MMPI 3
Minnesota Multiphasic Personality Inventory®-3

Case Description: Ms. H – Firefighter Candidate Interpretive Report

Ms. H is a 29-year-old, single female candidate who applied for a position as a firefighter/EMT (emergency medical technician) with a rural fire protection district. At the time of her evaluation, she was working as a transport EMT for a local ambulance company. Her background showed her to be well respected for her technical skills and patient care but also widely perceived as quiet, shy, passive, and introverted. She reported in the evaluation that her domestic partner of 3 years broke up with her 2 months ago. During the interview, Ms. H was tearful when discussing the break up, which occurred when her partner disclosed being in a sexual relationship with someone else. She said her situation was challenging because she and her former partner had signed an apartment lease together. She could not afford to move out, so they continue to cohabitate as roommates.

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 H.'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.

Pearson

MMPI®3

Minnesota Multiphasic Personality Inventory®-3

Yossef S. Ben-Porath
Auke Tellegen

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

ID Number:	Ms. H
Age:	29
Gender:	Female
Marital Status:	Not reported
Years of Education:	Not reported
Date Assessed:	05/09/2022

MMPI-3 Validity Scales

	CRIN	VRIN	TRIN	F	Fp	Fs	FBS	RBS	L	K
Raw Score:	2	2	13	0	0	0	11	5	6	13
T Score:	39	43	50	41	41	42	56	47	61	71
Response %:	99	97	100	100	100	100	100	100	100	100
Cannot Say (Raw):	2									

Comparison Group Data: Firefighter Candidate (Men and Women), N = 220

	CRIN	VRIN	TRIN	F	Fp	Fs	FBS	RBS	L	K
Mean Score (◇---◇):	38	39	52F	42	43	43	46	44	58	66
Standard Dev (±1 SD):	5	5	5	2	4	4	5	6	11	7
Percent scoring at or below test taker:	80	89	64	82	84	79	98	78	67	83

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
VRIN Variable Response Inconsistency	Fp Infrequent Psychopathology Responses	K Adjustment Validity
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

Higher-Order   Restructured Clinical
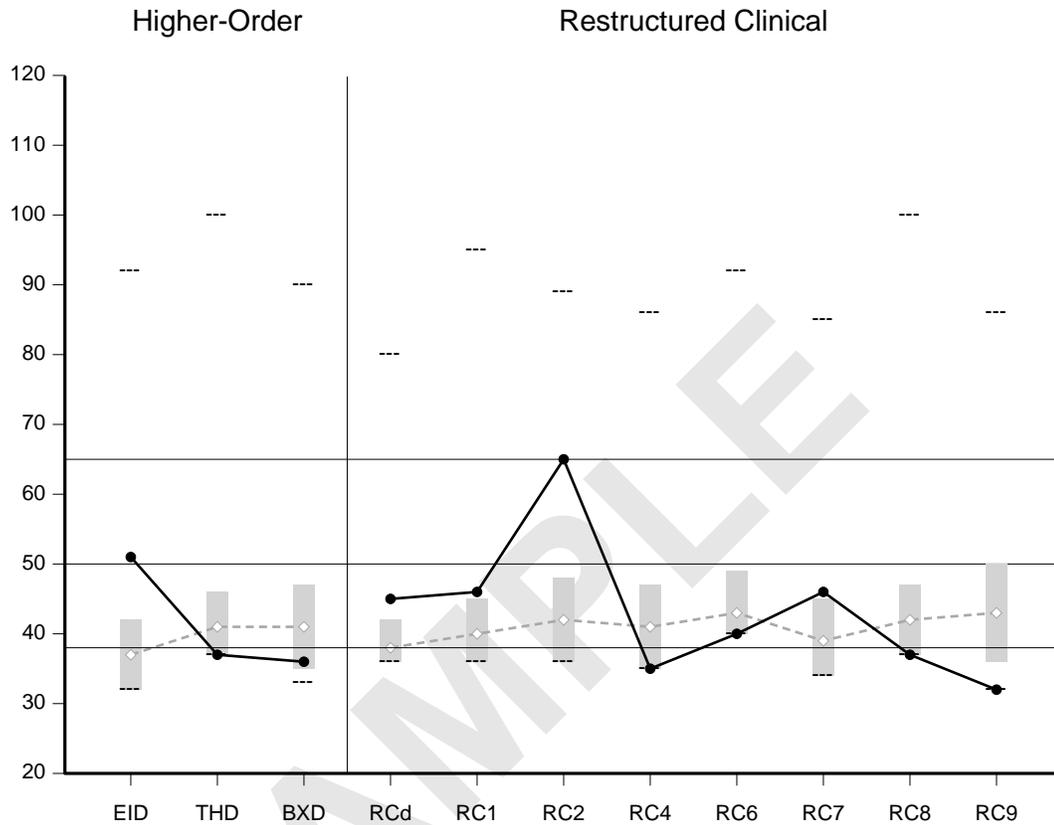
	EID	THD	BXD	RCd	RC1	RC2	RC4	RC6	RC7	RC8	RC9
Raw Score:	11	0	1	2	2	7	0	0	4	0	0
T Score:	51	37	36	45	46	65	35	40	46	37	32
Response %:	98	100	100	94	100	100	100	100	100	100	100

