

INTERPRETING THE MMPI 2RF

Administering and Scoring the MMPI-2-RF

- Standard Procedures delineated in *Manual for Administration, Scoring, and Interpretation*
- Administration:
 - Before Testing
 - Consider age
 - Inquire about prior testing experience
 - Assess Testability
 - Cognitive wherewithal
 - Vision
 - Reading Level
 - Use Standard Administration Modalities
 - Booklet and answer sheet
 - Computer

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INTERPRETING THE MMPI 2 RF

Administering and Scoring the MMPI-2-RF

- Scoring:
 - Normative Sample:
 - MMPI-2 Normative Sample Collected in mid-1980s
 - Non-gendered norms (1,138 men, 1,138 women)



Ethnic Origins of Participants in the Non-Gendered Sample Compared to 1990 Census Data

Ethnic Group	Frequency	%	Census %
Asian	13	0.6	2.6
Black	264	11.6	10.2
Hispanic	67	2.9	7.3
Native American	71	3.1	0.6
White	1,861	81.8	76.2
Other	0	0.0	3.2
Total	2,276	100.1	100.1

Age Distribution of Participants in the Non-Gendered Sample Compared to 1990 Census Data

Age Range	Frequency	%	Census %
18–19	46	2.0	4.3
20–29	549	24.1	22.2
30–39	679	29.8	23.0
40–49	356	15.6	17.4
50-59	280	12.3	12.0
60–69	239	10.5	11.4
70–79	109	4.8	7.7
80–85	18	8.0	2.2
Total	2,276	99.9	100.2

Education of Participants in the Non-Gendered Sample Compared to 1990 Census Data

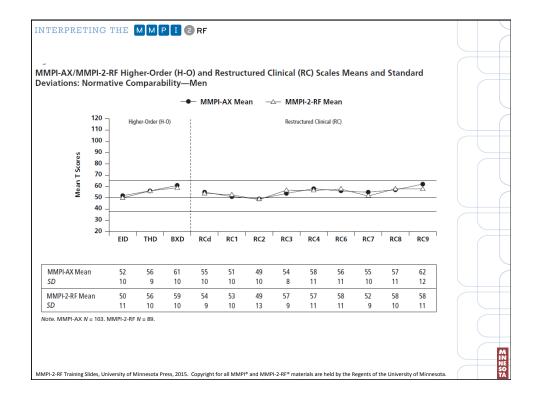
Education	Frequency	%	Census %
Less than high school graduate	113	5.0	17.9
High school graduate	552	24.3	33.4
Some college	568	25.0	26.4
College graduate	614	27.0	15.3
Post-graduate	429	18.8	7.0
Total	2,276	100.1	100.0

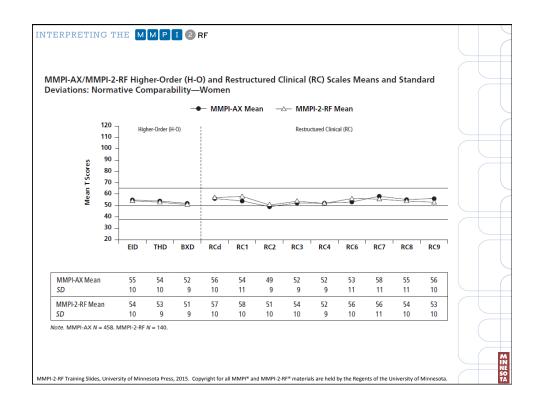
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INTERPRETING THE MMPI 2RF

Administering and Scoring the MMPI-2-RF

- Scoring:
 - Normative Sample:
 - MMPI-2 Normative Sample Collected in 1980s
 - Non-gendered norms (1,138 men, 1,138 women)
 - Norms appear to be holding up well (Technical Manual Appendix C)



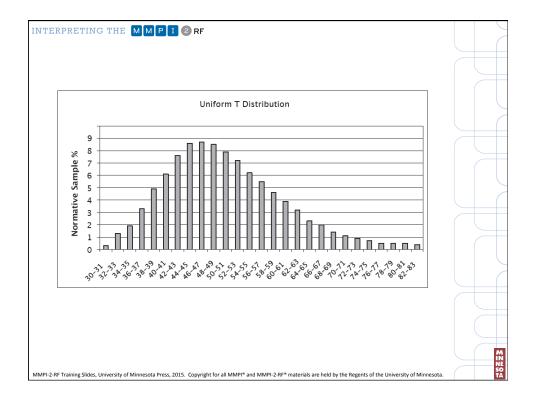


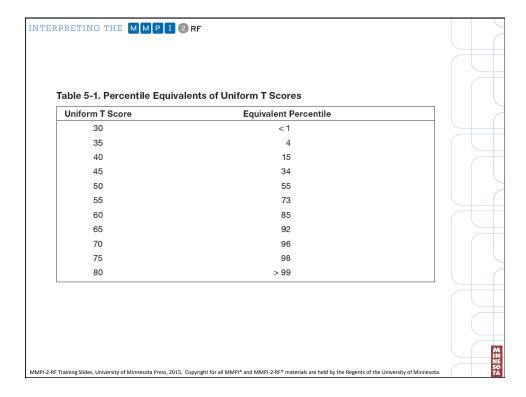
INTERPRETING THE MMPI 2RF

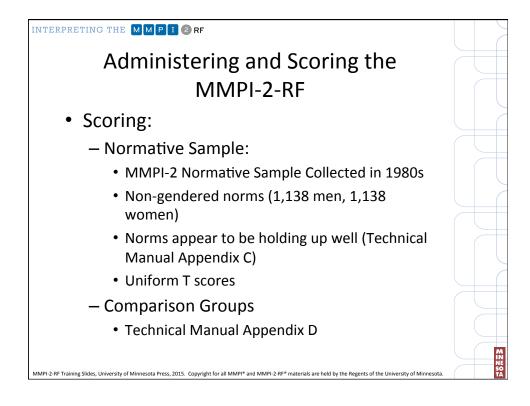
Administering and Scoring the MMPI-2-RF

• Scoring:

