



Minnesota Multiphasic
Personality Inventory-Adolescent
Restructured Form™

ANNOTATED SAMPLE REPORT

This MMPI-A-RF™ Interpretive Report was generated from Q-global®, Pearson's web-based scoring and report application, using "Stephen's" responses to the MMPI-A-RF items.

MMPI-A-RF Interpretive and Score Reports can also be produced using Pearson's Q Local™ software and mail-in scoring.

Interpretive Report

MMPI-A-RF™

Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form™

Robert P. Archer, PhD, Richard W. Handel, PhD, Yossef S. Ben-Porath, PhD, & Auke Tellegen, PhD

Name:	Stephen
ID Number:	622932
Age:	15
Gender:	Male
Years of Education:	Not reported
Date Assessed:	10/01/2015

Copyright © 2016 by the Regents of the University of Minnesota. All rights reserved.
Distributed exclusively under license from the University of Minnesota by NCS Pearson, Inc. Portions reproduced from the MMPI-A-RF test booklet. Copyright © 2016 by the Regents of the University of Minnesota. All rights reserved. Portions excerpted from the *MMPI-A-RF Administration, Scoring, Interpretation, and Technical Manual*. Copyright © 2016 by the Regents of the University of Minnesota. All rights reserved. Used by permission of the University of Minnesota Press.

MMPI-A-RF, the MMPI-A-RF logo, and Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form are trademarks of the University of Minnesota. Pearson is a trademark in the U.S. and/or other countries of Pearson Education, Inc., or its affiliate(s).

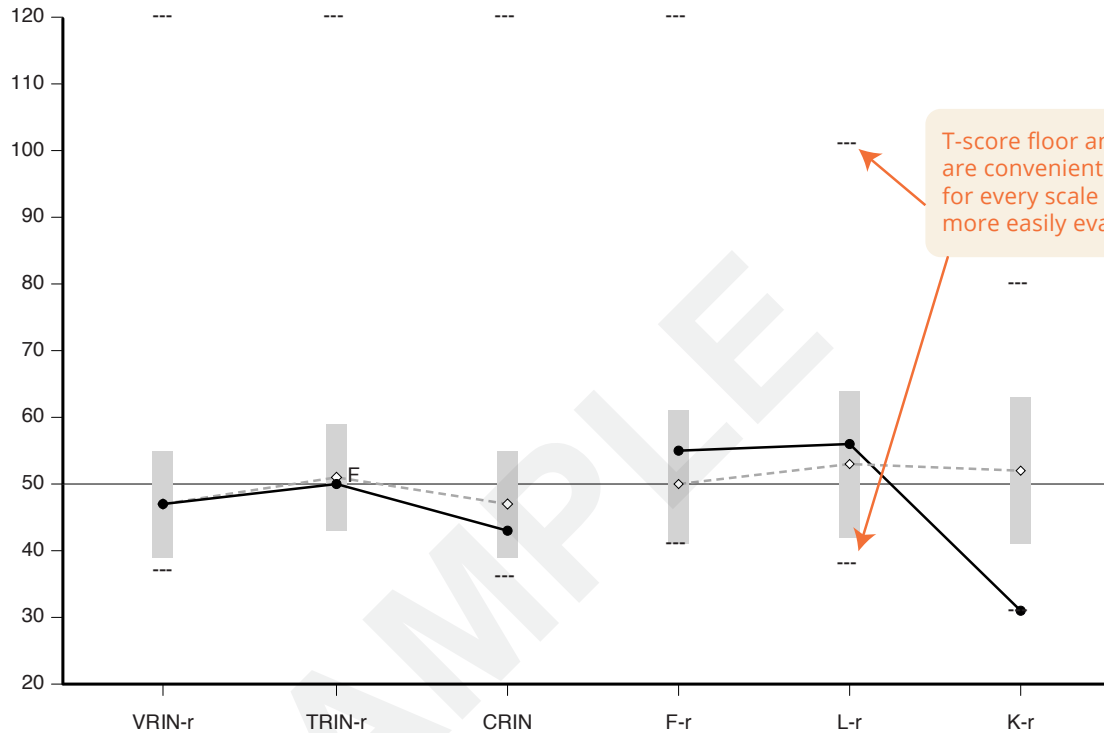
TRADE SECRET INFORMATION

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

[1.0 / 17 / 3.3]

MMPI-A-RF Validity Scales

Comprehensively assess protocol validity with effective, reliable indicators of random responding, fixed responding, over-reporting, and under-reporting.



