SAMPLE REPORT



Case Description: Mr. J – Interpretive Report Outpatient, Community Mental Health Center

Mr. J is a 44-year-old divorced man assessed at intake for services at a community mental health center following a brief stay at a crisis stabilization unit. Mr. J was taken to the stabilization unit by law enforcement personnel after a serious suicide attempt involving vehicular carbon monoxide poisoning. He had been involved in very contentious divorce- and child custody-related proceedings for two years prior to this attempt. In addition to having a conflictual relationship with his ex-wife, Mr. J was estranged from his two teenage children, and he had minimal sources of social support. His only prior contact with a mental health professional involved a child custody evaluation conducted two years prior to the current assessment. Mr. J's ex-wife was granted full custody minus planned bi-weekly visitations with Mr. J.

The worker who conducted Mr. J's intake interview described him as depressed, despondent, tearful, and withdrawn. He was characterized as speaking in a monotone and giving laconic responses to questions he was asked. He was fully oriented and showed no signs of thought disturbance. No significant history of acting out behavior was elicited. Mr. J acknowledged continuing suicidal ideation but denied current intent. He was diagnosed with a Major Depressive Disorder, Severe with Melancholic Features and accepted for treatment in an intensive outpatient program.

Case descriptions do not accompany MMPI-3 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. J's responses to the MMPI-3. Additional MMPI-3 sample reports, product offerings, training opportunities, and resources can be found at **PearsonAssessments.com/MMPI-3**.

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Minnesota Multiphasic Personality Inventory®-3

Interpretive Report: Clinical Settings

MMPI[®]-3

Minnesota Multiphasic Personality Inventory®-3 Yossef S. Ben-Porath, PhD, & Auke Tellegen, PhD

reported reported

ID Number:	Mr. J
Age:	44
Gender:	Male
Marital Status:	Not reported
Years of Education:	Not reported
Date Assessed:	08/01/2020

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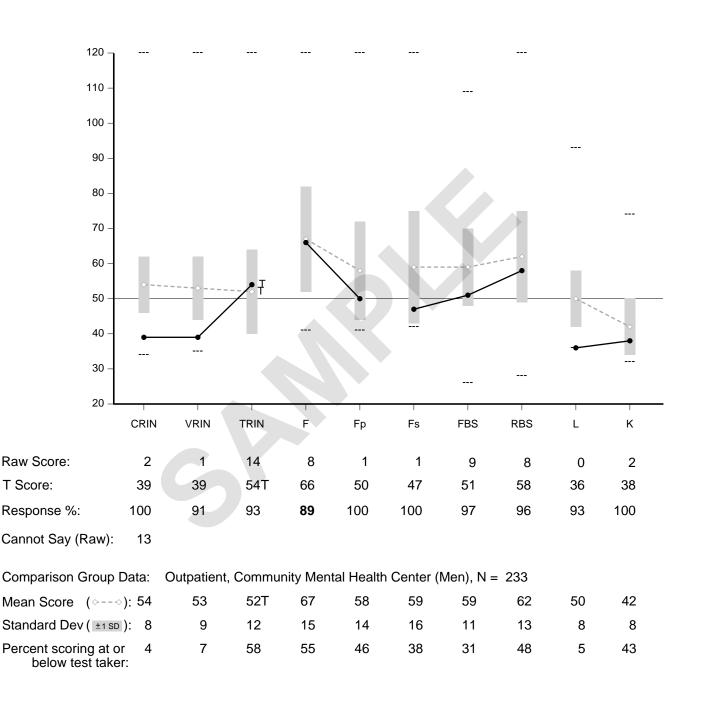
[1.0/RE1/QG1]

PEARSON

ALWAYS LEARNING

L Uncommon Virtues

K Adjustment Validity



MMPI-3 Validity Scales

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 T scores are non-gendered.

CRIN Combined Response Inconsistency

F Infrequent Responses

VRIN Variable Response Inconsistency

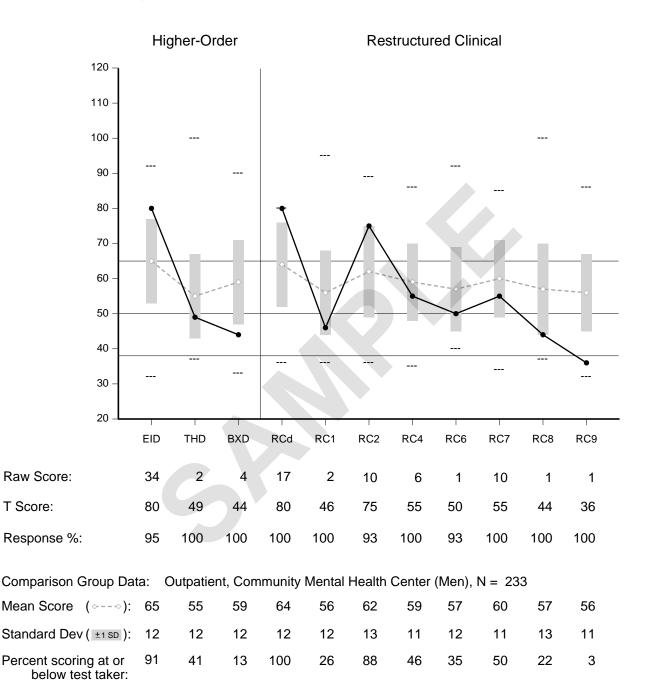
TRIN True Response Inconsistency

Fp Infrequent Psychopathology Responses

Infrequent Somatic Responses Fs

Symptom Validity Scale FBS

RBS Response Bias Scale



MMPI-3 Higher-Order (H-O) and Restructured Clinical (RC) Scales

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 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

