SAMPLE REPORT



Case Description: Ms. F – Dispatcher Candidate Interpretive Report

Ms. F is a 24-year-old, married female 911 call-taker with a large dispatch center who applied for a dispatcher position with another large dispatch center in a neighboring county. Her work references were positive except for her overuse of sick leave, which she attributed in the interview to chronic migraine headaches. During the interview, she said that she had twice applied for a dispatcher position with her current agency but was unsuccessful because she was not "part of the social clique."

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 Ms. F'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

Yossef S. Ben-Porath Auke Tellegen

MMPI[®]-3 Dispatcher Candidate Interpretive Report David M. Corey, PhD, & Yossef S. Ben-Porath, PhD

ID Number:	Ms. F
Age:	24
Gender:	Female
Marital Status:	Not reported
Years of Education:	Not reported
Date Assessed:	05/09/2022

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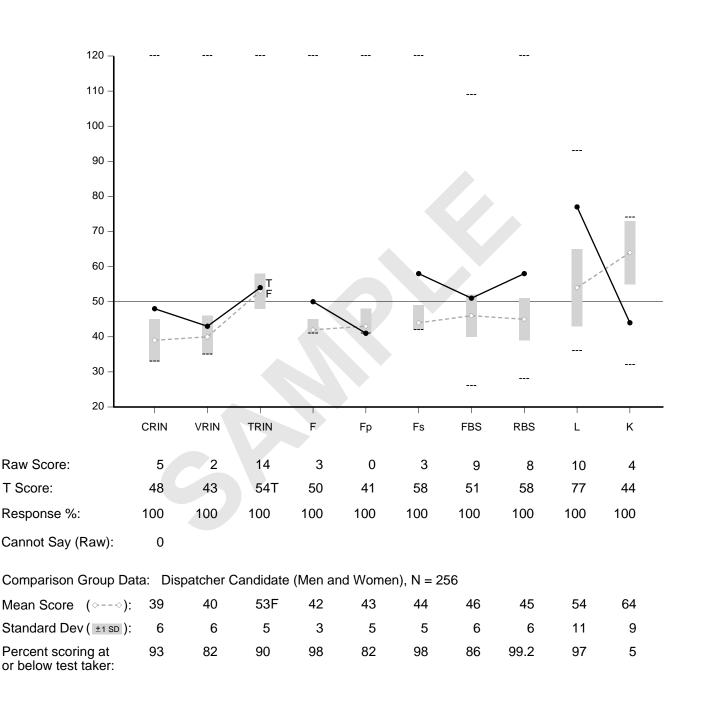
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[1.4/RE1/QG1]



ALWAYS LEARNING



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

L Uncommon Virtues K Adjustment Validity

Fp Infrequent Psychopathology Responses

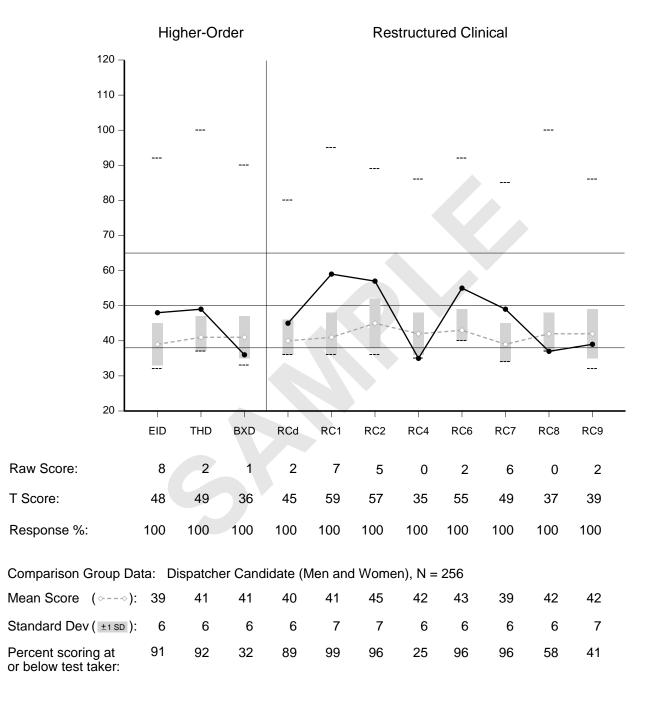
VRIN Variable Response Inconsistency TRIN True Response Inconsistency