T-score floor and ceiling are conveniently marked for every scale to help you more easily evaluate scores.

Raw Score:	2	5	2	4	3	0
T Score:	47	50	43	55	56	31
Response %:	100	92	97	100	100	100
Cannot Say (Raw):	1					
				Percent True (of items answered):		49%

Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

Mean T Score (◊--◊):	47	51 F	47	50	53	52
Standard Dev (±1 SD):	8	8	8	11	11	11
Percent scoring at or below adolescent:	67	47	46	80	72	2

An optional reporting feature allows you to compare a test taker's scores with those of other adolescents tested in a similar setting. Customized local comparison groups can also be generated and used.

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

VRIN-r	Variable Response Inconsistency	F-r	Infrequent Responses
TRIN-r	True Response Inconsistency	L-r	Uncommon Virtues
CRIN	Combined Response Inconsistency	K-r	Adjustment Validity

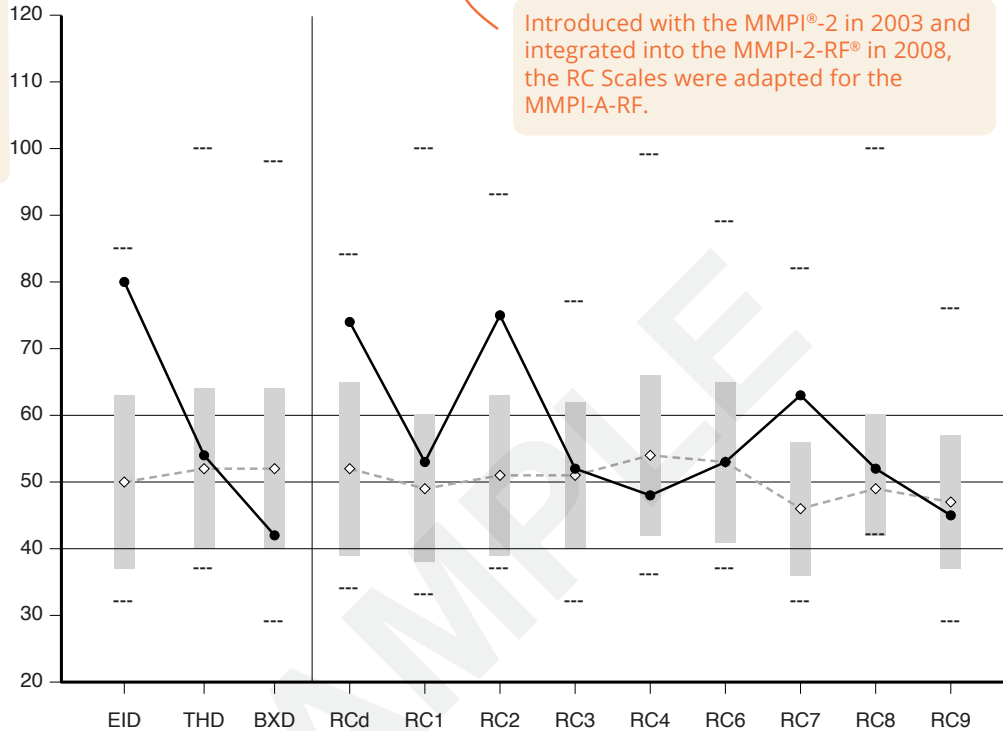
MMPI-A-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales

The Higher-Order Scales are empirically derived, define classic dispositional distinctions corresponding to "affect, cognition, and conation," and provide an organizing interpretive framework.

Higher-Order

Restructured Clinical

Introduced with the MMPI®-2 in 2003 and integrated into the MMPI-2-RF® in 2008, the RC Scales were adapted for the MMPI-A-RF.



