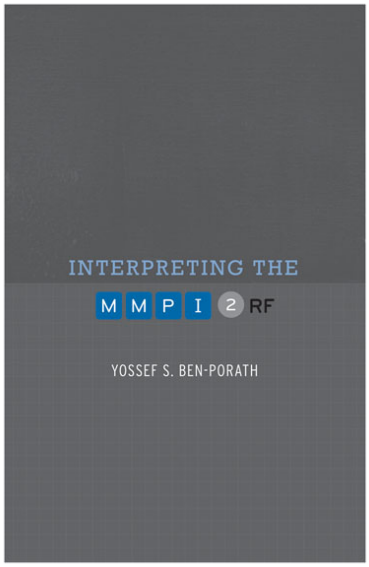
TRAINING SLIDES FOR:

INTERPRETING THE MMPI-2-RF



CHAPTERS 6-8:

- INTERPRETING THE MMPI-2-RF VALIDITY SCALES
- INTERPRETING THE MMPI-2-RF SUBSTANTIVE SCALES
- INTERPRETING THE MMPI-2-RF: RECOMMENDED FRAMEWORK AND PROCESS

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MMPI-2-RF Interpretation

- Scale-by-scale interpretive recommendations in:
  - Chapter 6 - Validity Scales

INTERPRETING THE MMPI 2 RF

Table 6-2. VRIN-r (Variable Response Inconsistency) Interpretation

T Score	Protocol Validity Concerns	Possible Reasons for Score	Interpretive Implications
≥ 80	The protocol is invalid because of excessive variable response inconsistency.	Reading or language limitations Cognitive impairment Errors in recording responses Intentional random responding An uncooperative test-taking approach	The protocol is uninterpretable.
70–79	There is some evidence of variable response inconsistency.	Reading or language limitations Cognitive impairment Errors in recording responses Carelessness	Scores on the Validity and substantive scales should be interpreted with some caution.
39–69	There is evidence of consistent responding.	The test-taker was able to comprehend and respond relevantly to the test items.	The protocol is interpretable.
30–38	There is evidence of remarkably consistent responding.	The test-taker was deliberate in his or her approach to the assessment.	The protocol is interpretable.

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MMPI-2-RF Interpretation

- Scale-by-scale interpretive recommendations in:
  - Chapter 6 - Validity Scales
  - Chapter 7 - Substantive Scales

INTERPRETING THE MMPI 2 RF

Table 7-5. RC1 (Somatic Complaints) Interpretation

Clinical Symptoms, Behavioral Tendencies, and Personality Characteristics
Test Responses
T score < 39
Reports a sense of well-being
T score 65–79
Reports multiple somatic complaints that may include head pain, neurological, and gastrointestinal symptoms
T score ≥ 80
Reports a diffuse pattern of somatic complaints involving different bodily systems that probably include head pain and neurological and gastrointestinal symptoms
Empirical Correlates
Is preoccupied with physical health concerns
Is prone to developing physical symptoms in response to stress
Has a psychological component to his or her somatic complaints
Complains of fatigue
Presents with multiple somatic complaints
Diagnostic Considerations
Evaluate for somatoform disorder (consider a conversion disorder if RC3 ≤ 39 and SHY ≤ 39)
Treatment Considerations
Is likely to reject psychological interpretations of somatic complaints

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MMPI-2-RF Interpretation

- Scale-by-scale interpretive recommendations in:
  - Chapter 6 - Validity Scales
  - Chapter 7 - Substantive Scales
- Framework and Process for MMPI-2-RF Interpretation (Chapter 8)
  - Framework and Sources

INTERPRETING THE MMPI 2 RF

Table 8-1. Recommended Framework and Sources of Information for MMPI-2-RF Interpretation

Domains	MMPI-2-RF sources
I. Protocol validity	
a. Content nonresponsiveness	CNS, VRIN-r, TRIN-r
b. Overreporting	F-r, Fp-r, Fs, FBS-r, RBS
c. Underreporting	L-r, K-r
II. Substantive scale findings	
a. Somatic/cognitive dysfunction	RC1, MLS, GIC, HPC, NUC, COG
b. Emotional dysfunction	EID, RCd, RC2, RC7, SUI, HLP, SFD, NFC, STW, AXY, ANP, BRF, MSF, NEGE-r, INTR-r
c. Thought dysfunction	THD, RC6, RC8, PSYC-r
d. Behavioral dysfunction	BXD, RC4, RC9, JCP, SUB, AGG, ACT, AGGR-r, DISC-r
e. Interpersonal functioning	FML, RC3, IPP, SAV, SHY, DSF, INTR-r
f. Interests	AES, MEC
g. Diagnostic considerations	Most substantive scales
h. Treatment recommendations	All substantive scales

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MMPI-2-RF Interpretation

- Scale-by-scale interpretive recommendations in:
  - Chapter 6 - Validity Scales
  - Chapter 7 - Substantive Scales
- Framework and Process for MMPI-2-RF Interpretation (Chapter 8)
  - Framework and Sources
  - Interpretation Worksheet

MMPI-2-RF® Interpretation Worksheet

Protocol Validity

Content Non-Responsiveness CNS ____ VRIN-r ____ TRIN-r ____

Overreporting F-r ____ Fp-r ____ Fs ____ FBS-r ____ RBS ____

Underreporting L-r ____ K-r ____

Figure 8-1. MMPI-2-RF interpretation worksheet.

Substantive Scale Interpretation

Somatic/Cognitive Dysfunction RC1 ____ GIC ____ NUC ____
MLS ____ HPC ____ COG ____

_____

_____

_____

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_____

Emotional Dysfunction EID ____ RCd ____ RC2 ____ RC7 ____
SUI ____ INT-r ____ STW ____
HLP ____ AXY ____
SFD ____ ANP ____
NFC ____ BRF ____
MSF ____
NEGE-r ____

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Figure 8-1. MMPI-2-RF interpretation worksheet, continued.

Thought Dysfunction THD ____ RC6 ____ RC8 ____ PSYC-r ____

Behavioral Dysfunction BXD ____ RC4 ____ RC9 ____ AGGR-r____
JCP ____ AGG ____ DISC-r ____
SUB ____ ACT ____

Interpersonal Functioning:
FML ____ RC3 ____ IPP ____ SAV ____ SHY ____ DSF ____

Figure 8-1. MMPI-2-RF Interpretation worksheet, continued.

Interests: AES ____ MEC ____

Diagnostic Considerations

Treatment Considerations

Figure 8-1. MMPI-2-RF Interpretation worksheet, continued.

MMPI-2-RF Interpretation

- Scale-by-scale interpretive recommendations in:
  - Chapter 6 - Validity Scales
  - Chapter 7 - Substantive Scales
- Framework and Process for MMPI-2-RF Interpretation (Chapter 8)
  - Framework and Sources
  - Interpretation Worksheet
- Validity Scale Interpretation
  - Threats to Protocol Validity and Confounds

INTERPRETING THE MMPI 2 RF

Table 6-11. MMPI-2-RF Validity Scales: Threats to Protocol Validity and Confounds

Threat	Scale									
	CNS	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Non-Content Based										
Non-responding	×	–	–	–	–	–	–	–	–	–
Random Responding		×		+	+	+	+	+	+	+
Fixed "True" Responding			×	+	+	+	+	+	–	–
Fixed "False" Responding			×	+	+	+	+	+	+	+
Content-Based										
Over-reporting				×	×	×	×	×		
Under-reporting									×	×
Extra-Test Confounds										
Psychopathology				+	+	+	+	+		
Medical Conditions						+	+			
Traditional Upbringing									+	
Good Adjustment										+

Note. × = Scale designed to assesses this threat; + = Confound artifactually increases score; – = Confound artifactually lowers score. Shaded area identifies confounds that can invalidate scores on the corresponding Validity Scales.

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Table 6-4. F-r (Infrequent Responses) Interpretation

T Score	Protocol Validity Concerns	Possible Reasons for Score	Interpretive Implications
120	The protocol is invalid. Over-reporting is reflected in an excessive number of infrequent responses.	Inconsistent responding Over-reporting	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of infrequent responding is uncommon even in individuals with genuine, severe psychological difficulties who report credible symptoms. Scores on the substantive scales should not be interpreted.
100–119	The protocol may be invalid. Over-reporting of psychological dysfunction is indicated by a considerably larger than average number of infrequent responses.	Inconsistent responding Severe psychopathology Severe emotional distress Over-reporting	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of infrequent responding may occur in individuals with genuine, severe psychological difficulties who report credible symptoms. However, for individuals with no history or current corroborating evidence of dysfunction, it most likely indicates over-reporting.
90–99	Possible over-reporting of psychological dysfunction is indicated by a much larger than average number of infrequent responses.	Inconsistent responding Significant psychopathology Significant emotional distress Over-reporting	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of infrequent responding may occur in individuals with genuine, substantial psychological difficulties who report credible symptoms. However, for individuals with no history or current corroborating evidence of dysfunction, it very likely indicates over-reporting.
79–89	Possible over-reporting of psychological dysfunction is indicated by a larger than average number of infrequent responses.	Inconsistent responding Significant psychopathology Significant emotional distress Over-reporting	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of infrequent responding may occur in individuals with genuine psychological difficulties who report credible symptoms. However, for individuals with no history or current corroborating evidence of dysfunction, it probably indicates over-reporting.
< 79	There is no evidence of over-reporting.		The protocol is interpretable.