Fs Infrequent Somatic Responses

FBS Symptom Validity Scale

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

RCd Demoralization

THD Thought Dysfunction

BXD Behavioral/Externalizing Dysfunction

RC1 Somatic Complaints

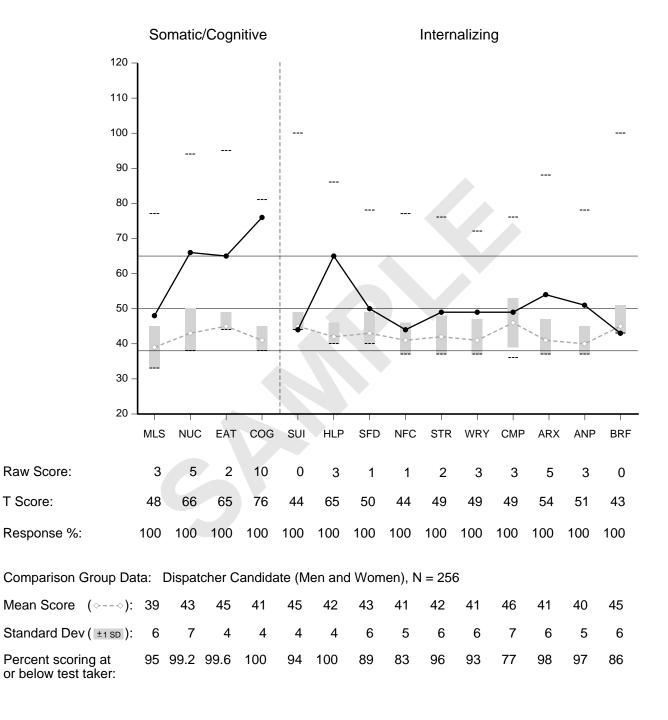
RC2 Low Positive Emotions

RC4 Antisocial Behavior

RC6 Ideas of PersecutionRC7 Dysfunctional Negative EmotionsRC8 Aberrant Experiences

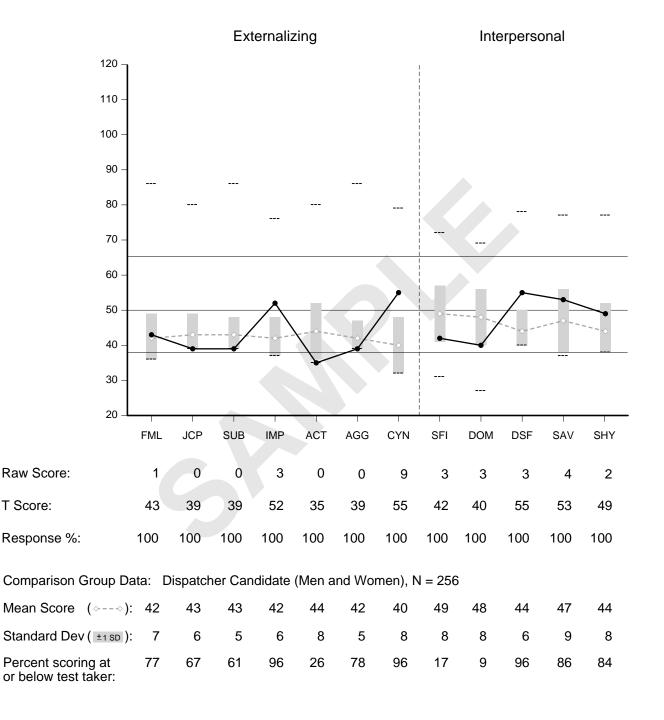
RC9 Hypomanic Activation

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
		STR	Stress	BRF	Behavior-Restricting Fears