- Normative Sample:
 - MMPI-2 Normative Sample Collected in 1980s
 - Non-gendered norms (1,138 men, 1,138 women)
 - Norms appear to be holding up well (Technical Manual Appendix C)
 - Uniform T scores



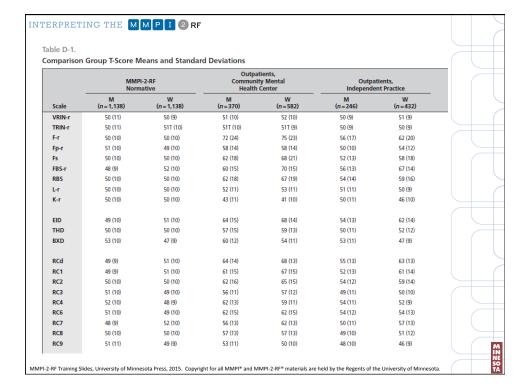






MMPI-2-RF: Standard Comparison Groups

- MMPI-2-RF Normative (Men & Women)
- Outpatient, Community Mental Health Center (Men & Women)
- Outpatient, Independent Practice (Men & Women)
- Psychiatric Inpatient, Community Hospital (Men & Women)
- Psychiatric Inpatient, VA Hospital (Men)
- Substance Abuse Treatment, VA (Men)
- Bariatric Surgery Candidate (Men & Women)
- Spine Surgery/Spinal Cord Stimulator Candidates (Men & Women)
- Chronic Pain (Men & Women)
- College Counseling Clinic (Men & Women)
- College Student (Men & Women)
- Forensic, Disability Claimant (Men & Women)
- Forensic, Independent Neuropsychological Examination (Men & Women)
- Forensic, Pre-trial Criminal (Men & Women)
- Forensic, Child Custody (Men & Women)
- Forensic, Parental Fitness Evaluees (Men & Women)
- Prison Inmate (Men & Women)
- Personnel Screening, Law Enforcement (Men, Women & Combined)
- Personnel Screening, Corrections Officer (Men, Women & Combined)
- Personnel Screening, Clergy Candidates (Men, Women, & Combined)





Administering and Scoring the MMPI-2-RF

- Scoring:
 - Standard Scoring Modalities:
 - Hand scoring
 - Computer
 - Score Report



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. P

 ID Number:
 Fig902

 Age:
 49

 Gender:
 Male

Marital Status: Never Married

Years of Education:

Date Assessed: 04/22/2011



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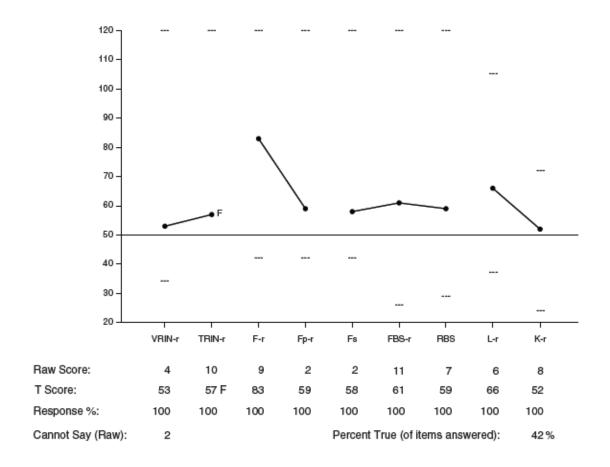
TRADE SECRET INFORMATION

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

[2.1/1/2.8.6]

ALWAYS LEARNING

PEARSON



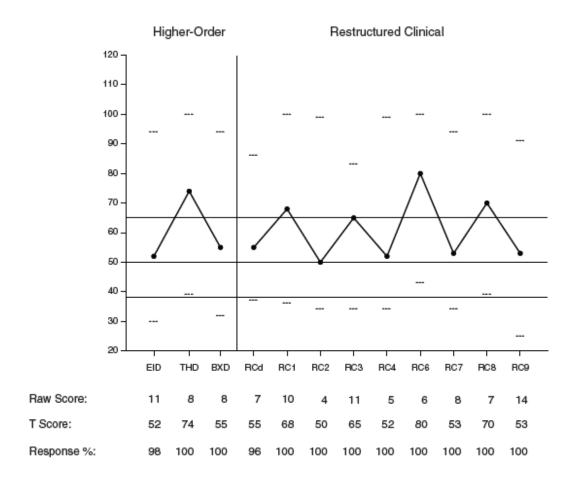
The highest and lowest T scores possible on each scale are indicated by a '---'; MMPI-2-RF T scores are non-gendered.