RC4 Antisocial Behavior

RC6 Ideas of PersecutionRC7 Dysfunctional Negative EmotionsRC8 Aberrant ExperiencesRC9 Hypomanic Activation

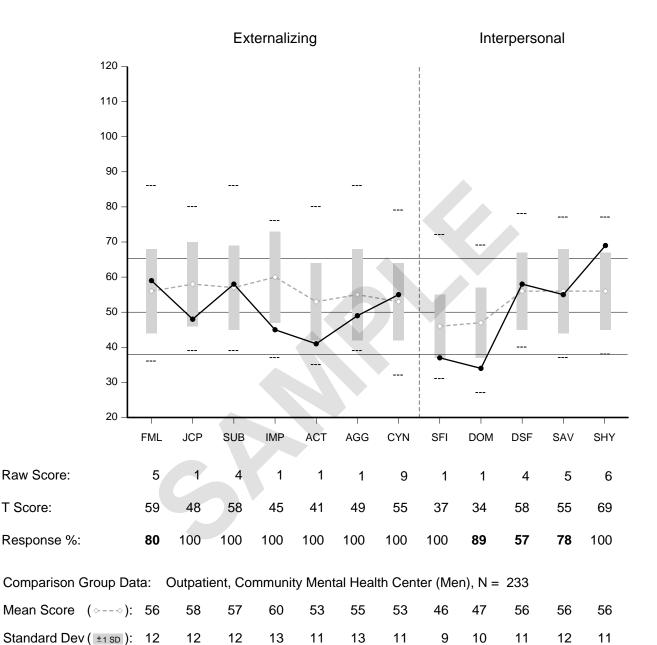
below test taker:

Somatic/Cognitive Internalizing ----------MLS NUC EAT COG SUI HLP SFD NFC STR WRY CMP ARX ANP BRF Raw Score: T Score: Response %: 100 100 Outpatient, Community Mental Health Center (Men), N = 233 Comparison Group Data: Mean Score (>-->): 56 Standard Dev (±1 sD): 12 Percent scoring at or

MMPI-3 Somatic/Cognitive Dysfunction and Internalizing Scales

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 T scores are non-gendered.

EAT	Malaise Neurological Complaints Eating Concerns Cognitive Complaints	HLP SFD NFC	Suicidal/Death Ideation Helplessness/Hopelessness Self-Doubt Inefficacy Stress	CMP ARX ANP	Worry Compulsivity Anxiety-Related Experiences Anger Proneness Behavior-Restricting Fears
		SIR	Stress	BRF	Behavior-Restricting Fears



MMPI-3 Externalizing and Interpersonal Scales

16

45

71

18

19

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 T scores are non-gendered.

Family Problems Juvenile Conduct Problems	-	Activation Aggression
 Substance Abuse Impulsivity	CYN	Cynicism

29

63

72

Percent scoring at or

below test taker:

SFISelf-ImportanceDOMDominanceDSFDisaffiliativenessSAVSocial AvoidanceSHYShyness

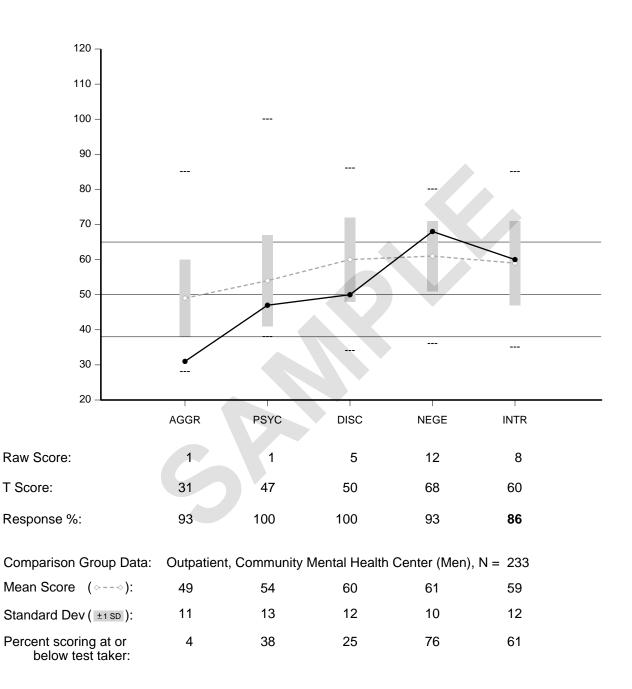
5

73

59

92

MMPI-3 PSY-5 Scales



The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-3 T scores are non-gendered.