Raw Score:	24	4	5	15	7	7	6	3	3	8	1	4
T Score:	80	54	42	74	53	75	52	48	53	63	52	45
Response %:	100	93	100	100	100	100	100	100	89	100	100	100

Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

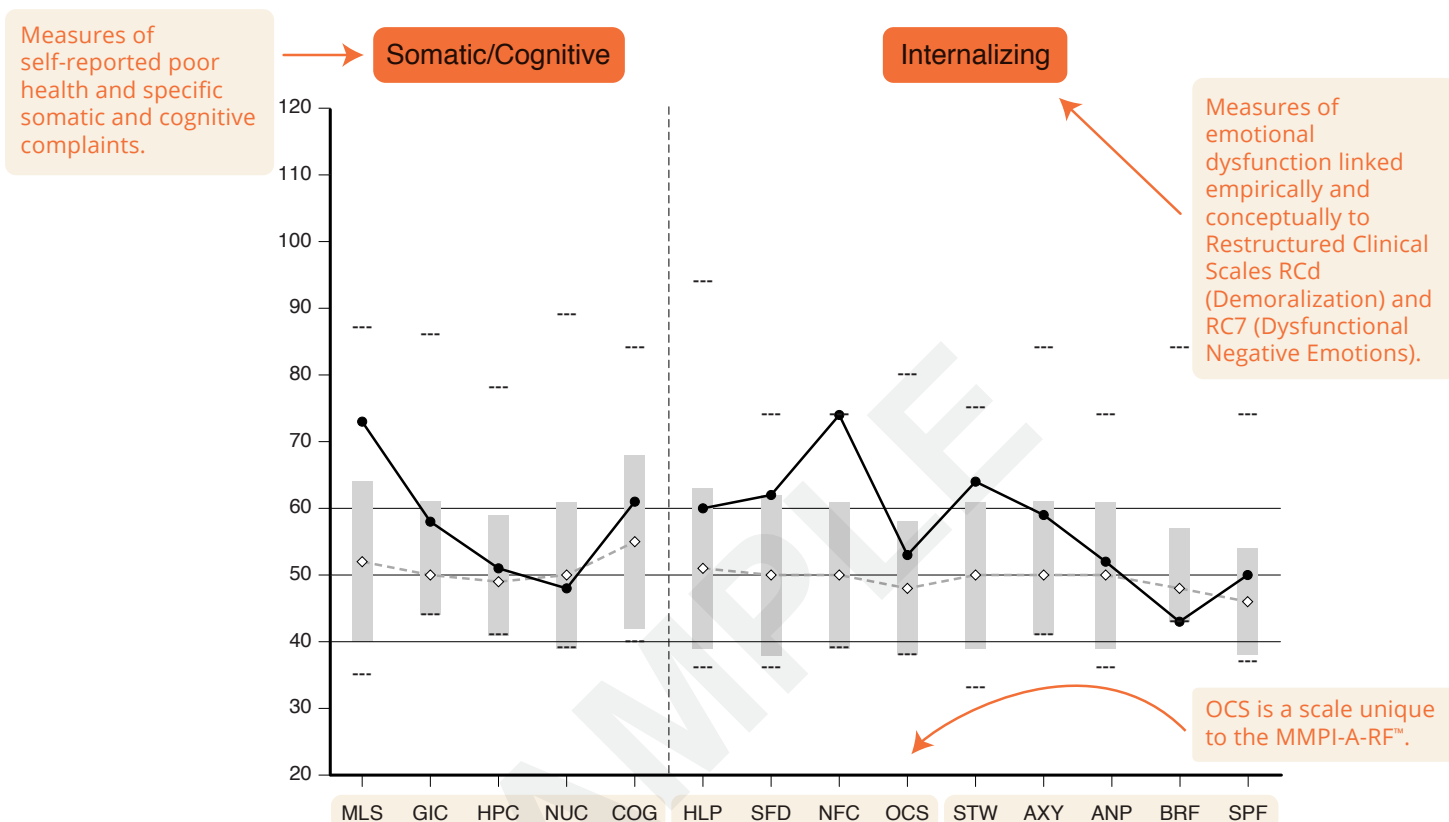
Mean T Score (◇--◇):	50	52	52	52	49	51	51	54	53	46	49	47
Standard Dev (±1 SD):	13	12	12	13	11	12	11	12	12	10	11	10
Percent scoring at or below adolescent:	98	69	25	93	74	97	69	35	66	94	78	62

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

EID	Emotional/Internalizing Dysfunction	RCd	Demoralization	RC6	Ideas of Persecution
THD	Thought Dysfunction	RC1	Somatic Complaints	RC7	Dysfunctional Negative Emotions
BXD	Behavioral/Externalizing Dysfunction	RC2	Low Positive Emotions	RC8	Aberrant Experiences
		RC3	Cynicism	RC9	Hypomanic Activation
		RC4	Antisocial Behavior		

Response percentages help assess the impact of nonresponding to items. The response percentage appears in bold if it drops below 90%, indicating a need to qualify scale score interpretation.

