



Minnesota Multiphasic
Personality Inventory-2
Restructured Form®

Interpretive Report: Clinical Settings

MMPI-2-RF®

Minnesota Multiphasic Personality Inventory-2-Restructured Form®

Yossef S. Ben-Porath, PhD, & Auke Tellegen, PhD

ID Number:	111134
Age:	62
Gender:	Male
Marital Status:	Not reported
Years of Education:	3
Date Assessed:	08/29/1997

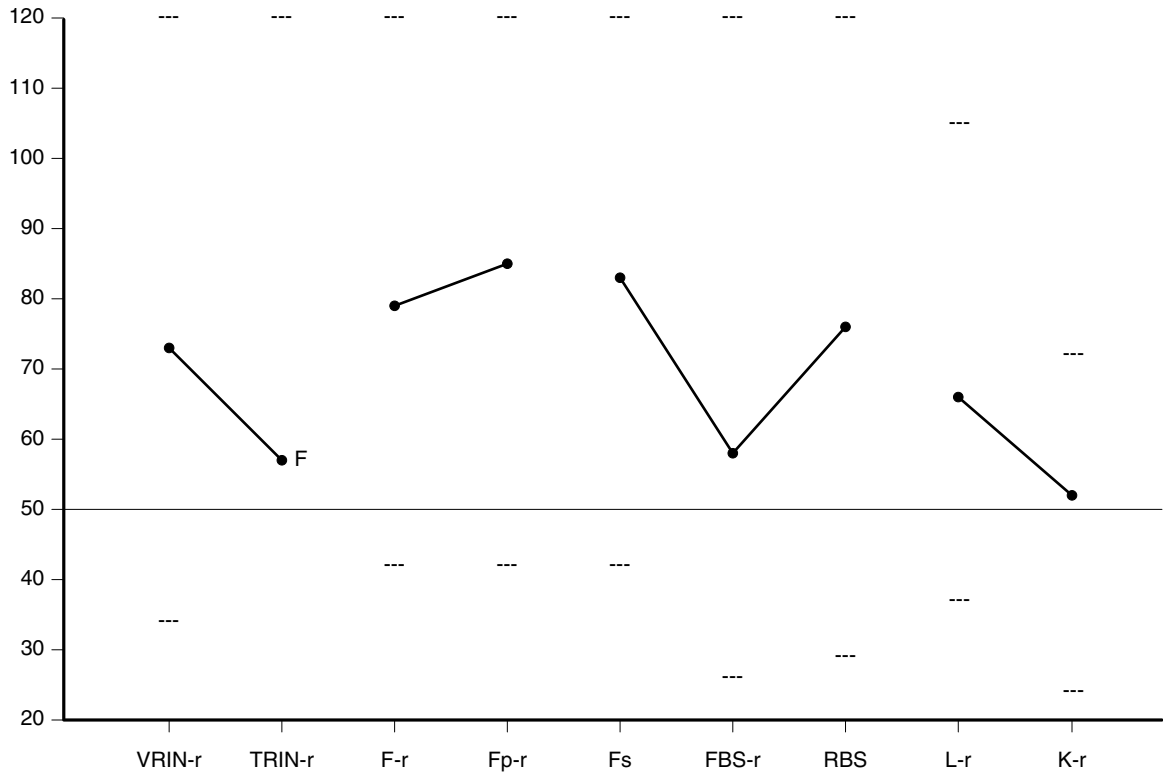
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MMPI-2-RF Validity Scales