Comparison Group Data: Firefighter Candidate (Men and Women), N = 220

	EID	THD	BXD	RCd	RC1	RC2	RC4	RC6	RC7	RC8	RC9
Mean Score (◇‒‒‒◇):	37	41	41	38	40	42	41	43	39	42	43
Standard Dev (±1 SD):	5	5	6	4	5	6	6	6	6	5	7
Percent scoring at or below test taker:	99	58	33	95	95	99.5	34	81	90	54	9

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	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
	RC4 Antisocial Behavior	RC9 Hypomanic Activation

MMPI-3 Somatic/Cognitive Dysfunction and Internalizing Scales

Somatic/Cognitive   Internalizing
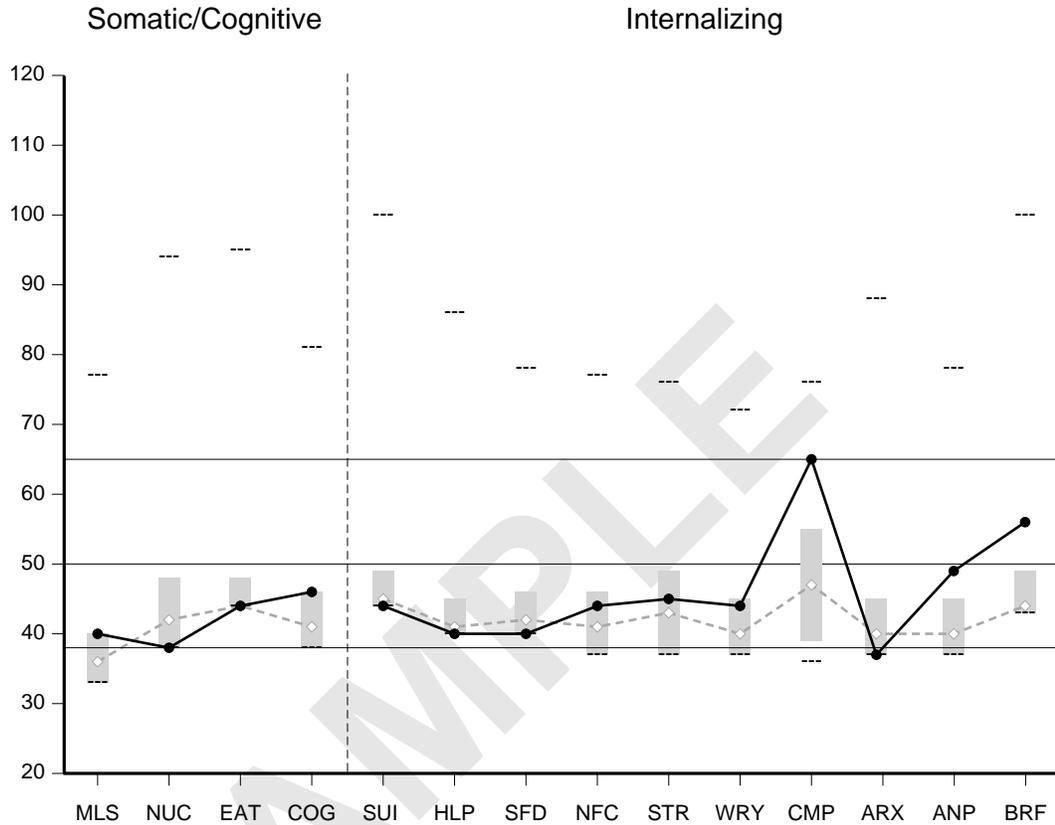
	MLS	NUC	EAT	COG	SUI	HLP	SFD	NFC	STR	WRY	CMP	ARX	ANP	BRF
Raw Score:	1	0	0	1	0	0	0	1	1	1	6	0	2	1
T Score:	40	38	44	46	44	40	40	44	45	44	65	37	49	56
Response %:	**86**	100	100	100	100	100	**86**	100	100	100	100	100	100	100