MMPI-A-RF Somatic/Cognitive and Internalizing Scales



Raw Score:	6	1	1	1	3	5	4	4	2	6	2	3	0	2
T Score:	73	58	51	48	61	60	62	74	53	64	59	52	43	50
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

Mean T Score(◇---◇):	52	50	49	50	55	51	50	50	48	50	50	50	48	46
Standard Dev (± 1 SD):	12	11	10	11	13	12	12	11	10	11	11	11	9	8
Percent scoring at or below adolescent:	96	86	77	60	81	85	87	100	85	91	90	72	70	88

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

MLS	Malaise	HLP	Helplessness/Hopelessness	AXY	Anxiety
GIC	Gastrointestinal Complaints	SFD	Self-Doubt	ANP	Anger Proneness
HPC	Head Pain Complaints	NFC	Inefficacy	BRF	Behavior-Restricting Fears
NUC	Neurological Complaints	OCS	Obsessions/Compulsions	SPF	Specific Fears
COG	Cognitive Complaints	STW	Stress/Worry		

A legend with scale abbreviations and full names is provided on each profile page for easy reference.

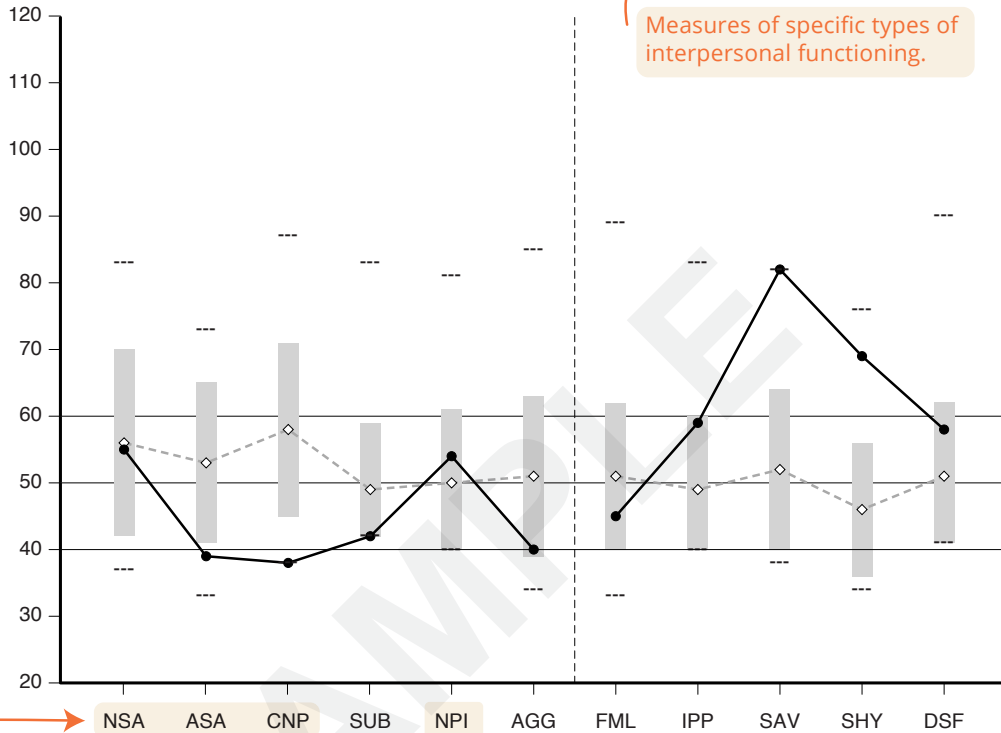
MMPI-A-RF Externalizing and Interpersonal Scales

Measures of behavioral dysfunction linked empirically and conceptually to RC4 (Antisocial Behavior) and RC9 (Hypomanic Activation).