VRIN-r Variable Response Inconsistency
TRIN-r True Response Inconsistency
F-r Infrequent Responses

Fp-r

Infrequent Responses Infrequent Psychopathology Responses Fs Infrequent Somatic Responses FBS-r Symptom Validity RBS Response Bias Scale L-r Uncommon Virtues K-r Adjustment Validity

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



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

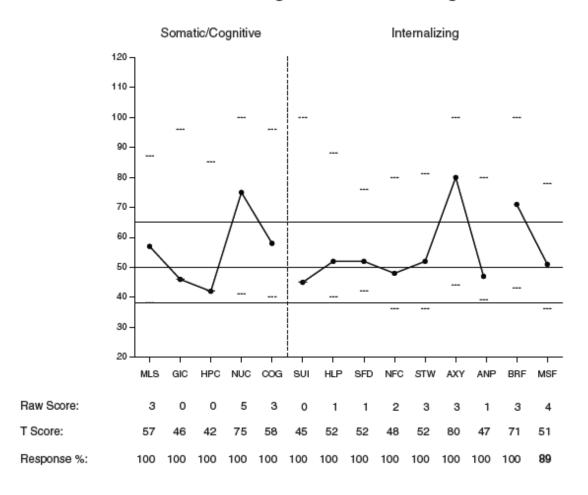
RC6 Ideas of Persecution

RC7 Dysfunctional Negative Emotions

RC8 Aberrant Experiences

RC9 Hypomanic Activation

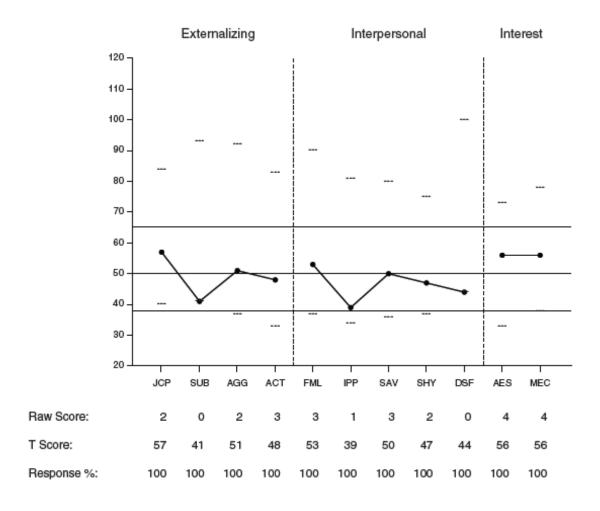
MMPI-2-RF Somatic/Cognitive and Internalizing Scales



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	AVV	Anxiety	
IVILO	Ivialais e	301	Sulcidal/Death ideation	AAI	Allxiety	
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	Stross/Worry			

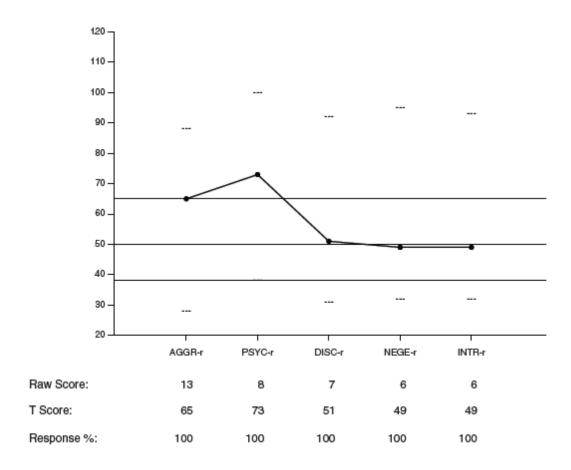
MMPI-2-RF Externalizing, Interpersonal, and Interest Scales



The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RFT 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



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

AGGR-r PSYC-r Aggressiveness-Revised 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		2	53	57 F				
		CNS	VRIN-r	TRIN-r				
Over-Reporting		83	59		58	61	59	
		F-r	Fp-г	_	Fs	FBS-r	RBS	
Under-Reporting		66	52					
Chart respecting		L-r	K-r					
SUBSTANTIVE SCALES								
Somatic/Cognitive Dysfunction		68	57	46	42	75	58	
bollado Coglida O Distanción		RC1	MLS	GIC	HPC	NUC	COG	
Emotional Dysfunction	52 BID	55	45	52	52	48		
1	EID	RCd	SUI	HLP	SFD	NFC		
		50	49					
		50 RC2	49 INTR-r					
		53	52	80	47	71	51*	49
		RC7	52 STW	AXY	ANP	BRF	MSF	NBGE-r
	_	-						
Thought Dysfunction	74	80						
	74 THD	RC6						
		70						
		70 RC8						
		73						
		PSYC-r						
	_	-						
Behavioral Dysfunction	55	52	57	41				
	55 BXD	52 RC4	57 JCP	SUB				
		53	51	48	65	51		
	L	RC9	AGG	ACT	AGGR-r	DISC-r		
		_						
Interpersonal Functioning		53	65	39	50	47	44	
-		FML	RC3	IPP	SAV	SHY	DSF	
Interests		56	56					
		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.

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.

172. 184.

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.

Anxiety (AXY, T Score = 80) 79.

275. 289.

Ideas of Persecution (RC6, T Score = 80)

150. 194.

194.

212.

233. 264.

310.

Aberrant Experiences (RC8, T Score = 70)

32.

85.

179.

199.

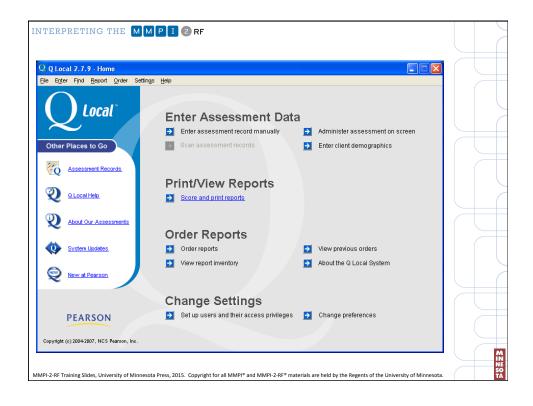
216.