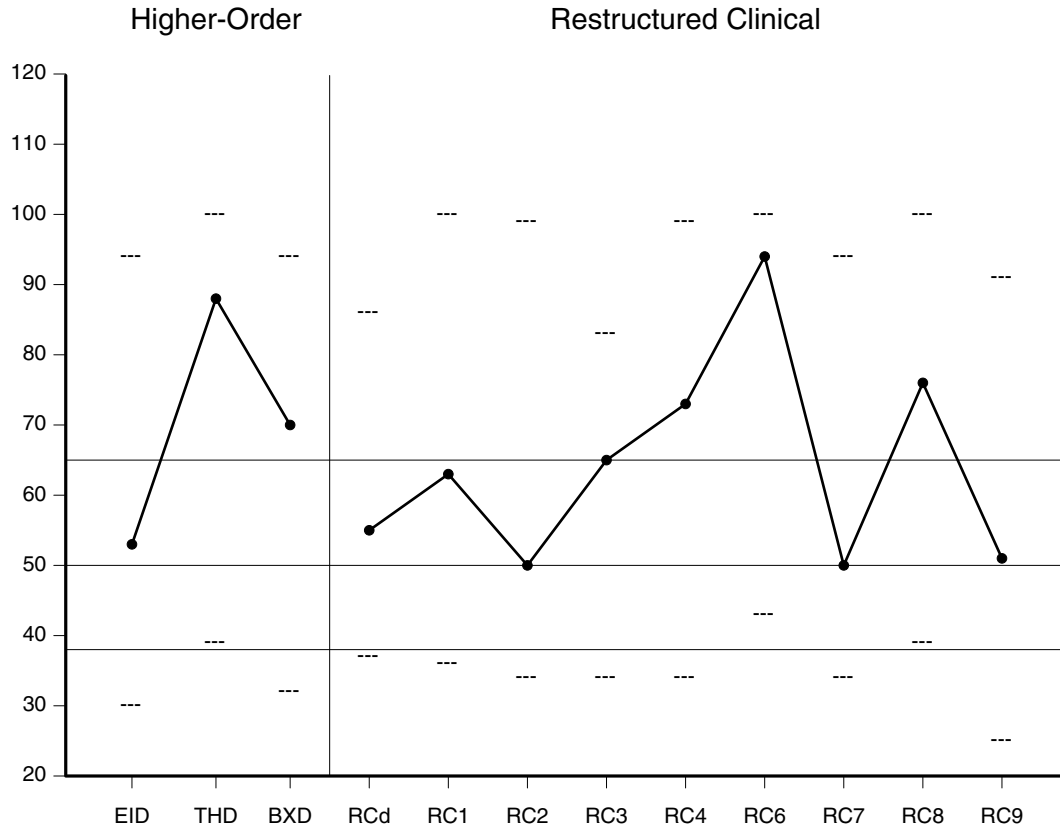


Raw Score:	8	10	8	5	5	10	11	6	8
T Score:	73	57 F	79	85	83	58	76	66	52
Response %:	98	96	97	100	100	100	96	100	100
Cannot Say (Raw):	8								
									Percent True (of items answered): 47%

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	Fs	Infrequent Somatic Responses	L-r	Uncommon Virtues
TRIN-r	True Response Inconsistency	FBS-r	Symptom Validity	K-r	Adjustment Validity
F-r	Infrequent Responses	RBS	Response Bias Scale		
Fp-r	Infrequent Psychopathology Responses				