Externalizing

Interpersonal

Measures of specific types of interpersonal functioning.



NSA, ASA, CNP, and NPI are scales unique to the MMPI-A-RF™.

	NSA	ASA	CNP	SUB	NPI	AGG	FML	IPP	SAV	SHY	DSF
Raw Score:	3	1	0	0	2	1	3	2	7	8	2
T Score:	55	39	38	42	54	40	45	59	82	69	58
Response %:	100	100	100	100	100	100	100	100	100	100	100

Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

	NSA	ASA	CNP	SUB	NPI	AGG	FML	IPP	SAV	SHY	DSF
Mean T Score(◇--◇):	56	53	58	49	50	51	51	49	52	46	51
Standard Dev (±1 SD):	14	12	13	10	11	12	11	11	12	10	11
Percent scoring at or below adolescent:	63	15	14	65	79	25	39	90	100	98	86

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

NSA	Negative School Attitudes	FML	Family Problems
ASA	Antisocial Attitudes	IPP	Interpersonal Passivity
CNP	Conduct Problems	SAV	Social Avoidance
SUB	Substance Abuse	SHY	Shyness
NPI	Negative Peer Influence	DSF	Disaffiliativeness
AGG	Aggression		

MMPI-A-RF Personality Psychopathology Five (PSY-5) Scales

Harkness and McNulty's PSY-5 Scales provide a personality-disorder perspective on major dimensions of personality pathology.



Raw Score:	4	3	3	12	12
T Score:	44	57	42	77	81
Response %:	100	100	100	100	100

Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

Mean T Score (◇--◇):	51	52	53	49	53
Standard Dev (±1 SD):	13	12	12	12	13
Percent scoring at or below adolescent:	37	79	19	99	97

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-A-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	Introversiion/Low Positive Emotionality-Revised

MMPI-A-RF T SCORES (BY DOMAIN)

PROTOCOL VALIDITY

Content Non-Responsiveness	<u>1</u>	<u>47</u>	<u>50</u>	<u>43</u>
	CNS	VRIN-r	TRIN-r	CRIN
Over-Reporting	<u>55</u>			
	F-r			
Under-Reporting	<u>56</u>	<u>31</u>		
	L-r	K-r		

A one-page summary allows you to easily evaluate scores by domain and follow the recommended hierarchical interpretation guidelines.

SUBSTANTIVE SCALES

Somatic/Cognitive Dysfunction	<u>53</u>	73	<u>58</u>	<u>51</u>	<u>48</u>	61
	RC1	MLS	GIC	HPC	NUC	COG
Emotional Dysfunction	80	<u>74</u>	60	62	<u>74</u>	
EID		RCd	HLP	SFD	NFC	
		<u>75</u>	81			
		RC2	INTR-r			
		63	<u>53</u>	64	<u>59</u>	<u>52</u>
		RC7	OCS	STW	AXY	ANP
					<u>43</u>	<u>50</u>
					BRF	SPF
						77
						NEGE-r
Thought Dysfunction	<u>54</u>	<u>53*</u>				
THD		RC6				
		<u>52</u>				
		RC8				
		<u>57</u>				
		PSYC-r				
Behavioral Dysfunction	<u>42</u>	<u>48</u>	<u>55</u>	<u>39</u>	38	<u>42</u>
BXD		RC4	NSA	ASA	CNP	SUB
						<u>54</u>
						NPI
		<u>45</u>	<u>40</u>	<u>44</u>	<u>42</u>	
		RC9	AGG	AGGR-r	DISC-r	
Interpersonal Functioning	<u>45</u>	<u>52</u>	<u>59</u>	82	69	<u>58</u>
	FML	RC3	IPP	SAV	SHY	DSF

*The adolescent 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-A-RF interpretation in Chapter 7 of the *MMPI-A-RF Administration, Scoring, Interpretation, and Technical Manual*, which provides details in the text and an outline in Table 7-1.

This interpretive report is intended for use by a professional qualified to interpret the MMPI-A-RF. The information it contains should be considered in the context of the adolescent's background, the circumstances of the assessment, and other available information.