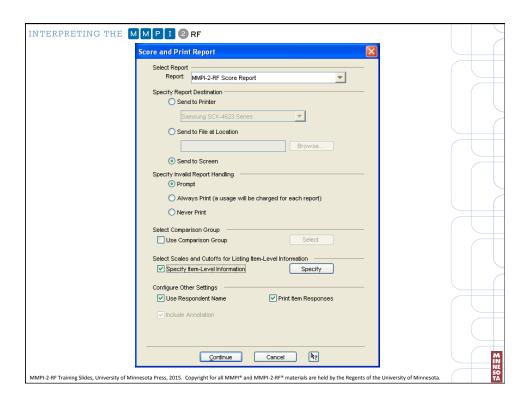
240. 330.

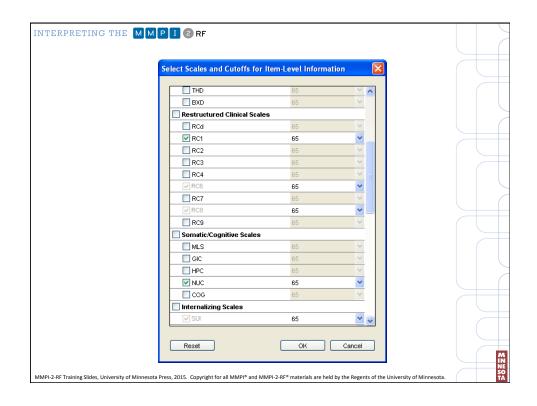
End of Report

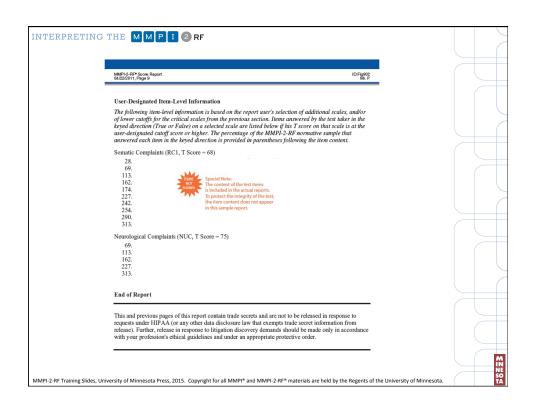


Special Note:
The content of the test items is included in the actual reports.
To protect the integrity of the test, the item content does not appear in this sample report.





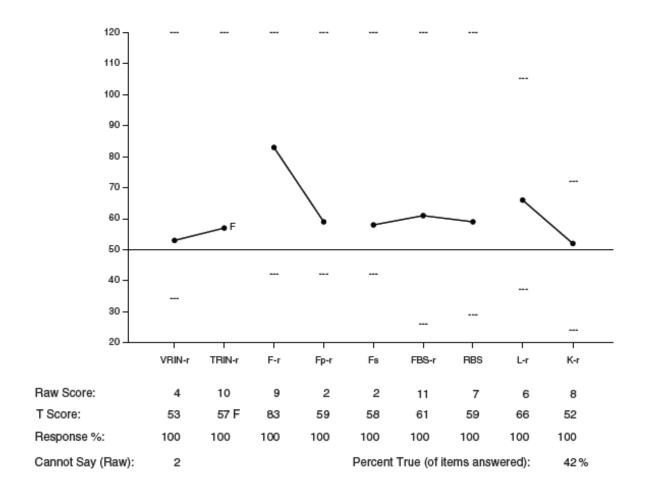






Administering and Scoring the MMPI-2-RF

- Scoring:
 - Standard Scoring Modalities:
 - Hand scoring
 - Computer
 - Score Report
 - » Comparison Groups (Standard and Custom)



The highest and lowest T scores possible on each scale are indicated by a '---'; MMPI-2-RFT scores are non-gendered.

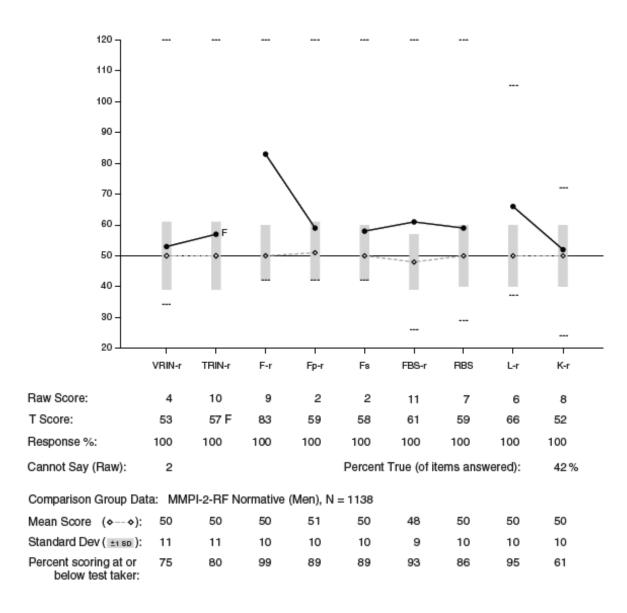
VRIN-r Variable Response Inconsistency TRIN-r True Response Inconsistency

