

**Introducing the MMPI-2-RF**

Yossef S. Ben-Porath  
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**Disclosure**

Yossef Ben-Porath is a paid consultant to the MMPI publisher, the University of Minnesota, and distributor, Pearson. As co-author of the MMPI-2-RF he receives royalties on sales of the test.

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**Agenda**

- Overview
- Scales
- Documentation and Standard Procedures
- Customization

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## MMPI-2-RF Overview

- 338-item version of MMPI-2
  - Released August 2008
- Authors
- Subset of MMPI-2 pool
- Norms based on MMPI-2 sample
- MMPI-2 remains available and supported

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## MMPI-2-RF Scales

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## MMPI-2-RF Scales

- 51 Scales
  - 9 Validity Scales
  - 3 Higher-Order Scales
  - 9 RC Scales
  - 23 Specific Problems Scales
    - 5 Somatic/Cognitive
    - 9 Internalizing
    - 4 Externalizing
    - 5 Interpersonal
  - 2 Interest Scales
  - 5 PSY-5 Scales

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## MMPI-2-RF: Validity Scales

- VRIN-r: **Variable Response Inconsistency** – Random responding
- TRIN-r: **True Response Inconsistency** – Fixed responding
- F-r: **Infrequent Responses** – Responses infrequent in the general population
- Fp-r: **Infrequent Psychopathology Responses** – Responses infrequent in psychiatric populations
- Fs: **Infrequent Somatic Responses** – Somatic complaints infrequent in medical patient populations
- FBS-r: **Symptom Validity** – Somatic and cognitive complaints associated at high levels with over-reporting
- RBS: **Response Bias Scale** - Exaggerated memory complaints
- L-r: **Uncommon Virtues** – Rarely claimed moral attributes or activities
- K-r: **Adjustment Validity** – Avowals of good psychological adjustment associated at high levels with under-reporting

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## MMPI-2-RF: Higher-Order Scales

- EID – **Emotional/Internalizing Dysfunction** – Problems associated with mood and affect
- THD – **Thought Dysfunction** – Problems associated with disordered thinking
- BXD – **Behavioral/Externalizing Dysfunction** – Problems associated with under-controlled behavior

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## MMPI-2-RF: RC Scales

- Identical to MMPI-2 RC Scales
- RCd: **Demoralization** – General unhappiness and dissatisfaction
- RC1: **Somatic Complaints** – Diffuse physical health complaints
- RC2: **Low Positive Emotions** – Lack of positive emotional responsiveness
- RC3: **Cynicism** – Non-self-referential beliefs expressing distrust and a generally low opinion of others
- RC4: **Antisocial Behavior** – Rule breaking and irresponsible behavior

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## MMPI-2-RF: RC Scales

- RC6: **Ideas of Persecution** – Self-referential beliefs that others pose a threat
- RC7: **Dysfunctional Negative Emotions** – Maladaptive anxiety, anger, irritability
- RC8: **Aberrant Experiences** -- Unusual perceptions or thoughts
- RC9: **Hypomanic Activation** – Over-Activation, aggression, impulsivity, and grandiosity

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## MMPI-2-RF: Specific Problems (SP) Scales

### • Somatic/Cognitive

- MLS: **Malaise** – Overall sense of physical debilitation, poor health
- GIC: **Gastrointestinal Complaints** – Nausea, recurring upset stomach, and poor appetite
- HPC: **Head Pain Complaints** – Head and neck pain
- NUC: **Neurological Complaints** – Dizziness, weakness, paralysis, loss of balance, etc.
- COG: **Cognitive Complaints** – Memory problems, difficulties concentrating

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## MMPI-2-RF: Specific Problems (SP) Scales

### • Internalizing (RCd Facets):

- SUI: **Suicidal/Death Ideation** – Direct reports of suicidal ideation and recent attempts
- HLP: **Helplessness/Hopelessness** – Belief that goals cannot be reached or problems solved
- SFD: **Self-Doubt** -- Lack of self-confidence, feelings of uselessness
- NFC: **Inefficacy** – Belief that one is indecisive and ineffectual

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MMPI-2-RF:  
Specific Problems (SP) Scales

• **Internalizing (RC7 Facets):**

- STW: **Stress/Worry** -- Preoccupation with disappointments, difficulty with time pressure
- AXY: **Anxiety** – Pervasive anxiety, frights, frequent nightmares
- ANP: **Anger Proneness** -- Becoming easily angered, impatient with others
- BRF: **Behavior-Restricting Fears** -- Fears that significantly inhibit normal behavior
- MSF: **Multiple Specific Fears** -- Fears of blood, fire, thunder, etc.

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MMPI-2-RF:  
Specific Problems (SP) Scales

• **Externalizing:**

**RC4 Facets**

- JCP: **Juvenile Conduct Problems** – Difficulties at school and at home, stealing
- SUB: **Substance Abuse** – Current and past misuse of alcohol and drugs

**RC9 Facets**

- AGG: **Aggression** – Physically aggressive, violent behavior
- ACT: **Activation** – Heightened excitation and energy level

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MMPI-2-RF:  
Specific Problems (SP) Scales

• **Interpersonal:**

- FML: **Family Problems** – Conflictual family relationships
- IPP: **Interpersonal Passivity** – Being unassertive and submissive
- SAV: **Social Avoidance** – Avoiding or not enjoying social events
- SHY: **Shyness** – Bashful, prone to feel inhibited and anxious around others
- DSF: **Disaffiliativeness** – Disliking people and being around them

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## MMPI-2-RF: Interest Scales