Aggressiveness AGGR PSYC Psychoticism DISC Disconstraint NEGE Negative Emotionality/Neuroticism

INTR Introversion/Low Positive Emotionality

MMPI-3 T SCORES (BY DOMAIN)

PROTOCOL VALIDITY

Content Non-Responsiveness		13	39	39	54 T				
		CNS	CRIN	VRIN	TRIN				
Over-Reporting		66*	50		47	51	58		
- · · · · · · · · · · · · · · · · · · ·		F	Fp	-	Fs	FBS	RBS		
Under Departing		26	20						
Under-Reporting		<u>36</u> L	<u>38</u> К						
SUBSTANTIVE SCALES									
Somatic/Cognitive Dysfunction		46	59	38	44	46			
		RC1	MLS	NUC	EAT	COG			
		_							
Emotional Dysfunction	80	80	72	86	78	77			
	EID	RCd	SUI	HLP	SFD	NFC			
		75	60*						
		RC2	INTR						
		55	68	65	49*	59	51	63	68
		RC7	STR	WRY	CMP	ARX	ANP	BRF	NEGE
Thought Dysfunction	49	50							
	THD	RC6							
		44							
		RC8							
		47							
		PSYC							
Behavioral Dysfunction	44	55	59*	48	58				
	BXD	RC4	FML	JCP	SUB				
		36	45	41	49	55			
		RC9	IMP	ACT	AGG	CYN			
		50							
		DISC							
		<u> </u>							
Interpersonal Functioning		37	34*	31	58*	55*	69		
		SFI	DOM	AGGR	DSF	SAV	SHY		

*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.

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

Note. This information is provided to facilitate interpretation following the recommended structure for MMPI-3 interpretation in Chapter 5 of the *MMPI-3 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-3. 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.

The report includes extensive annotation, which appears as superscripts following each statement in the narrative, keyed to Endnotes with accompanying Research References, which appear in the final two sections of the report. Additional information about the annotation features is provided in the headnotes to these sections and in the MMPI-3 User's Guide for the Score and Clinical Interpretive Reports.

SYNOPSIS

Scores on the MMPI-3 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 emotional, behavioral, and interpersonal dysfunction. Emotional-internalizing findings include **suicidal ideation**, demoralization, lack of positive emotions, helplessness and hopelessness, self-doubt, perceived inefficacy, negative emotionality, stress, and worry. Behavioral-externalizing problems relate to lack of energy and engagement. Interpersonal difficulties include lack of self-esteem and social anxiety.

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."

Infrequent Responses (F): 89% Compulsivity (CMP): 88% Family Problems (FML): 80% Dominance (DOM): 89% Disaffiliativeness (DSF): 57% Social Avoidance (SAV): 78% Introversion/Low Positive Emotionality (INTR): 86%

Inconsistent Responding

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

Over-Reporting

The test taker may have over-reported general psychological dysfunction. The extent of possible over-reporting cannot be precisely determined because of 4 unscorable responses on the 35-item Infrequent Responses (F) scale. The following table shows what the T scores for F would be if the unscorable items had been answered in the keyed direction.

Scale: F T score based on scorable respo Cutoff for over-reporting concern	
If answered in the keyed direction	The T score would be
1	69
2	72
3	75
4	78

See Chapter 5 of the *MMPI-3 Manual for Administration, Scoring, and Interpretation* for guidance on interpreting elevated scores on F.

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. (Please see Chapter 5 of the MMPI-3 Manual for Administration, Scoring, and Interpretation for details.) Statements containing the word "reports" are based on the item content of MMPI-3 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

There are no indications of somatic or cognitive dysfunction in this protocol.

Emotional Dysfunction

The test taker reports a history of suicidal/death ideation and/or past suicide attempts². He likely is at risk for self-harm³, is preoccupied with suicide and death⁴, and is at risk for current suicidal ideation and attempts⁵.

His responses indicate considerable emotional distress that is likely to be perceived as a crisis⁶. More specifically, he reports experiencing significant demoralization, feeling overwhelmed, and being extremely unhappy, sad, and dissatisfied with his life⁷. He very likely complains about significant depression⁸ and experiences sadness and despair⁹. In particular, he reports having lost hope and believing he cannot change and overcome his problems and is incapable of reaching his life goals¹⁰. He very likely feels hopeless, overwhelmed, and that life is a strain¹¹, believes he cannot be helped¹¹ and gets a raw deal from life¹², and lacks motivation for change¹³. He also reports lacking confidence, feeling worthless, and believing he is a burden to others¹⁴. He very likely experiences self-doubt, feels insecure and inferior, and is self-disparaging and intropunitive¹⁵. In addition, he reports being very indecisive and inefficacious, believing he is incapable of making decisions and dealing effectively with crisis situations, and even having difficulties dealing with small, inconsequential matters¹⁶. He very likely experiences subjective incompetence and shame¹⁷ and lacks perseverance and self-reliance¹⁸.

The test taker reports a lack of positive emotional experiences and a lack of interest¹⁹. He likely is pessimistic²⁰ and presents with anhedonia²¹.

He reports experiencing an elevated level of negative emotionality²² and indeed likely experiences various negative emotions²³. More specifically, he reports an above average level of stress²⁴. He likely complains about

stress²⁵ and feels incapable of controlling his anxiety level²⁵. He also reports excessive worry, including worries about misfortune and finances, as well as preoccupation with disappointments²⁶. He indeed likely worries excessively²⁷ and ruminates²⁸.

Thought Dysfunction

There are no indications of disordered thinking in this protocol.

Behavioral Dysfunction

There are no indications of maladaptive externalizing behavior in this protocol. The test taker reports a low energy level²⁹ and indeed likely has a low energy level³⁰ and is disengaged from his normal activities³⁰.

Interpersonal Functioning Scales

The test taker describes himself as lacking in positive qualities³¹.

He reports being shy, easily embarrassed, and uncomfortable around others³². He is likely to be socially introverted³³ and inhibited³⁴, anxious and nervous in social situations³⁵, and viewed by others as socially awkward³⁶.