INTERPRETING THE MMPI 2 RF

Table 6-6. Fs (Infrequent Somatic Responses) Interpretation

T Score	Protocol Validity Concerns	Possible Reasons for Score	Interpretive Implications
≥ 100	Scores on the Somatic Scales may be invalid. Over-reporting of somatic symptoms is reflected in the assertion of a considerably larger than average number of somatic symptoms rarely described by individuals with genuine medical problems.	Inconsistent responding Over-reporting of somatic complaints	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of infrequent responding is very uncommon even in individuals with substantial medical problems who report credible symptoms. Scores on the somatic scales should be interpreted in light of this caution.
80–99	Possible over-reporting of somatic symptoms is reflected in the assertion of a much larger than average number of somatic symptoms rarely described by individuals with genuine medical problems.	Inconsistent responding Significant and/or multiple medical conditions Over-reporting of somatic complaints	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level and type of infrequent responding may occur in individuals with substantial medical conditions who report credible symptoms, but it could also reflect exaggeration. In individuals with no history or corroborating evidence of physical health problems, this probably indicates non-credible reporting of somatic symptoms. Scores on the somatic scales should be interpreted in light of this caution.
< 80	There is no evidence of over-reporting.		The protocol is interpretable.

Table 6-9. L-r (Uncommon Virtues) Interpretation

T Score	Protocol Validity Concerns	Possible Reasons for Score	Interpretive Implications
≥ 80	The protocol may be invalid. Under-reporting is indicated by the test-taker presenting himself or herself in an extremely positive light by denying many minor faults and shortcomings that most people acknowledge.	Inconsistent responding Under-reporting	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of virtuous self-presentation is very uncommon even in individuals with a background stressing traditional values. Any absence of elevation on the substantive scales is uninterpretable. Elevated scores on the substantive scales may underestimate the problems assessed by those scales.
70–79	Possible under-reporting is indicated by the test-taker presenting himself or herself in a very positive light by denying several minor faults and shortcomings that most people acknowledge.	Inconsistent responding Traditional upbringing Under-reporting	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of virtuous self-presentation is uncommon, but may, to some extent, reflect a background stressing traditional values. Any absence of elevation on the substantive scales should be interpreted with caution. Elevated scores on the substantive scales may underestimate the problems assessed by those scales.
65–69	Possible under-reporting is indicated by in the test-taker presenting himself or herself in a positive light by denying some minor faults and shortcomings that most people acknowledge.	Inconsistent responding Traditional upbringing Under-reporting	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of virtuous self-presentation may reflect a background stressing traditional values. Any absence of elevation on the substantive scales should be interpreted with caution. Elevated scores on the substantive scales may underestimate the problems assessed by those scales.
< 65	There is no evidence of under-reporting		The protocol is interpretable.

INTERPRETING THE MMPI 2 RF

Table 6-10. K-r (Adjustment Validity) Interpretation

T Score	Protocol Validity Concerns	Possible Reasons for Score	Interpretive Implications
≥ 70	Under-reporting is indicated by the test-taker presenting herself or himself as remarkably well adjusted.	Inconsistent responding Under-reporting	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of psychological adjustment is rare in the general population. Any absence of elevation on the substantive scales should be interpreted with caution. Elevated scores on the substantive scales may underestimate the problems assessed by those scales.
66–69	Possible under-reporting is reflected in the test-taker presenting himself or herself as very well adjusted.	Inconsistent responding Very good psychological adjustment Under-reporting	Inconsistent responding should be considered by examining the VRIN-r and TRIN-r scores. If it is ruled out, note that this level of psychological adjustment is relatively rare in the general population. For individuals who are not especially well adjusted, any absence of elevation on the substantive scales should be interpreted with caution. Elevated scores on the substantive scales may underestimate the problems assessed by those scales.
60–65	Possible under-reporting is reflected in the test-taker presenting himself or herself as well adjusted.	Inconsistent responding Good psychological adjustment Under-reporting	Inconsistent responding should be considered by examination of scores on VRIN-r and TRIN-r. In individuals who are not well adjusted, any absence of elevation on the substantive scales should be interpreted with caution. Elevated scores on the substantive scales may underestimate the problems assessed by those scales.
< 60	There is no evidence of under-reporting		The protocol is interpretable.

MMPI-2-RF Interpretation

- Scale-by-scale interpretive recommendations in:
  - Chapter 6 - Validity Scales
  - Chapter 7 - Substantive Scales
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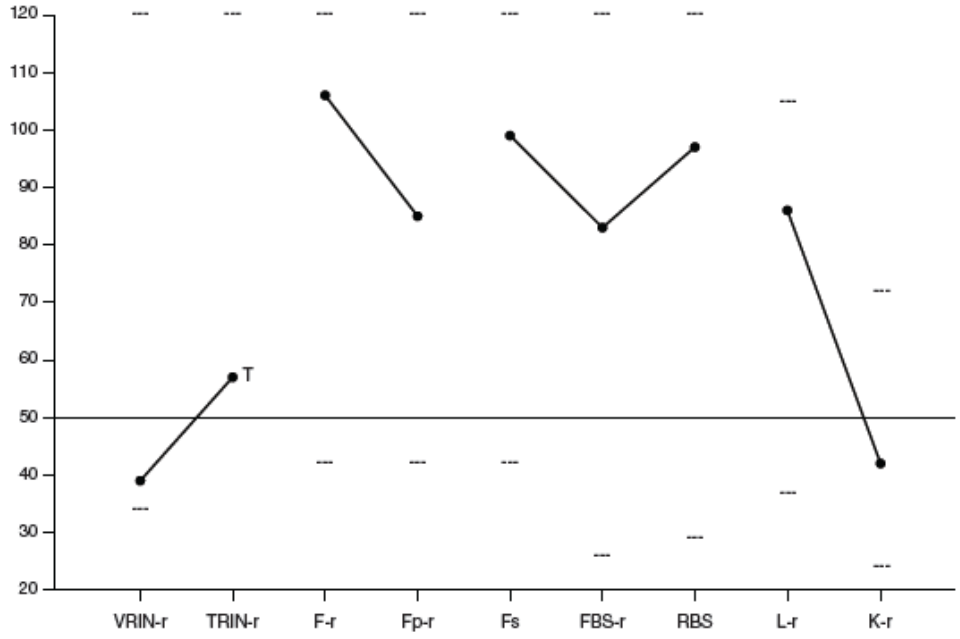
  - Framework and Sources
  - Interpretation Worksheet
- Validity Scale Interpretation
  - Threats to Protocol Validity and Confounds
  - Examples

MMPI-2-RF Validity Scales



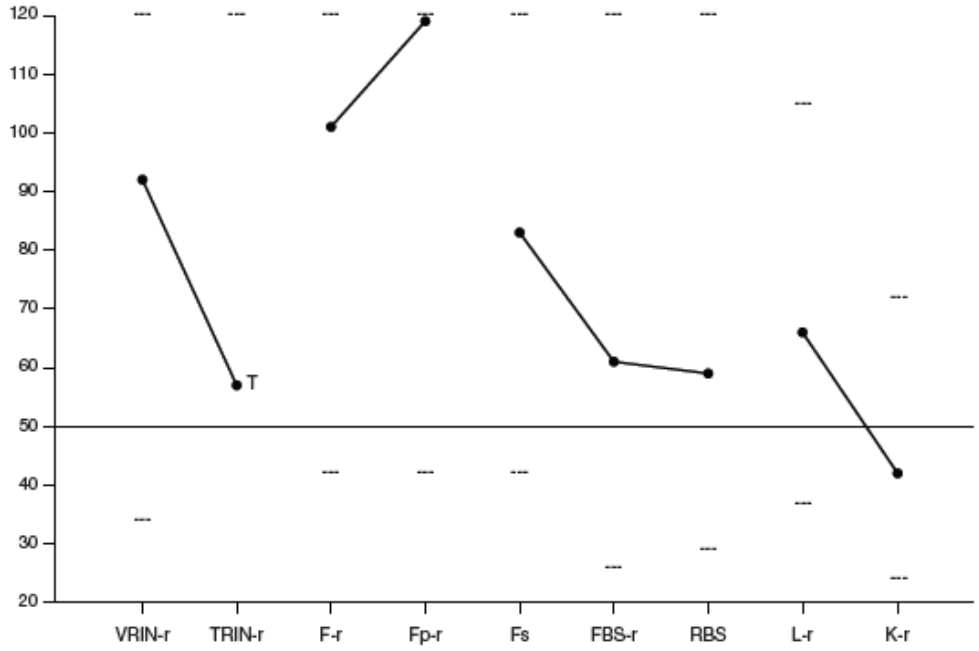
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	1	12	14	5	7	18	16	10	5
T Score:	39	57 T	106	85	99	83	97	86	42
Response %:	**78**	**81**	**78**	**86**	94	**80**	96	**86**	**86**