MMPI-3 Externalizing and Interpersonal Scales

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

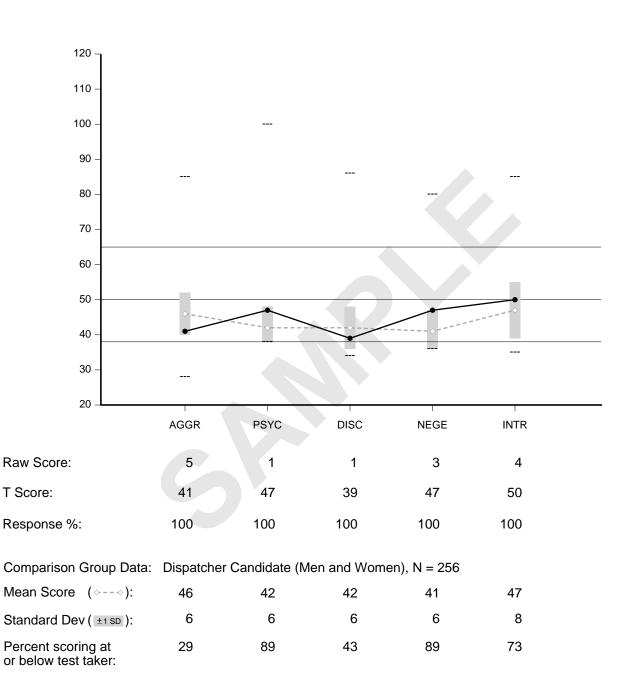
Activation

Cynicism

Aggression

FML	Family Problems	ACT
JCP	Juvenile Conduct Problems	AGG
SUB	Substance Abuse	CYN
IMP	Impulsivity	

SFISelf-ImportanceDOMDominanceDSFDisaffiliativenessSAVSocial AvoidanceSHYShyness



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.

AGGRAggressivenessPSYCPsychoticismDISCDisconstraintNEGENegative Emotionality/NeuroticismINTRIntroversion/Low Positive Emotionality

PROTOCOL VALIDITY

Content Non-Responsiveness	0	48	43	54 T				
	CNS	CRIN	VRIN	TRIN				
Over-Reporting	50	41		58	51	58		
1 0	F	Fp	-	Fs	FBS	RBS		
Under-Reporting	77	44						
	L	ĸ						
SUBSTANTIVE SCALES								
Somatic/Cognitive Dysfunction	59	48	66	65	76			
Somale Cognitive Dysidiction		MLS	NUC	EAT	COG			
Emotional Dysfunction 48	45	44	65	50	44			
EID	RCd	SUI	HLP	SFD	NFC			
	57	50						
	RC2	INTR						
	49	49	49	49	54	51	43	47
	RC7	STR	WRY	CMP	ARX	ANP	BRF	NEGE
_								
Thought Dysfunction49	55							
THD	RC6							
	37							
	RC8							
	47							
	PSYC							
	_							
Behavioral Dysfunction 36	35	43	39	39				
BXD	RC4	FML	JCP	SUB				
	39	52	35	39	55			
	RC9	IMP	ACT	AGG	CYN			
	39							
	DISC							
	10	10				10		
Interpersonal Functioning	42 SFI	 DOM	41 AGGR	55 DSF	53 SAV	 SHY		
	011	DON	AGON	001	544	0111		

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 in the context of preemployment psychological evaluations of emergency communications dispatchers, call-takers, and other positions in public safety answering points. **It focuses on identifying problems; it does not convey potential strengths.** The information it contains should be considered in the context of the test taker's background, the demands of the position under consideration, the clinical interview, findings from supplemental tests, and other relevant information.

The interpretive statements in the Protocol Validity section of the report are based on T scores derived from the general MMPI-3 normative sample, as well as scores obtained by the multisite sample of 256 individuals that make up the Dispatcher Candidate Comparison Group.