- AES: **Aesthetic-Literary Interests** – Literature, music, the theater
- MEC: **Mechanical-Physical Interests** – Fixing and building things, the outdoors, sports

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## MMPI-2-RF: PSY-5 Scales

- AGGR-r: **Aggressiveness-Revised** – Instrumental, goal-directed aggression
- PSYC-r: **Psychoticism-Revised** – Disconnection from reality
- DISC-r: **Disconstraint-Revised** – Under-controlled behavior
- NEGE-r: **Negative Emotionality/Neuroticism-Revised** – Anxiety, insecurity, worry, and fear
- INTR-r: **Introversiion/Low Positive Emotionality-Revised** – Social disengagement and anhedonia

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[ MMPI-2-RF Documentation  
and Standard Procedures ]

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## MMPI-2-RF Documentation

- Manual for Administration, Scoring, and Interpretation
- Technical Manual
- User's Guide for Reports



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## MMPI-2-RF: Technical Manual

1. Introduction
2. Scale Development
3. Psychometric Properties and External Correlates
  - Reliability
  - Validity
  - MMPI-2/MMPI-2-RF
  - MMPI-2-RF Intercorrelations

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## MMPI-2-RF: Technical Manual

- Appendixes
  - A. External Correlates

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## MMPI-2-RF Technical Manual: Appendix A

- Empirical Correlates in
  - Mental Health
    - Outpatient
    - Inpatient
  - Medical
  - Substance Abuse Treatment
  - Forensic- Civil
  - Forensic- Criminal
  - Non-Clinical
- N= 4,336 Men; 2,327 Women
- 604 Criteria
- 53,886 Correlations

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## MMPI-2-RF: Technical Manual

- Appendixes
  - A. External Correlates
  - B. Conversion of Raw Means and Standard Deviations to T-Score Values
  - C. MMPI-2/MMPI-2-RF Booklet and Normative Comparability
  - D. MMPI-2-RF Comparison Group Data

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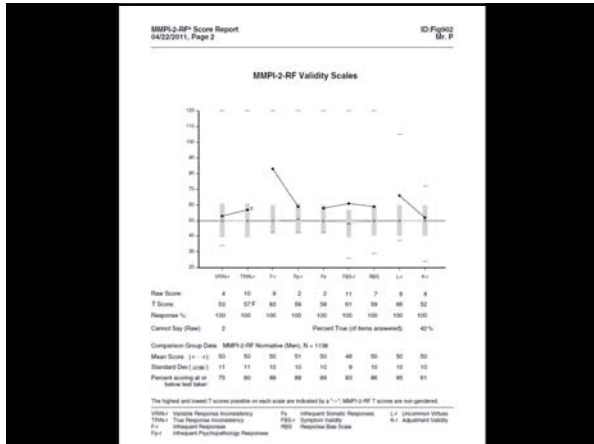
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- ## MMPI-2-RF: Technical Manual
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**MMPI-2-RF: Manual for Administration,  
Scoring, and Interpretation**

1. Introduction
2. Intended Uses, User Qualifications, and Protection of Test Materials
3. Normative Sample Composition and Score Standardization
4. Procedures for Administration and Scoring

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**Standard Administration  
Procedures**

- Assess the testability of the test-taker
  - Including reading ability
- Use standard administration and response-recording modalities:
  - Booklet and answer sheet
  - Audio CD
  - “On Screen” (with optional audio)
- Supervise testing

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**Standard Scoring  
Procedures**

- Computer (Q Local or Mail-In)
  - Score Report
  - Interpretive Report
- Converting MMPI-2 to MMPI-2-RF protocol (Q Local or Mail-In)
  - Score Report
  - Interpretive Report
- Hand scoring templates and profile sheets

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## MMPI-2-RF: Manual for Administration, Scoring, and Interpretation

1. Introduction
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4. Procedures for Administration and Scoring
5. Test Interpretation

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## MMPI-2-RF: Manual for Administration, Scoring, and Interpretation

- Appendixes
  - A. T-Score Conversion Tables
  - B. Scoring Keys of the Scales
  - C. Scale Membership and Score Direction of MMPI-2-RF Items
  - D. Itemmetric Data
  - E. Item Conversion Tables

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# MMPI-2-RF: User's Guide for Reports

- User's guide for:
  - MMPI-2-RF Score Report

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**MMPI-2-RF**  
Minnesota Multiphasic  
Personality Inventory-2  
Restructured Form®

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**Score Report**

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**MMPI-2-RF®**  
Minnesota Multiphasic Personality Inventory-2-Restructured Form®  
Yousef S. Ben-Porath, PhD, & Austin Tellegen, PhD

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Name: Mr. P  
ID Number: Fy602  
Age: 49  
Gender: Male  
Marital Status: Never Married  
Years of Education: 11  
Date Assessed: 04/22/2011

**PEARSON** ©PsychCorp

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MMPI-2-RF Score Report  
04/22/2011, Page 2

ID: Fy602  
Mr. P

**MMPI-2-RF Validity Scales**

Line graph showing T-scores for validity scales: 4 (True Self-Report), 5 (F), 6 (FBS), 7 (FPI), 8 (FPO), 9 (FSI), 10 (FAS), 11 (FVS), 12 (FTR), 13 (FIM), 14 (FIC), 15 (FIC-1), 16 (FIC-2).