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

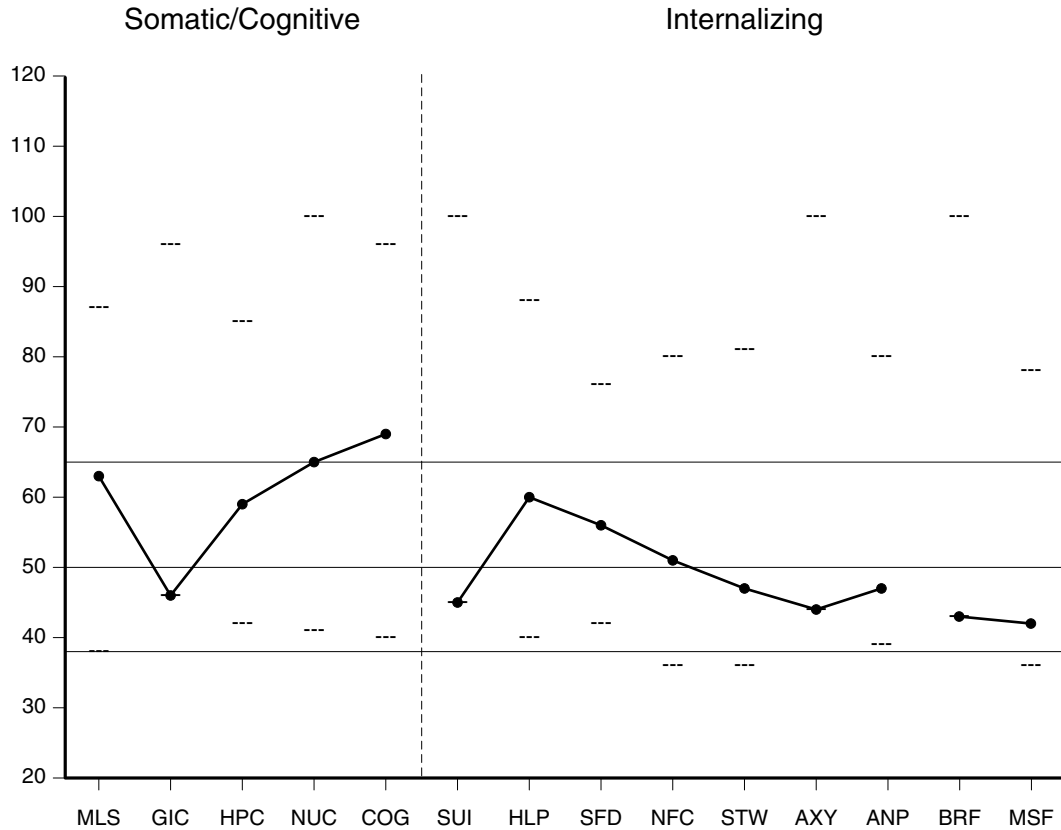


Raw Score:	12	12	14	7	8	4	11	13	9	6	9	13
T Score:	53	88	70	55	63	50	65	73	94	50	76	51
Response %:	98	100	100	100	100	100	87	100	100	96	100	100

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	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-2-RF Somatic/Cognitive and Internalizing Scales

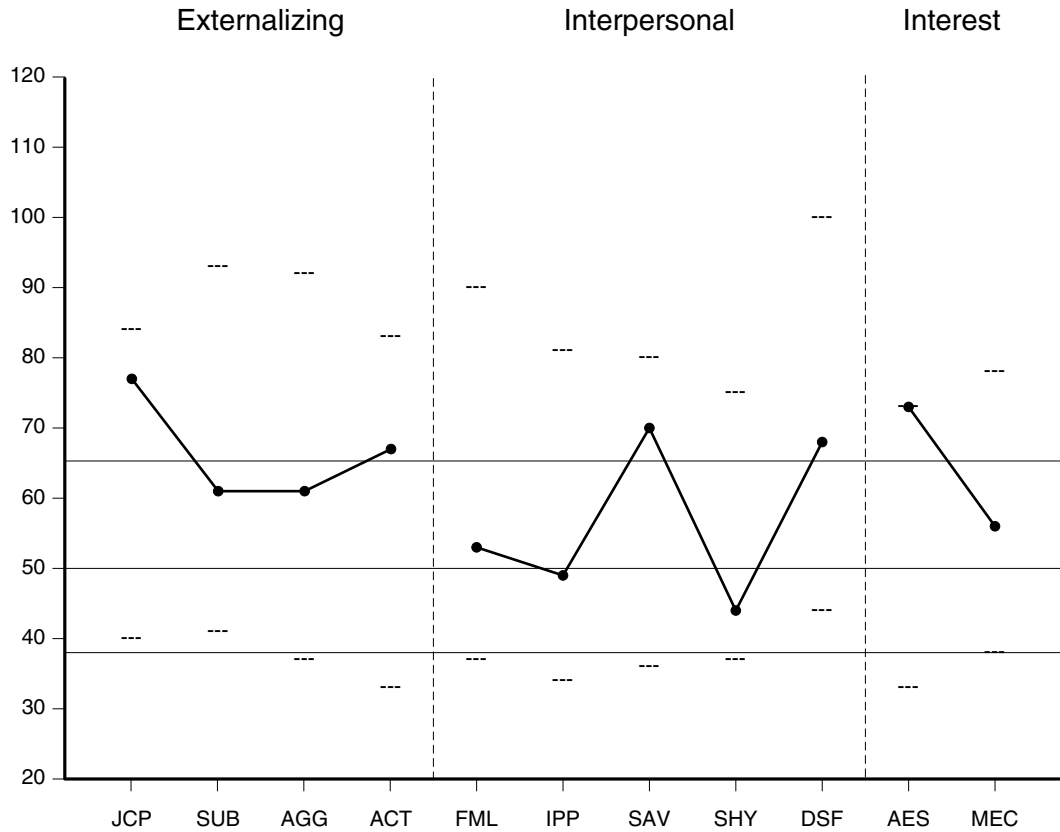


Raw Score:	4	0	2	3	5	0	2	2	3	2	0	1	0	1
T Score:	63	46	59	65	69	45	60	56	51	47	44	47	43	42
Response %:	100	100	100	100	100	80	100	100	100	86	100	100	100	100

