



Minnesota Multiphasic  
 Personality Inventory-Adolescent  
 Restructured Form™

## SAMPLE REPORT

### Case Description: Stephen—Psychiatric Outpatient Interpretive Report

Stephen is a 15-year-old boy whose mother died in an automobile accident when he was six years old. Stephen was very close to his mother, and her death substantially affected his psychological functioning and subsequent adjustment. Stephen became anxious about the possibility of losing other family members, particularly his father, to accidents, and he became tearful, anxious, and upset when separated from his father. Stephen started receiving therapy services shortly after his mother’s death, but these services lasted only three months. As Stephen grew older, he was seen as an anxious and fearful child who had few friends in school. Stephen became a target of school bullying, and as his social frustration increased, he became increasingly withdrawn, anxious, and depressed. When his father became concerned about Stephen’s growing reluctance to participate in after-school activities and his tendency to cry when discussing his frustration with his peers, Stephen was referred for outpatient evaluation and treatment.

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Case descriptions do not accompany MMPI-A-RF™ 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 Stephen’s responses to the MMPI-A-RF. Additional MMPI-A-RF sample reports, product offerings, training opportunities, and resources can be found at <https://www.pearsonclinical.com>.

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Minnesota Multiphasic  
Personality Inventory-Adolescent  
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## Interpretive Report

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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*

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

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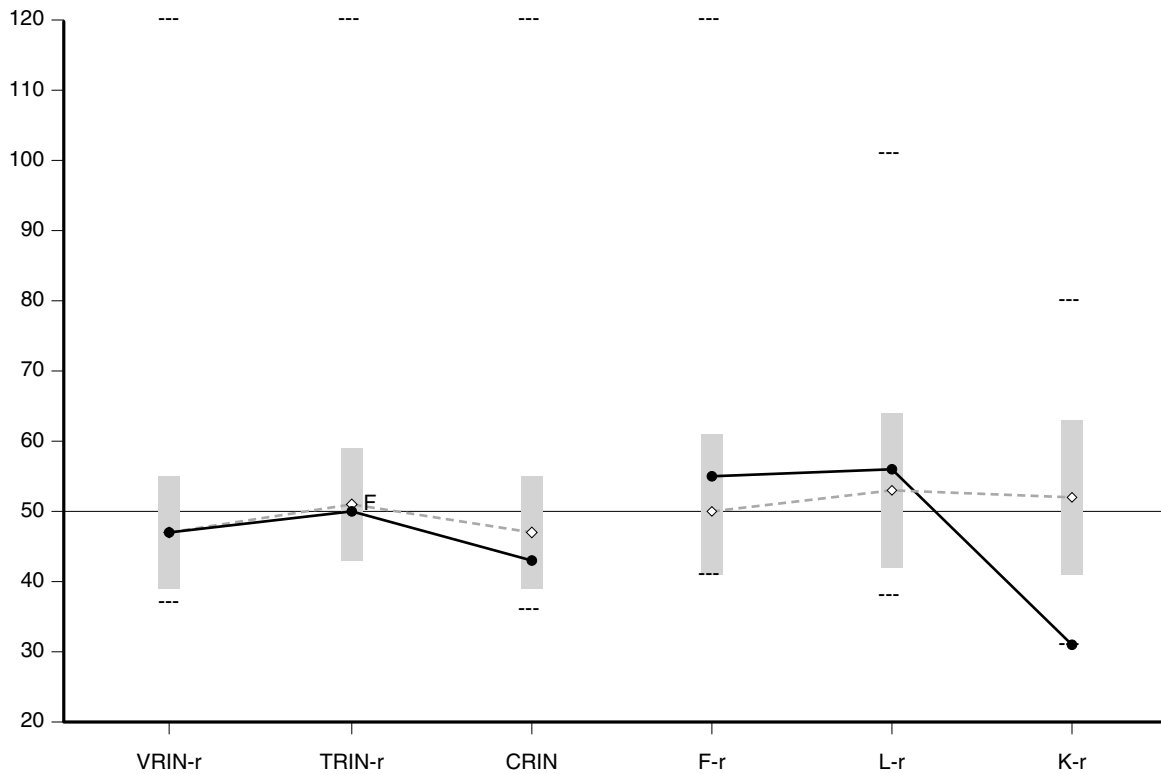
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[ 1.0 / 17 / 3.3 ]