The interpretive statements in the Clinical Findings and Diagnostic Considerations sections of the report are based on T scores derived from the general MMPI-3 normative sample. Following recommended practice, only T scores of 65 and higher (with a few exceptions) are considered clinically significant. Scores at this clinical level are generally rare among dispatcher candidates.

Statements in the Comparison Group Findings and Job-Relevant Correlates sections are based on comparisons with scores obtained by the Dispatcher Candidate Comparison Group. Statements in these sections may be based on T scores that, although less than 65, are nevertheless uncommon in reference to the comparison group.

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 Public Safety Candidate Interpretive Reports.

SYNOPSIS

Scores on the MMPI-3 Validity Scales raise concerns about the possible impact of under-reporting on the validity of this protocol. With that caution noted, scores on the Substantive Scales indicate clinically significant somatic and cognitive complaints, and emotional dysfunction. Somatic complaints relate to neurological symptoms. Cognitive complaints include difficulties in memory and concentration. Emotional-internalizing findings relate to helplessness and hopelessness.

Comparison group findings point to additional possible concerns about somatic stress responses and anxiety.

Possible job-relevant problems are identified in the following domain: Emotional Control and Stress Tolerance.

PROTOCOL VALIDITY

Content Non-Responsiveness

The test taker produced scorable responses to all the MMPI-3 items. She also responded relevantly to the items on the basis of their content.

Over-Reporting

There are no indications of over-reporting in this protocol.

Under-Reporting

The test taker presented herself in a very positive light by denying many minor faults and shortcomings that most people acknowledge¹. This level of virtuous self-presentation is uncommon even among individuals with a background stressing traditional values². It is also rather uncommon among dispatcher candidates. Only 6% of the comparison group members claimed this many or more uncommon virtues. Any absence of elevation on the Substantive Scales should be interpreted with caution³. Elevated scores on the Substantive Scales may underestimate the problems assessed by those scales⁴. The candidate's responses may be a result of unintentional (e.g., naïve) or intentional under-reporting. One way to distinguish between the two is to compare her responses to items with historical content against available collateral information (e.g., background information, interview data). Following are the test taker's responses to items with potentially verifiable historical content:

- 19. Item number and content omitted. (True)
- Item number and content omitted. (False)
 Item number and content omitted. (False)
 Item number and content omitted. (False)
 Item number and content omitted. (False)
- 141. Item number and content omitted. (False)
- 190. Item number and content omitted. (True)
- 205. Item number and content omitted. (False)
- 223. Item number and content omitted. (False)
- 312. Item number and content omitted. (False)
- 319. Item number and content omitted. (False)
- 320. Item number and content omitted. (False)

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

Note

Corroborated evidence of intentional under-reporting may be incompatible with the integrity requirements of the position.

However, it is worth noting that she reported being much less well-adjusted than a typical dispatcher candidate⁵. Only 5% of members of the Dispatcher Candidate Comparison Group reported this or a lower level of psychological adjustment. As detailed later in this report, her scores on the Substantive Scales do indeed raise significant concerns about the candidate's psychological adjustment.

CLINICAL FINDINGS

Clinical-level 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.

In light of earlier-described evidence of considerable under-reporting (claiming a large number of uncommon virtues), the following statements may not identify, or may underestimate, psychological problems that could impede the candidate's ability to perform the duties of a dispatcher.

The test taker reports vague neurological complaints⁶ and likely presents with multiple somatic complaints⁷, is preoccupied with physical health concerns⁸, and is prone to developing physical symptoms in response to stress⁹. She also reports a diffuse pattern of cognitive difficulties including memory problems, difficulties with attention and concentration, and possible confusion¹⁰. Indeed she very likely complains about memory problems¹¹, has low tolerance for frustration¹², does not cope well with stress¹², and experiences difficulties in attention and/or concentration¹³.

The test taker reports feeling helpless and/or hopeless and pessimistic¹⁴. She likely feels overwhelmed and that life is a strain¹⁵, believes she cannot be helped¹⁵ and gets a raw deal from life¹⁵, and lacks motivation for change¹⁶.

There are no indications of clinically significant thought or behavioral dysfunction in this protocol. However, because of indications of under-reporting described earlier, such problems cannot be ruled out.