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

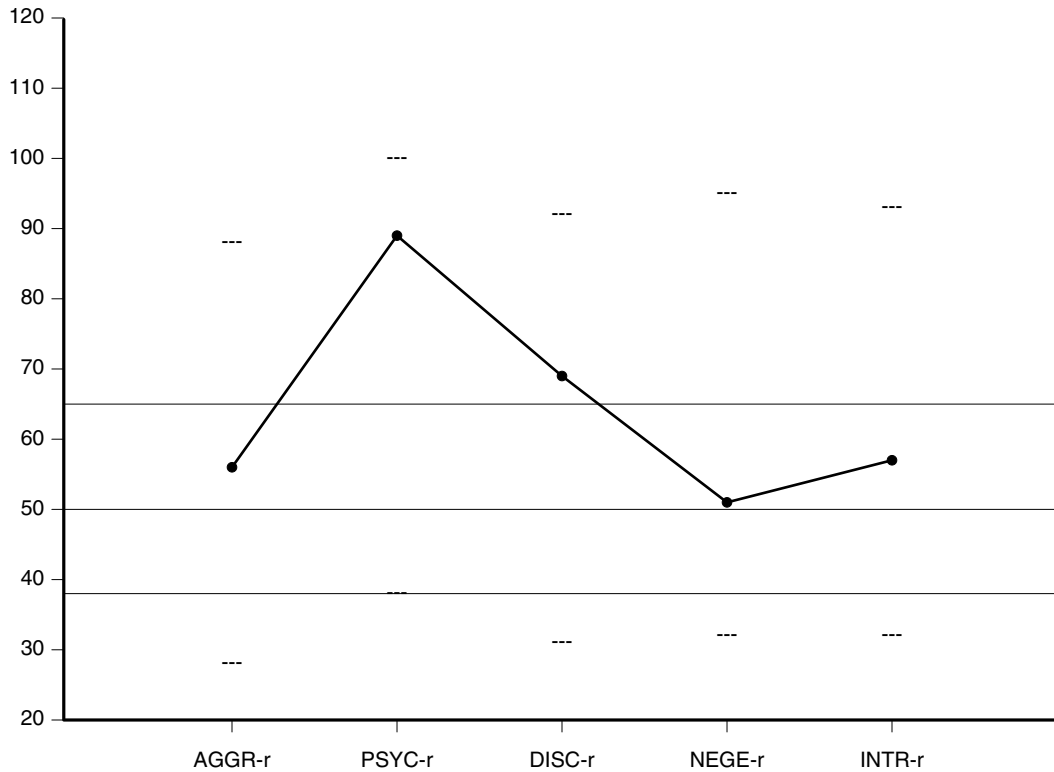


Raw Score:	5	3	4	6	3	4	8	1	2	7	4
T Score:	77	61	61	67	53	49	70	44	68	73	56
Response %:	100	86	100	100	90	100	100	100	83	100	100

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	FML	Family Problems	AES	Aesthetic-Literary Interests
SUB	Substance Abuse	IPP	Interpersonal Passivity	MEC	Mechanical-Physical Interests
AGG	Aggression	SAV	Social Avoidance		
ACT	Activation	SHY	Shyness		
		DSF	Disaffiliativeness		

MMPI-2-RF PSY-5 Scales



Raw Score:	11	13	13	7	9
T Score:	56	89	69	51	57
Response %:	100	100	100	95	100

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 Introversiveness/Low Positive Emotionality-Revised

MMPI-2-RF T SCORES (BY DOMAIN)

PROTOCOL VALIDITY

Content Non-Responsiveness	8	73	57 F			
	CNS	VRIN-r	TRIN-r			
Over-Reporting	79	85		83	58	76
	F-r	Fp-r		Fs	FBS-r	RBS
Under-Reporting	66	52				
	L-r	K-r				

SUBSTANTIVE SCALES

Somatic/Cognitive Dysfunction	63	63	46	59	65	69		
	RC1	MLS	GIC	HPC	NUC	COG		
Emotional Dysfunction	<u>53</u>	55	45*	60	56	51		
	EID	RCd	SUI	HLP	SFD	NFC		
		<u>50</u>	<u>57</u>					
		RC2	INTR-r					
		<u>50</u>	47*	44	47	43	42	51
		RC7	STW	AXY	ANP	BRF	MSF	NEGE-r
Thought Dysfunction	88	94						
	THD	RC6						
		<u>76</u>						
		RC8						
		<u>89</u>						
		PSYC-r						
Behavioral Dysfunction	70	73	77	61*				
	BXD	RC4	JCP	SUB				
		<u>51</u>	61	67	56	69		
		RC9	AGG	ACT	AGGR-r	DISC-r		
Interpersonal Functioning	53	65*	49	70	44	68*		
	FML	RC3	IPP	SAV	SHY	DSF		
Interests	73	56						
	AES	MEC						

*The test taker 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-2-RF interpretation in Chapter 5 of the *MMPI-2-RF 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-2-RF. The information it contains should be considered in the context of the test taker's background, the circumstances of the assessment, and other available information.