Cannot Say (Raw): 34 Percent True (of items answered): 39%

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 Validity Scales



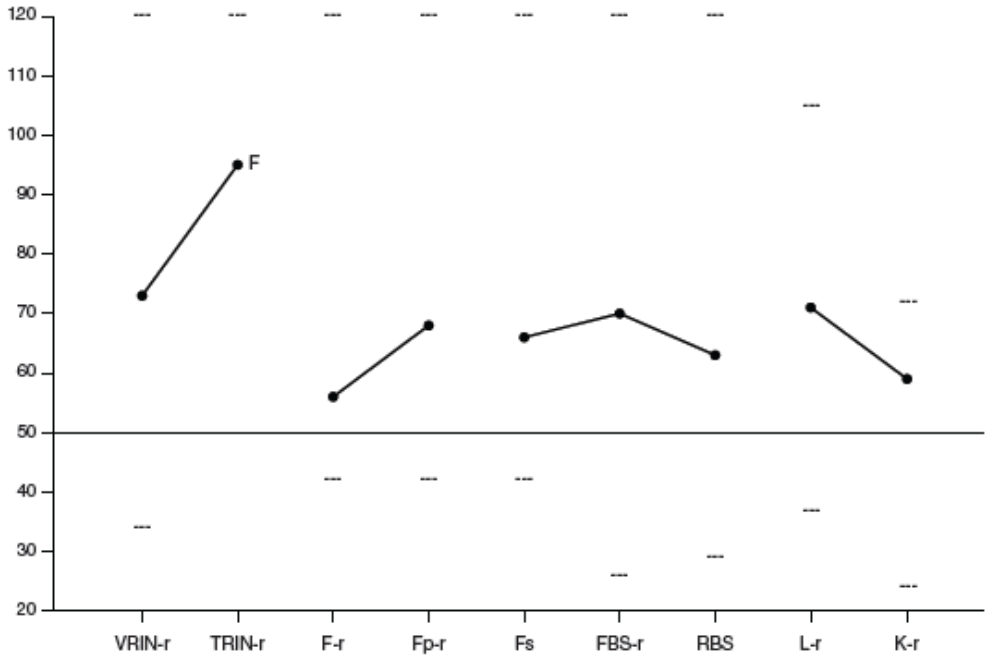
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	12	12	13	9	5	11	7	6	5
T Score:	92	57 T	101	119	83	61	59	66	42
Response %:	98	100	100	95	94	97	100	100	100

Cannot Say (Raw): 8 Percent True (of items answered): 53%

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 Validity Scales



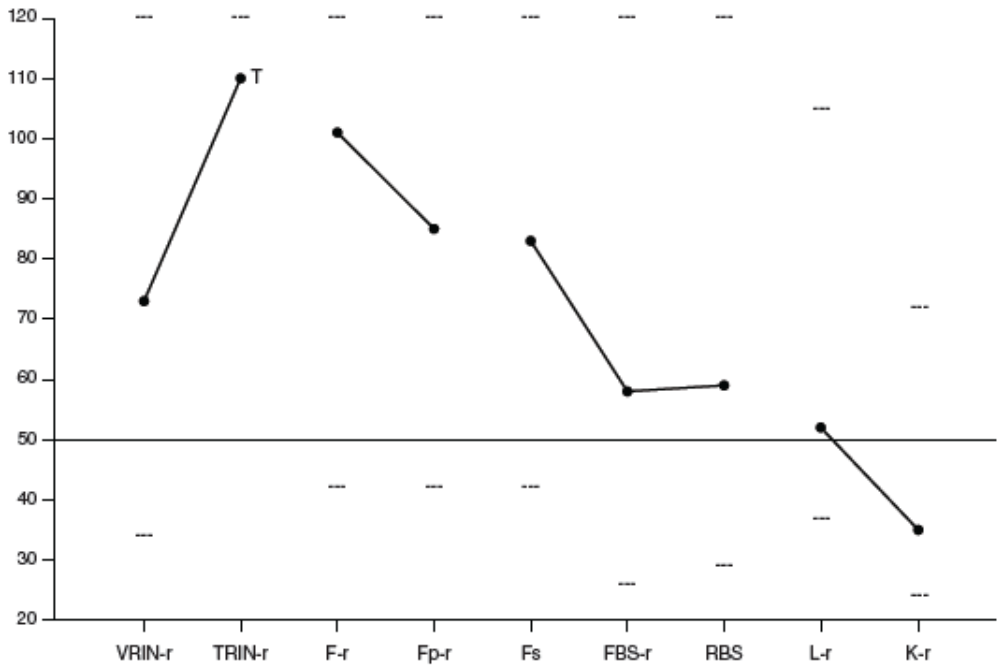
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	8	5	3	3	3	14	8	7	10
T Score:	73	95 F	56	68	66	70	63	71	59
Response %:	100	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0 Percent True (of items answered): 21%

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 Validity Scales



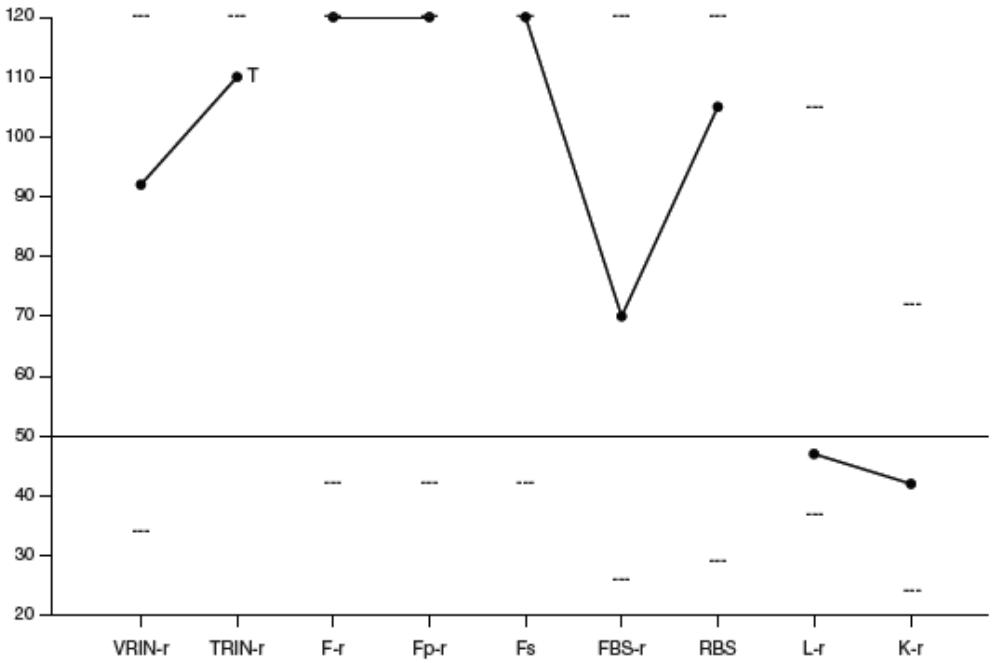
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	8	19	13	5	5	10	7	3	3
T Score:	73	110 T	101	85	83	58	59	52	35
Response %:	100	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0 Percent True (of items answered): 64%