DIAGNOSTIC CONSIDERATIONS

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

Somatic/Cognitive Disorders

- Somatic symptom disorder, if physical origin for neurological complaints has been ruled out¹⁷
- Disorders related to attention difficulties18

COMPARISON GROUP FINDINGS

This section describes the MMPI-3 substantive scale findings in the context of the Dispatcher Candidate Comparison Group. Specific sources for each statement can be accessed with the annotation features of this report. Job-related correlates of these results, if any, are provided in the subsequent Job-Relevant Correlates section.

In light of earlier-described evidence of considerable under-reporting, the comparison group findings discussed below may not identify, or may underestimate, psychological problems that could impede the candidate's ability to perform the duties of a dispatcher.

Somatic/Cognitive Complaints

The test taker reports a comparatively high level of somatic complaints for a dispatcher candidate¹⁹. Only 2.0% of comparison group members convey this or a greater level of somatic preoccupation. More specifically, she reports a relatively high level of neurological complaints for a dispatcher candidate⁶. Only 0.8% of comparison group members convey this or a greater level of neurological complaints.

Her responses indicate a level of cognitive complaints that may be incompatible with public safety requirements for sound thinking¹⁸. This level of concern about cognitive functioning is uncommon among dispatcher candidates. No comparison group members give evidence of this level of cognitive complaints.

Emotional/Internalizing Problems

The test taker's responses indicate a level of helplessness and hopelessness that may be incompatible with public safety requirements for good emotional adjustment²⁰. This level of beliefs that she cannot solve problems and reach important goals is uncommon among dispatcher candidates. Only 0.4% of comparison group members give evidence of this level of helplessness.

She reports a comparatively high level of anxiety for a dispatcher candidate²¹. Only 3.0% of comparison group members convey this or a greater level of anxiousness.

JOB-RELEVANT CORRELATES

Job-relevant personality characteristics and behavioral tendencies of the test taker are described in this section and organized according to ten problem domains commonly identified in the professional literature as relevant to public safety candidate suitability. (Please see MMPI-3 User's Guide for the Public Safety Candidate Interpretive Reports for details.) Statements that begin with "Compared with other dispatcher candidates" are based on correlations with other self-report measures obtained in dispatcher candidate samples that included individuals who were subsequently hired as well as those who were not.

In light of earlier-described evidence of considerable under-reporting, the job-relevant correlates described in this section may not identify, or may underestimate, problematic tendencies that could impede the candidate's ability to perform the duties of a dispatcher.

Emotional Control and Stress Tolerance Problems

Compared with other dispatcher candidates, the test taker is more likely to develop physical symptoms in response to stress and worry about her health²².

The candidate's test scores are not associated with problems in the following domains:

- Routine Task Performance
- Decision-Making and Judgment
- Feedback Acceptance
- Assertiveness
- Social Competence and Teamwork
- Integrity
- Conscientiousness and Dependability
- Substance Use
- Impulse Control

ITEM-LEVEL INFORMATION

Unscorable Responses

The test taker produced scorable responses to all the MMPI-3 items.

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 her 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 Dispatcher Candidate Comparison Group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Helplessness/Hopelessness (HLP, T Score = 65)

Item number and content omitted. (True; NS 12.3%, CG 0.0%) Item number and content omitted. (True; NS 45.4%, CG 10.2%) Item number and content omitted. (False; NS 22.0%, CG 4.3%)

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.