DIAGNOSTIC CONSIDERATIONS

This section provides recommendations for psychodiagnostic assessment based on the test taker's MMPI-3 results. It is recommended that he be evaluated for the following, bearing in mind possible threats to protocol validity noted earlier in this report:

Emotional-Internalizing Disorders

- Major depression and other anhedonia-related disorders37
- Features of personality disorders involving negative emotionality such as Dependent³⁸
- Generalized anxiety disorder²⁵
- Disorders involving excessive worry³⁹

Interpersonal Disorders

- Social anxiety disorder (social phobia)40

TREATMENT CONSIDERATIONS

This section provides inferential treatment-related recommendations based on the test taker's MMPI-3 scores. The following recommendations need to be considered in light of cautions noted earlier about possible threats to protocol validity.

Areas for Further Evaluation

- Risk for suicide should be assessed immediately⁴¹.
- Need for antidepressant medication⁴².

Psychotherapy Process Issues

- Serious emotional difficulties may motivate him for treatment⁴³.
- Indecisiveness may interfere with establishing treatment goals and progress in treatment⁴⁴.

Possible Targets for Treatment

- Demoralization as an initial target⁴⁵
- Loss of hope and feelings of despair as early targets for intervention⁴⁶
- Low self-esteem and other manifestations of self-doubt47
- Anhedonia48
- Developing stress management skills49
- Excessive worry and rumination³⁹
- Anxiety in social situations⁴⁰

ITEM-LEVEL INFORMATION

Unscorable Responses

Item numbers and content are included in the actual reports. To protect test security, the item details do not appear in this sample report.

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 scale(s) on which the items appear are in parentheses following the item content.

Note

Item number and content omitted. (VRIN, SAV, INTR) Item number and content omitted. (CMP) Item number and content omitted. (TRIN, F, DSF) Item number and content omitted. (TRIN, F, FML) Item number and content omitted. (VRIN, DSF) Item number and content omitted. (FBS) Item number and content omitted. (EID, RC2, SAV, INTR) Item number and content omitted. (RBS, L) Item number and content omitted. (F, FML) Item number and content omitted. (VRIN, DSF) Item number and content omitted. (VRIN, EID, ANP, NEGE) Item number and content omitted. (F, RC6)

Critical Responses

Seven MMPI-3 scales—Suicidal/Death Ideation (SUI), Helplessness/Hopelessness (HLP), Anxiety-Related Experiences (ARX), 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. However, any item answered in the keyed direction on SUI is listed. The percentage of the MMPI-3 normative sample (NS) and of the Outpatient, Community Mental Health Center (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 = 72)

Item number and content omitted. (True; NS 22.2%, CG 43.3%) Item number and content omitted. (True; NS 8.1%, CG 25.8%) Item number and content omitted. (True; NS 2.5%, CG 20.2%)

Helplessness/Hopelessness (HLP, T Score = 86)

Item number and content omitted. (True; NS 10.9%, CG 21.9%) Item number and content omitted. (True; NS 8.7%, CG 37.3%) Item number and content omitted. (True; NS 12.3%, CG 23.6%) Item number and content omitted. (True; NS 4.6%, CG 28.3%) Item number and content omitted. (True; NS 45.4%, CG 50.6%) Item number and content omitted. (False; NS 22.0%, CG 40.8%) Item number and content omitted. (True; NS 8.4%, CG 27.9%)

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-3 normative sample (NS) and of the Outpatient, Community Mental Health Center (Men) Comparison Group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Demoralization (RCd, T Score = 80)

Note

Item numbers and content are included in the actual reports. To protect test security, the item details do not appear in this sample report.

Item number and content omitted. (True; NS 11.3%, CG 50.6%)
Item number and content omitted. (True; NS 44.5%, CG 82.8%)
Item number and content omitted. (True; NS 14.9%, CG 55.8%)
Item number and content omitted. (True; NS 29.4%, CG 66.1%)
Item number and content omitted. (True; NS 41.0%, CG 74.7%)
Item number and content omitted. (False; NS 15.7%, CG 60.9%)
Item number and content omitted. (True; NS 35.3%, CG 68.2%)
Item number and content omitted. (True; NS 23.9%, CG 51.5%)
Item number and content omitted. (True; NS 21.9%, CG 58.4%)
Item number and content omitted. (True; NS 21.5%, CG 59.7%)
Item number and content omitted. (True; NS 58.0%, CG 86.7%)
Item number and content omitted. (True; NS 27.8%, CG 67.8%)
Item number and content omitted. (False; NS 46.0%, CG 75.1%)
Item number and content omitted. (True; NS 28.7%, CG 70.8%)
Item number and content omitted. (True; NS 25.7%, CG 61.8%)
Item number and content omitted. (True; NS 32.0%, CG 69.5%)
Item number and content omitted. (True; NS 22.0%, CG 60.5%)

Low Positive Emotions (RC2, T Score = 75)

Item number and content omitted. (False; NS 17.9%, CG 57.1%) Item number and content omitted. (False; NS 27.2%, CG 51.1%) Item number and content omitted. (False; NS 41.2%, CG 59.7%) Item number and content omitted. (False; NS 29.7%, CG 50.6%) Item number and content omitted. (True; NS 13.2%, CG 49.8%) Item number and content omitted. (False; NS 7.3%, CG 36.1%) Item number and content omitted. (False; NS 9.1%, CG 27.9%) Item number and content omitted. (False; NS 22.0%, CG 40.8%) Item number and content omitted. (False; NS 33.5%, CG 51.9%) Item number and content omitted. (False; NS 27.0%, CG 48.9%)