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 Validity Scales



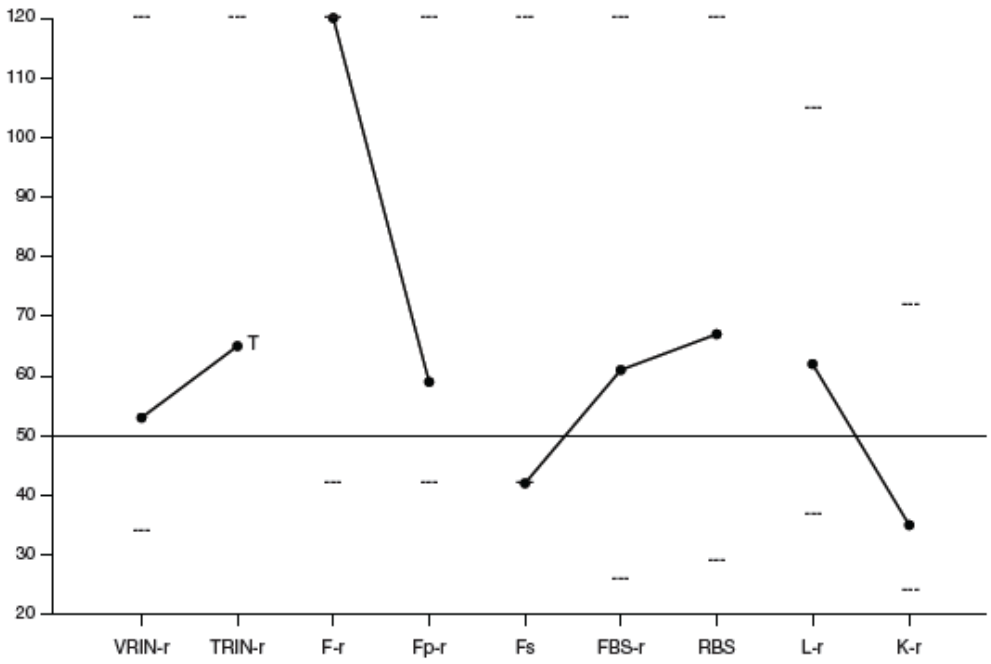
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	12	19	23	13	10	14	18	2	5
T Score:	92	110 T	120	120	120	70	105	47	42
Response %:	100	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0 Percent True (of items answered): 72%

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 Validity Scales



	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	4	13	17	2	0	11	9	5	3
T Score:	53	65 T	120	59	42	61	67	62	35
Response %:	100	100	100	100	100	100	100	100	100

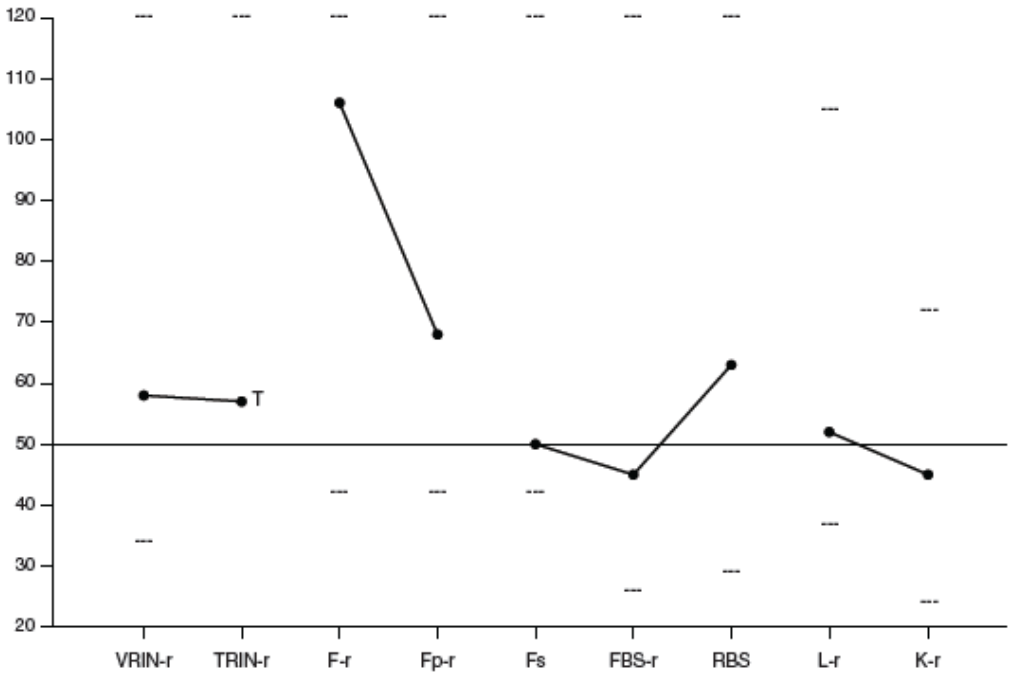
Cannot Say (Raw): 0

Percent True (of items answered): 51%

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 Validity Scales



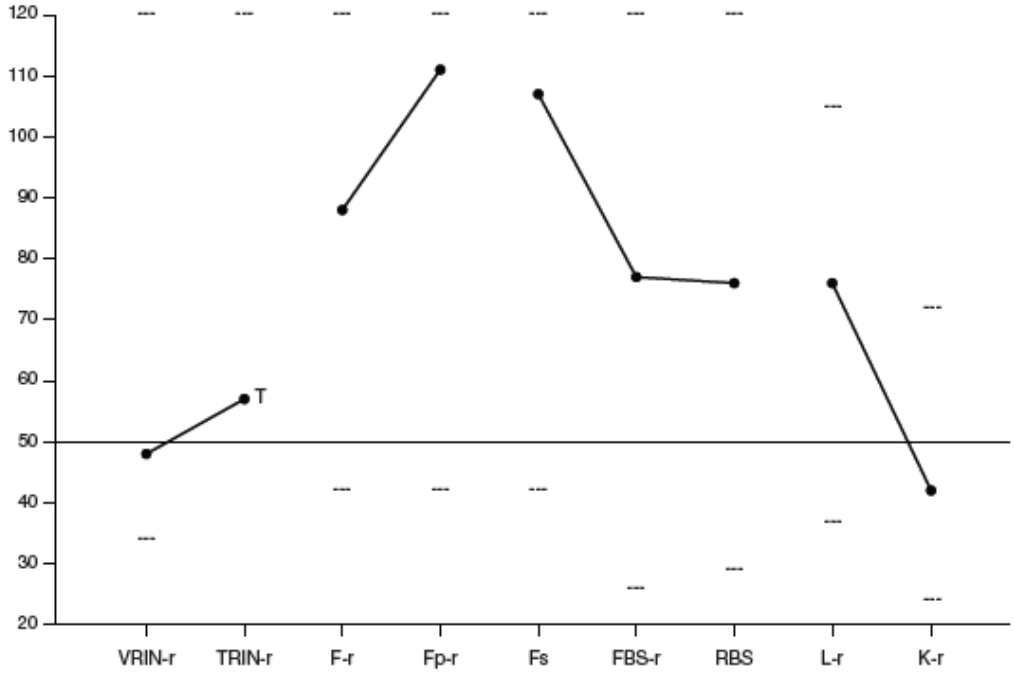
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	5	12	14	3	1	6	8	3	6
T Score:	58	57 T	106	68	50	45	63	52	45
Response %:	100	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0 Percent True (of items answered): 43%

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 Validity Scales



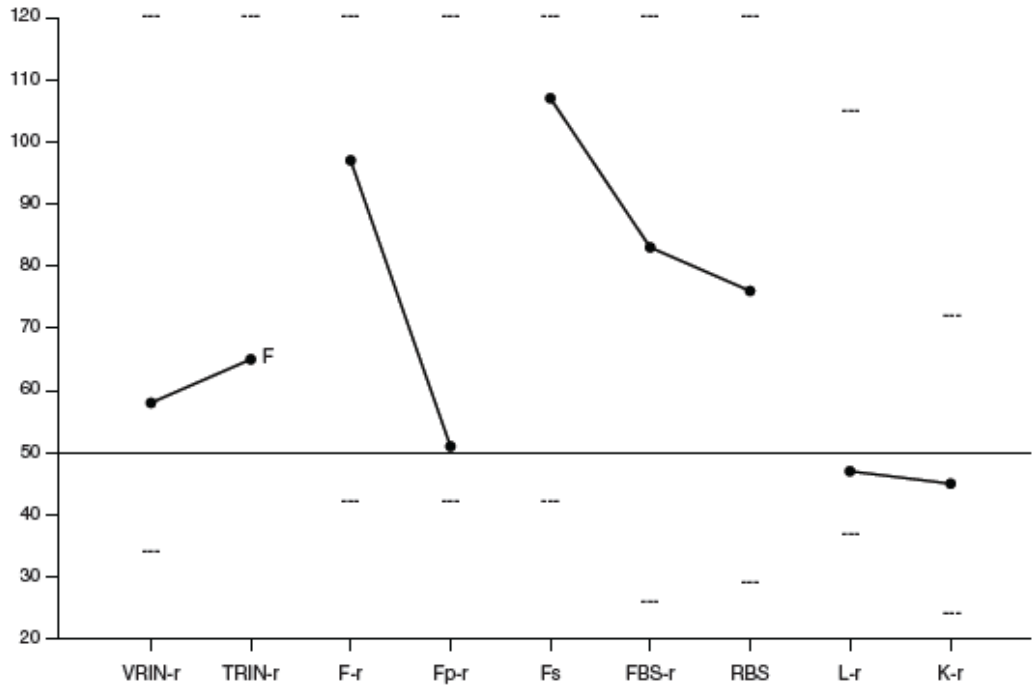
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	3	12	10	8	8	16	11	8	5
T Score:	48	57 T	88	111	107	77	76	76	42
Response %:	96	96	97	95	100	97	100	93	**86**