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 her 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 Dispatcher Candidate Comparison Group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Uncommon Virtues (L, T Score = 77)

Item number and content omitted. (False; NS 24.0%, CG 30.1%) Item number and content omitted. (False; NS 45.1%, CG 59.8%) Item number and content omitted. (False; NS 30.9%, CG 54.3%) Item number and content omitted. (False; NS 9.5%, CG 18.0%) Item number and content omitted. (False; NS 9.1%, CG 21.5%) Item number and content omitted. (False; NS 50.2%, CG 56.3%) Item number and content omitted. (False; NS 31.1%, CG 57.8%) Item number and content omitted. (False; NS 19.7%, CG 23.0%) Item number and content omitted. (False; NS 23.6%, CG 32.0%) Item number and content omitted. (False; NS 48.7%, CG 66.0%)

Neurological Complaints (NUC, T Score = 66)

Item number and content omitted. (False; NS 21.9%, CG 8.6%)
Item number and content omitted. (False; NS 21.0%, CG 3.1%)
Item number and content omitted. (False; NS 24.2%, CG 6.3%)
Item number and content omitted. (True; NS 18.6%, CG 7.8%)
Item number and content omitted. (False; NS 25.2%, CG 14.1%)

Eating Concerns (EAT, T Score = 65)

Item number and content omitted. (True; NS 15.4%, CG 0.8%) Item number and content omitted. (True; NS 24.2%, CG 4.3%)

Cognitive Complaints (COG, T Score = 76)

Item number and content omitted. (True; NS 27.0%, CG 2.0%) Item number and content omitted. (True; NS 24.8%, CG 2.0%) Item number and content omitted. (True; NS 15.7%, CG 0.0%) Item number and content omitted. (False; NS 14.8%, CG 3.1%) Item number and content omitted. (True; NS 31.1%, CG 2.7%) Item number and content omitted. (True; NS 23.6%, CG 1.2%) Item number and content omitted. (True; NS 28.3%, CG 2.0%) Item number and content omitted. (True; NS 26.2%, CG 2.7%) Item number and content omitted. (True; NS 28.6%, CG 1.2%) Item number and content omitted. (True; NS 28.6%, CG 1.2%) Item number and content omitted. (True; NS 28.6%, CG 1.2%) Item number and content omitted. (True; NS 28.6%, CG 1.2%)

Critical Follow-up Items

This section contains a list of items to which the test taker responded in a manner warranting follow-up. The items were identified by public safety candidate screening experts as having critical content. Clinicians are encouraged to follow up on these statements with the candidate by making related inquiries, rather than reciting the item(s) verbatim. Each item is followed by the candidate's response, the percentage of Dispatcher Candidate Comparison Group members who gave this response, and the scale(s) on which the item appears.

Item number and content omitted. (True; 3.9%; VRIN, TRIN, RC7, ANP) Item number and content omitted. (True; 2.0%; VRIN, COG) Item number and content omitted. (True; 8.2%; BXD, RC9, IMP, DISC)

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; 3.9%; ARX)
Item number and content omitted. (True; 2.0%; IMP)
Item number and content omitted. (True; 4.3%; VRIN, TRIN, EID, STR)
Item number and content omitted. (True; 0.4%; Fs, ARX)
Item number and content omitted. (True; 0.4%; TRIN, ANP)
Item number and content omitted. (True; 1.2%; VRIN, COG)
Item number and content omitted. (True; 2.7%; ARX)
Item number and content omitted. (True; 3.9%; WRY, NEGE)
Item number and content omitted. (True; 16.4%; ARX)
Item number and content omitted. (True; 1.6%; VRIN, F, THD, RC6, PSYC)
Item number and content omitted. (True; 1.2%; VRIN, COG)
Item number and content omitted. (True; 6.6%; K, EID, RC7)

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.

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 Test Response: L=77 ² Correlate: L=77, Ref. 3 ³ Correlate: L=77, Ref. 1, 4, 6, 10, 13, 16 ⁴ Correlate: L=77, Ref. 2, 8, 13, 14, 16 ⁵ Test Response: K=44 ⁶ Test Response: NUC=66 ⁷ Correlate: NUC=66, Ref. 2, 5, 11, 12, 17 ⁸ Correlate: NUC=66, Ref. 2, 5 ⁹ Correlate: NUC=66, Ref. 7, 17 ¹⁰ Test Response: COG=76 ¹¹ Correlate: COG=76, Ref. 2, 5, 9, 11, 17 ¹² Correlate: COG=76, Ref. 14 ¹³ Correlate: COG=76, Ref. 2, 5, 11, 17 ¹⁴ Test Response: HLP=65 ¹⁵ Correlate: HLP=65, Ref. 14 ¹⁶ Correlate: HLP=65, Ref. 2 ¹⁷ Inference: NUC=66 ¹⁸ Inference: COG=76 ¹⁹ Test Response: RC1=59 ²⁰ Inference: HLP=65
- ²¹ Test Response: ARX=54
- ²² Correlate: NUC=66, Ref. 15