Self-Doubt (SFD, T Score = 78)

Item number and content omitted. (True; NS 11.3%, CG 50.6%) Item number and content omitted. (True; NS 29.4%, CG 66.1%) Item number and content omitted. (True; NS 41.0%, CG 74.7%) Item number and content omitted. (True; NS 11.8%, CG 52.4%) Item number and content omitted. (True; NS 28.7%, CG 70.8%) Item number and content omitted. (True; NS 14.6%, CG 42.9%) Item number and content omitted. (True; NS 32.0%, CG 69.5%)

Item number and content omitted. (True; NS 37.7%, CG 67.0%)
Item number and content omitted. (True; NS 45.2%, CG 63.1%)
Item number and content omitted. (True; NS 42.3%, CG 62.2%)
Item number and content omitted. (True; NS 35.3%, CG 68.2%)
Item number and content omitted. (True; NS 23.9%, CG 51.5%)
Item number and content omitted. (True; NS 25.2%, CG 47.2%)
Item number and content omitted. (True; NS 29.0%, CG 66.5%)
Item number and content omitted. (True; NS 20.9%, CG 48.5%)
Item number and content omitted. (True; NS 40.2%, CG 62.7%)

Stress (STR, T Score = 68)

Item number and content omitted. (False; NS 31.7%, CG 54.9%)
Item number and content omitted. (False; NS 26.7%, CG 53.6%)
Item number and content omitted. (True; NS 30.9%, CG 57.9%)
Item number and content omitted. (True; NS 31.6%, CG 66.1%)
Item number and content omitted. (False; NS 58.8%, CG 89.3%)

Worry (WRY, T Score = 65)

Item number and content omitted. (True; NS 42.5%, CG 79.0%) Item number and content omitted. (True; NS 26.3%, CG 60.9%) Item number and content omitted. (True; NS 40.6%, CG 71.7%) Item number and content omitted. (True; NS 54.0%, CG 84.1%) Item number and content omitted. (True; NS 57.8%, CG 76.8%) Item number and content omitted. (True; NS 50.9%, CG 83.3%)

Shyness (SHY, T Score = 69)

Item number and content omitted. (True; NS 27.8%, CG 56.7%)
Item number and content omitted. (True; NS 29.1%, CG 46.8%)
Item number and content omitted. (True; NS 38.0%, CG 56.7%)
Item number and content omitted. (True; NS 38.6%, CG 63.9%)
Item number and content omitted. (True; NS 52.2%, CG 66.5%)
Item number and content omitted. (False; NS 32.3%, CG 52.4%)

Negative Emotionality/Neuroticism (NEGE, T Score = 68)

Item number and content omitted. (True; NS 31.2%, CG 77.3%) Item number and content omitted. (False; NS 26.7%, CG 53.6%) Item number and content omitted. (True; NS 16.9%, CG 44.2%) Item number and content omitted. (True; NS 26.3%, CG 60.9%) Item number and content omitted. (True; NS 38.4%, CG 67.4%) Item number and content omitted. (True; NS 40.6%, CG 71.7%) Item number and content omitted. (True; NS 46.0%, CG 66.5%) Item number and content omitted. (True; NS 26.0%, CG 73.0%) Item number and content omitted. (True; NS 35.8%, CG 75.1%) Item number and content omitted. (True; NS 59.1%, CG 83.7%) Item number and content omitted. (True; NS 54.0%, CG 84.1%)

Note

Item numbers and content are included in the actual reports. To protect test security, the item details do not appear in this sample report.

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Item number and content omitted. (True; NS 50.9%, CG 83.3%)

C

ENDNOTES

This section lists for each statement in the report the MMPI-3 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.

¹ Correlate: Response % < 90, Ref. 12 ² Test Response: SUI=72 ³ Correlate: SUI=72, Ref. 7, 26, 31 ⁴ Correlate: SUI=72, Ref. 4, 7, 20, 21, 30, 31, 32, 42, 45 ⁵ Correlate: SUI=72, Ref. 4, 7, 20, 21, 31, 42, 43, 45 6 Correlate: EID=80, Ref. 7, 25, 33, 45 ⁷ Test Response: RCd=80 ^e Correlate: RCd=80, Ref. 1, 5, 7, 8, 9, 10, 13, 14, 16, 17, 18, 23, 24, 29, 30, 34, 36, 37, 38, 40, 41, 44, 45, 46, 47, 49, 50; RC2=75, Ref. 1, 5, 7, 8, 9, 10, 16, 17, 18, 23, 24, 34, 36, 37, 38, 40, 41, 45, 46, 47, 49, 50 ⁹ Correlate: RCd=80, Ref. 7 ¹⁰ Test Response: HLP=86 ¹¹ Correlate: HLP=86. Ref. 45 ¹² Correlate: RCd=80, Ref. 45; HLP=86, Ref. 45 ¹³ Correlate: HLP=86, Ref. 7 ¹⁴ Test Response: SFD=78 ¹⁵ Correlate: SFD=78, Ref. 7, 45 ¹⁶ Test Response: NFC=77 ¹⁷ Correlate: NFC=77, Ref. 7 ¹⁸ Correlate: NFC=77, Ref. 10 ¹⁹ Test Response: RC2=75 ²⁰ Correlate: RC2=75, Ref. 15, 40, 45; HLP=86, Ref. 45 ²¹ Correlate: RC2=75, Ref. 7, 45 ²² Test Response: NEGE=68 ²³ Correlate: NEGE=68. Ref. 7 ²⁴ Test Response: STR=68 ²⁵ Correlate: STR=68, Ref. 7 ²⁶ Test Response: WRY=65 ²⁷ Correlate: WRY=65, Ref. 7 ²⁸ Correlate: WRY=65, Ref. 7; SFD=78, Ref. 7, 45 ²⁹ Test Response: RC9=36 ³⁰ Correlate: RC9=36, Ref. 7, 45 ³¹ Test Response: SFI=37 ³² Test Response: SHY=69 ³³ Correlate: SHY=69, Ref. 1, 2, 6, 7, 11 ³⁴ Correlate: SHY=69, Ref. 1, 6, 7, 45 ³⁵ Correlate: SHY=69, Ref. 6, 7, 10, 19, 30 ³⁶ Correlate: SHY=69, Ref. 7, 45 ³⁷ Correlate: RCd=80, Ref. 7, 22, 27, 28, 35, 41, 45, 48; RC2=75, Ref. 7, 22, 27, 28, 35, 41, 45, 48 ³⁸ Correlate: NEGE=68, Ref. 3, 7, 39 ³⁹ Inference: WRY=65 ⁴⁰ Inference: SHY=69 ⁴¹ Inference: SUI=72 42 Correlate: RC2=75, Ref. 7 ⁴³ Inference: EID=80; RCd=80; NEGE=68 ⁴⁴ Inference: NFC=77 ⁴⁵ Inference: RCd=80