Comparison Group Data: Firefighter Candidate (Men and Women), N = 220

	MLS	NUC	EAT	COG	SUI	HLP	SFD	NFC	STR	WRY	CMP	ARX	ANP	BRF
Mean Score (◇- - -◇):	36	42	44	41	45	41	42	41	43	40	47	40	40	44
Standard Dev (±1 SD):	4	6	4	5	4	4	4	5	6	5	8	5	5	5
Percent scoring at or below test taker:	93	63	95	93	97	90	89	81	79	85	97	70	95	98

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

MLS	Malaise	SUI	Suicidal/Death Ideation	WRY	Worry
NUC	Neurological Complaints	HLP	Helplessness/Hopelessness	CMP	Compulsivity
EAT	Eating Concerns	SFD	Self-Doubt	ARX	Anxiety-Related Experiences
COG	Cognitive Complaints	NFC	Inefficacy	ANP	Anger Proneness
		STR	Stress	BRF	Behavior-Restricting Fears

MMPI-3 Externalizing and Interpersonal Scales
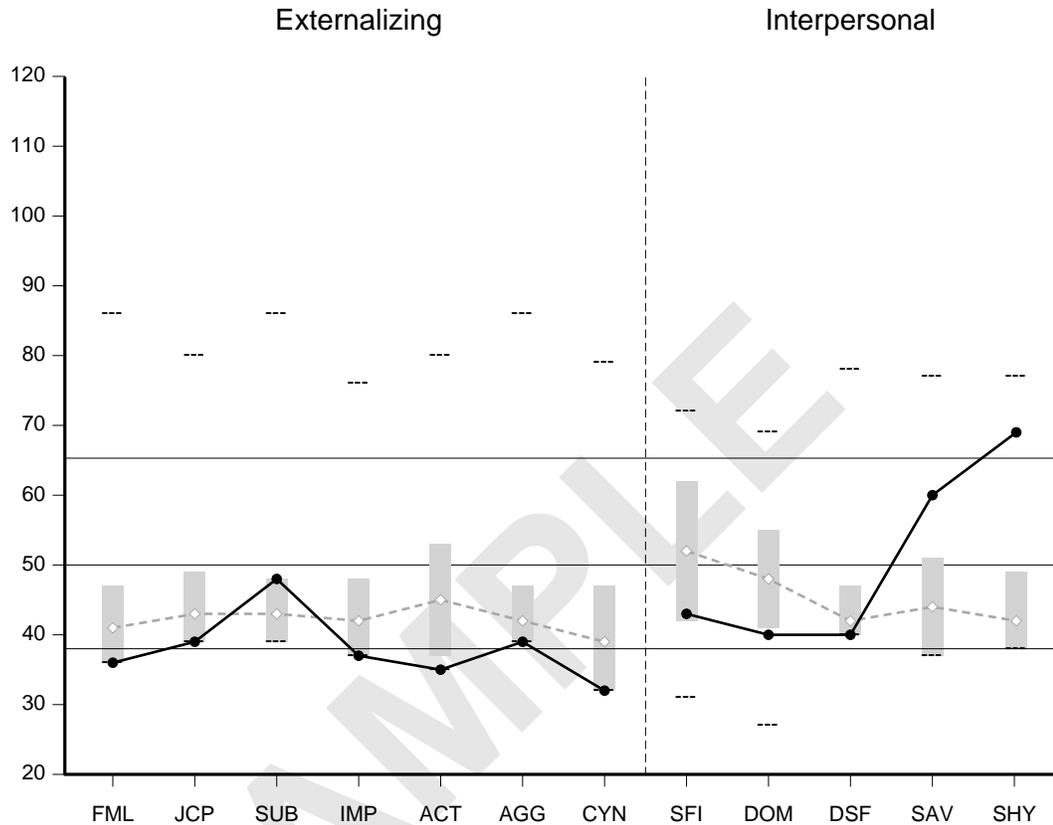
	FML	JCP	SUB	IMP	ACT	AGG	CYN	SFI	DOM	DSF	SAV	SHY
Raw Score:	0	0	1	0	0	0	0	4	3	0	6	6
T Score:	36	39	48	37	35	39	32	43	40	40	60	69
Response %:	100	100	100	100	100	100	100	100	100	100	100	100