## MMPI-A-RF Validity Scales



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%

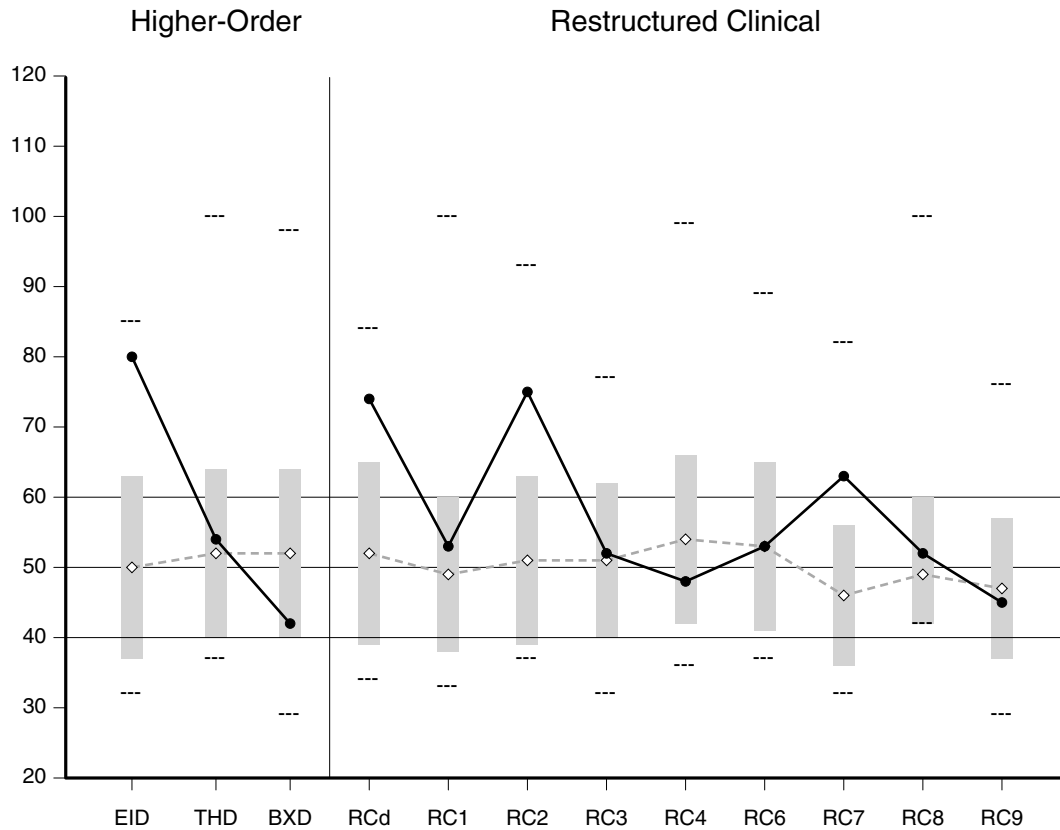
Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