Cannot Say (Raw): 9 Percent True (of items answered): 36%

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 Validity Scales



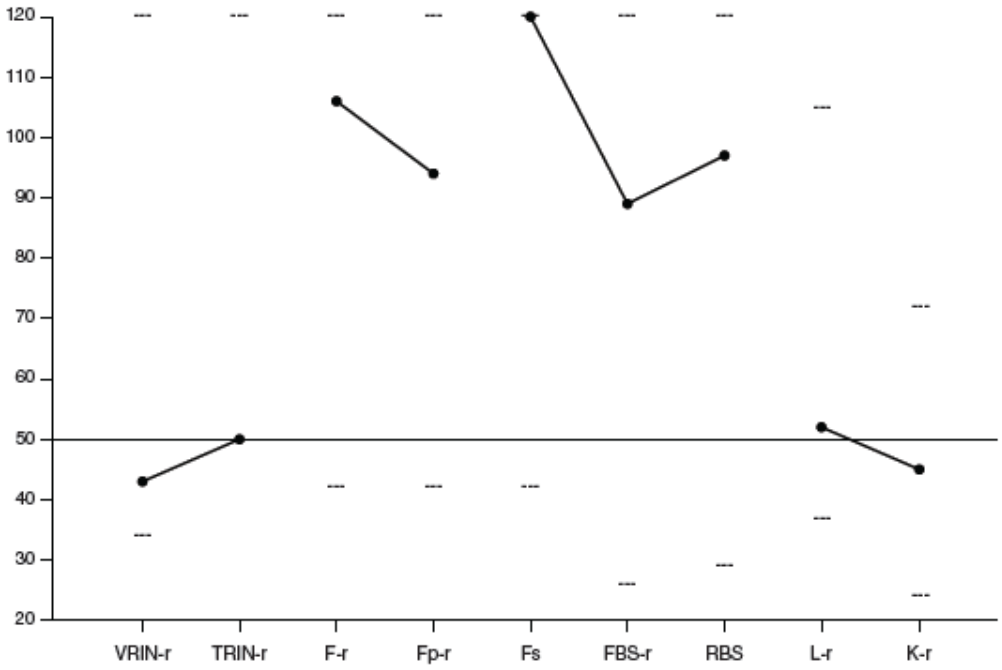
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	5	9	12	1	8	18	11	2	6
T Score:	58	65 F	97	51	107	83	76	47	45
Response %:	98	96	100	100	100	100	100	100	100

Cannot Say (Raw): 1 Percent True (of items answered): 45%

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 Validity Scales



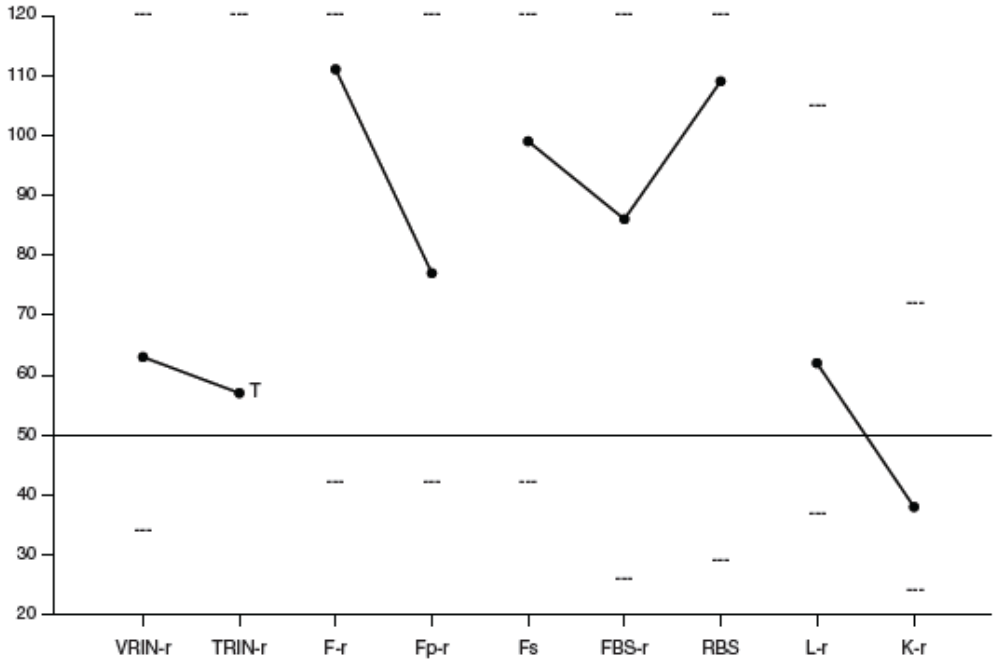
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	2	11	14	6	11	20	16	3	6
T Score:	43	50	106	94	120	89	97	52	45
Response %:	100	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0 Percent True (of items answered): 46%

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 Validity Scales



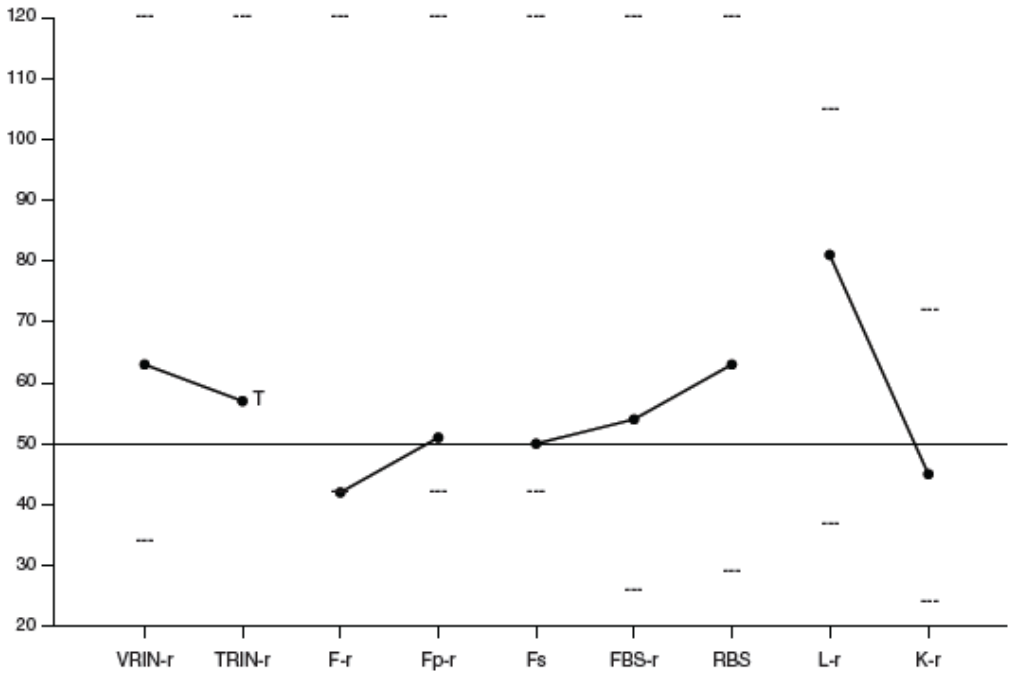
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	6	12	15	4	7	19	19	5	4
T Score:	63	57 T	111	77	99	86	109	62	38
Response %:	100	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0 Percent True (of items answered): 50%

