

Minnesota Multiphasic Personality Inventory-2 Restructured Form®

## SAMPLE REPORT

# Case Description: Ms. X — Forensic, Neuropsychological Score Report

Ms. X is a 47-year-old, separated woman who underwent a forensic neuropsychological evaluation in connection with a personal injury lawsuit she had filed. The litigation involved a motor vehicle accident that occurred several months prior to the evaluation. According to Ms. X she was cut off by another vehicle while driving, and, unable to avoid a collision, she broadsided the other car. She recalls striking her head against a window, but was uncertain whether she lost consciousness. She was transported to a local hospital where she remained hospitalized for several days. Ms. X was discharged with diagnoses of a severe neck sprain, a contusion resulting from restraint by her seatbelt, a bladder infection, torn ligaments in her left leg, and nerve damage in her left foot.

Medical records indicated that the attending paramedic who first evaluated Ms. X described her mental status as normal. At the hospital her Glascow Coma Scale score was 15/15. She is described in these records as presenting with a series of vaguely related symptoms and complaints that were investigated over the course of her hospitalization. Medical imaging studies did not reveal any abnormalities. Following discharge, after a series of complaints Ms. X was deemed to be incapable of caring for her own basic needs and found eligible to receive 24-hour assistance with basic living skills.

Ms. X reported having sustained another injury ten years prior to the recent motor vehicle accident when she fell into a ditch. According to her report a vertebrae fracture was diagnosed and treated unsuccessfully several years after this accident. She reported that prior to the first accident she had been employed as a paraprofessional, but she became disabled by the accident, and had not worked since this event. A review of medical records indicated that a number of evaluators concluded that Ms. X's symptoms and complaints following the initial accident could not be explained medically.

Ms. X's main complaint at the time of the current evaluation involved speech problems. Specifically, she complained that her speech was slowed and dysfluent, and that it required considerable effort for her to be able to speak. She also complained of diffuse pain with an unusual distribution, for which she was

Case descriptions do not accompany MMPI-2-RF reports, but are provided here as background information. The following report was generated from Q-global<sup>™</sup>, Pearson's web-based scoring and reporting application, using Ms. X.'s responses to the MMPI-2-RF. Additional MMPI-2-RF sample reports, product offerings, training opportunities, and resources can be found at <u>PearsonClinical.com/mmpi2rf</u>.

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## SAMPLE REPORT

# Case Description *(continued)*: Ms. X — Forensic, Neuropsychological Score Report

receiving very high doses of opiate-based medication. Ms. X claimed that since the accident she had lost her ability to perform simple math and was experiencing significant memory problems. She also reported experiencing mood swings and sleep difficulties.

Ms. X was referred for an independent neuropsychological evaluation by attorneys for the insurance company that was handling her case. The evaluating neuropsychologist observed that she presented with very atypical stuttering speech and other pseudoneurologic symptoms. Effort tests were administered as part of the neuropsychological test battery, and the results indicated that Ms. X exerted adequate effort. Cognitive testing indicated intact functioning in most areas likely to be affected by a brain injury, with some problems most likely due to extensive medication use.

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### **Score Report**

MMPI-2-RF®

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

ID Number: Ms. X Age: 47

Gender: Female
Marital Status: Separated

Years of Education: 18
Date Assessed: 1/13/14



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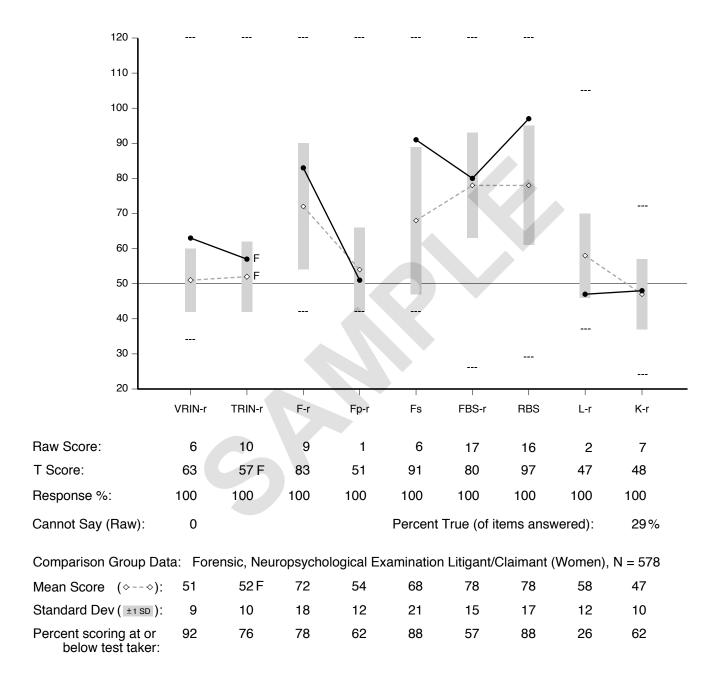
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[2.2/1/QG]