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

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



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	<b>89</b>	100	100	100

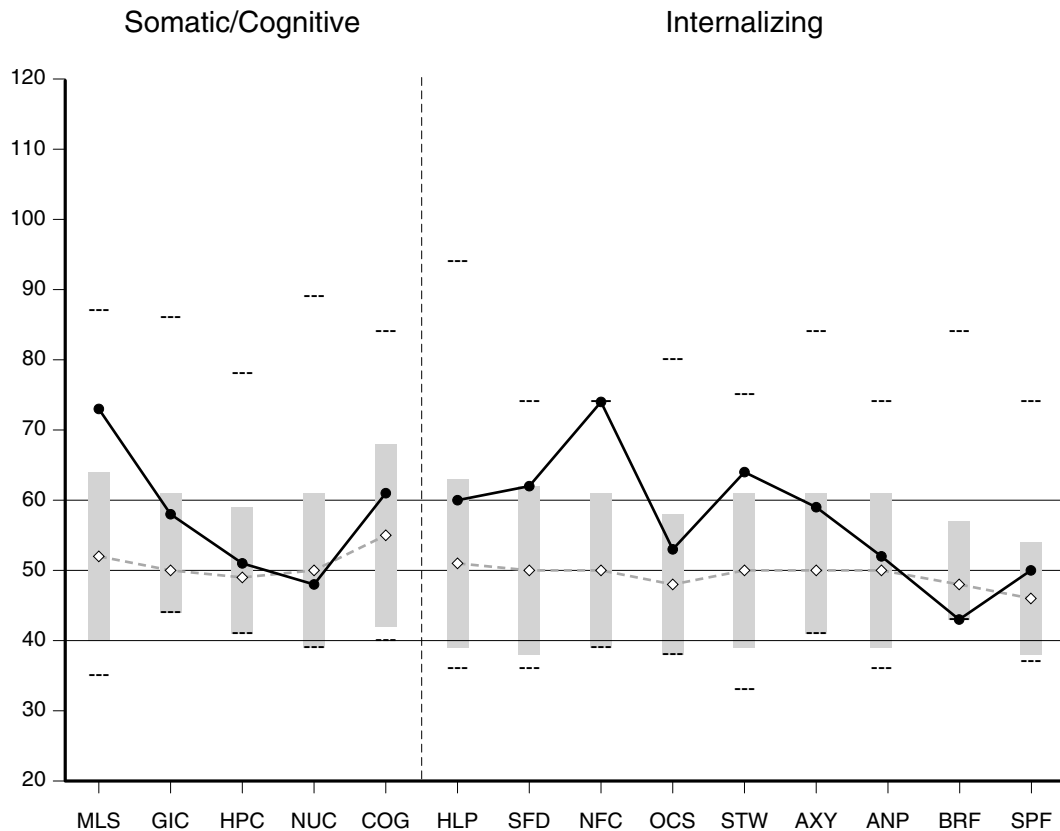
Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

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		

## 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

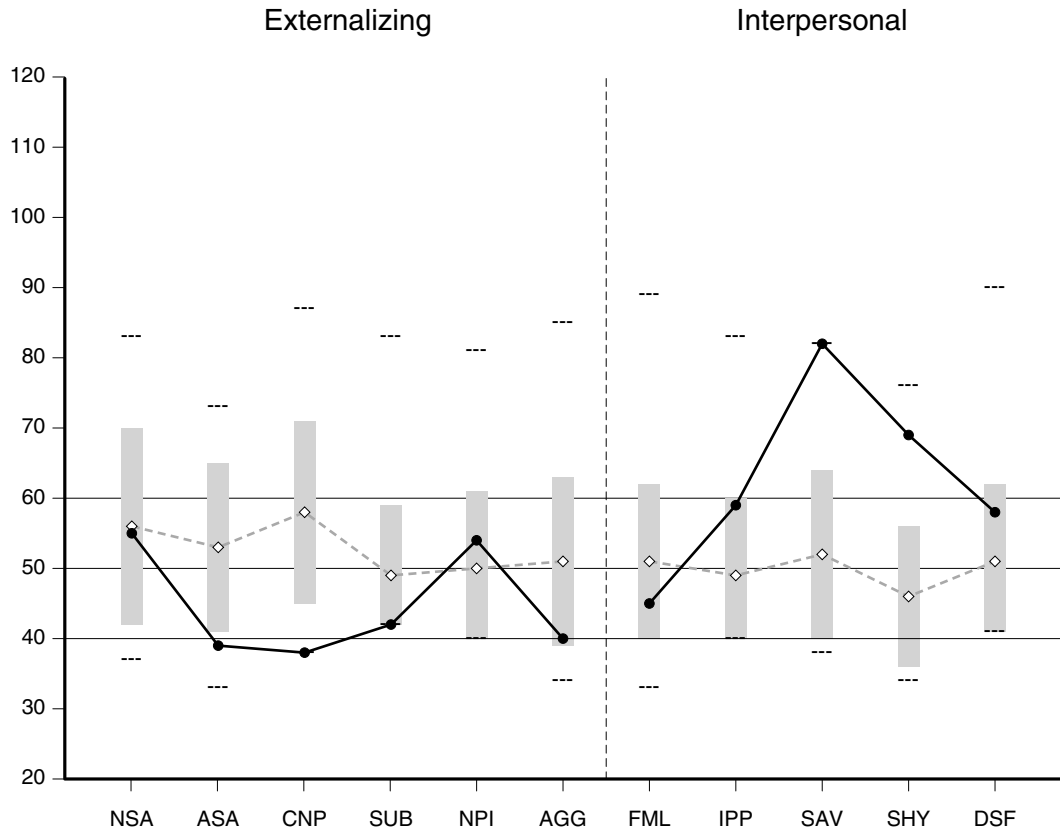
Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