Comparison Group Data: Firefighter Candidate (Men and Women), N = 220

	FML	JCP	SUB	IMP	ACT	AGG	CYN	SFI	DOM	DSF	SAV	SHY
Mean Score (◇---◇):	41	43	43	42	45	42	39	52	48	42	44	42
Standard Dev (±1 SD):	6	6	5	6	8	5	8	10	7	5	7	7
Percent scoring at or below test taker:	51	65	89	53	24	80	32	18	4	77	99.1	100

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

FML	Family Problems	ACT	Activation	SFI	Self-Importance
JCP	Juvenile Conduct Problems	AGG	Aggression	DOM	Dominance
SUB	Substance Abuse	CYN	Cynicism	DSF	Disaffiliativeness
IMP	Impulsivity			SAV	Social Avoidance
				SHY	Shyness

MMPI-3 PSY-5 Scales
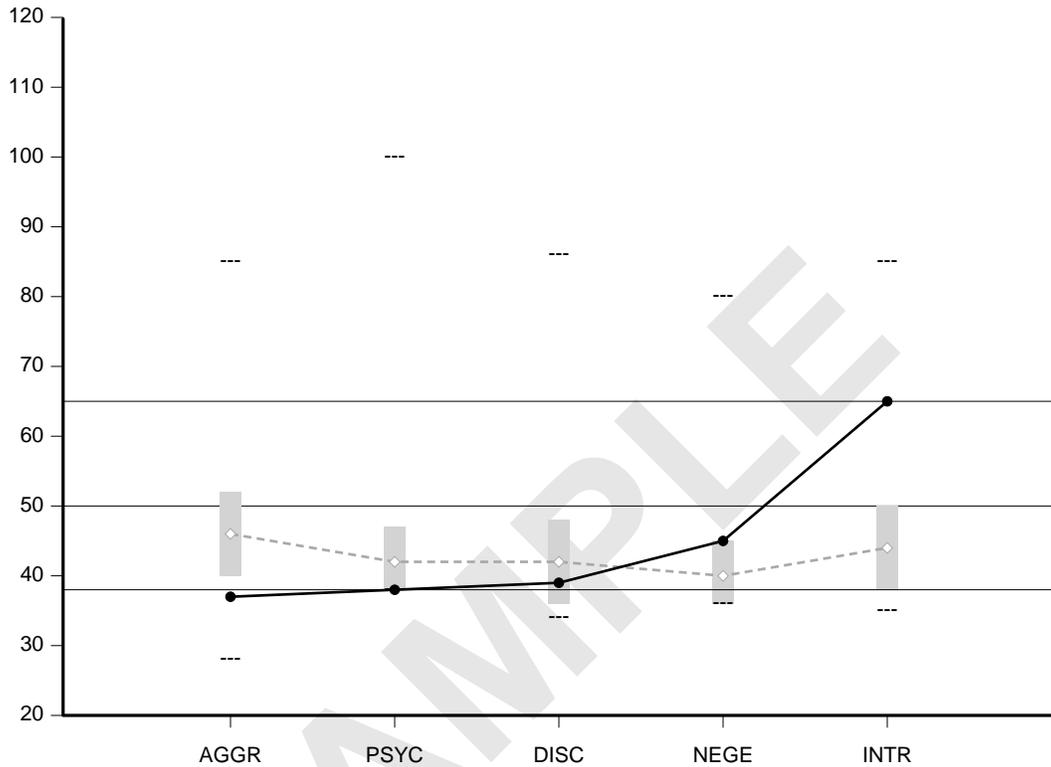
	AGGR	PSYC	DISC	NEGE	INTR
Raw Score:	3	0	1	2	9
T Score:	37	38	39	45	65
Response %:	100	100	100	100	100