SYNOPSIS

Scores on the MMPI-2-RF validity scales raise concerns about the possible impact of unscorable responses, inconsistent responding, over-reporting, and under-reporting on the validity of this protocol. With that caution noted, scores on the substantive scales indicate somatic and cognitive complaints, and thought, behavioral, and interpersonal dysfunction. Somatic complaints relate to neurological symptoms. Cognitive complaints include difficulties in memory and concentration. Dysfunctional thinking findings include ideas of persecution and aberrant perceptions and thoughts. Behavioral-externalizing problems include antisocial behavior, juvenile conduct problems, and excessive activation. Interpersonal difficulties include social avoidance, a dislike of people and being around them, and cynicism.

PROTOCOL VALIDITY

Content Non-Responsiveness

Unscorable Responses

The test taker answered less than 90% of the items on the following scales. The resulting scores may therefore be artificially lowered. In particular, the absence of elevation on these scales is not interpretable¹. A list of all items for which the test taker provided unscorable responses appears under the heading "Item-Level Information."

Cynicism (RC3): 87%

Suicidal/Death Ideation (SUI): 80%

Stress/Worry (STW): 86%

Substance Abuse (SUB): 86%

Disaffiliativeness (DSF): 83%

Inconsistent Responding

There is some evidence of inconsistency because of variable responding to the MMPI-2-RF items. This may result from reading or language comprehension problems, cognitive impairment, errors in recording responses, or carelessness. This level of inconsistency does not invalidate the test protocol. However, scores on the MMPI-2-RF should be interpreted with some caution².

Over-Reporting

The test taker generated a larger than average number of infrequent responses to the MMPI-2-RF items. He also reported a much larger than average number of symptoms rarely described by individuals with genuine, severe psychopathology. This level of infrequent responding may occur in individuals with

genuine, severe psychopathology who report credible symptoms, but it could also reflect exaggeration. For individuals with no history or current corroborating evidence of psychopathology it very likely indicates over-reporting³.

He also reported a much larger than average number of somatic symptoms rarely described by individuals with genuine medical conditions. This level and type of infrequent responding may occur in individuals with substantial medical problems who report credible symptoms, but it could also reflect exaggeration. In individuals with no history or other corroborating evidence of physical health problems this likely indicates non-credible reporting of somatic symptoms⁴. Scores on the somatic scales--Somatic Complaints (RC1), Malaise (MLS), Gastrointestinal Complaints (GIC), Head Pain Complaints (HPC), and Neurological Complaints (NUC)--should be interpreted in light of this caution⁵.

Under-Reporting

There is also evidence of possible under-reporting in this protocol. The test taker presented himself in a positive light by denying some minor faults and shortcomings that most people acknowledge. This level of virtuous self-presentation may reflect a background stressing traditional values. Any absence of elevation on the substantive scales should be interpreted with caution⁶. Elevated scores on the substantive scales may underestimate the problems assessed by those scales⁷.

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 accessed 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, inconsistent responding, over-reporting, and under-reporting on the validity of this protocol.

Somatic/Cognitive Dysfunction

The test taker reports vague neurological complaints⁸ and is likely to present with multiple somatic complaints¹⁰, to be preoccupied with physical health concerns⁹, and to be prone to developing physical symptoms in response to stress¹¹.

He reports a diffuse pattern of cognitive difficulties¹². He is likely to complain about memory problems¹³, to have low tolerance for frustration¹⁴, not to cope well with stress¹⁴, and to experience difficulties in concentration¹⁵.

Emotional Dysfunction

There are no indications of emotional-internalizing dysfunction in this protocol. However, because of indications of under-reporting described earlier, such problems cannot be ruled out.

Thought Dysfunction

The test taker's responses indicate serious and pervasive thought dysfunction¹⁶. 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 him¹⁷. He is very likely to be suspicious and distrustful¹⁸, to experience serious interpersonal difficulties as a result of pervasive interpersonal suspiciousness¹⁹, and to lack insight¹⁹.

He reports a large number of unusual thoughts and perceptions²⁰. He is very likely to experience symptoms that can include auditory and/or visual hallucinations and non-persecutory delusions such as thought broadcasting and mind reading²¹. He is also very likely to experience substantial thought disorganization²², to present with significantly impaired reality testing²³, and to experience serious impairment in occupational and interpersonal functioning²⁴. His aberrant experiences may include somatic delusions²⁵.