## **MMPI-2-RF Validity Scales**

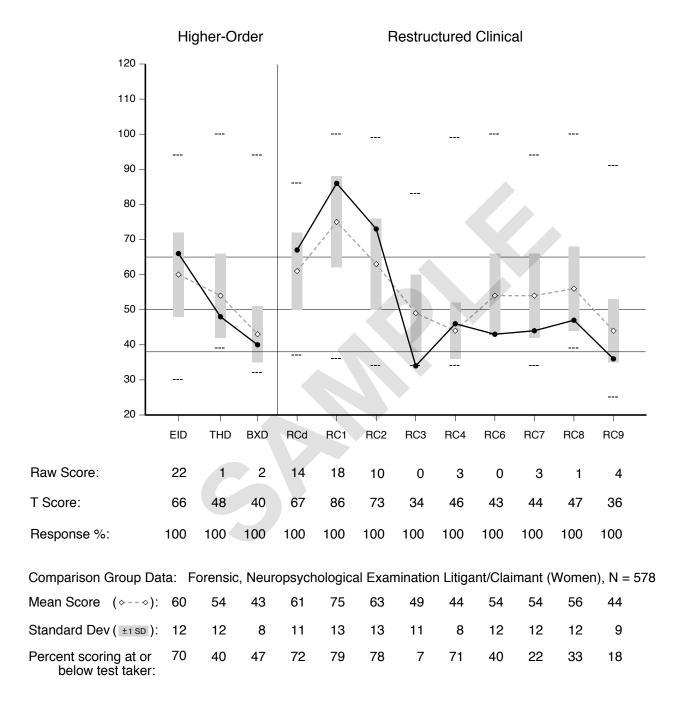


The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

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

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

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



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

EID Emotional/Internalizing Dysfunction

THD Thought Dysfunction

BXD Behavioral/Externalizing Dysfunction

RCd Demoralization

RC1 Somatic Complaints

RC2 Low Positive Emotions

RC3 Cynicism

RC4 Antisocial Behavior

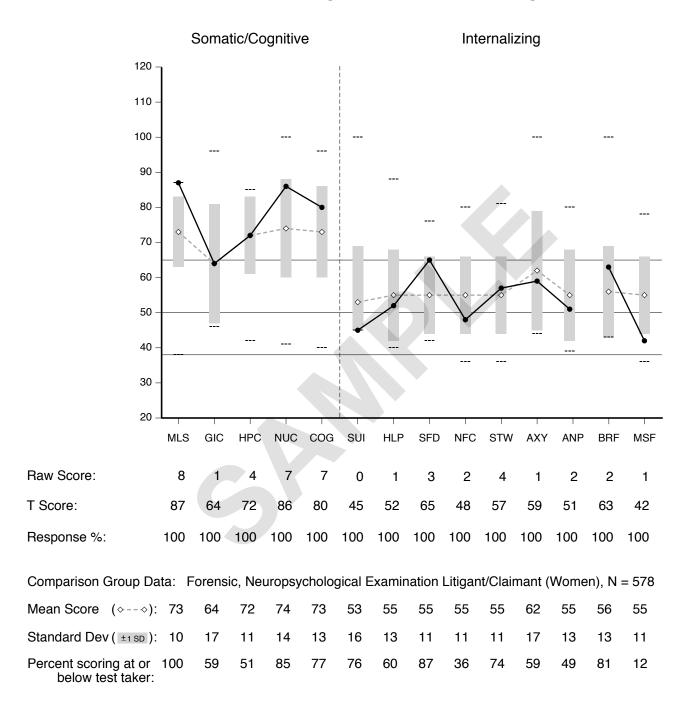
RC6 Ideas of Persecution

RC7 Dysfunctional Negative Emotions

RC8 Aberrant Experiences

RC9 Hypomanic Activation

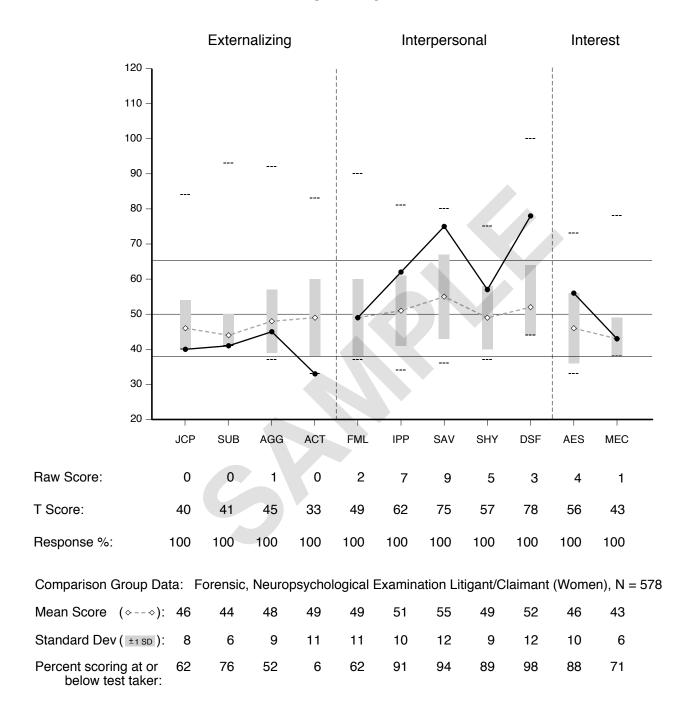
## MMPI-2-RF Somatic/Cognitive and Internalizing Scales