Comparison Group Data: Firefighter Candidate (Men and Women), N = 220

	AGGR	PSYC	DISC	NEGE	INTR
Mean Score ($\diamond$---$\diamond$):	46	42	42	40	44
Standard Dev (±1 SD):	6	5	6	5	6
Percent scoring at or below test taker:	4	65	41	85	100

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

AGGR   Aggressiveness
PSYC   Psychoticism
DISC   Disconstraint
NEGE   Negative Emotionality/Neuroticism
INTR   Introversion/Low Positive Emotionality

MMPI-3 T SCORES (BY DOMAIN)

PROTOCOL VALIDITY

Content Non-Responsiveness

2	39	43	50
CNS	CRIN	VRIN	TRIN

Over-Reporting

41	41		42	56	47
F	Fp		Fs	FBS	RBS

Under-Reporting

61	**71**
L	**K**

SUBSTANTIVE SCALES

Somatic/Cognitive Dysfunction

46	40*	38	44	46
RC1	MLS	NUC	EAT	COG

Emotional Dysfunction

51		45	44	40	40*	44
EID		RCd	SUI	HLP	SFD	NFC

65	**65**
RC2	**INTR**

46	45	44	**65**	37	49	56	45
RC7	STR	WRY	**CMP**	ARX	ANP	BRF	NEGE

Thought Dysfunction

37		40
THD		RC6

37
RC8

38
PSYC

Behavioral Dysfunction

36		35	36	39	48
BXD		RC4	FML	JCP	SUB

32	37	35	39	32
RC9	IMP	ACT	AGG	CYN

39
DISC

Interpersonal Functioning

43	**40**	37	40	**60**	**69**
SFI	**DOM**	AGGR	DSF	**SAV**	**SHY**

*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-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 firefighters, emergency medical technicians, paramedics, and other fire and medical emergency personnel. **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 220 individuals that make up the Firefighter 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 firefighter/medic candidates.

Statements in the Comparison Group Findings and Job-Relevant Correlates sections are based on comparisons with scores obtained by the Firefighter 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 unscorable responses on the validity of this protocol. With that caution noted, scores on the Substantive Scales indicate clinically significant emotional and interpersonal dysfunction. Emotional-internalizing findings include lack of positive emotions and compulsivity. Interpersonal difficulties relate to social anxiety.

Comparison group findings point to additional possible concerns about interpersonal passivity and social avoidance.

Possible job-relevant problems are identified in the following domains: Emotional Control and Stress Tolerance, Routine Task Performance, Decision-Making and Judgment, Assertiveness, Social Competence and Teamwork, and Conscientiousness and Dependability.

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 interpretable[1]. A list of all items for which the test taker provided unscorable responses appears under the heading "Item-Level Information."

Malaise (MLS): 86%
Self-Doubt (SFD): 86%

Inconsistent Responding

The test taker responded to the items in a consistent manner, indicating that she responded relevantly.

Over-Reporting

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

Under-Reporting

The test taker's scores show no clear evidence of under-reporting. However, she presented herself as very well-adjusted[2]. This reported level of psychological adjustment is relatively rare in the general population but rather common among firefighter/medic candidates. If there is collateral evidence that this individual is not well-adjusted, any absence of elevation on the Substantive Scales should be interpreted with caution[3]. Elevated scores on the Substantive Scales may underestimate the problems assessed by those scales[4].

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.*

The following interpretation needs to be considered in light of cautions noted about the possible impact of unscorable responses on the validity of this protocol.

The test taker reports a lack of positive emotional experiences and a lack of interest[5]. She likely presents with anhedonia[6]. Her low reported level of activation may be linked to this affective pattern[7]. She also reports engaging in compulsive behavior[8]. She indeed likely engages in compulsive behavior such as repeated checking[9], experiences obsessions[9], and is rigid and perfectionistic[9].

The test taker reports being shy, easily embarrassed, and uncomfortable around others[10]. She is likely to be socially introverted[11] and inhibited[12], anxious and nervous in social situations[13], and viewed by others as socially awkward[14].

There are no indications of clinically significant somatic, cognitive, thought, or behavioral dysfunction in this protocol.