SYNOPSIS

Summary of the major conclusions based on the Substantive Scales scores with due consideration of the Validity Scales findings.

This is a valid MMPI-A-RF protocol. Scores on the substantive scales indicate somatic and cognitive complaints, and emotional and interpersonal dysfunction. Somatic complaints relate to malaise. Cognitive complaints include difficulties in memory and concentration. Emotional-internalizing findings include **suicidal ideation**, demoralization, depression, generalized negative emotions, helplessness and hopelessness, self-doubt, feelings of inefficacy, and stress and worry. Interpersonal difficulties include social avoidance and social anxiety.

PROTOCOL VALIDITY

Comprehensive information about three types of potential threats to the validity of the test results.

Content Non-Responsiveness

Unscorable Responses

The adolescent answered less than 90% of the items on the following scale. The resulting score may therefore be artificially lowered. In particular, the absence of elevation on this scale is not interpretable. A list of all items for which the adolescent provided unscorable responses appears under the heading "Item-Level Information."

Ideas of Persecution (RC6): 89%

Inconsistent Responding

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

Over-Reporting

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

Under-Reporting

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

SUBSTANTIVE SCALE INTERPRETATION

Clinical symptoms, personality characteristics, and behavioral tendencies of the adolescent 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-A-RF scales, whereas statements that include the word "likely" are based on empirical correlates of scale scores, as reported in Appendix G of the MMPI-A-RF manual. Specific sources for each statement can be accessed with the annotation features of this report.

On-screen report viewing produces hover text, which identifies the scale scores that triggered the statements and indicates if it is based on item content, correlates, or inferences made by the report authors.

Somatic/Cognitive Dysfunction

The adolescent reports experiencing poor health, weakness, and/or fatigue¹. He likely presents with multiple somatic complaints² and complains of sleeplessness³ and low energy and fatigue⁴.

He reports a diffuse pattern of cognitive complaints⁵ and indeed likely experiences attention problems⁶, difficulties with concentration⁷, and slow speech⁶.

Emotional Dysfunction

The adolescent has responded in the keyed direction to one or more of the MMPI-A-RF items related to suicidal ideation or preoccupation with death. Please refer to the Critical Items section of the report. In addition, he received elevated scores on one or more scales that are correlated with suicidal ideation⁸ and with suicide attempts or gestures⁹.

His responses indicate considerable and pervasive emotional distress that is likely to be perceived as a crisis¹⁰. More specifically, he reports a lack of positive emotional experiences and being socially disengaged¹¹. He likely experiences anhedonia¹² and psychomotor retardation¹². He is likely difficult to motivate¹³ and self-punishing¹³.

The adolescent reports feeling sad and being dissatisfied with his current life circumstances¹⁴. He indeed likely feels sad and/or depressed¹⁵ and that life is a strain¹⁶ and has low self-esteem¹⁷. He also reports being indecisive and ineffective in coping with difficulties¹⁸ and likely procrastinates¹⁹. In addition, he reports self-doubt, feelings of uselessness, and poor self-esteem²⁰. He likely feels inferior²¹ and is self-defeating⁹, self-degrading²², and passive²³. He also reports feeling hopeless and helpless²⁴ and indeed likely feels hopeless²⁵ and like a failure²⁶ and believes he gets a raw deal from life²⁶ and cannot be helped²⁷. He likely gives up easily²⁶. He may engage in self-mutilation²⁶.

He reports an above-average level of negative emotional experiences including remorse and apprehensiveness²⁸. He likely experiences anxiety²⁹, nightmares³⁰, and insecurity³⁰. He also reports an above-average level of stress and worry³¹.

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 adolescent reports a below-average number of conduct problems³².

Interpersonal Functioning Scales

The adolescent reports substantial social avoidance and withdrawal³³ and very likely has few or no friends³⁴. He very likely is introverted³⁵ and socially withdrawn and isolated³⁶. He also very likely is socially awkward³⁷, may be bullied by peers³⁷, and may be uncomfortable with the opposite sex³⁷. He also reports being shy, easily embarrassed, and uncomfortable around others³⁸. He indeed likely is shy³⁹.