RESEARCH REFERENCE LIST

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

- 1. Bagby, R. M., Onno, K. A., Mortezaei, A., & Sellbom, M. (2020). Examining the "Traditional Background Hypothesis" for the MMPI-2-RF L-r Scores in a Muslim Faith-Based Sample. *Psychological Assessment*. Advance online publication. <u>https://doi.org/10.1037/pas0000941</u>
- 2. Ben-Porath, Y. S., & Tellegen, A. (2020). *The Minnesota Multiphasic Personality Inventory-3 (MMPI-3): Technical manual.* University of Minnesota Press.
- Bridges, S. A., & Baum, L. J. (2013). An examination of the MMPI-2-RF L-r scale in an outpatient protestant sample. *Journal of Psychology and Christianity*, 32(2), 115–123. Questia. <u>http://www.questia.com/read/1P3-3083628231/an-examination-of-the-mmpi-2-rf-l-r-scale-in-an-outpatient</u>
- Brown, T. A., & Sellbom, M. (2020). The utility of the MMPI-2-RF validity scales in detecting underreporting. *Journal of Personality Assessment*, *102*(1), 66–74. <u>https://doi.org/10.1080/00223891.2018.1539003</u>
- 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., Marek, R. J., Dragon, W. R., & Ben-Porath, Y. S. (2017). Utility of the MMPI-2-RF Validity Scales in detection of simulated underreporting: Implications of incorporating a manipulation check. *Assessment, 24*(7), 853–864. <u>https://doi.org/10.1177/1073191115627011</u>
- Duncan, C. J., Roberts, N. A., Kirlin, K. A., Parkhurst, D., Burleson, M. H., Drazkowski, J. F., Sirven, J. I., Noe, K. H., Crepeau, A. Z., Hoerth, M. T., Locke, D. E. C. (2018). Diagnostic utility of the Minnesota Multiphasic Personality Inventory-2 Restructured Form in the epilepsy monitoring unit: Considering sex differences. *Epilepsy and Behavior, 88,* 117–122. <u>https://doi.org/10.1016/j.yebeh.2018.08.033</u>
- Forbey, J. D., Lee, T. T. C., Ben-Porath, Y. S., Arbisi, P. A., & Gartland, D. (2013). Associations between MMPI-2-RF validity scale scores and extra-test measures of personality and psychopathology. *Assessment*, 20(4), 448–461. <u>https://doi.org/10.1177/1073191113478154</u>
- Gervais, R. O., Ben-Porath, Y. S., & Wygant, D. B. (2009). Empirical correlates and interpretation of the MMPI-2-RF Cognitive Complaints (COG) scale. *The Clinical Neuropsychologist*, 23(6), 996–1015. <u>https://doi.org/10.1080/13854040902748249</u>
- Marion, B. E., Sellbom, M., Salekin, R. T., Toomey, J. A., Kucharski, L. T., & Duncan, S. (2013). An examination of the association between psychopathy and dissimulation using the MMPI-2-RF Validity Scales. *Law and Human Behavior*, 37(4), 219–230. <u>https://doi.org/10.1037/lhb0000008</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>
- Mickens, L. D., Nghiem, D. M., Wygant, D. B., Umlauf, R. L., & Marek, R. J. (2021). Validity of the Somatic Complaints Scales of the MMPI-2-RF in an outpatient chronic pain clinic. *Journal of Clinical Psychology in Medical Settings*. Advance online publication. <u>https://doi.org/10.1007/s10880-021-09766-4</u>
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End of Report