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***:*

Emotional-Internalizing Disorders

- Anhedonia-related disorders[15]
- Obsessive-compulsive disorder[16]

Interpersonal Disorders

- Features of personality disorders involving detachment such as Avoidant[17]
- Social anxiety disorder (social phobia)[18]

COMPARISON GROUP FINDINGS

This section describes the MMPI-3 substantive scale findings in the context of the Firefighter 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.**

The following interpretation needs to be considered in light of cautions noted about the possible impact of unscorable responses on the validity of this protocol.

Emotional/Internalizing Problems

The test taker's responses indicate a lack of positive emotional experiences that may be incompatible with public safety requirements for good emotional adjustment[19]. This lack of positive emotional responsiveness is uncommon among firefighter/medic candidates. Only 0.5% of comparison group members give evidence of this or a greater level of low positive emotions. She reports a comparatively high level of compulsive behavior for a firefighter/medic candidate[8]. Only 7.0% of comparison group members convey this or a greater level of compulsiveness.

Interpersonal Problems

The test taker's responses indicate a level of interpersonal passivity that may be incompatible with public safety requirements for assertiveness[20]. This level of passive behavior is uncommon in firefighter/medic candidates. Only 4.0% of comparison group members give evidence of this or a greater level of passive, submissive behavior.

She reports a comparatively high level of social avoidance for a firefighter/medic candidate[21]. Only 1.0% of comparison group members convey this or a greater preference for avoiding social interaction. Her responses indicate a level of shyness that may be incompatible with public safety requirements for good interpersonal functioning[18]. This level of social anxiety is uncommon among firefighter/medic candidates. Only 1.0% of comparison group members demonstrate this level of shyness and inhibition.

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 firefighter/medic candidates" are based on correlations with other self-report measures obtained in firefighter/medic candidate samples that included individuals who were subsequently hired as well as those who were not.*

The following interpretation needs to be considered in light of cautions noted about the possible impact of unscorable responses on the validity of this protocol.

Emotional Control and Stress Tolerance Problems

Compared with other firefighter/medic candidates, the test taker is more likely to worry about problems and be uncertain about how to deal with them[22] and to behave in a self-defeating fashion[23].

Routine Task Performance Problems

Compared with other firefighter/medic candidates, the test taker is more likely to be lacking in confidence in her own abilities[24].

Decision-Making and Judgment Problems

Compared with other firefighter/medic candidates, the test taker is more likely to avoid making decisions, fail to take action, or do anything that may prompt scrutiny from others[23]. She is also more likely to be made anxious by change and uncertainty[25]; to be disengaged from her environment[26]; and to be rigid and inflexible[27].

Assertiveness Problems

Compared with other firefighter/medic candidates, the test taker is more likely to be ill at ease in dealing with others[28]; to feel inadequate[23]; and to be unsure and act hesitantly[29]. She is also more likely to lack assertiveness[30] and to dislike leadership roles[30].

Social Competence and Teamwork Problems

Compared with other firefighter/medic candidates, the test taker is more likely to have difficulty creating and sustaining mutually satisfying relationships[28]; to have a limited social support network[31]; and to prefer to work out problems alone[32].

Conscientiousness and Dependability Problems

Compared with other firefighter/medic candidates, the test taker is more likely to give up easily and not persevere in the face of challenges[33].

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

- Feedback Acceptance
- Integrity
- Substance Use
- Impulse Control

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 scale(s) on which the items appear are in parentheses following the item content.

   48. Item number and content omitted. (CRIN, TRIN, EID, RCd, SFD)
  262. Item number and content omitted. (MLS)

> **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.

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 test taker has not produced an elevated T score ($\geq$ 65) on any of these scales or answered any SUI items in the keyed direction.