F-r Infrequent Responses Fp-r

Infrequent Psychopathology Responses

Infrequent Somatic Responses FBS-r Symptom Validity

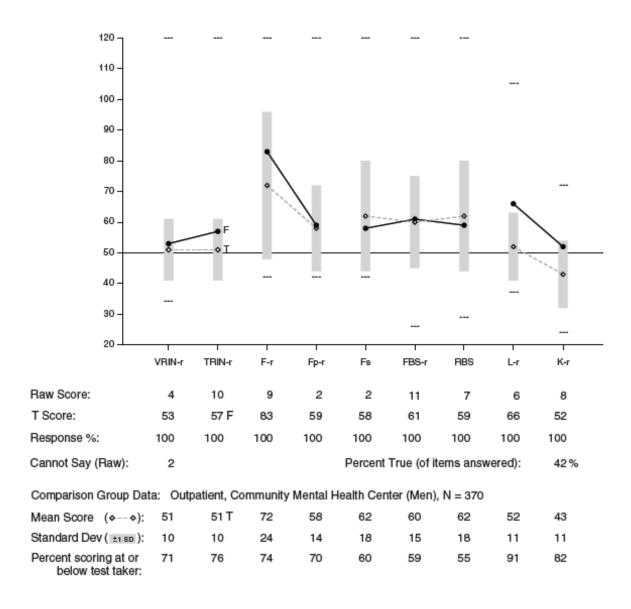
RBS Response Bias Scale L-r Uncommon Virtues K-r Adjustment Validity



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
F-r Infrequent Responses RBS Response Bias Scale

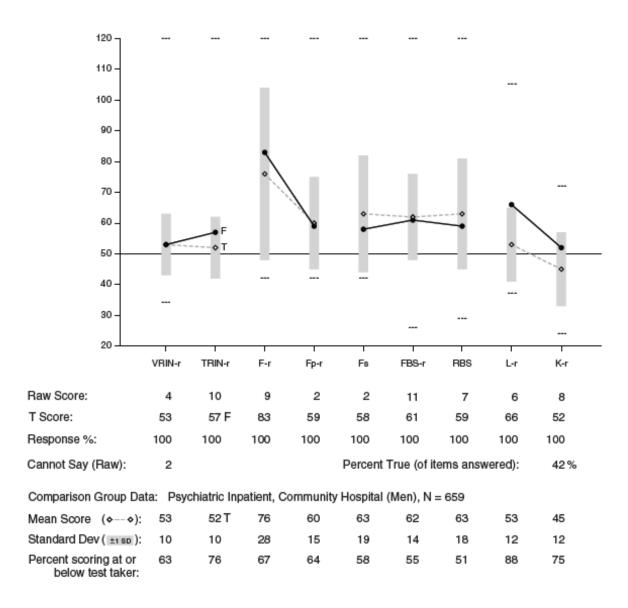
Fp-r Infrequent Psychopathology Responses



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

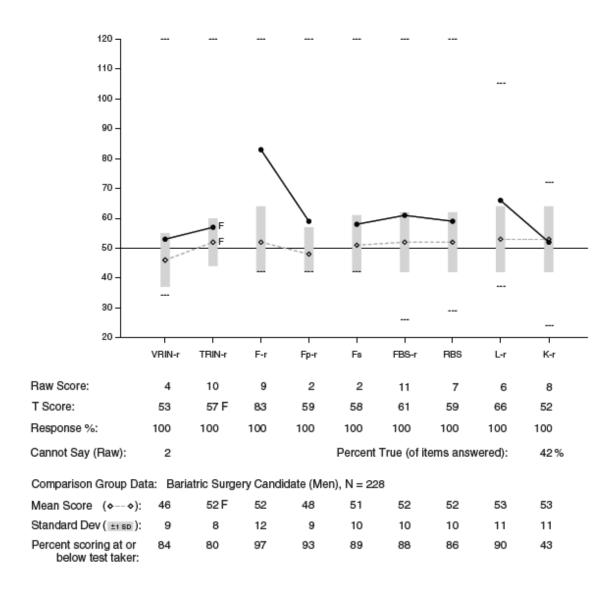
VRIN-r Variable Response Inconsistency Fs Infrequent Somatic Responses L-r Uncommon Virtues
TRIN-r True Response Inconsistency FBS-r Symptom Validity
F-r Infrequent Responses RBS Response Bias Scale

Fp-r Infrequent Psychopathology Responses



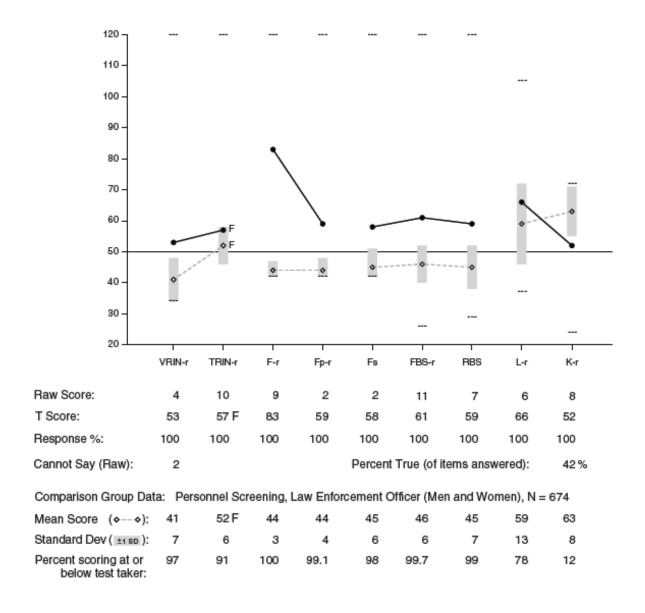
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VRIN-r	Variable Response Inconsistency	Fs	Infrequent Somatic Responses	L-r	Uncommon Virtues
TRIN-r	True Response Inconsistency	FBS-r	Symptom Validity	K-r	Adjustment Validity
F-r	Infrequent Responses	RBS	Response Bias Scale		
Fp-r	Infrequent Psychopathology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