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 Validity Scales



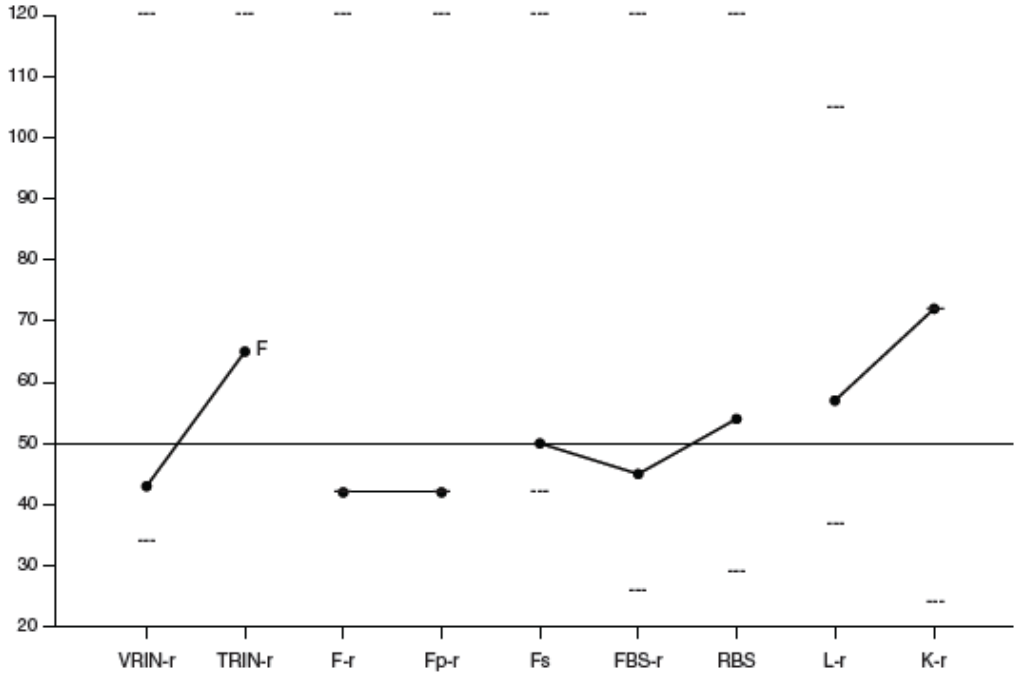
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	6	12	0	1	1	9	8	9	6
T Score:	63	57 T	42	51	50	54	63	81	45
Response %:	100	100	100	100	94	97	100	100	100

Cannot Say (Raw): 2 Percent True (of items answered): 40%

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 Validity Scales



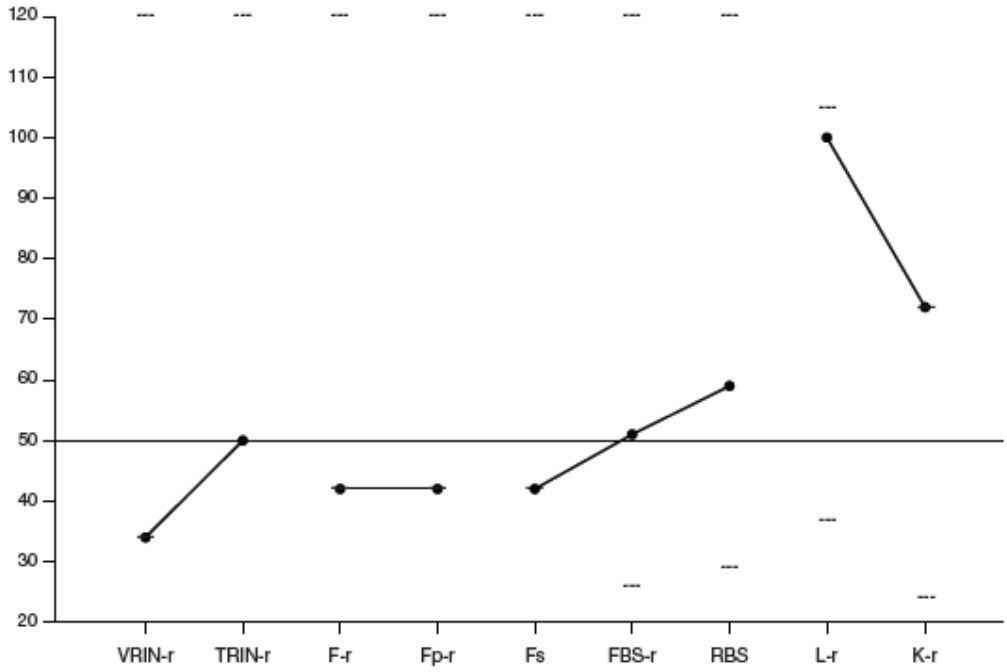
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	2	9	0	0	1	6	6	4	14
T Score:	43	65 F	42	42	50	45	54	57	72
Response %:	100	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0 Percent True (of items answered): 28%

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 Validity Scales



	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	0	11	0	0	0	8	7	13	14
T Score:	34	50	42	42	42	51	59	100	72
Response %:	100	100	100	100	100	100	100	100	100

Cannot Say (Raw): 0 Percent True (of items answered): 25%

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® Interpretation Worksheet

Protocol Validity

Content Non-Responsiveness CNS 0 VRIN-r 34 TRIN-r 50

The test taker provided scorable responses to all 338 items.

There is evidence of remarkably consistent responding.

There is no evidence of content-inconsistent fixed responding.

Overreporting F-r 42 Fp-r 42 Fs 42 FBS-r 51 RBS 59

There is no evidence of overreporting.

Underreporting L-r 100 K-r 72

Underreporting is indicated by the test taker presenting himself in an extremely positive light by denying minor faults and shortcomings that most people acknowledge. Underreporting is also indicated by the test taker presenting himself as remarkably well adjusted. Any absence of elevation on the substantive scales should be interpreted with caution. Elevated scores in the substantitve scales may underestimate the problems assessed by those scales.

MMPI-2-RF Interpretation

- Substantive Scale Interpretation
  - Begin with Higher-Order Scales
    - If only one is elevated, use it as starting point then interpret all RC, Specific Problems, PSY-5 scales in that area
      - When interpreting RC Scales:
        - » proceed in order of elevation
        - » incorporate relevant SP Scales and PSY-5

Substantive Scale Interpretation

Somatic/Cognitive Dysfunction RC1 ____ GIC ____ NUC ____
MLS ____ HPC ____ COG ____

Emotional Dysfunction EID ____ RCd ____ RC2 ____ RC7 ____
SUI ____ INT-r ____ STW ____
HLP ____ AXY ____
SFD ____ ANP ____
NFC ____ BRF ____
MSF ____
NEGE-r ____

Figure 8-1. MMPI-2-RF Interpretation worksheet, continued.

MMPI-2-RF Interpretation

- Substantive Scale Interpretation
  - Begin with Higher-Order Scales
    - If only one is elevated, use it as starting point then interpret all RC, Specific Problems, PSY-5 scales in that area
      - When interpreting RC Scales:
        - » proceed in order of elevation
        - » incorporate relevant SP Scales and PSY-5
    - If more than one H-O Scale is elevated, use highest as starting point, then proceed to next highest
    - If no H-O Scale is elevated, proceed to RC Scales and interpret by domain in order of elevation incorporating relevant SP and PSY-5 scales

MMPI-2-RF Interpretation

- Substantive Scale Interpretation
  - Once all H-O and RC Scales are covered:
    - Interpret any remaining elevated SP Scales
    - Interpret Interpersonal and Interest scales
    - If relevant, add diagnostic and treatment considerations

MMPI-2-RF®

Minnesota Multiphasic
Personality Inventory-2
Restructured Form®

Score Report

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

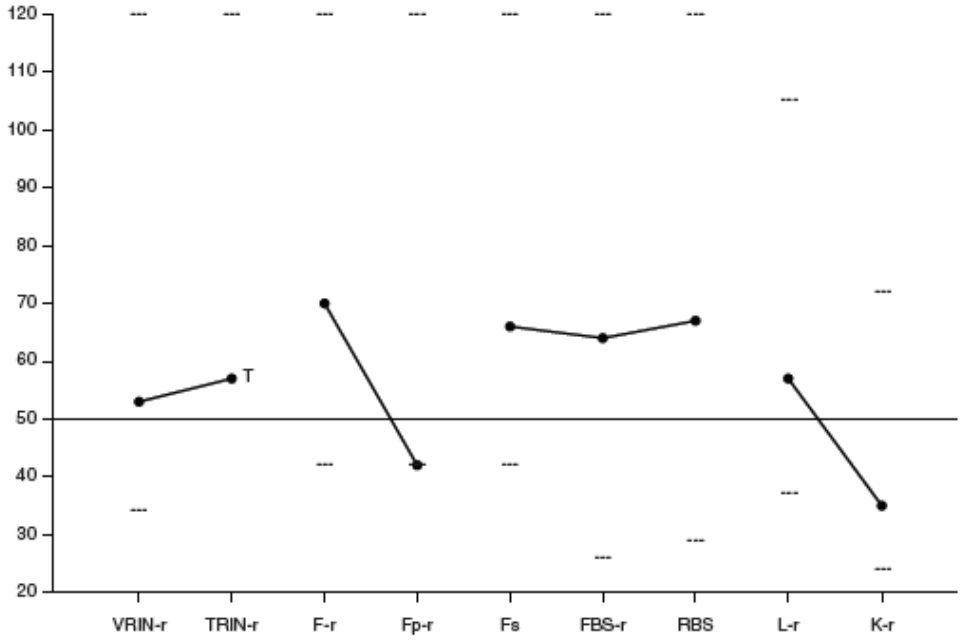
Name:	Mr. B
ID Number:	Fig804
Age:	47
Gender:	Male
Marital Status:	Married
Years of Education:	Not reported
Date Assessed:	04/22/2011