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		

## MMPI-A-RF Externalizing and Interpersonal Scales



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

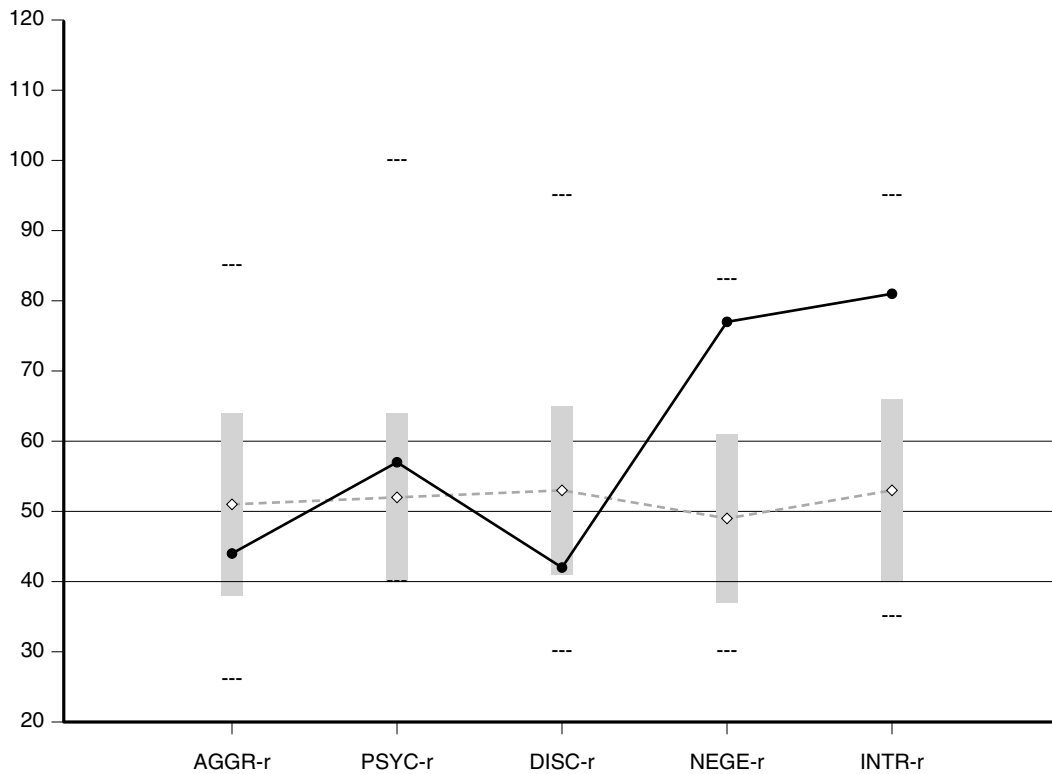
Comparison Group Data: Psychiatric Outpatients, National (Boys), N = 6851

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



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	1	47	50	43
	CNS	VRIN-r	TRIN-r	CRIN
Over-Reporting	55			
	F-r			
Under-Reporting	56	31		
	L-r	K-r		

### SUBSTANTIVE SCALES

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

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## **SYNOPSIS**

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**

### **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.*

### Somatic/Cognitive Dysfunction

The adolescent reports experiencing poor health, weakness, and/or fatigue<sup>1</sup>. He likely presents with multiple somatic complaints<sup>2</sup> and complains of sleeplessness<sup>3</sup> and low energy and fatigue<sup>4</sup>.

He reports a diffuse pattern of cognitive complaints<sup>5</sup> and indeed likely experiences attention problems<sup>6</sup>, difficulties with concentration<sup>7</sup>, and slow speech<sup>6</sup>.