Scale	4	5	6	7	8	9	10	11	12	13	14	15	16
Raw Score	4	10	8	2	2	11	7	8	8				
T Score	52	57	63	58	58	61	59	60	52				
Response %	100	100	100	100	100	100	100	100	100				
Correct Key (F/T)	2												
Percent True (of items answered)													62%

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

4/16 Validity Response Inconsistency      7/16 Inconsistent Borderline Responses      11/16 Uncommon Infrequency  
 5/16 Validity Response Inconsistency      8/16 Borderline Validity      12/16 Uncommon Infrequency  
 6/16 Invalidity Response      9/16 Borderline Validity      13/16 Uncommon Infrequency  
 7/16 Invalidity Response      10/16 Response Style Scale      14/16 Uncommon Infrequency  
 8/16 Invalidity Response      11/16 Response Style Scale      15/16 Uncommon Infrequency  
 9/16 Invalidity Response      12/16 Response Style Scale      16/16 Uncommon Infrequency

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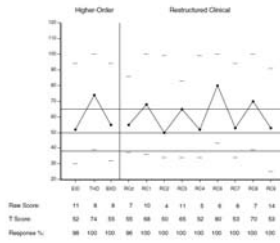
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MMPi-2-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales



The highest and lowest T scores possible on each scale are indicated by a "+" or "-" MMPi-2-RF T scores are non-generated

ED: Emotional/Interpersonal Derogation	RC1: Demoralization	RC2: Sense of Perseverance
H-O: Thought Derogation	RC3: Somatic Complaints	RC4: Disorganized Thought/Emotions
SD: Interpersonal Derogation/Hostility	RC5: Low Positive Emotions	RC6: Abnormal Equivocality
	RC7: Confusion	RC8: Impaired Activation
	RC9: Antisocial Behavior	

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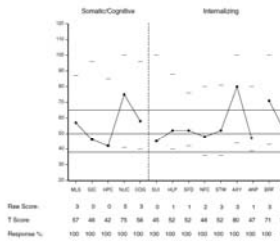
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MMPi-2-RF Somatic/Cognitive and Internalizing Scales



The highest and lowest T scores possible on each scale are indicated by a "+" or "-" MMPi-2-RF T scores are non-generated

SC1: Somatic	SC2: Somatic/Thought Derogation	SC3: Anxiety
SC4: Somatic/Interpersonal Derogation	SC5: Interpersonal/Preoccupation	SC6: Major Depression
SC7: Sleep/Thought Derogation	SC8: Self-Harm	SC9: Abnormal Thought/Emotion Focus
SC10: Thought Derogation	SC11: Obsession	SC12: Obsessive/Compulsive Tendencies
SC13: Thought Derogation	SC14: Somatization	SC15: Somatic Symptom Focus

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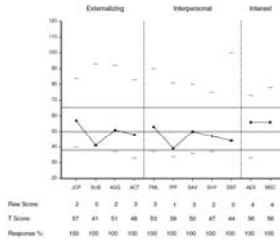
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MMPi-2-RF Externalizing, Interpersonal, and Interest Scales



The highest and lowest T scores possible on each scale are indicated by a "+" or "-" MMPi-2-RF T scores are non-generated

EP: Emotional/Interpersonal Derogation	IP1: Family Problems	IP2: Academic/Personal Interests
EP2: Substance Abuse	IP3: Interpersonal Sensitivity	IP4: Interpersonal/Personal Interests
EP3: Aggression	IP5: Social Awkwardness	
EP4: Attention	IP6: Withdrawn	

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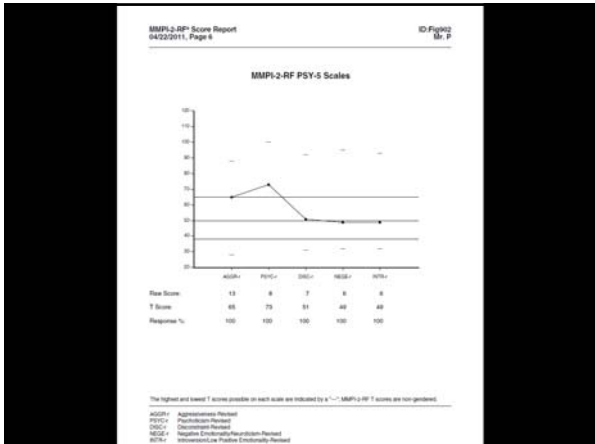
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MMP2-RF Score Report  
04/22/2011, Page 7

ID Figure  
Mr. P

### MMP2-RF T SCORES (BY DOMAIN)

**PROTOCOL 1: ALERTNESS**

Control Item Requirements	1	21	21a
On-Time Reporting	21	26	26
Under Reporting	26	21	26

**SECRETARY: M. ALLEN**

**Domains of Negative Dysfunctional**

	13	17	26	32	71	78
Emotional Dysfunctional	13	17	26	32	71	78
Thought Dysfunctional	13	17	26	32	71	78
Behavioral Dysfunctional	13	17	26	32	71	78

**Unimpaired Functioning**

	13	17	26	32	71	78
Interests	13	17	26	32	71	78

The raw score possible ranges in less than 5% of the time occur in this scale. For the relevant profile page for the specific personality.

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MMP2-RF Score Report  
04/22/2011, Page 8

ID Mr. P

### ITEM-LEVEL INFORMATION

**Favorable Responses**

Following is a list of items in which the test taker did not provide favorable responses. Unfavorable or double unfavorable Check True and False items are also visible. The scales on which the items appear are given in parentheses following the item number.

171. Item constant interval: (SSO, BCI)  
184. Item constant interval: (SSO)

**Critical Responses**

Items MMP2-RF scales - Social/Health Education (SHE), High/Inner/Performance (HIP), Anxiety (SPT), Ease of Persuasion (EOP), Altruism/Experiment (AE), Substance Abuse (SAB), and Aggression (AGS) - 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 listed direction (True or False) are critical and are listed below if T scores on that scale are 65 or higher. The percentage of the MMP2-RF norm sample that answered each item in the listed direction is provided in parentheses following the item number.