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⁴⁶ Inference: HLP=86 ⁴⁷ Inference: SFD=78

- ⁴⁸ Inference: RC2=75
- ⁴⁹ Inference: STR=68

RESEARCH REFERENCE LIST

The following studies are sources for empirical correlates identified in the Endnotes section of this report.

- Anderson, J. L., Sellbom, M., Ayearst, L., Quilty, L. C., Chmielewski, M., & Bagby, R. M. (2015). Associations between DSM-5 Section III personality traits and the Minnesota Multiphasic Personality Inventory 2-Restructured Form (MMPI-2-RF) scales in a psychiatric patient sample. *Psychological Assessment*, 27(3), 801–815. <u>https://doi.org/10.1037/pas0000096</u>
- Anderson, J. L., Sellbom, M., Pymont, C., Smid, W., De Saeger, H., & Kamphuis, J. H. (2015). Measurement of DSM-5 Section II personality disorder constructs using the MMPI-2-RF in clinical and forensic samples. *Psychological Assessment*, 27(3), 786–800. <u>https://doi.org/10.1037/pas0000103</u>
- Anderson, J. L., Wood, M. E., Tarescavage, A. M., Burchett, D., & Glassmire, D. M. (2018). The role of dimensional personality psychopathology in a forensic inpatient psychiatric setting. *Journal of Personality Disorders*, 32(4), 447–464. <u>https://doi.org/10.1521/pedi_2017_31_301</u>
- Anestis, J. C., Finn, J. A., Gottfried, E. D., Hames, J. L., Bodell, L. P., Hagan, C. R., Arnau, R. C., Anestis, M. D., Arbisi, P. A., & Joiner, T. E. (2018). Burdonesomeness, belongingness, and capability: Assessing the interpersonal-psychological theory of suicide with MMPI-2-RF scales. *Assessment*, 25(4), 415–431. <u>https://doi.org/10.1177/1073191116652227</u>
- 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(2), 122–128. <u>https://doi.org/10.1080/00223890701845146</u>
- 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*(2), 187–196. <u>https://doi.org/10.1080/00223891.2012.730085</u>
- 7. Ben-Porath, Y. S., & Tellegen, A. (2020). *The Minnesota Multiphasic Personality Inventory-3 (MMPI-3): Technical manual.* University of Minnesota Press.
- Binford, A., & Liljequist, L. (2008). Behavioral correlates of selected MMPI-2 Clinical, Content, and Restructured Clinical scales. *Journal of Personality Assessment, 90*(6), 608–614. <u>https://doi.org/10.1080/00223890802388657</u>
- Block, A. R., Ben-Porath, Y. S., & Marek, R. J. (2013). Psychological risk factors for poor outcome of spine surgery and spinal cord stimulator implant: A review of the literature and their assessment with the MMPI-2-RF. *The Clinical Neuropsychologist*, 27(1), 81–107. <u>https://doi.org/10.1080/13854046.2012.721007</u>
- 10. Burchett, D. L., & Ben-Porath, Y. S. (2010). The impact of over-reporting on MMPI-2-RF substantive scale score validity. *Assessment, 17*(4), 497–516. <u>https://doi.org/10.1177/1073191110378972</u>
- Crighton, A. H., Tarescavage, A. M., Gervais, R. O., & Ben-Porath, Y. S. (2017). The generalizability of over-reporting across self-report measures: An investigation with the Minnesota Multiphasic Personality Inventory-2-Restructured Form and the Personality Assessment Inventory in a civil disability sample. Assessment, 24(5), 555–574. <u>https://doi.org/10.1177/1073191115621791</u>
- Dragon, W. R., Ben-Porath, Y. S., & Handel, R. W. (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*(1), 101–113. <u>https://doi.org/10.1177/1073191111415362</u>
- Erbes, C. R., Polusny, M. A., Arbisi, P. A., & Koffel, E. (2012). PTSD symptoms in a cohort of National Guard Soldiers deployed to Iraq: Evidence for nonspecific and specific components. *Journal of Affective Disorders, 142*(1–3), 269–274. <u>https://doi.org/10.1016/j.jad.2012.05.013</u>