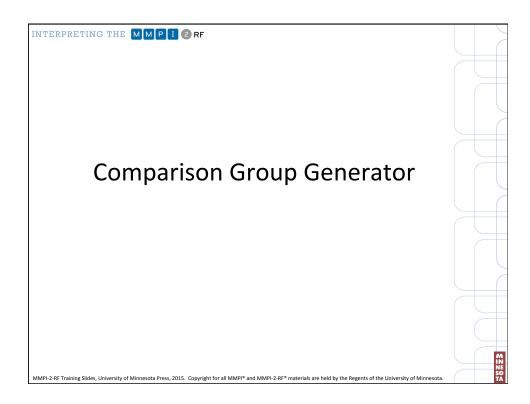
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TRIN-r	True Response Inconsistency	FBS-r	Symptom Validity	K-r	Adjustment Validity
F-r	Infrequent Responses	RBS	Response Bias Scale		
Fp-r	Infrequent Psychopathology Responses				



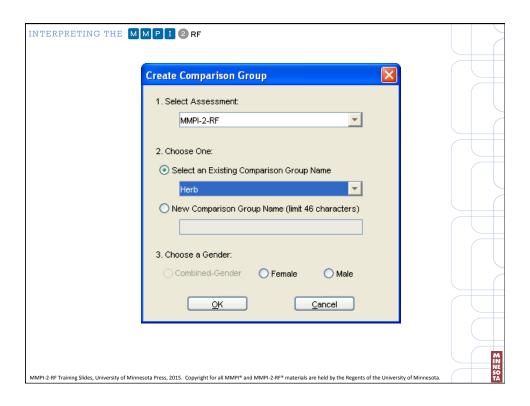
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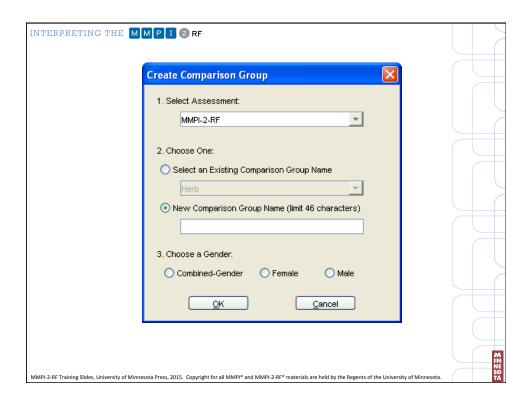
VRIN-r Variable Response Inconsistency Fs Infrequent Somatic Responses
TRIN-r True Response Inconsistency FBS-r Symptom Validity
F-r Infrequent Responses
Fp-r Infrequent Psychopathology Responses