### 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 ideation<sup>8</sup> and with suicide attempts or gestures<sup>9</sup>.**

His responses indicate considerable and pervasive emotional distress that is likely to be perceived as a crisis<sup>10</sup>. More specifically, he reports a lack of positive emotional experiences and being socially disengaged<sup>11</sup>. He likely experiences anhedonia<sup>12</sup> and psychomotor retardation<sup>12</sup>. He is likely difficult to motivate<sup>13</sup> and self-punishing<sup>13</sup>.

The adolescent reports feeling sad and being dissatisfied with his current life circumstances<sup>14</sup>. He indeed likely feels sad and/or depressed<sup>15</sup> and that life is a strain<sup>16</sup> and has low self-esteem<sup>17</sup>. He also reports being indecisive and ineffective in coping with difficulties<sup>18</sup> and likely procrastinates<sup>19</sup>. In addition, he reports self-doubt, feelings of uselessness, and poor self-esteem<sup>20</sup>. He likely feels inferior<sup>21</sup> and is self-defeating<sup>9</sup>, self-degrading<sup>22</sup>, and passive<sup>23</sup>. He also reports feeling hopeless and helpless<sup>24</sup> and indeed likely feels hopeless<sup>25</sup> and like a failure<sup>26</sup> and believes he gets a raw deal from life<sup>26</sup> and cannot be helped<sup>27</sup>. He likely gives up easily<sup>26</sup>. He may engage in self-mutilation<sup>26</sup>.

He reports an above-average level of negative emotional experiences including remorse and apprehensiveness<sup>28</sup>. He likely experiences anxiety<sup>29</sup>, nightmares<sup>30</sup>, and insecurity<sup>30</sup>. He also reports an above-average level of stress and worry<sup>31</sup>.

### 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 problems<sup>32</sup>.

## **Interpersonal Functioning Scales**

The adolescent reports substantial social avoidance and withdrawal<sup>33</sup> and very likely has few or no friends<sup>34</sup>. He very likely is introverted<sup>35</sup> and socially withdrawn and isolated<sup>36</sup>. He also very likely is socially awkward<sup>37</sup>, may be bullied by peers<sup>37</sup>, and may be uncomfortable with the opposite sex<sup>37</sup>. He also reports being shy, easily embarrassed, and uncomfortable around others<sup>38</sup>. He indeed likely is shy<sup>39</sup>.

## **DIAGNOSTIC CONSIDERATIONS**

*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 out<sup>40</sup>
- Internalizing disorders<sup>41</sup>
- Depression-related disorders<sup>42</sup> and other conditions characterized by anhedonia<sup>43</sup>
- Anxiety-related disorders<sup>44</sup>
- Stress-related disorders<sup>45</sup>

### **Behavioral-Externalizing Disorders**

- Attention Deficit/Hyperactivity Disorder (ADHD) and related neurodevelopmental disorders<sup>46</sup>

### **Interpersonal Disorders**

- Disorders associated with social avoidance<sup>47</sup>
- Social Anxiety Disorder<sup>48</sup>

## **TREATMENT CONSIDERATIONS**

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

### **Areas for Further Evaluation**

- **Evaluate risk for self-harm**<sup>49</sup>.
- May require inpatient treatment due to significant depression<sup>43</sup>.
- Evaluate need for antidepressant medication<sup>43</sup>.
- Explore origin of cognitive complaints<sup>46</sup>. This may require a neuropsychological evaluation.

### Psychotherapy Process Issues

- Malaise may impede his willingness or ability to engage in treatment<sup>40</sup>.
- Emotional difficulties may motivate him for treatment<sup>50</sup>.
- Significant lack of positive emotions and social isolation may interfere with engagement in therapy<sup>43</sup>.

### Possible Targets for Treatment

- Pronounced anhedonia<sup>43</sup>
- Psychological distress as an initial target<sup>51</sup>
- Passivity and indecisiveness<sup>52</sup>
- Low self-esteem and lack of confidence<sup>53</sup>
- Feelings of hopelessness and helplessness<sup>54</sup>
- Dysfunctional negative emotions<sup>55</sup>
- Stress management<sup>45</sup>
- Social avoidance<sup>47</sup>
- Social anxiety<sup>48</sup>



#### 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%)

#### 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

*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.*

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

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

## End of Report

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