**Agility (AGY, T Score = 80)**

- 76. Item constant interval: (Eas, 4.2%)
- 271. Item constant interval: (Eas, 13.7%)
- 289. Item constant interval: (Eas, 12.7%)

**Ease of Persuasion (EOP, T Score = 80)**

- 186. Item constant interval: (Eas, 13.9%)
- 194. Item constant interval: (Eas, 17.1%)
- 232. Item constant interval: (Eas, 9.5%)
- 233. Item constant interval: (Eas, 1.5%)
- 264. Item constant interval: (Eas, 13.7%)
- 319. Item constant interval: (Eas, 13.9%)

**Altruism/Experiment (AE, T Score = 76)**

- 32. Item constant interval: (Eas, 21.1%)
- 63. Item constant interval: (Eas, 17.1%)
- 176. Item constant interval: (Eas, 12.4%)
- 196. Item constant interval: (Eas, 12.4%)
- 216. Item constant interval: (Eas, 30.2%)
- 246. Item constant interval: (Eas, 18.7%)
- 339. Item constant interval: (Eas, 17.2%)

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## MMPI-2-RF: User's Guide for Reports

- User's guide for:
  - MMPI-2-RF Score Report
    - Comparison Group Option
      - Standard and Custom

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## 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)
- 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)
- 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)