DIAGNOSTIC CONSIDERATIONS

Diagnostic possibilities, for further consideration, listed under four possible subheadings: Emotional-Internalizing, Thought, Behavioral-Externalizing, and Interpersonal disorders.

This section provides recommendations for psychodiagnostic assessment based on the adolescent's MMPI-A-RF results. It is recommended that he be evaluated for the following:

Emotional-Internalizing Disorders

- Somatic Symptom Disorder and related disorders, if physical origins for malaise have been ruled out⁴⁰
- Internalizing disorders⁴¹
- Depression-related disorders⁴² and other conditions characterized by anhedonia⁴³
- Anxiety-related disorders⁴⁴
- Stress-related disorders⁴⁵

Behavioral-Externalizing Disorders

- Attention Deficit/Hyperactivity Disorder (ADHD) and related neurodevelopmental disorders⁴⁶

Interpersonal Disorders

- Disorders associated with social avoidance⁴⁷
- Social Anxiety Disorder⁴⁸

TREATMENT CONSIDERATIONS

Treatment considerations are based on authors' inferences.

This section provides inferential treatment-related recommendations based on the adolescent's MMPI-A-RF scores.

Areas for Further Evaluation

- **Evaluate risk for self-harm⁴⁹.**
- May require inpatient treatment due to significant depression⁴³.
- Evaluate need for antidepressant medication⁴³.
- Explore origin of cognitive complaints⁴⁶. This may require a neuropsychological evaluation.

Psychotherapy Process Issues

- Malaise may impede his willingness or ability to engage in treatment⁴⁰.
- Emotional difficulties may motivate him for treatment⁵⁰.
- Significant lack of positive emotions and social isolation may interfere with engagement in therapy⁴³.

Possible Targets for Treatment

- Pronounced anhedonia⁴³
- Psychological distress as an initial target⁵¹
- Passivity and indecisiveness⁵²
- Low self-esteem and lack of confidence⁵³
- Feelings of hopelessness and helplessness⁵⁴
- Dysfunctional negative emotions⁵⁵
- Stress management⁴⁵
- Social avoidance⁴⁷
- Social anxiety⁴⁸



Special Note:

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

ITEM-LEVEL INFORMATION

Unscorable Responses

Following is a list of items to which the adolescent did not provide scorable responses. Unanswered or double answered (both True and False) items are unscorable. The scales on which the items appear are in parentheses following the item content.

26. Item Content Omitted. (TRIN-r, CRIN, THD, RC6)

Critical Responses

Six MMPI-A-RF scales--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 adolescent in the keyed direction (True or False) on a critical scale are listed below if his T score on that scale is 60 or higher. The percentage of the MMPI-A-RF normative sample (NS) and of the Psychiatric Outpatients, National (Boys) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Helplessness/Hopelessness (HLP, T Score = 60)

- 56. Item Content Omitted. (False; NS 31.6%, CG 28.1%)
- 60. Item Content Omitted. (True; NS 39.9%, CG 30.2%)
- 169. Item Content Omitted. (False; NS 17.1%, CG 19.0%)
- 228. Item Content Omitted. (True; NS 35.6%, CG 33.3%)
- 239. Item Content Omitted. (True; NS 40.9%, CG 49.1%)

Critical Items (Forbey & Ben-Porath)

The MMPI-A-RF contains a number of items whose content may indicate the presence of psychological problems when endorsed in the deviant direction. These "critical items" are adopted from the ones designated by Forbey and Ben-Porath for the MMPI-A (for details, see Forbey, J.D., & Ben-Porath, Y.S. [1998] A critical item set for the MMPI-A. Minneapolis, MN: University of Minnesota Press). Responses to critical items may provide an additional source of hypotheses about the adolescent; however, they should be used with caution because single item responses are unreliable. The percentage of the MMPI-A-RF normative sample (NS) and of the Psychiatric Outpatients, National (Boys) comparison group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Anxiety

170. Item Content Omitted. (True; NS 12.4%, CG 23.3%)

The percentages of individuals in both the normative sample (NS) and the selected comparison group (CG) who answered the item in the same direction as the test taker.