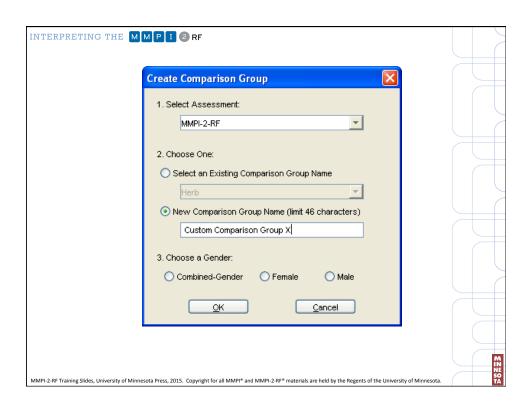


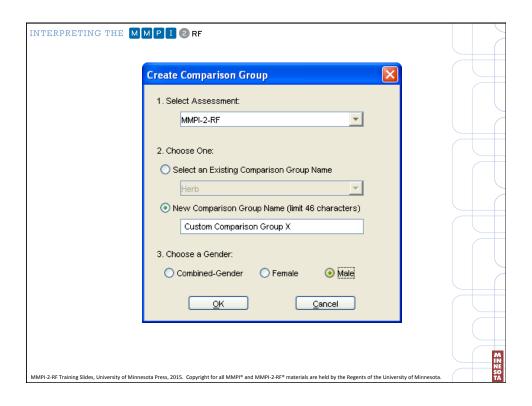


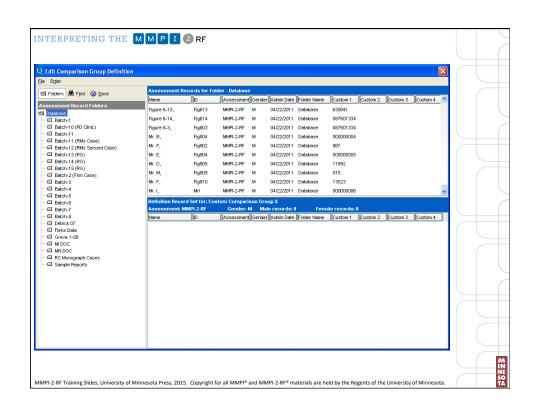


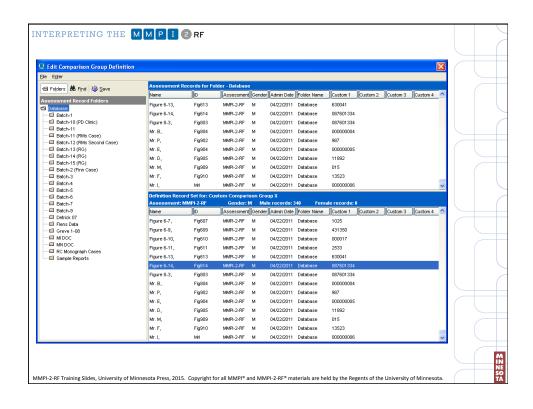






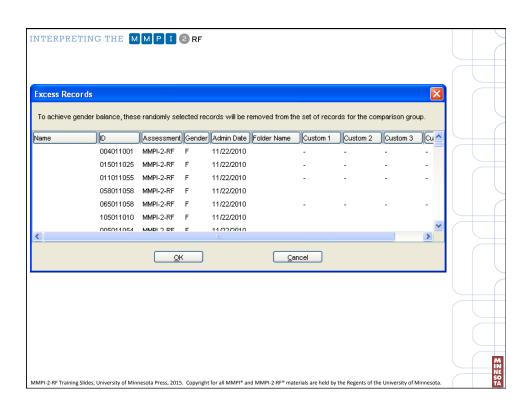


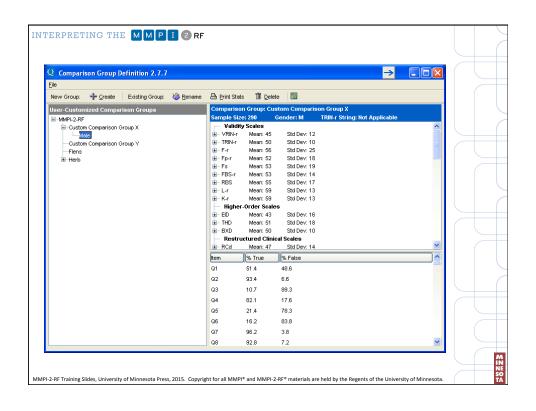


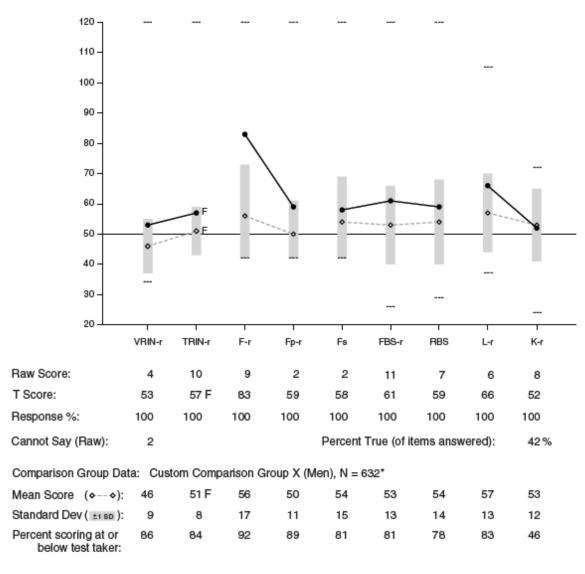












*User-defined comparison group.

F-r

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VRIN-r Variable Response Inconsistency TRIN-r True Response Inconsistency

 True Response Inconsistency Infrequent Responses

Fp-r Infrequent Psychopathology Responses

Fs Infrequent Somatic Responses FBS-r Symptom Validity

RBS Response Bias Scale

L-r Uncommon Virtues K-r Adjustment Validity



Administering and Scoring the MMPI-2-RF

- Scoring:
 - Standard Scoring Modalities:
 - Hand scoring
 - Computer
 - Score Report
 - » Comparison Groups
 - Interpretive Report

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, over-reporting, and under-reporting on the validity of this protocol. With that caution noted, scores on the substantive scales indicate somatic complaints and emotional, thought, and interpersonal dysfunction. Somatic complaints include preoccupation with poor health and neurological symptoms. Emotional-internalizing findings include anxiety and fears. Dysfunctional thinking includes ideas of persecution and aberrant perceptions and thoughts. Interpersonal difficulties relate to cynicism.

PROTOCOL VALIDITY

Content Non-Responsiveness

Unscorable Responses

The test taker 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 test taker provided unscorable responses appears under the heading "Item-Level Information."

Multiple Specific Fears (MSF): 89%

Inconsistent Responding

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

Over-Reporting

The test taker generated a larger than average number of infrequent responses to the MMPI-2-RF items. 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 likely indicates over-reporting².

Under-Reporting

There is also evidence of possible under-reporting in this protocol. The test taker presented himself in a positive light by denying some minor faults and shortcomings that most people acknowledge. 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 scales³.

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, over-reporting, and under-reporting on the validity of this protocol.

Somatic/Cognitive Dysfunction

The test taker reports multiple somatic complaints⁴ including vague neurological complaints⁵. He is likely to complain of fatigue⁶. He is also likely to be preoccupied with physical health concerns⁷ and to be prone to developing physical symptoms in response to stress⁸.

Emotional Dysfunction

The test taker reports feeling anxious and is likely to experience significant anxiety and anxiety-related problems in intrusive ideation, and nightmares in the also reports multiple fears that significantly restrict normal activity in and outside the home.

Thought Dysfunction

The test taker's responses indicate significant and pervasive thought dysfunction¹³. More specifically, he reports prominent persecutory ideation that likely rises to the level of paranoid delusions, including a strong belief that others seek to harm him¹⁴. He is very likely to be suspicious and distrustful¹⁵, to experience serious interpersonal difficulties as a result of pervasive interpersonal suspiciousness¹⁶, and to lack insight¹⁶.

