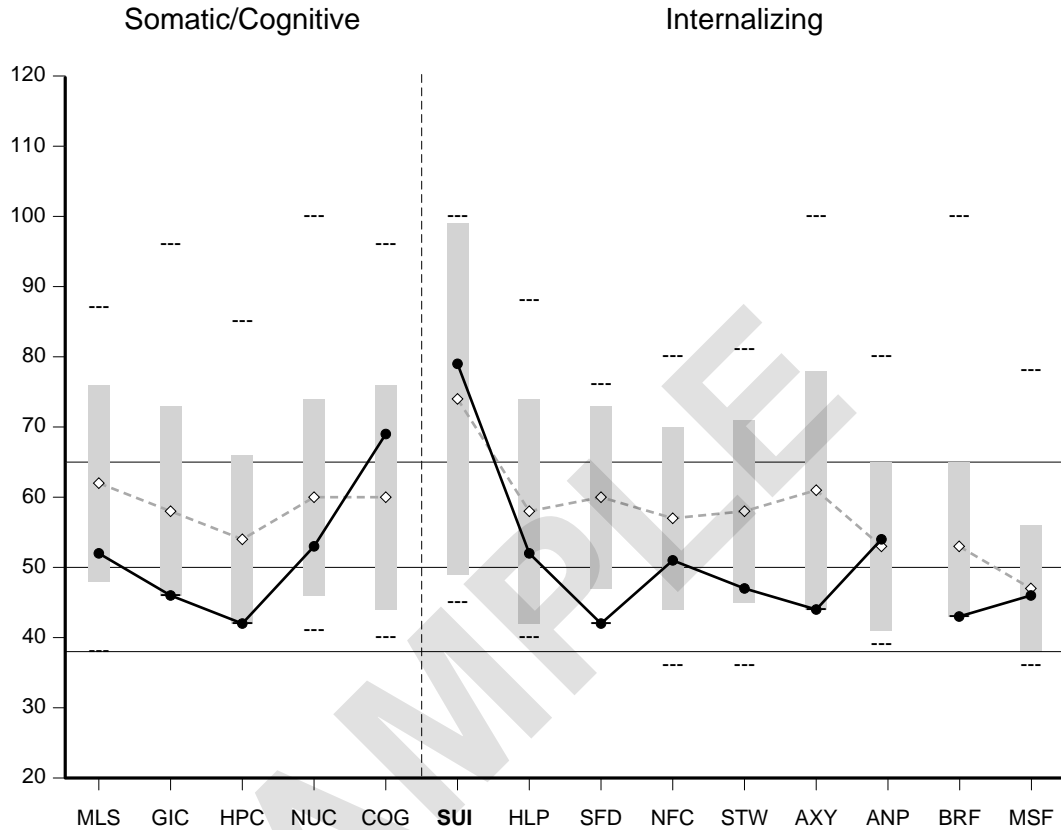
Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

	EID	THD	BXD	RCd	RC1	RC2	RC3	RC4	RC6	RC7	RC8	RC9
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

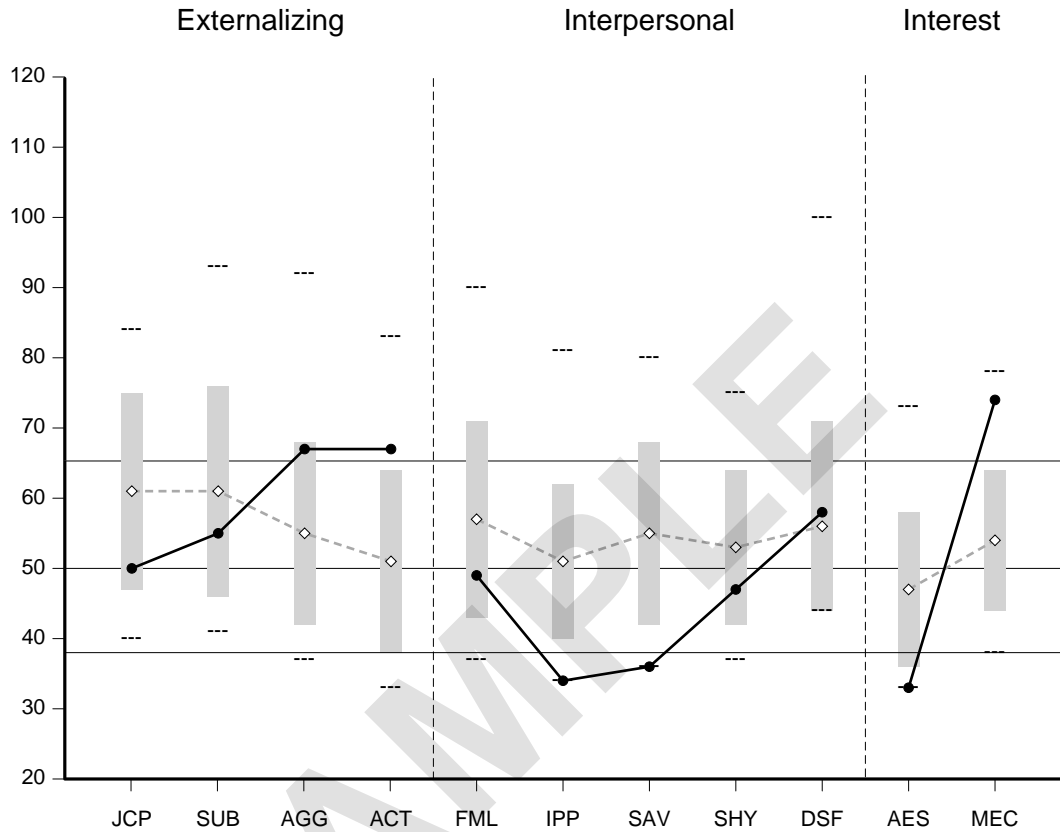
Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