Behavioral Dysfunction

The test taker's responses indicate significant externalizing, acting-out behavior, which is likely to have gotten him into difficulties²⁶. More specifically, he reports a significant history of antisocial behavior²⁷ and is likely to have poor impulse control²⁸, to have been involved with the criminal justice system²⁹, and to have difficulties with individuals in positions of authority³⁰. He is also likely to act out when bored³² and to have antisocial characteristics³³. He also reports a history of problematic behavior at school³⁴. He is likely to have a history of juvenile delinquency and criminal and antisocial behavior³⁵ and to experience conflictual interpersonal relationships³⁶.

He reports episodes of over-activation such as heightened excitation and energy level³⁷ and may have a history of symptoms associated with manic or hypomanic episodes³⁸.

Interpersonal Functioning Scales

The test taker reports having cynical beliefs, distrust of others, and believing others look out only for their own interests³⁹. He is likely to be hostile toward others⁴⁰ and feel alienated from them⁴¹, and to have negative interpersonal experiences as a result of his cynical beliefs⁴². He also reports not enjoying social events and avoiding social situations⁴³. He is likely to be introverted⁴⁴, to have difficulty forming close relationships⁴⁵, and to be emotionally restricted⁴⁶. In addition, he reports disliking people and being around them⁴⁷, and is likely to be asocial⁴⁸.

Interest Scales

The test taker reports an above average number of interests in activities or occupations of an aesthetic or literary nature (e.g., writing, music, the theater)⁴⁹. Individuals who respond in this manner are likely to be aesthetically oriented, more aware of sensory experiences than the average person, and empathic⁵⁰. He reports an average number of interests in activities or occupations of a mechanical or physical nature (e.g., fixing and building things, the outdoors, sports)⁵¹.

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, bearing in mind possible over-reporting:

Emotional-Internalizing Disorders

- Somatoform disorder and/or conditions involving somatic delusions, if physical origins for neurological complaints have been ruled out⁵²
- Cycling mood disorder⁵³

Thought Disorders

- Disorders involving paranoid delusional thinking⁵⁴
- Disorders manifesting psychotic symptoms⁵⁵
- Personality disorders manifesting unusual thoughts and perceptions⁵⁶

Behavioral-Externalizing Disorders

- Antisocial personality disorder, substance use disorders, and other externalizing disorders⁵⁷
- Manic or hypomanic episode or other conditions associated with excessive energy and activation⁵⁸

Interpersonal Disorders

- Personality disorders involving mistrust of and hostility toward others⁵⁹
- Disorders associated with social avoidance such as avoidant personality disorder⁶⁰

TREATMENT CONSIDERATIONS

This section provides inferential treatment-related recommendations based on the test taker's MMPI-2-RF scores. The following recommendations need to be considered in light of cautions noted about the possible impact of over-reporting.

Areas for Further Evaluation

- May require inpatient treatment due to paranoid delusional thinking⁶¹ and disorganized thinking⁶².
- Need for antipsychotic⁶³ and mood-stabilizing⁶⁴ medications.
- Extent to which genuine physical health problems contribute to the score on the Neurological Complaints (NUC) scale²⁵.
- Origin of cognitive complaints⁶⁵. May require a neuropsychological evaluation.

Psychotherapy Process Issues

- May need to be stabilized prior to successful implementation of treatment⁶².
- Significantly impaired thinking is likely to disrupt treatment⁶².
- Likely to reject psychological interpretations of somatic complaints²⁵.

- Extreme persecutory ideation may interfere with forming a therapeutic relationship and treatment compliance⁶¹.
- Unlikely to be internally motivated for treatment⁶⁶.
- Acting-out tendencies can result in treatment non-compliance and interfere with the development of a therapeutic relationship⁶⁷.
- Excessive behavioral activation may interfere with treatment⁶⁴.
- Cynicism may interfere with forming or seeking a therapeutic relationship⁶⁸.
- His aversive response to close relationships may make it difficult to form a therapeutic alliance and achieve progress in treatment⁶⁹.

Possible Targets for Treatment

- Prominent persecutory ideation⁶¹
- Psychotic symptoms⁵⁶
- Increased insight for the test taker about his thought dysfunction⁶²
- Inadequate self-control⁷⁰
- Lack of interpersonal trust⁵⁹
- Difficulties associated with social avoidance⁷¹

ITEM-LEVEL INFORMATION

Unscorable Responses

Following is a list of items to which the test taker 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.