He reports unusual thought processes¹⁷. He is likely to engage in unrealistic thinking¹⁸ and to believe he has unusual sensory-perceptual abilities¹⁹. His aberrant experiences may include somatic delusions²⁰.

Behavioral Dysfunction

There are no indications of maladaptive externalizing behavior in this protocol. However, because of indications of under-reporting described earlier, such problems cannot be ruled out.

Interpersonal Functioning Scales

The test taker reports having cynical beliefs, distrust of others, and believing others look out only for their own interests²¹. He is likely to be hostile toward others²² and feel alienated from them²³, and to have negative interpersonal experiences as a result of his cynical beliefs²⁴.

Interest Scales

The test taker reports an average number of interests in activities or occupations of an aesthetic or literary nature (e.g., writing, music, the theater)²⁵. He also reports an average number of interests in activities or occupations of a mechanical or physical nature (e.g., fixing and building things, the

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.

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Emotional Dysfunction

The test taker reports feeling anxious⁹ and is likely to experience significant anxiety and anxiety-related problems¹⁰, intrusive ideation, and nightmares¹¹. He also reports multiple fears that significantly restrict normal activity in and outside the home¹².

outdoors, sports)26.

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

- Somatoform disorder²⁷ and/or conditions involving somatic delusions, if physical origin for neurological complaints has been ruled out²⁸
- Anxiety-related disorders including PTSD²⁹
- Agoraphobia and specific phobias³⁰

Thought Disorders

- Disorders involving paranoid delusional thinking³¹
- Disorders manifesting psychotic symptoms32
- Personality disorders manifesting unusual thoughts and perceptions³³

Interpersonal Disorders

Personality disorders involving mistrust of and hostility toward others³⁴

TREATMENT CONSIDERATIONS

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

Areas for Further Evaluation

- May require inpatient treatment due to paranoid delusional thinking 35.
- Need for antipsychotic36 and anxiolytic37 medications.
- Extent to which genuine physical health problems contribute to the scores on the Somatic Complaints (RC1) and Neurological Complaints (NUC) scales²⁰.

Psychotherapy Process Issues

- Likely to reject psychological interpretations of somatic complaints²⁰.
- Extreme persecutory ideation may interfere with forming a therapeutic relationship and treatment compliance³⁵.
- Impaired thinking may disrupt treatment38.
- Cynicism may interfere with forming a therapeutic relationship³⁴.

Possible Targets for Treatment

- Anxiety37
- Behavior-restricting fears30
- Prominent persecutory ideation35
- Lack of interpersonal trust34

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.

172.

184.

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.

```
Anxiety (AXY, T Score = 80)
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79.

275.

289.

Ideas of Persecution (RC6, T Score = 80)

150

194.

212.

233.

264.

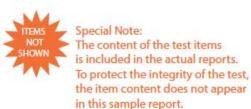
310.

Aberrant Experiences (RC8, T Score = 70)

32.

85.

179.



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 <u>Test Response</u>, if based on item content, a <u>Correlate</u>, if based on empirical correlates, or an <u>Inference</u>, 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.

```
<sup>1</sup> Correlate: Response % < 90, Ref. 5
<sup>2</sup> Correlate: F-r=83, Ref. 4, 10, 15, 16, 18, 25, 30
3 Correlate: L-r=66, Ref. 17
4 Test Response: RC1=68
5 Test Response: NUC=75
6 Correlate: RC1=68, Ref. 3, 27
7 Correlate: RC1=68, Ref. 4, 6, 8, 9, 11, 22, 23, 27, 28; NUC=75, Ref. 4, 27
8 Correlate: RC1=68, Ref. 9, 27; NUC=75, Ref. 27
9 Test Response: AXY=80
10 Correlate: AXY=80, Ref. 24
11 Correlate: AXY=80, Ref. 27
<sup>12</sup> Test Response: BRF=71
<sup>13</sup> Correlate: THD=74, Ref. 27; PSYC-r=73, Ref. 27
14 Test Response: RC6=80
15 Correlate: RC6=80, Ref. 2, 4, 11, 20, 23, 27
16 Correlate: RC6=80, Ref. 27
<sup>17</sup> Test Response: RC8=70; PSYC-r=73
18 Correlate: RC8=70, Ref. 4, 6, 7, 9, 27; PSYC-r=73, Ref. 27
<sup>19</sup> Correlate: RC8=70, Ref. 6, 7, 9, 26, 27; PSYC-r=73, Ref. 27
20 Inference: RC1=68; NUC=75
21 Test Response: RC3=65
22 Correlate: RC3=65, Ref. 8, 12, 21, 27
<sup>23</sup> Correlate: RC3=65, Ref. 12, 20, 27; RC6=80, Ref. 2, 11, 20, 23, 27
24 Correlate: RC3=65, Ref. 6, 27
25 Test Response: AES=56
26 Test Response: MEC=56
27 Correlate: RC1=68, Ref. 13, 14, 29
28 Inference: RC8=70; NUC=75
29 Correlate: AXY=80, Ref. 1, 24, 27
30 Inference: BRF=71
31 Correlate: RC6=80, Ref. 19
<sup>32</sup> Correlate: RC8=70, Ref. 27
33 Inference: RC8=70; PSYC-r=73
34 Inference: RC3=65
35 Inference: RC6=80
<sup>36</sup> Correlate: RC6=80, Ref. 27; PSYC-r=73, Ref. 27
```

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For additional information on this chapter, please reference:

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