Mean Score (◇--◇):	62	58	54	60	60	74	58	60	57	58	61	53	53	47
Standard Dev (±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	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		

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



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

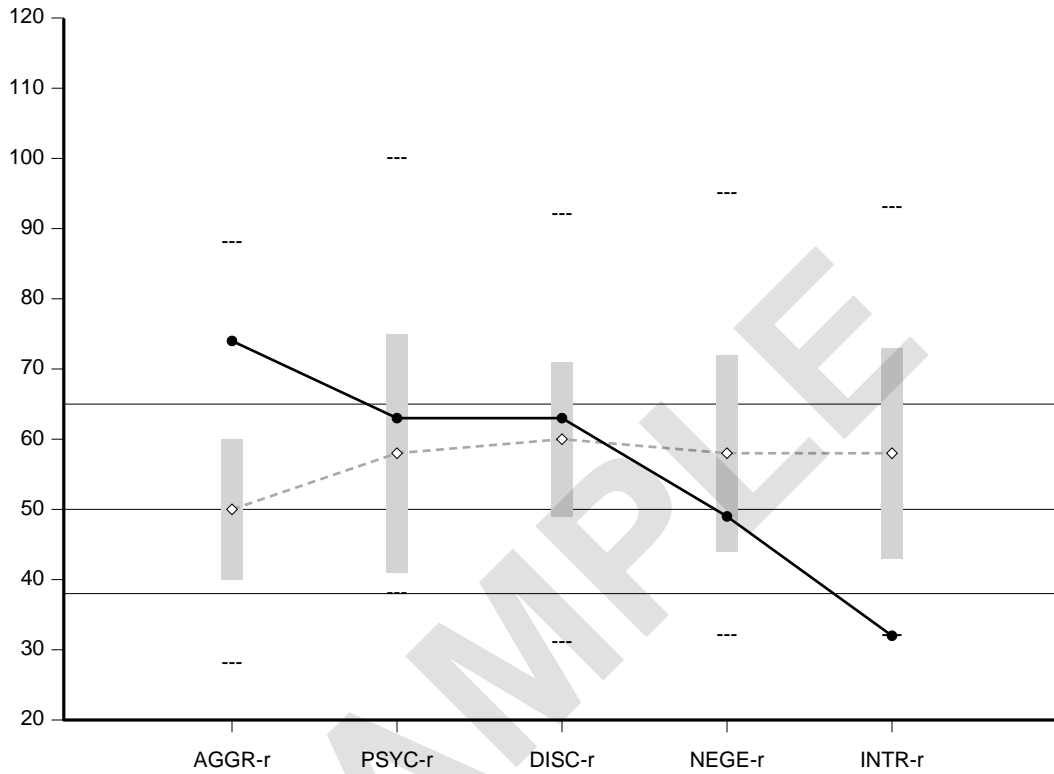
Comparison Group Data: Psychiatric Inpatient, Community Hospital (Men), N = 659

Mean Score (◇---◇):	61	61	55	51	57	51	55	53	56	47	54
Standard Dev (±1 SD):	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		

MMPI-2-RF PSY-5 Scales



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	Introversiion/Low Positive Emotionality-Revised