Cognitive Problems

126. Item Content Omitted. (True; NS 17.0%, CG 20.2%)

Conduct Problems

111. Item Content Omitted. (True; NS 24.6%, CG 25.5%)

Depression/Suicidal Ideation

46. Item Content Omitted. (True; NS 30.3%, CG 23.9%)

69. Item Content Omitted. (True; NS 20.1%, CG 26.0%)

Hallucinatory Experiences

108. Item Content Omitted. (True; NS 12.0%, CG 12.9%)

School Problems

40. Item Content Omitted. (True; NS 22.3%, CG 36.7%)

ENDNOTES

Endnotes identify scale scores that are associated with and provide foundations for statements.

This section lists for each statement in the report the MMPI-A-RF score(s) that triggered it. In addition, each statement is identified as a Test Response (if based on item content), a Correlate (if based on empirical correlates), or an Inference (if based on the report authors' judgment). This information can also be accessed on-screen by placing the cursor on a given statement. Validity data supporting the correlate-based statements may be found in the MMPI-A-RF Administration, Scoring, Interpretation, and Technical Manual.

- ¹ Test Response: MLS=73
- ² Correlate: MLS=73; COG=61
- ³ Correlate: MLS=73; STW=64
- ⁴ Correlate: RC2=75; MLS=73; INTR-r=81
- ⁵ Test Response: COG=61
- ⁶ Correlate: COG=61
- ⁷ Correlate: RCd=74; RC7=63; MLS=73; COG=61; STW=64; NEGE-r=77
- ⁸ Correlate: RC7=63; HLP=60; SFD=62; NEGE-r=77
- ⁹ Correlate: SFD=62
- ¹⁰ Correlate: EID=80
- ¹¹ Test Response: RC2=75; INTR-r=81
- ¹² Correlate: RC2=75; INTR-r=81
- ¹³ Correlate: RC2=75
- ¹⁴ Test Response: RCd=74
- ¹⁵ Correlate: RCd=74; RC2=75; HLP=60; SFD=62; NEGE-r=77; INTR-r=81
- ¹⁶ Correlate: RCd=74
- ¹⁷ Correlate: RCd=74; RC2=75; RC7=63; HLP=60; NEGE-r=77; INTR-r=81
- ¹⁸ Test Response: NFC=74
- ¹⁹ Correlate: NFC=74
- ²⁰ Test Response: SFD=62
- ²¹ Correlate: SFD=62; SHY=69
- ²² Correlate: RC2=75; SFD=62
- ²³ Correlate: SFD=62; NFC=74
- ²⁴ Test Response: HLP=60
- ²⁵ Correlate: RC2=75; HLP=60
- ²⁶ Correlate: HLP=60
- ²⁷ Correlate: HLP=60; INTR-r=81
- ²⁸ Test Response: RC7=63; NEGE-r=77
- ²⁹ Correlate: RCd=74; RC7=63; HLP=60; NFC=74; STW=64; NEGE-r=77
- ³⁰ Correlate: RC7=63
- ³¹ Test Response: STW=64
- ³² Test Response: CNP=38
- ³³ Test Response: SAV=82
- ³⁴ Correlate: SAV=82; SHY=69
- ³⁵ Correlate: RC2=75; SFD=62; SAV=82; SHY=69; INTR-r=81
- ³⁶ Correlate: RC2=75; SAV=82; SHY=69; INTR-r=81

- ³⁷ Correlate: SAV=82
³⁸ Test Response: SHY=69
³⁹ Correlate: SHY=69
⁴⁰ Inference: MLS=73
⁴¹ Inference: EID=80
⁴² Inference: RCd=74; RC2=75; HLP=60; SFD=62; NEGE-r=77; INTR-r=81
⁴³ Inference: RC2=75
⁴⁴ Inference: RC7=63; NEGE-r=77; INTR-r=81
⁴⁵ Inference: STW=64
⁴⁶ Inference: COG=61
⁴⁷ Inference: SAV=82
⁴⁸ Inference: SHY=69
⁴⁹ Inference: RC7=63; HLP=60; SFD=62
⁵⁰ Inference: EID=80; RCd=74; RC7=63; NEGE-r=77
⁵¹ Inference: RCd=74
⁵² Inference: NFC=74
⁵³ Inference: SFD=62
⁵⁴ Inference: HLP=60
⁵⁵ Inference: RC7=63; NEGE-r=77

End of Report

This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts 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.