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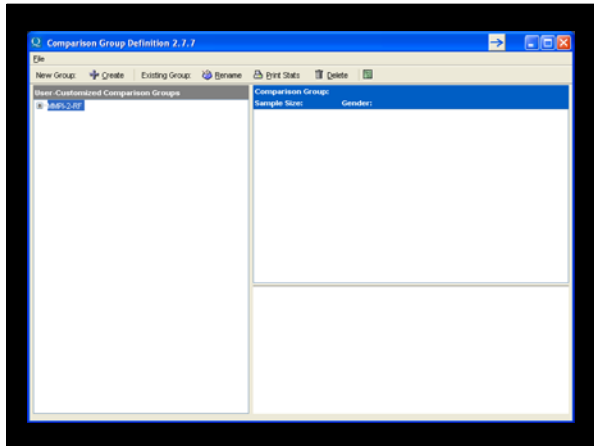
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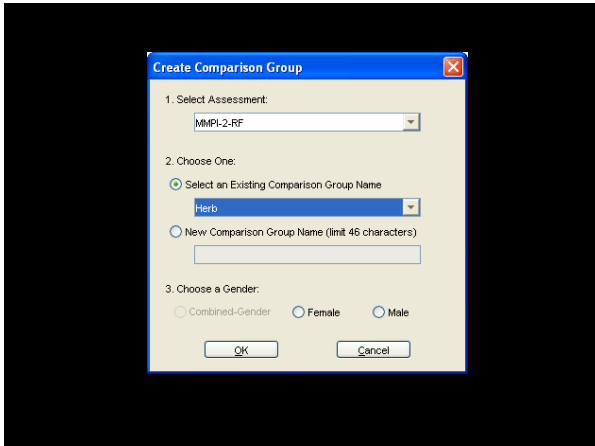
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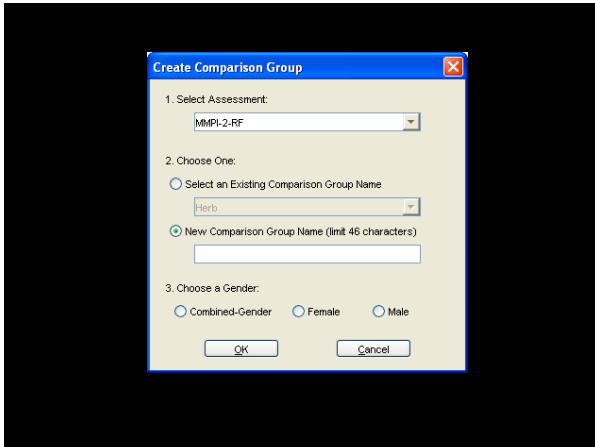
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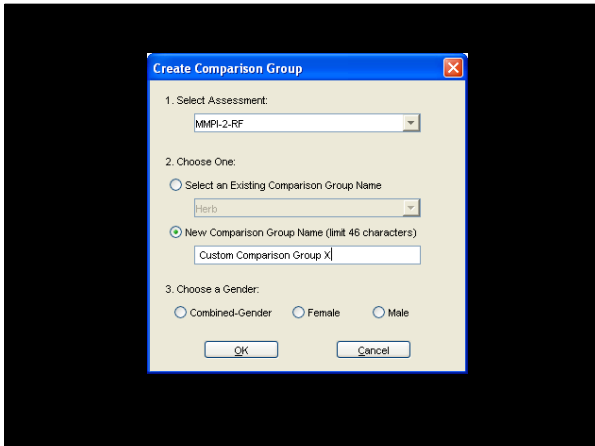
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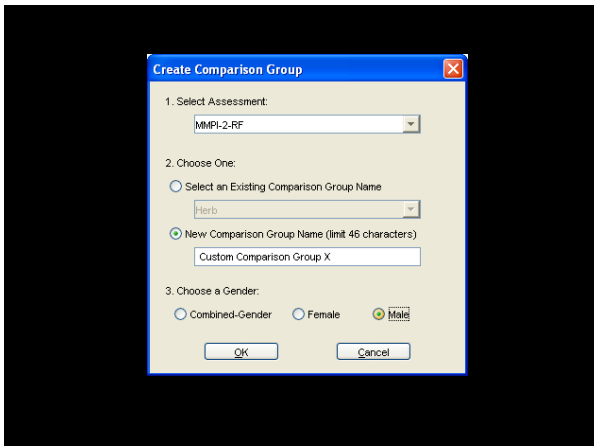
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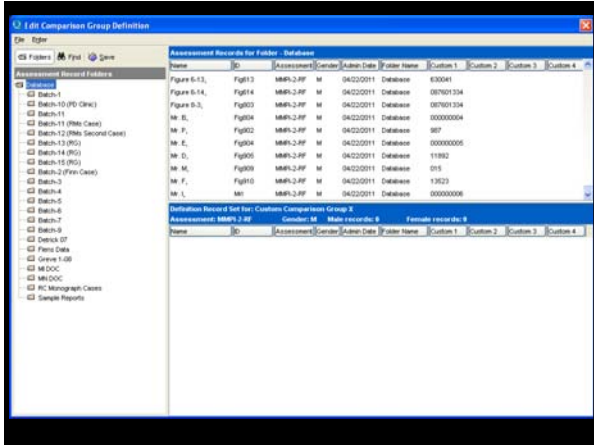
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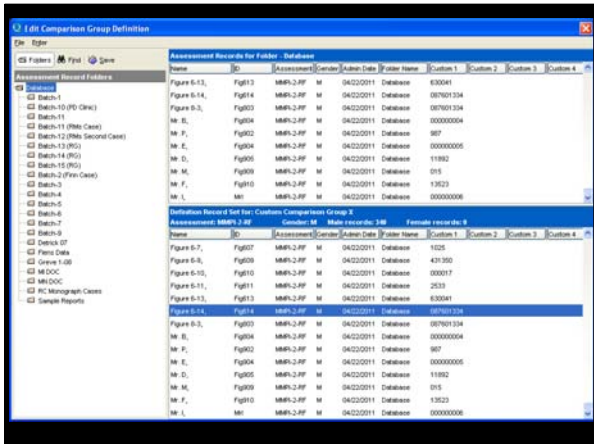
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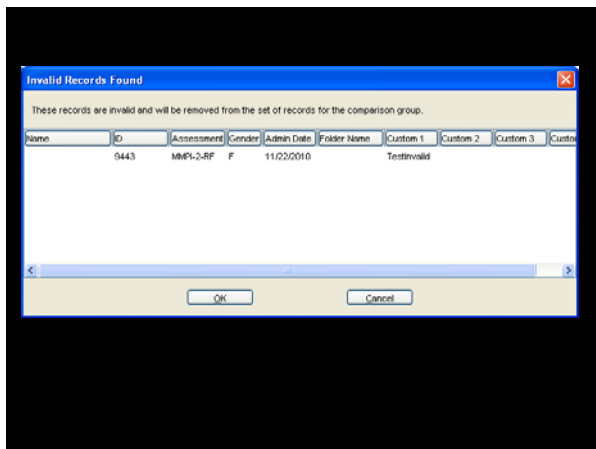
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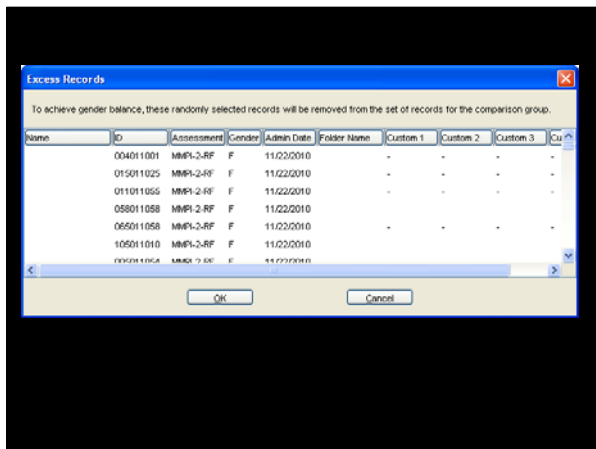
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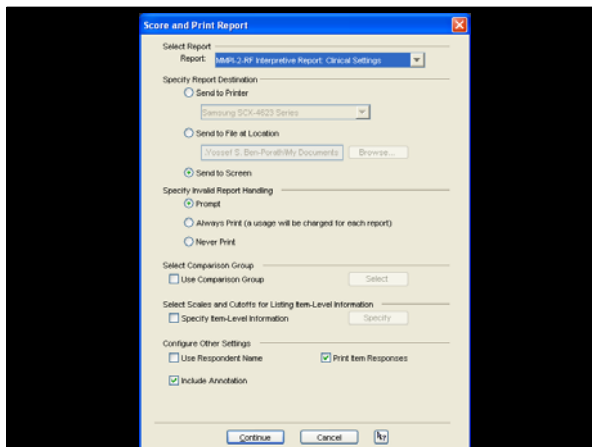
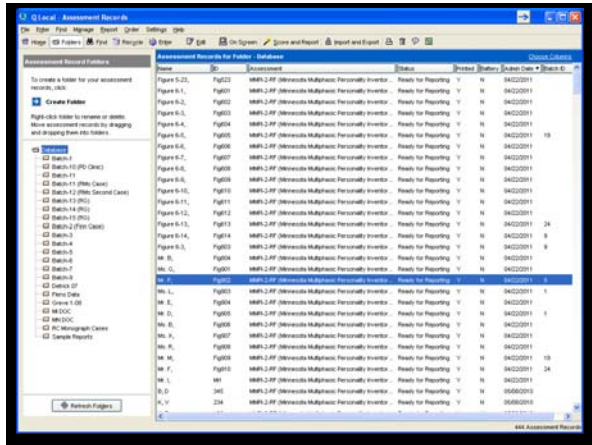
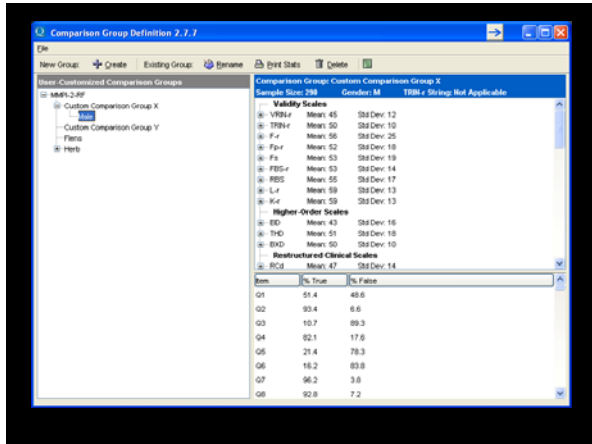
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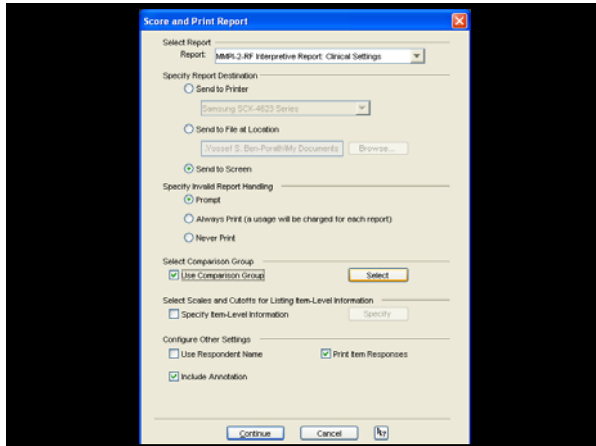
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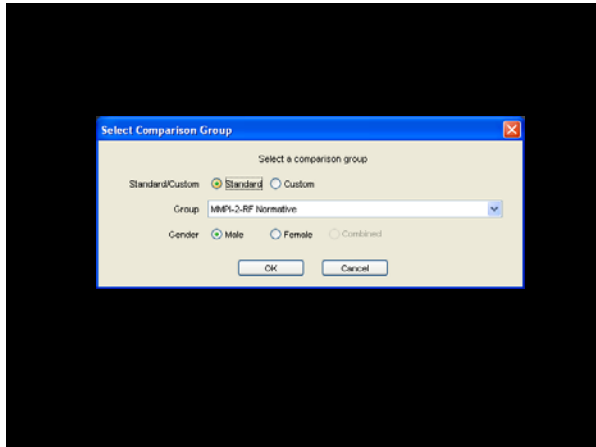
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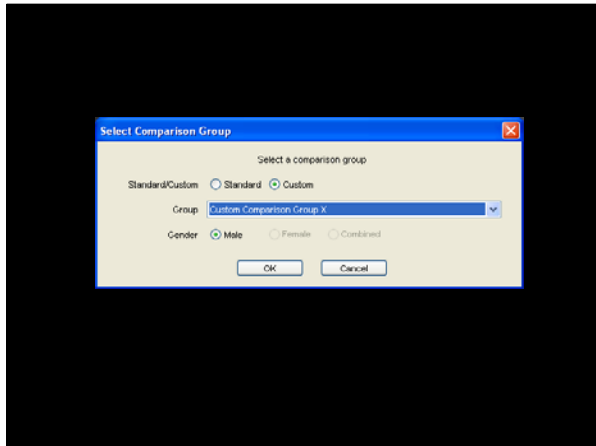
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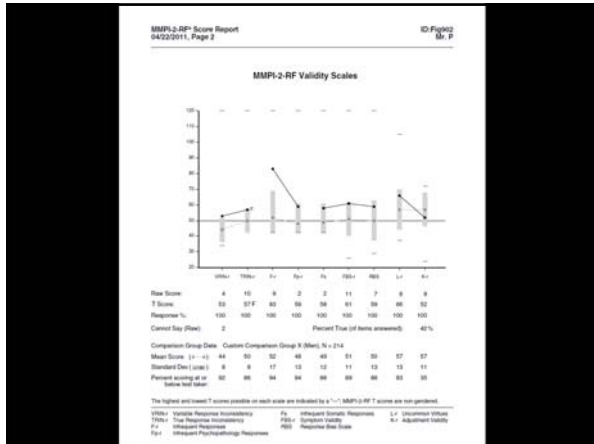
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## MMPI-2-RF: User's Guide for Reports