- Finn, J. A., Ben-Porath, Y. S., & Tellegen, A. (2015). Dichotomous versus polytomous response options in psychopathology assessment: Method or meaningful variance? *Psychological Assessment*, 27(1), 184–193. <u>https://doi.org/10.1037/pas0000044</u>
- 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*(1), 46–58. <u>https://doi.org/10.1037/1541-1559.4.1.46</u>
- 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*(2), 136–141. <u>https://doi.org/10.1080/00223890701845161</u>
- Forbey, J. D., Ben-Porath, Y. S., & Arbisi, P. A. (2012). The MMPI-2 computer adaptive version (MMPI-2-CA) in a Veterans Administration medical outpatient facility. *Psychological Assessment, 24*(3), 628–639. <u>https://doi.org/10.1037/a0026509</u>
- 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(4), 279–292. <u>https://doi.org/10.1037/a0016195</u>
- Forbey, J. D., Lee, T. T. C., & Handel, R. W. (2010). Correlates of the MMPI-2-RF in a college setting. Psychological Assessment, 22(4), 737–744. <u>https://doi.org/10.1037/a0020645</u>
- Glassmire, D. M, Tarescavage, A. M., Burchett, D., Martinez, J., & Gomez, A. (2016). Clinical utility of the MMPI-2-RF SUI items and scale in a forensic inpatient setting: Association with interview self-reports and future suicidal behavior. *Psychological Assessment, 28*(11), 1502–1509. <u>https://doi.org/10.1037/pas0000220</u>
- Gottfried, E., Bodell, L., Carbonell, J., & Joiner, T. (2014). The clinical utility of the MMPI-2-RF Suicidal/Death Ideation Scale. *Psychological Assessment, 26*(4), 1205–1211. <u>https://doi.org/10.1037/pas0000017</u>
- 22. Haber, J. C., & Baum, L. J. (2014). Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF) Scales as predictors of psychiatric diagnoses. *South African Journal of Psychology, 44*(4), 439–453. <u>https://doi.org/10.1177/0081246314532788</u>
- 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*(3), 239–249. <u>https://doi.org/10.1080/00223890701884954</u>
- Kamphuis, J. H., Arbisi, P. A., Ben-Porath, Y. S., & McNulty, J. L. (2008). Detecting comorbid Axis-II status among inpatients using the MMPI-2 Restructured Clinical Scales. *European Journal of Psychological Assessment, 24,* 157–164. <u>https://doi.org/10.1027/1015-5759.24.3.157</u>
- 25. Lanyon, R. I., & Thomas, M. L. (2013). Assessment of global psychiatric categories: The PSI/PSI-2 and the MMPI-2-RF. *Psychological Assessment, 25*(1), 227–232. <u>https://doi.org/10.1037/a0030313</u>
- Laurinaityte, I., Laurinavicius, A., Ustinaviciute, L., Wygant, D. B., Sellbom, M. (2017). Utility of the MMPI-2 Restructured Form (MMPI-2-RF) in a sample of Lithuanian male offenders. *Law and Human Behavior, 41*(5), 494–505. <u>https://doi.org/10.1037/lhb0000254</u>
- Lee, T. T. C., Graham, J. R., & Arbisi, P. A. (2018). The utility of MMPI-2-RF scale scores in the differential diagnosis of schizophrenia and major depressive disorder. *Journal of Personality Assessment*, *100*(3), 305–312. <u>https://doi.org/10.1080/00223891.2017.1300906</u>