PsychCorp

[2.1 / 1 / 2.8.6]

ALWAYS LEARNING PEARSON

MMPI-2-RF Validity Scales



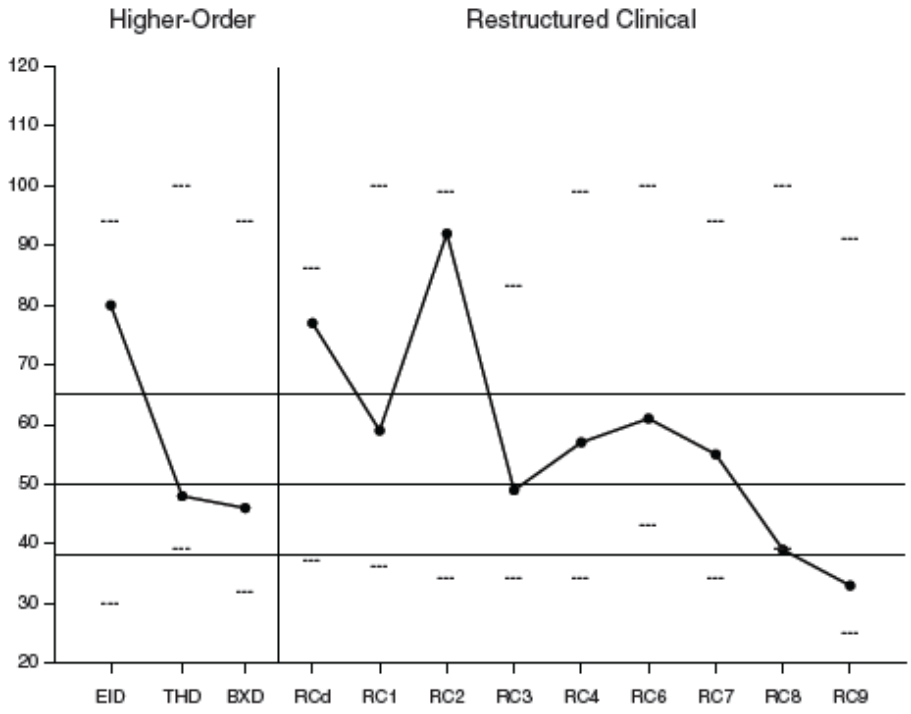
	VRIN-r	TRIN-r	F-r	Fp-r	Fs	FBS-r	RBS	L-r	K-r
Raw Score:	4	12	6	0	3	12	9	4	3
T Score:	53	57 T	70	42	66	64	67	57	35
Response %:	100	100	100	95	100	100	100	100	100

Cannot Say (Raw): 1 Percent True (of items answered): 37%

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:	32	1	4	19	6	15	6	7	2	9	0	3
T Score:	80	48	46	77	59	92	49	57	61	55	39	33
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

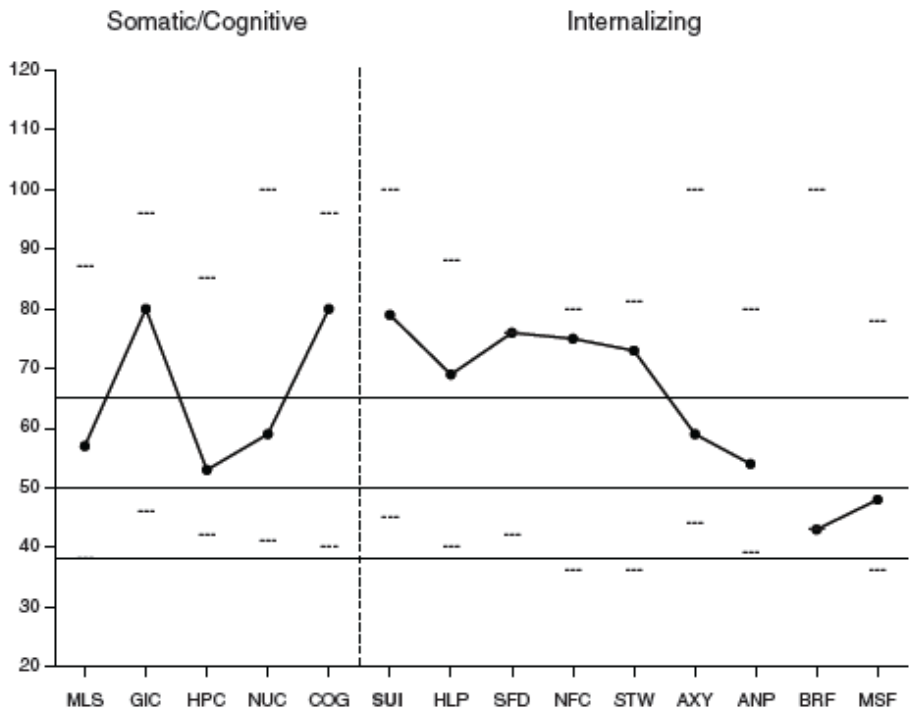
The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

EID Emotional/Internalizing Dysfunction
THD Thought Dysfunction
BXD Behavioral/Externalizing Dysfunction

RCd Demoralization
RC1 Somatic Complaints
RC2 Low Positive Emotions
RC3 Cynicism
RC4 Antisocial Behavior

RC6 Ideas of Persecution
RC7 Dysfunctional Negative Emotions
RC8 Aberrant Experiences
RC9 Hypomanic Activation

MMPI-2-RF Somatic/Cognitive and Internalizing Scales

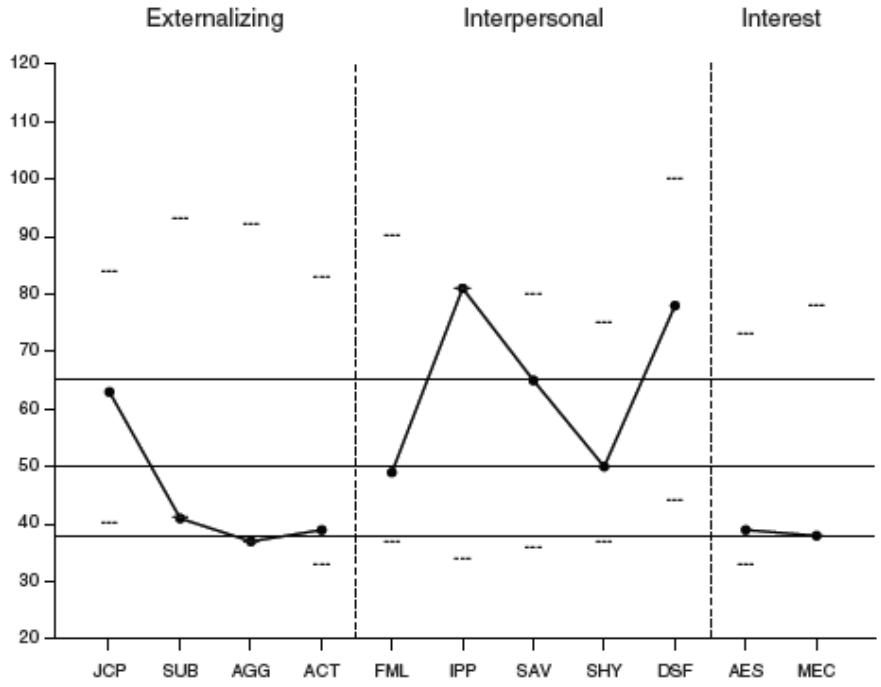


	MLS	GIC	HPC	NUC	COG	SUI	HLP	SFD	NFC	STW	AXY	ANP	BRF	MSF
Raw Score:	3	3	1	2	7	2	3	4	8	6	1	3	0	3
T Score:	57	80	53	59	80	**79**	69	76	75	73	59	54	43	48
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

The highest and lowest T scores possible on each scale are indicated by a '---'; MMPI-2-RF T scores are 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