MMPI-2-RF T SCORES (BY DOMAIN)

PROTOCOL VALIDITY

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

SUBSTANTIVE SCALES

Somatic/Cognitive Dysfunction	42	52	46	42	53	69		
	RC1	MLS	GIC	HPC	NUC	COG		
Emotional Dysfunction	43	49	79	52	42	51		
	EID	RCd	SUI	HLP	SFD	NFC		
		34	32					
		RC2	INTR-r					
		55	47	44	54	43	46	49
		RC7	STW	AXY	ANP	BRF	MSF	NEGE-r
Thought Dysfunction	60	70						
	THD	RC6						
		66						
		RC8						
		63						
		PSYC-r						
Behavioral Dysfunction	68	62	50	55				
	BXD	RC4	JCP	SUB				
		80	67	67	74	63		
		RC9	AGG	ACT	AGGR-r	DISC-r		
Interpersonal Functioning	49	47*	34	36	47	58		
		FML	RC3	IPP	SAV	SHY	DSF	
Interests	33*	74						
	AES	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

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 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.

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.

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

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

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. (FBS-r, K-r, RC3)
- 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)

ITEMS
NOT
SHOWN

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.

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%)

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%)

ITEMS
NOT
SHOWN

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.

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 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%)



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.

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

SAMPLE

RESEARCH REFERENCE LIST

1. Arbisi, P. A., Sellbom, M., & Ben-Porath, Y. S. (2008). Empirical correlates of the MMPI-2 Restructured Clinical (RC) Scales in psychiatric inpatients. *Journal of Personality Assessment, 90*, 122-128. [doi: 10.1080/00223890701845146](https://doi.org/10.1080/00223890701845146)
2. Ayearst, L. E., Sellbom, M., Trobst, K. K., & Bagby, R. M. (2013). Evaluating the interpersonal content of the MMPI-2-RF Interpersonal Scales. *Journal of Personality Assessment, 95*, 187-196. [doi: 10.1080/00223891.2012.730085](https://doi.org/10.1080/00223891.2012.730085)
3. Burchett, D. L., & Ben-Porath, Y. S. (2010). The impact of over-reporting on MMPI-2-RF substantive scale score validity. *Assessment, 17*, 497-516. [doi: 10.1177/1073191110378972](https://doi.org/10.1177/1073191110378972)
4. Cox, A, Pant, H., Gilson, A. N., Rodriguez, J. L., Young, K. R., Kwon, S., & Weed, N. C., (2012). Effects of augmenting response options on MMPI-2 RC Scale psychometrics. *Journal of Personality Assessment, 94*, 613-619. [doi: 10.1080/00223891.2012.700464](https://doi.org/10.1080/00223891.2012.700464)
5. Dragon, W. R., Ben-Porath, Y. S., & Handel, R. H. (2012). Examining the impact of unscorable item responses on the validity and interpretability of MMPI-2/MMPI-2-RF Restructured Clinical (RC) Scale scores. *Assessment, 19*, 101-113. [doi: 10.1177/1073191111415362](https://doi.org/10.1177/1073191111415362)
6. Forbey, J. D., Arbisi, P. A., & Ben-Porath, Y. S. (2012). The MMPI-2 computer adaptive version (MMPI-2-CA) in a VA medical outpatient facility. *Psychological Assessment, 24*, 628-639. [doi: 10.1037/a0026509](https://doi.org/10.1037/a0026509)
7. Forbey, J. D., & Ben-Porath, Y. S. (2007). A comparison of the MMPI-2 Restructured Clinical (RC) and Clinical Scales in a substance abuse treatment sample. *Psychological Services, 4*, 46-58. [doi: 10.1037/1541-1559.4.1.46](https://doi.org/10.1037/1541-1559.4.1.46)
8. Forbey, J. D., & Ben-Porath, Y. S. (2008). Empirical correlates of the MMPI-2 Restructured Clinical (RC) Scales in a non-clinical setting. *Journal of Personality Assessment, 90*, 136-141. [doi: 10.1080/00223890701845161](https://doi.org/10.1080/00223890701845161)
9. Forbey, J. D., Ben-Porath, Y. S., & Gartland, D. (2009). Validation of the MMPI-2 Computerized Adaptive Version (MMPI-2-CA) in a correctional intake facility. *Psychological Services, 6*, 279-292. [doi: 10.1037/a0016195](https://doi.org/10.1037/a0016195)
10. Gervais, R. O., Ben-Porath, Y. S., & Wygant, D. B. (2009). Empirical correlates and interpretation of the MMPI-2-RF Cognitive Complaints scale. *The Clinical Neuropsychologist, 23*, 996-1015. [doi: 10.1080/13854040902748249](https://doi.org/10.1080/13854040902748249)
11. Handel, R. W., & Archer, R. P. (2008). An investigation of the psychometric properties of the MMPI-2 Restructured Clinical (RC) Scales with mental health inpatients. *Journal of Personality Assessment, 90*, 239-249. [doi: 10.1080/00223890701884954](https://doi.org/10.1080/00223890701884954)
12. Kastner, R. M., Sellbom, M., & Lilienfeld, S. O. (2012). A comparison of the psychometric properties of the Psychopathic Personality Inventory full-length and short-form versions. *Psychological Assessment, 24*, 261-267. [doi: 10.1037/a0025832](https://doi.org/10.1037/a0025832)