- User's guide for:
  - MMPI-2-RF Score Report
    - Comparison Group Option
      - Standard and Custom
  - MMPI-2-RF Interpretive Report

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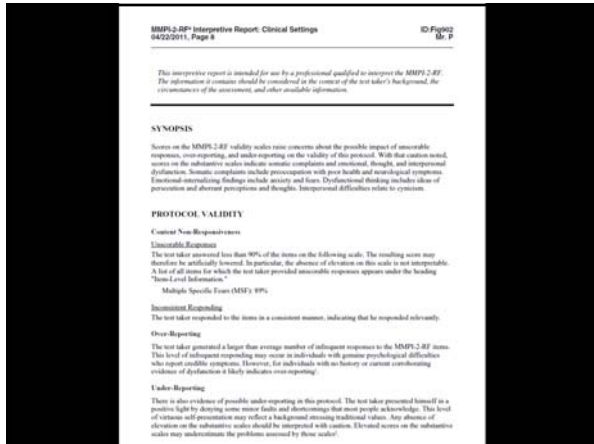
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**SUBSTANTIVE SCALE INTERPRETATION**

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 complaints<sup>1</sup> including vague neurological complaints<sup>4</sup>. He is likely to complain of fatigue<sup>5</sup>. He is also likely to be preoccupied with physical health concerns<sup>6</sup> and to be prone to developing physical symptoms in response to stress<sup>7</sup>.