- 73. I believe I am no more nervous than most others. (TRIN-r, EID, STW, NEGE-r)
- 132. Often I cross the street in order not to meet someone I see. (RBS, RC7)
- 192. After a bad day, I usually need a few drinks to relax. (SUB)
- 281. My people treat me more like a child than a grown-up. (F-r, FML)
- 291. I am never happier than when I am by myself. (VRIN-r, DSF)
- 304. In most marriages one or both partners are unhappy. (RC3)
- 326. Most married couples don't show much affection for each other. (RC3)
- 334. My thoughts these days turn more and more to death and the life hereafter. (SUI)**

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 his T score on that scale is 65 or higher. The percentage of the MMPI-2-RF normative sample that answered each item in the keyed direction is provided in parentheses following the item content.

Ideas of Persecution (RC6, T Score = 94)

- 34. Ghosts or spirits can influence people for good or bad. (True, 10.6%)
- 92. I believe I am being followed. (True, 1.0%)
- 110. I feel that I have often been punished without cause. (True, 9.9%)
- 150. Someone has been trying to rob me. (True, 2.0%)
- 168. There are persons who are trying to steal my thoughts and ideas. (True, 2.8%)
- 194. I am sure I am being talked about. (True, 17.1%)
- 233. People say insulting and vulgar things about me. (True, 5.5%)
- 252. Someone has control over my mind. (True, 1.9%)
- 287. Someone has been trying to influence my mind. (True, 3.1%)

Aberrant Experiences (RC8, T Score = 76)

- 32. I have had very peculiar and strange experiences. (True, 21.1%)
- 85. I have never seen a vision. (False, 17.1%)
- 106. I have had periods in which I carried on activities without knowing later what I had been doing. (True, 8.7%)
- 122. I have had attacks in which I could not control my movements or speech but in which I knew what was going on around me. (True, 3.3%)
- 179. Sometimes my voice leaves me or changes even though I have no cold. (True, 12.6%)
- 199. Peculiar odors come to me at times. (True, 12.1%)
- 203. My soul sometimes leaves my body. (True, 4.5%)
- 240. I often feel as if things are not real. (True, 8.8%)
- 311. Sometimes I am sure that other people can tell what I am thinking. (True, 32.4%)

ENDNOTES

This section lists for each statement in the report the MMPI-2-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.) For correlate-based statements, research references (Ref. No.) are provided, keyed to the consecutively numbered reference list following the endnotes.

- ¹ Correlate: Response % < 90, Ref. 17
- ² Correlate: VRIN-r=73, Ref. 11, 31, 42
- ³ Correlate: F-r=79, Ref. 8, 10, 16, 27, 28, 29, 34, 40, 41, 42, 45, 46, 48, 50, 57, 67, 72, 76, 79, 80;
Fp-r=85, Ref. 10, 12, 16, 28, 40, 41, 42, 48, 50, 57, 67, 76, 79
- ⁴ Correlate: Fs=83, Ref. 8, 10, 12, 16, 27, 28, 29, 33, 34, 42, 45, 46, 50, 53, 67, 68, 72, 76, 79, 80
- ⁵ Correlate: Fs=83, Ref. 10, 73
- ⁶ Correlate: L-r=66, Ref. 15, 41, 56
- ⁷ Correlate: L-r=66, Ref. 23, 56, 73
- ⁸ Test Response: NUC=65
- ⁹ Correlate: NUC=65, Ref. 10, 73
- ¹⁰ Correlate: NUC=65, Ref. 10, 44, 73
- ¹¹ Correlate: NUC=65, Ref. 73
- ¹² Test Response: COG=69
- ¹³ Correlate: COG=69, Ref. 10, 26, 44, 73
- ¹⁴ Correlate: COG=69, Ref. 73
- ¹⁵ Correlate: COG=69, Ref. 10, 44, 73
- ¹⁶ Correlate: THD=88, Ref. 38, 49, 73; PSYC-r=89, Ref. 73
- ¹⁷ Test Response: RC6=94
- ¹⁸ Correlate: RC6=94, Ref. 1, 5, 10, 18, 30, 44, 55, 59, 66, 69, 73
- ¹⁹ Correlate: RC6=94, Ref. 73
- ²⁰ Test Response: RC8=76; PSYC-r=89
- ²¹ Correlate: RC8=76, Ref. 1, 5, 30, 44, 69, 73
- ²² Correlate: RC8=76, Ref. 30, 73
- ²³ Correlate: RC8=76, Ref. 5, 22, 30, 55, 69, 73; PSYC-r=89, Ref. 73
- ²⁴ Correlate: RC8=76, Ref. 73
- ²⁵ Inference: NUC=65
- ²⁶ Correlate: BXD=70, Ref. 38, 73
- ²⁷ Test Response: RC4=73
- ²⁸ Correlate: RC4=73, Ref. 1, 18, 20, 21, 22, 47, 55, 59, 60, 61, 63, 70, 73, 81; DISC-r=69, Ref. 73
- ²⁹ Correlate: RC4=73, Ref. 5, 30, 44, 61, 65, 73
- ³⁰ Correlate: RC4=73, Ref. 73; JCP=77, Ref. 73
- ³¹ Correlate: RC4=73, Ref. 73
- ³² Correlate: RC4=73, Ref. 18, 73
- ³³ Correlate: RC4=73, Ref. 1, 2, 9, 10, 18, 30, 35, 36, 37, 44, 47, 55, 62, 63, 64, 65, 66, 69, 70, 71, 73, 74, 78
- ³⁴ Test Response: JCP=77