13. Lanyon, R. I., & Thomas, M. L. (2013). Assessment of global psychiatric categories: The PSI/PSI-2 and the MMPI-2-RF. *Psychological Assessment, 25*, 227-232. [doi: 10.1037/a0030313](https://doi.org/10.1037/a0030313)
14. Sellbom, M., Bagby, R. M., Kushner, S., Quilty, L. C., & Ayearst, L. E. (2011). Diagnostic construct validity of the MMPI-2 Restructured Form (MMPI-2-RF) scale scores. *Assessment, 19*, 176-186. [doi: 10.1177/1073191111428763](https://doi.org/10.1177/1073191111428763)
15. Sellbom, M., & Ben-Porath, Y. S. (2005). Mapping the MMPI-2 Restructured Clinical (RC) Scales onto normal personality traits: Evidence of construct validity. *Journal of Personality Assessment, 85*, 179-187. [doi: 10.1207/s15327752jpa8502_10](https://doi.org/10.1207/s15327752jpa8502_10)
16. Sellbom, M., Ben-Porath, Y. S., & Bagby, R. M. (2008). Personality and psychopathology: Mapping the MMPI-2 Restructured Clinical (RC) Scales onto the five factor model of personality. *Journal of Personality Disorders, 22*, 291-312. [doi: 10.1521/pedi.2008.22.3.291](https://doi.org/10.1521/pedi.2008.22.3.291)
17. Sellbom, M., Ben-Porath, Y. S., Baum, L. J., Erez, E., & Gregory, C. (2008). Predictive validity of the MMPI-2 Restructured Clinical (RC) Scales in a batterers' intervention program. *Journal of Personality Assessment, 90*, 129-135. [doi: 10.1080/00223890701845153](https://doi.org/10.1080/00223890701845153)
18. Sellbom, M., Ben-Porath, Y. S., & Graham, J. R. (2006). Correlates of the MMPI-2 Restructured Clinical (RC) Scales in a college counseling setting. *Journal of Personality Assessment, 86*, 89-99. [doi: 10.1207/s15327752jpa8601_10](https://doi.org/10.1207/s15327752jpa8601_10)
19. Sellbom, M., Graham, J. R., & Schenk, P. (2006). Incremental validity of the MMPI-2 Restructured Clinical (RC) Scales in a private practice sample. *Journal of Personality Assessment, 86*, 196-205. [doi: 10.1207/s15327752jpa8602_09](https://doi.org/10.1207/s15327752jpa8602_09)
20. Simms, L. J., Casillas, A., Clark, L. A., Watson, D., & Doebbeling, B. I. (2005). Psychometric evaluation of the Restructured Clinical Scales of the MMPI-2. *Psychological Assessment, 17*, 345-358. [doi: 10.1037/1040-3590.17.3.345](https://doi.org/10.1037/1040-3590.17.3.345)
21. Tellegen, A., & Ben-Porath, Y. S. (2008/2011). *The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF): Technical manual*. Minneapolis: University of Minnesota Press.
22. Van der Heijden, P. T., Egger, J. I. M., Rossi, G., Grundel, G., & Derksen, J. J. L. (2012). The MMPI-2 Restructured Form and the standard MMPI-2 Clinical Scales in relation to DSM-IV. *European Journal of Psychological Assessment, 28*, 1-10. [doi: 10.1027/1015-5759/a000140](https://doi.org/10.1027/1015-5759/a000140)
23. Watson, C., Quilty, L. C., & Bagby, R. M. (2011). Differentiating bipolar disorder from major 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](https://doi.org/10.1007/s10862-010-9212-7)

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