**Emotional Dysfunction**

The test taker reports feeling anxious<sup>8</sup> and is likely to experience significant anxiety and anxiety-related problems<sup>9</sup>, intrusive ideation, and nightmares<sup>10</sup>. He also reports multiple fears that significantly restrict normal activity in and outside the home<sup>11</sup>.

**Thought Dysfunction**

The test taker's responses indicate significant and pervasive thought dysfunction<sup>12</sup>. 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 him<sup>13</sup>. He is very likely to be suspicious and distrustful<sup>14</sup>, to experience serious interpersonal difficulties as a result of pervasive interpersonal suspiciousness<sup>15</sup>, and to lack insight<sup>16</sup>.

He reports unusual thought processes<sup>17</sup>. He is likely to engage in unrealistic thinking<sup>18</sup> and to believe he has unusual sensory-perceptual abilities<sup>19</sup>. His abstract experiences may include somatic delusions<sup>20</sup>.

**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 interests<sup>21</sup>. He is likely to be hostile toward others<sup>22</sup> and feel alienated from them<sup>23</sup>, and to have negative interpersonal experiences as a result of his cynical beliefs<sup>24</sup>.

**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)<sup>25</sup>. He also reports an average number of interests in activities or occupations of a mechanical or physical nature (e.g., science and hobbies items, etc.)<sup>26</sup>.

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 anxious<sup>8</sup> and is likely to experience significant anxiety and anxiety-related problems<sup>9</sup>, intrusive ideation, and nightmares<sup>10</sup>. He also reports multiple fears that significantly restrict normal activity in and outside the home<sup>11</sup>.

**Thought Dysfunction**

The test taker's responses indicate significant and pervasive thought dysfunction<sup>12</sup>. 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 him<sup>13</sup>. He is very likely to be suspicious and distrustful<sup>14</sup>, to experience serious interpersonal difficulties as a result of pervasive interpersonal suspiciousness<sup>15</sup>, and to lack insight<sup>16</sup>.

outdoors, sports<sup>27</sup>.

**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-Related Disorders**

- Somatoform disorder<sup>28</sup> and/or conditions involving somatic delusions, if physical origin for neurological complaints has been ruled out<sup>29</sup>
- Anxiety-related disorders including PTSD<sup>30</sup>
- Agoraphobia and specific phobias<sup>31</sup>

**Thought Disorders**

- Delusions involving paranoid delusional thinking<sup>32</sup>
- Delusions manifesting psychotic symptoms<sup>33</sup>
- Personality disorders manifesting unusual thoughts and perceptions<sup>34</sup>

**Interpersonal Disorders**

- Personality disorders involving mistrust of and hostility toward others<sup>35</sup>

**TREATMENT CONSIDERATIONS**

This section provides informational 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<sup>36</sup>
- Need for antipsychotic<sup>37</sup> and anxiolytic<sup>38</sup> medications
- Extent to which genuine physical health problems contribute to the scores on the Somatic Complaints (SC) and Neurological Complaints (NLC) scales<sup>39</sup>

**Psychotherapy Process Issues**

- Likely to resist psychological interpretations of somatic complaints<sup>40</sup>
- Extensive persecutory ideation may interfere with forming a therapeutic relationship and treatment compliance<sup>41</sup>
- Impaired thinking may disrupt treatment<sup>42</sup>
- Cynicism may interfere with forming a therapeutic relationship<sup>43</sup>



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**Feasible Targets for Treatment**

- Anxiety
- Behavior restricting illness
- Personality personality abusive
- Lack of interpersonal trust

**ITEM-LEVEL INFORMATION**

**Feasible Response**

Following is a list of items to which the test taker did not provide a feasible response. Unanswered or double answered (both True and False) items are unfeasible. The scales on which the items appear are in parentheses following the item number.

172. Item constant removed. (SD, BC1)

191. Item constant removed. (MFI)

**Global Response**

Seven MMPI-2-RF scales—Anxiety/Depression (ANX), Depression/Withdrawal (DEP), Anxiety (ANX), Sense of Perseveration (BPC), Abnormal Experiences (BPC), Sublimation (BPC), and Aggression (AGG)—have been designated by the test author as being critical item content that may require immediate attention and follow-up. Items answered by the individual in the broad direction (True or False) at a critical scale are listed below (True T score on that scale is 65 or higher. The percentage of the MMPI-2-RF normative sample that answered each item in the broad direction is provided in parentheses following the item number).

**Anxiety (ANX, T Score = 80)**

79. Item constant removed. (True, 6.2%)

275. Item constant removed. (True, 2.9%)

289. Item constant removed. (True, 12.7%)

**Sense of Perseveration (BPC, T Score = 80)**

151. Item constant removed. (True, 2.9%)

194. Item constant removed. (True, 13.7%)

232. Item constant removed. (False, 3.3%)

253. Item constant removed. (True, 5.9%)

284. Item constant removed. (True, 5.9%)

391. Item constant removed. (True, 1.9%)

**Abnormal Experiences (BPC, T Score = 70)**

32. Item constant removed. (True, 21.1%)

82. Item constant removed. (False, 15.1%)

170. Item constant removed. (True, 12.8%)

199. Item constant removed. (True, 12.1%)

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234. Item constant removed. (True, 20.2%)

240. Item constant removed. (True, 3.8%)

263. Item constant removed. (True, 12.2%)

**Four Designated Item Level Information**

The following item level information is based on the report user's selection of additional scales. Double or false items for the critical scales from the previous section. Item information by the test taker in the broad direction (True or False) in a selected scale are listed below (True T score on that scale is 65 or higher. The percentage of the MMPI-2-RF normative sample that answered each item in the broad direction is provided in parentheses following the item number).