ITEM RESPONSES

1. 1	2. 1	3. 1	4. 2	5. 1	6. 1	7. 1	8. 1	9. 1	10. 2
11. 2	12. 2	13. 2	14. 1	15. 2	16. 2	17.2	18. 2	19. 1	20. 2
21.2	22. 2	23. 2	24. 2	25. 1	26.2	27.2	28. 2	29. 2	30. 2
31. 1	32. 1	33. 2	34. 2	35. 2	36.2	37.2	38. 2	39. 1	40. 2
41.2	42. 1	43. 2	44. 1	45. 2	46.2	47.2	48. 2	49. 2	50.2
51.1	52.2	53. 1	54. 1	55. 1	56.2	57.1	58. 2	59. 2	60. 2
61.1	62. 1	63. 2	64. 2	65. 1	66.2	67.2	68.2	69. 2	70. 2
71.2	72. 2	73. 1	74. 2	75. 2	76.2	77.2	78. 2	79. 2	80. 1
81.2	82. 2	83. 1	84. 2	85. 1	86.2	87.2	88. 2	89. 1	90. 1
91.1	92. 2	93. 2	94. 1	95. 2	96.2	97.1	98. 2	99. 1	100. 2
101.2	102. 1	103. 2	104. 2	105. 1	106. 2	107.2	108. 2	109. 1	110. 2
111. 1	112. 1	113. 2	114. 2	115. 2	116. 1	117.2	118. 2	119. 2	120. 2
121. 2	122. 2	123. 2	124. 2	125. 1	126. 2	127. 2	128. 1	129. 2	130. 2
131. 2	132. 2	133. 2	134. 1	135. 2	136. 1	137. 2	138. 2	139. 2	140. 1
141. 2	142. 2	143. 1	144. 2	145. 2	146. 2	147.2	148. 2	149. 2	150. 2
151.2	152. 2	153. 2	154. 2	155. 2	156. 2	157.1	158. 2	159. 2	160. 1
161.2	162. 1	163. 2	164. 2	165. 2	166. 2	167.2	168. 2	169. 2	170. 2
171. 1	172. 2	173. 1	174. 1	175. 2	176. 2	177.2	178. 2	179. 2	180. 2
181.2	182. 1	183. 1	184. 2	185. 1	186.1	187.1	188. 1	189. 1	190. 1
191.2	192. 2	193. 2	194. 2	195. 1	196. 2	197. 1	198. 2	199. 2	200. 1
201.1	202. 2	203. 2	204. 2	205. 2	206. 1	207.2	208. 2	209. 2	210. 2
211. 2	212. 1	213. 1	214. 1	215. 2	216. 2	217. 1	218. 2	219. 2	220. 2
221.1	222. 1	223. 2	224. 2	225. 2	226.1	227.2	228. 2	229. 2	230. 2
231.2	232. 1	233. 2	234. 1	235. 1	236. 2	237.1	238. 1	239. 2	240. 2
241.1	242. 2	243. 2	244. 1	245. 2	246. 1	247.2	248. 2	249. 2	250. 2
251.2	252. 2	253. 2	254. 2	255. 2	256. 1	257.2	258. 1	259. 2	260. 2
261.1	262.2	263. 2	264. 2	265. 2	266.2	267.2	268. 2	269. 2	270. 2
271.2	272. 2	273. 2	274. 2	275. 2	276. 1	277.2	278. 2	279. 1	280. 2
281.1	282. 2	283. 1	284. 2	285. 2	286.2	287.2	288. 2	289. 2	290. 2
291.2	292. 1	293. 1	294. 2	295. 1	296.2	297.2	298. 2	299. 2	300. 1
301.1	302.2	303. 2	304. 1	305. 2	306. 1	307.1	308. 2	309. 1	310. 2
311. 2	312. 2	313. 2	314. 2	315. 2	316. 2	317.2	318. 2	319. 2	320. 2
321.1	322. 1	323. 2	324. 1	325. 1	326. 2	327.2	328. 2	329. 2	330. 2
331. 2	332. 2	333. 1	334. 2	335. 1					