- ³⁵ Correlate: RC4=73, Ref. 7, 61, 65, 73; JCP=77, Ref. 54, 73
- ³⁶ Correlate: RC4=73, Ref. 1, 73; JCP=77, Ref. 73
- ³⁷ Test Response: ACT=67
- ³⁸ Correlate: ACT=67, Ref. 44, 73, 77
- ³⁹ Test Response: RC3=65
- ⁴⁰ Correlate: RC3=65, Ref. 1, 6, 21, 25, 32, 44, 60, 73
- ⁴¹ Correlate: RC3=65, Ref. 14, 32, 59, 73; RC6=94, Ref. 5, 30, 59, 66, 73
- ⁴² Correlate: RC3=65, Ref. 19, 44, 73
- ⁴³ Test Response: SAV=70
- ⁴⁴ Correlate: SAV=70, Ref. 1, 2, 6, 18, 25, 73; DSF=68, Ref. 1, 2, 73
- ⁴⁵ Correlate: SAV=70, Ref. 1, 13, 24, 25, 73
- ⁴⁶ Correlate: SAV=70, Ref. 73
- ⁴⁷ Test Response: DSF=68
- ⁴⁸ Correlate: DSF=68, Ref. 1, 2, 6, 25, 44, 73
- ⁴⁹ Test Response: AES=73
- ⁵⁰ Correlate: AES=73, Ref. 73
- ⁵¹ Test Response: MEC=56
- ⁵² Inference: RC8=76; NUC=65
- ⁵³ Correlate: ACT=67, Ref. 77
- ⁵⁴ Correlate: RC6=94, Ref. 58
- ⁵⁵ Correlate: RC8=76, Ref. 39, 73
- ⁵⁶ Inference: RC8=76; PSYC-r=89
- ⁵⁷ Correlate: BXD=70, Ref. 73; RC4=73, Ref. 2, 35, 63, 70, 73, 75, 78, 82; JCP=77, Ref. 75
- ⁵⁸ Correlate: ACT=67, Ref. 58, 77
- ⁵⁹ Inference: RC3=65
- ⁶⁰ Correlate: SAV=70, Ref. 75
- ⁶¹ Inference: RC6=94
- ⁶² Inference: RC8=76
- ⁶³ Correlate: THD=88, Ref. 73; RC6=94, Ref. 73; RC8=76, Ref. 73; PSYC-r=89, Ref. 73
- ⁶⁴ Inference: ACT=67
- ⁶⁵ Inference: COG=69
- ⁶⁶ Inference: BXD=70
- ⁶⁷ Correlate: RC4=73, Ref. 3, 43, 51, 52
- ⁶⁸ Correlate: RC3=65, Ref. 4
- ⁶⁹ Inference: DSF=68
- ⁷⁰ Inference: BXD=70; RC4=73; DISC-r=69
- ⁷¹ Inference: SAV=70

RESEARCH REFERENCE LIST

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

1. Anderson, J. L., Sellbom, M., Ayearst, L., Quilty, L. C., Chmielewski, M., & Bagby, R. M. (2015). Associations between DSM-5 Section III personality traits and the Minnesota Multiphasic Personality Inventory 2-Restructured Form (MMPI-2-RF) scales in a psychiatric patient sample. *Psychological Assessment, 27*, 801-815. [doi: 10.1037/pas0000096](https://doi.org/10.1037/pas0000096)
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End of Report

ITEM RESPONSES

1: 2 2: 1 3: 1 4: 1 5: 2 6: 2 7: 1 8: 1 9: 2 10: 1
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