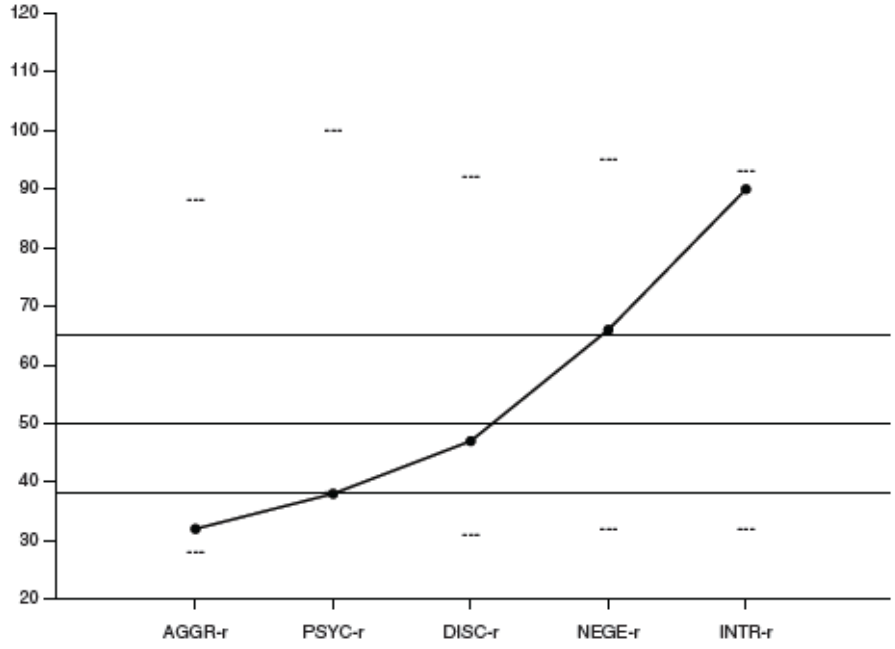


	JCP	SUB	AGG	ACT	FML	IPP	SAV	SHY	DSF	AES	MEC
Raw Score:	3	0	0	1	2	10	7	3	3	1	0
T Score:	63	41	37	39	49	81	65	50	78	39	38
Response %:	100	100	100	100	100	100	100	100	100	100	100

The highest and lowest T scores possible on each scale are indicated by a '---'; MMPI-2-RF T scores are 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



	AGGR-r	PSYC-r	DISC-r	NEGE-r	INTR-r
Raw Score:	1	0	5	12	19
T Score:	32	38	47	66	90
Response %:	100	100	100	100	100

The highest and lowest T scores possible on each scale are indicated by a '---'; MMPI-2-RF T scores are 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	1 CNS	53 VRIN-r	57 T TRIN-r				
Over-Reporting	70 F-r	42 Fp-r		66 Fs	64 FBS-r	67 RBS	
Under-Reporting	57 L-r	35 K-r					

SUBSTANTIVE SCALES

Somatic/Cognitive Dysfunction	59 RC1	57 MLS	80 GIC	53 HPC	59 NUC	80 COG	
Emotional Dysfunction	80 EID	77 RCd	79 SUI	69 HLP	76 SFD	75 NFC	
		92 RC2	90 INTR-r				
		55 RC7	73 STW	59 AXY	54 ANP	43 BRF	48 MSF	66 NEGE-r
Thought Dysfunction	48 THD	61 RC6					
		39 RC8					
		38 PSYC-r					
Behavioral Dysfunction	46 BXD	57 RC4	63 JCP	41 SUB			
		33 RC9	37 AGG	39 ACT	32 AGGR-r	47 DISC-r	
Interpersonal Functioning	49 FML	49 RC3	81 IPP	65 SAV	50 SHY	78 DSF	
Interests	39 AES	38 MEC					

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.

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.

283.

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 that answered each item in the keyed direction is provided in parentheses following the item content.

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

120.
334.

Helplessness/Hopelessness (HLP, T Score = 69)

169.
214.
336.

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.

End of Report

MMPI-2-RF® Interpretation Worksheet

Mr. B

Protocol Validity

Content Non-Responsiveness CNS 1 VRIN-r 53 TRIN-r 57T

There are no indications of non-responsiveness.

Overreporting F-r 70 Fp-r 42 Fs 66 FBS-r 64 RBS ___

There are no indications of overreporting.

Underreporting L-r 57 K-r 35

There are no indications of underreporting.

Figure 8-5. Mr. B's MMPI-2-RF completed interpretation worksheet.

Substantive Scale Interpretation

Somatic/Cognitive Dysfunction RC1 59 GIC 80 NUC 59
MLS 57 HPC 53 COG 80

He reports a large number of gastrointestinal complaints and likely has a history of gastrointestinal problems and is preoccupied with health concerns. He reports a diffuse pattern of cognitive difficulties including memory problems, difficulties concentrating, intellectual limitations, and confusion. He is likely to complain about memory problems, to have a low tolerance for frustration, and to experience difficulties in concentration.

Emotional Dysfunction

EID	80	RCd	77	RC2	92
		SUI	79	INT-r	90
		HLP	69		
		SFD	76		
		NFC	75		

RC7	55
STW	73
AXY	59
ANP	54
BRF	43
MSF	48
NEGE-r	66

His responses indicate considerable emotional distress that is likely to be perceived as a crisis. He reports a lack of positive emotional experiences, significant anhedonia, and lack of interest. He is very likely to be pessimistic, to be socially introverted and disengaged, to lack energy, and to display vegetative depression. He reports being sad and unhappy, and being dissatisfied with his current life circumstances. He reports a history of suicidal ideation and/or attempts and is likely to be preoccupied with suicide or death, is at risk for a suicide attempt, and may have recently attempted suicide. He reports feeling hopeless and pessimistic and likely feels overwhelmed and that life is a strain, believes he cannot be helped, believes he gets a raw deal from life, and lacks motivation for change. He reports lacking confidence, and likely feels inferior and insecure, is self-disparaging, is prone to rumination, is intropunitive, and presents with lack of confidence and feelings of uselessness. He reports being passive, indecisive, and inefficacious and believes he is incapable of coping with his current difficulties. He is unlikely to be self-reliant. He reports an above average level of stress and worry and is likely to be stress-reactive and worry-prone and to engage in obsessive rumination.

Figure 8-5. Mr. B's MMPI-2-RF completed interpretation worksheet, continued.

Thought Dysfunction THD 44 RC6 61 RC8 39 PSYC-r 38

There are no indications of thought dysfunction.

Behavioral Dysfunction BXD 44 RC4 57 RC9 33 AGGR-r 32
JCP 63 AGG 37 DISC-r 47
SUB 41 ACT 39

He reports a below average level of activation and engagement with his environment and is liketly to have a very low energy level and be disengaged from his environment. He reports a below average level of physically aggressive behavior and reports being interpersonally passive and submissive.

Interpersonal Functioning:

FML 49 RC3 49 IPP 81 SAV 65 SHY 50 DSF 78

He reports being unassertive and submissive, not liking to be in charge, failing to stand up for himself, and being ready to give in to others. He is likely to be passive and submissive in his interpersonal relationships and to be over-controlled. He reports not enjoying social events and avoiding social situations. He is likely to be introverted, have difficulty forming close relationships, and be emotionally restricted. He reports disliking people and being around them and is likely to be asocial.

Figure 8-5. Mr. B's MMPI-2-RF completed interpretation worksheet, continued.

Interests: AES 39 MEC 38

He reports no interest in activities or occupations of a mechanical or physical nature (e.g., fixing and building things, the outdoors, sports).

Diagnostic Considerations

If physical origin for gastrointestical complaints have been ruled out, evaluate for Somatoform Disorder.

Internalizing Disorders.

Major Depression.

Cluster C Personality Disorder.

Disorders involving excessive stress and worry such as Obsessive-Compulsive Disorder.

Dependent Personality Disorder.

Treatment Considerations

Stress reduction for gastrointestinal complaints. Origin of cognitive complaints should be explored. Emotional difficulties may motivate him for treatment. Evaluate need for antidepressant medication. May require inpatient treatment for significant depression. Low positive emotions may interefere with treatment. Anhedinia as a target for treatment. RISK FOR SUICIDE SHOULD BE ASSESSED IMMEDIATELY. Loss of hope and feelings of despair as early targets for intervention. Indecisiveness may interfere with establishing treatment goals and progress in treatment. Stress management and excessive worry and rumination as targets for intervention. Reducing passive-submissive behavior as a target for intervention. His aversive response to relationships may make it difficult to form a therapeutic alliance. Lack of outside interests as a target for intervention.

Figure 8-5. Mr. B's MMPI-2-RF completed interpretation worksheet, continued.

For additional information on this chapter, please reference:

Ben-Porath, Y.S. (2012). *Interpreting the MMPI-2-RF*. Minneapolis: University of Minnesota Press.