**Somatic Complaints (BCI, T Score = 60)**

28. Item constant removed. (False, 24.8%)

49. Item constant removed. (False, 9.9%)

113. Item constant removed. (False, 11.8%)

162. Item constant removed. (False, 12.8%)

174. Item constant removed. (False, 7.9%)

227. Item constant removed. (False, 7.9%)

242. Item constant removed. (True, 9.9%)

254. Item constant removed. (False, 28.8%)

286. Item constant removed. (False, 19.2%)

313. Item constant removed. (False, 15.8%)

**Neurological Complaints (NVC, T Score = 70)**

49. Item constant removed. (False, 9.9%)

113. Item constant removed. (False, 11.8%)

162. Item constant removed. (False, 12.8%)

227. Item constant removed. (False, 7.9%)

313. Item constant removed. (False, 15.8%)

**End of Report**

This and previous pages of this report contain trade secrets and are not to be advised in response to requests under HIPAA in any other data that may have that exempt trade secret information from release. Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.

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**ENDNOTES**

This section lists for each statement in the report the MMPI-2-RF scales that triggered it. In addition, each statement is identified as a **Key Finding**, if based on item content, or **Caution**, if based on empirical correlates, or an **Insight**, if based on the report author's judgment. (This information can also be accessed on screen by placing the cursor on a given statement.) For correlate-based statements, research references that have been provided local to the consecutively numbered reference list following the endnotes.

<sup>1</sup> Correlate: F-43, Ref. 3, 7, 12, 17, 19, 21

<sup>2</sup> Correlate: L-66, Ref. 13, 19

<sup>3</sup> Test Response: BC1-68

<sup>4</sup> Test Response: NSC-75

<sup>5</sup> Correlate: BC1-68, Ref. 19

<sup>6</sup> Correlate: BC1-68, Ref. 3, 4, 8, 13, 14, 18, 20, NSC-75, Ref. 3, 19

<sup>7</sup> Correlate: BC1-68, Ref. 4, 19, NSC-75, Ref. 19

<sup>8</sup> Test Response: ANX-80

<sup>9</sup> Correlate: ANX-80, Ref. 19

<sup>10</sup> Test Response: BPC-71

<sup>11</sup> Correlate: BPC-71, Ref. 19; BPC-71, Ref. 19

<sup>12</sup> Test Response: BPC-80

<sup>13</sup> Correlate: BPC-80, Ref. 2, 3, 4, 13, 16, 19

<sup>14</sup> Correlate: BPC-80, Ref. 19

<sup>15</sup> Test Response: BPC-70; PSYC-71

<sup>16</sup> Correlate: BPC-70, Ref. 3, 4, 8, 14, 19; PSYC-71, Ref. 19

<sup>17</sup> Correlate: BPC-70, Ref. 4, 8, 14, 19; PSYC-71, Ref. 19

<sup>18</sup> Inference: BC1-68; NSC-75

<sup>19</sup> Test Response: BC1-65

<sup>20</sup> Correlate: BC1-65, Ref. 4, 8, 14, 19

<sup>21</sup> Correlate: BC1-65, Ref. 3, 13, 19; BC1-65, Ref. 2, 3, 4, 13, 16, 19

<sup>22</sup> Correlate: BC1-65, Ref. 19

<sup>23</sup> Test Response: AS3-56

<sup>24</sup> Test Response: MEC-76

<sup>25</sup> Correlate: BC1-68, Ref. 19

<sup>26</sup> Inference: BC1-70; NSC-75

<sup>27</sup> Correlate: ANX-80, Ref. 1, 19

<sup>28</sup> Inference: BPC-71

<sup>29</sup> Correlate: BPC-70, Ref. 19

<sup>30</sup> Inference: BPC-70; PSYC-71

<sup>31</sup> Inference: BPC-65

<sup>32</sup> Inference: BPC-80

<sup>33</sup> Correlate: BPC-80, Ref. 19; PSYC-71, Ref. 19

<sup>34</sup> Inference: ANX-80

<sup>35</sup> Inference: BPC-70

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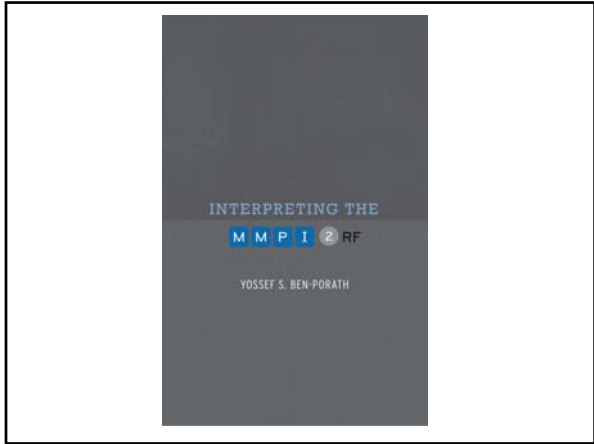
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End of Report

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      - Standard and Custom
  - MMPI-2-RF Interpretive Report
    - Standard and Custom
    - Does not alter interpretation



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