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

MLS	Malaise	SUI	Suicidal/Death Ideation	AXY	Anxiety
GIC	Gastrointestinal Complaints	HLP	Helplessness/Hopelessness	ANP	Anger Proneness
HPC	Head Pain Complaints	SFD	Self-Doubt	BRF	Behavior-Restricting Fears
NUC	Neurological Complaints	NFC	Inefficacy	MSF	Multiple Specific Fears
COG	Cognitive Complaints	STW	Stress/Worry		

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



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

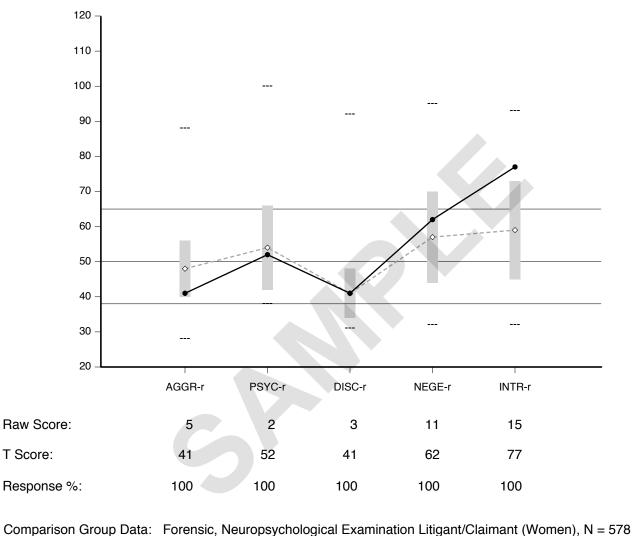
JCP Juvenile Conduct Problems SUB Substance Abuse AGG Aggression ACT Activation FML Family Problems
IPP Interpersonal Passivity
SAV Social Avoidance
SHY Shyness

Disaffiliativeness

**DSF** 

AES Aesthetic-Literary Interests
MEC Mechanical-Physical Interests

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



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Mean Score (⋄⋄):	48	54	41	57	59
Standard Dev ( ±1 SD ):	8	12	7	13	14
Percent scoring at or below test taker:	21	54	64	71	88

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

AGGR-r Aggressiveness-Revised PSYC-r Psychoticism-Revised DISC-r Disconstraint-Revised

NEGE-r Negative Emotionality/Neuroticism-Revised INTR-r Introversion/Low Positive Emotionality-Revised

# **MMPI-2-RF T SCORES (BY DOMAIN)**

#### PROTOCOL VALIDITY

Content Non-Responsiveness		0 CNS	63 VRIN-r	57 F TRIN-r	_			
Over-Reporting		83	51	TRICT	91	80	97	
		F-r	Fp-r		Fs	FBS-r	RBS	
Under-Reporting		47	48					
		L-r	K-r					
SUBSTANTIVE SCALES								
Somatic/Cognitive Dysfunction		86	87	64	72 YVDG	86	80	
		RC1	MLS	GIC	HPC	NUC	COG	
Emotional Dysfunction	66	67	45	52	65	48		
	EID	RCd	SUI	HLP	SFD	NFC		
		73	77					
		RC2	INTR-r					
		44 RC7	57 STW	59 AXY	51 ANP	63 BRF	MSF	62 NEGE-r
				·				
Thought Dysfunction	48_	43						
•	THD	RC6						
		47 RC8						
		52						
		PSYC-r						
		_						
	40 DVD	46 RC4	40	41	_			
	BXD		JCP	SUB				
		36 RC9	45 AGG	33 ACT	41 AGGR-r	41 DISC-r		
Interpersonal Functioning		49	34	62	75	57	78	
		FML	RC3	IPP	SAV	SHY	DSF	
Interests		56	43					
merests		AES	MEC					

#### ITEM-LEVEL INFORMATION

### **Unscorable Responses**

The test taker produced scorable responses to all the MMPI-2-RF items.

### **Critical Responses**

Seven MMPI-2-RF scales--Suicidal/Death Ideation (SUI), Helplessness/Hopelessness (HLP), Anxiety (AXY), Ideas of Persecution (RC6), Aberrant Experiences (RC8), Substance Abuse (SUB), and Aggression (AGG)--have been designated by the test authors as having critical item content that may require immediate attention and follow-up. Items answered by the individual in the keyed direction (True or False) on a critical scale are listed below if her T score on that scale is 65 or higher.

The test taker has not produced an elevated T score ( $\geq 65$ ) on any of these scales.

#### **End of Report**

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