- McCord, D. M., & Drerup, L. C. (2011). Relative practical utility of the Minnesota Multiphasic Personality Inventory-2 Restructured Clinical Scales versus the Clinical Scales in a chronic pain patient sample. *Journal* of Clinical and Experimental Neuropsychology, 33(1), 140–146. https://doi.org/10.1080/13803395.2010.495056
- McDevitt-Murphy, M. E., Weathers, F. W., Flood, A. M., Eakin, D. E., & Benson, T. A. (2007). The utility of the PAI and the MMPI-2 for discriminating PTSD, depression, and social phobia in trauma-exposed college students. *Assessment*, 14(2), 181–195. <u>https://doi.org/10.1177/1073191106295914</u>
- Menton, W. H., Crighton, A. H., Tarescavage, A. M., Marek, R. J., Hicks, A. D., & Ben-Porath, Y. S. (2019). Equivalence of laptop and tablet administrations of the Minnesota Multiphasic Personality Inventory-2 Restructured Form. *Assessment*, 26(4), 661–669. <u>https://doi.org/10.1177/1073191117714558</u>
- Miller, S. N., Bozzay, M. L., Ben-Porath, Y. S., & Arbisi, P. A. (2019). Distinguishing levels of suicide risk in depressed male veterans: The role of internalizing and externalizing psychopathology as measured by the MMPI-2-RF. Assessment, 26(1), 85–98. <u>https://doi.org/10.1177/1073191117743787</u>
- Rogers, M. L., Anestis, J. C., Harrop, T. M., Schneider, M., Bender, T. W., Ringer, F. B., & Joiner, T. E. (2017). Examination of MMPI-2-RF substantive scales as indicators of acute suicidal affective disturbance components. *Journal of Personality Assessment, 99*(4), 424–434. https://doi.org/10.1080/00223891.2016.1222393
- Romero, I. E., Toorabally, N., Burchett, D., Tarescavage, A. M., & Glassmire, D. M. (2017). Mapping the MMPI-2-RF substantive scales onto, internalizing, externalizing, and thought dysfunction dimensions in a forensic inpatient setting. *Journal of Personality Assessment, 99*(4), 351–362. <u>https://doi.org/10.1080/00223891.2016.1223681</u>
- Sellbom, M., Anderson, J. L., & Bagby, R. M. (2013). Assessing DSM-5 Section III personality traits and disorders with the MMPI-2-RF. Assessment, 20(6), 709–722. <u>https://doi.org/10.1177/1073191113508808</u>
- 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*(2), 176–186. <u>https://doi.org/10.1177/1073191111428763</u>
- 36. Sellbom, M., Ben-Porath, Y. S., & Bagby, R. M. (2008). On the hierarchical structure of mood and anxiety disorders: Confirmatory evidence and elaboration of a model of temperament markers. *Journal of Abnormal Psychology*, *117*(3), 576–590. <u>https://doi.org/10.1037/a0012536</u>
- 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*(1), 89–99. <u>https://doi.org/10.1207/s15327752jpa8601_10</u>
- Sellbom, M., Graham, J. R., & Schenk, P. W. (2006). Incremental validity of the MMPI-2 Restructured Clinical (RC) Scales in a private practice sample. *Journal of Personality Assessment, 86*(2), 196–205. <u>https://doi.org/10.1207/s15327752jpa8602_09</u>
- Sellbom, M., & Smith, A. (2017). Assessment of DSM-5 Section II personality disorders with the MMPI-2-RF in a nonclinical sample. *Journal of Personality Assessment, 99*(4), 384–397. <u>https://doi.org/10.1080/00223891.2016.1242074</u>
- Shkalim, E. (2015). Psychometric evaluation of the MMPI-2/MMPI-2-RF Restructured Clinical Scales in an Israeli sample. Assessment, 22(4), 607–618. <u>https://doi.org/10.1177/1073191114555884</u>
- 41. Simms, L. J., Casillas, A., Clark, L. A., Watson, D., & Doebbeling, B. N. (2005). Psychometric evaluation of the Restructured Clinical Scales of the MMPI-2. *Psychological Assessment, 17*(3), 345–358. https://doi.org/10.1037/1040-3590.17.3.345

- 42. Stanley, I. H., Yancey, J. R., Patrick, C. J., & Joiner, T. E. (2018). A distinct configuration of MMPI-2-RF scales RCd and RC9/ACT is associated with suicide attempt risk among suicide ideators in a psychiatric outpatient sample. *Psychological Assessment*, *30*(9), 1249–1254. <u>https://doi.org/10.1037/pas0000588</u>
- 43. Tarescavage, A. M., Glassmire, D. M., & Burchett, D. (2018). Minnesota Multiphasic Personality Inventory-2-Restructured Form markers of future suicidal behavior in a forensic psychiatric hospital. *Psychological Assessment*, *30*(2), 170–178. <u>https://doi.org/10.1037/pas0000463</u>
- Tarescavage, A. M., Scheman, J., & Ben-Porath, Y. S. (2015). Reliability and validity of the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) in evaluations of chronic low back pain patients. *Psychological Assessment, 27*(2), 433–446. <u>https://doi.org/10.1037/pas0000056</u>
- 45. Tellegen, A., & Ben-Porath, Y. S. (2008/2011). *Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF): Technical manual.* University of Minnesota Press.
- Tellegen, A., Ben-Porath, Y. S., Sellbom, M., Arbisi, P. A., McNulty, J. L., & Graham, J. R. (2006). Further evidence on the validity of the MMPI-2 Restructured Clinical (RC) Scales: Addressing questions raised by Rogers, Sewell, Harrison, and Jordan and Nichols. *Journal of Personality Assessment, 87*,(2), 148–171. <u>https://doi.org/10.1207/s15327752jpa8702_04</u>
- Vachon, D. D., Sellbom, M., Ryder, A. G., Miller, J. D., & Bagby, R. M. (2009). A five-factor model description of depressive personality disorder. *Journal of Personality Disorders*, 23(5), 447–465. <u>https://doi.org/10.1521/pedi.2009.23.5.447</u>
- 48. Van der Heijden, P. T., Egger, J. I. M., Rossi, G. M. P., Grundel, G., & Derksen, J. J. L. (2013). The MMPI-2-Restructured Form and the standard MMPI-2 Clinical Scales in relation to DSM-IV. *European Journal of Psychological Assessment, 29*(3), 182–188. <u>https://doi.org/10.1027/1015-5759/a000140</u>
- Wolf, E. J., Miller, M. W., Orazem, R. J., Weierich, M. R., Castillo, D. T., Milford, J., Kaloupek, D. G., & Keane, T. M. (2008). The MMPI-2 Restructured Clinical Scales in the assessment of posttraumatic stress disorder and comorbid disorders. *Psychological Assessment*, 20(4), 327–340. <u>https://doi.org/10.1037/a0012948</u>
- Wygant, D. B., Boutacoff, L. I., Arbisi, P. A., Ben-Porath, Y. S., Kelly, P. H., & Rupp, W. M. (2007). Examination of the MMPI-2 Restructured Clinical (RC) Scales in a sample of bariatric surgery candidates. *Journal of Clinical Psychology in Medical Settings, 14*(3), 197–205. <u>https://doi.org/10.1007/s10880-007-9073-8</u>

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