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

Low Positive Emotions (RC2, T Score = 65)

    Item number and content omitted. (False; NS 17.9%, CG 1.4%)
    Item number and content omitted. (False; NS 27.2%, CG 10.0%)
    Item number and content omitted. (False; NS 41.2%, CG 37.7%)
    Item number and content omitted. (False; NS 14.6%, CG 4.1%)
    Item number and content omitted. (False; NS 29.9%, CG 20.9%)
    Item number and content omitted. (False; NS 33.5%, CG 15.9%)
    Item number and content omitted. (False; NS 27.0%, CG 7.3%)

Compulsivity (CMP, T Score = 65)

    Item number and content omitted. (True; NS 62.3%, CG 60.5%)
    Item number and content omitted. (True; NS 27.2%, CG 5.0%)
    Item number and content omitted. (True; NS 50.7%, CG 45.0%)
    Item number and content omitted. (True; NS 42.7%, CG 29.5%)
    Item number and content omitted. (True; NS 40.9%, CG 35.0%)
    Item number and content omitted. (True; NS 27.1%, CG 15.0%)

Social Avoidance (SAV, T Score = 60)

    Item number and content omitted. (False; NS 27.2%, CG 10.0%)
    Item number and content omitted. (False; NS 53.1%, CG 39.1%)
    Item number and content omitted. (False; NS 24.1%, CG 5.9%)
    Item number and content omitted. (False; NS 14.8%, CG 4.1%)
    Item number and content omitted. (False; NS 45.7%, CG 30.5%)
    Item number and content omitted. (True; NS 41.5%, CG 19.1%)

Shyness (SHY, T Score = 69)

    Item number and content omitted. (True; NS 18.8%, CG 5.5%)
    Item number and content omitted. (True; NS 27.8%, CG 4.5%)
    Item number and content omitted. (True; NS 29.1%, CG 9.5%)
    Item number and content omitted. (True; NS 38.0%, CG 13.6%)
    Item number and content omitted. (True; NS 38.6%, CG 7.3%)
    Item number and content omitted. (False; NS 32.3%, CG 6.4%)

Introversion/Low Positive Emotionality (INTR, T Score = 65)

    Item number and content omitted. (False; NS 17.9%, CG 1.4%)
    Item number and content omitted. (False; NS 52.0%, CG 51.8%)
    Item number and content omitted. (False; NS 27.2%, CG 10.0%)
    Item number and content omitted. (False; NS 53.1%, CG 39.1%)
    Item number and content omitted. (False; NS 24.1%, CG 5.9%)
    Item number and content omitted. (False; NS 45.7%, CG 30.5%)
    Item number and content omitted. (False; NS 14.6%, CG 4.1%)
    Item number and content omitted. (False; NS 29.9%, CG 20.9%)
    Item number and content omitted. (True; NS 41.5%, CG 19.1%)

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 Firefighter Candidate Comparison Group members who gave this response, and the scale(s) on which the item appears.

Item number and content omitted. (True; 0.0%; BRF)

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] Correlate: Response % < 90, Ref. 13
[2] Test Response: K=71
[3] Correlate: K=71, Ref. 7, 11, 18, 21, 27
[4] Correlate: K=71, Ref. 6, 14, 21, 25, 27
[5] Test Response: RC2=65; INTR=65
[6] Correlate: RC2=65, Ref. 1, 5, 6, 24, 25; INTR=65, Ref. 1, 5, 6, 24, 25
[7] Inference: RC2=65; ACT=35
[8] Test Response: CMP=65
[9] Correlate: CMP=65, Ref. 6
[10] Test Response: SHY=69
[11] Correlate: SHY=69, Ref. 2, 3, 4, 5, 6, 12
[12] Correlate: SHY=69, Ref. 2, 4, 5, 6, 25
[13] Correlate: SHY=69, Ref. 4, 6, 9, 15, 20
[14] Correlate: SHY=69, Ref. 6, 25
[15] Correlate: RC2=65, Ref. 6, 16, 17, 19, 22, 23, 25, 26, 28; INTR=65, Ref. 6, 25
[16] Inference: CMP=65
[17] Correlate: INTR=65, Ref. 8
[18] Inference: SHY=69
[19] Inference: RC2=65; INTR=65
[20] Inference: DOM=40; AGGR=37
[21] Test Response: SAV=60
[22] Correlate: RC2=65, Ref. 10; INTR=65, Ref. 10
[23] Correlate: DOM=40, Ref. 10; SHY=69, Ref. 10
[24] Correlate: DOM=40, Ref. 10; SAV=60, Ref. 10; SHY=69, Ref. 10; INTR=65, Ref. 10
[25] Correlate: SHY=69, Ref. 10; INTR=65, Ref. 10
[26] Correlate: RC2=65, Ref. 10
[27] Correlate: CMP=65, Ref. 10
[28] Correlate: SAV=60, Ref. 10; SHY=69, Ref. 10; INTR=65, Ref. 10
[29] Correlate: RC2=65, Ref. 10; SAV=60, Ref. 10; SHY=69, Ref. 10
[30] Correlate: DOM=40, Ref. 10
[31] Correlate: SAV=60, Ref. 10; INTR=65, Ref. 10
[32] Correlate: SAV=60, Ref. 10
[33] Correlate: SHY=69, Ref. 10

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. (2020). Assessing ICD-11 personality trait domain qualifiers with the MMPI-2-RF. *Journal of Clinical Psychology.* Advance online publication. https://doi.org/10.1002/jclp.23099

2. 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*(3), 801–815. https://doi.org/10.1037/pas0000096

3. Anderson, J. L., Sellbom, M., Pymont, C., Smid, W., De Saeger, H., & Kamphuis, J. H. (2015). Measurement of DSM-5 Section II personality disorder constructs using the MMPI-2-RF in clinical and forensic samples. *Psychological Assessment, 27*(3), 786–800. https://doi.org/10.1037/pas0000103

4. Ayearst, L. E., Sellbom, M., Trobst, K. K., & Bagby, R. M. (2013). Evaluating the interpersonal content of the MMPI-2-RF Interpersonal Scales. *Journal of Personality Assessment, 95*(2), 187–196. https://doi.org/10.1080/00223891.2012.730085

5. 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. https://doi.org/10.1037/pas0000941

6. Ben-Porath, Y. S., & Tellegen, A. (2020). *The Minnesota Multiphasic Personality Inventory-3 (MMPI-3): Technical manual.* University of Minnesota Press.

7. 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. https://doi.org/10.1080/00223891.2018.1539003

8. Brown, T. A., & Sellbom, M. (2021). Associations between MMPI-3 scale scores and the DSM-5 personality disorders. *Journal of Clinical Psychology, 77*(12), 2943–2964 https://doi.org/10.1002/jclp.23230

9. 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. https://doi.org/10.1177/1073191110378972

10. Corey, D. M., & Ben-Porath, Y. S. (2022). *Minnesota Multiphasic Personality Inventory-3 (MMPI-3): User's guide for the public safety candidate interpretive reports.* University of Minnesota Press.

11. 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. https://doi.org/10.1177/1073191115627011

12. Crighton, A. H., Tarescavage, A. M., Gervais, R. O., & Ben-Porath, Y. S. (2017). The generalizability of over-reporting across self-report measures: An investigation with the Minnesota Multiphasic Personality Inventory-2-Restructured Form and the Personality Assessment Inventory in a civil disability sample. *Assessment, 24*(5), 555–574. https://doi.org/10.1177/1073191115621791

13. Dragon, W. R., Ben-Porath, Y. S., & Handel, R. W. (2012). Examining the impact of unscorable item responses on the validity and interpretability of MMPI-2/MMPI-2-RF Restructured Clinical (RC) Scale scores. *Assessment, 19*(1), 101–113. https://doi.org/10.1177/1073191111415362

14. 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. https://doi.org/10.1177/1073191113478154

15. Forbey, J. D., Lee, T. T. C., & Handel, R. W. (2010). Correlates of the MMPI-2-RF in a college setting. *Psychological Assessment, 22*(4), 737–744. https://doi.org/10.1037/a0020645

16. Haber, J. C., & Baum, L. J. (2014). Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF) Scales as predictors of psychiatric diagnoses. *South African Journal of Psychology, 44*(4), 439–453. https://doi.org/10.1177/0081246314532788

17. Lee, T. T. C., Graham, J. R., & Arbisi, P. A. (2018). The utility of MMPI-2-RF scale scores in the differential diagnosis of schizophrenia and major depressive disorder. *Journal of Personality Assessment, 100*(3), 305–312. https://doi.org/10.1080/00223891.2017.1300906

18. 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. https://doi.org/10.1037/lhb0000008

19. McCord, D. M., & Drerup, L. C. (2011). Relative practical utility of the Minnesota Multiphasic Personality Inventory-2 Restructured Clinical Scales versus the Clinical Scales in a chronic pain patient sample. *Journal of Clinical and Experimental Neuropsychology, 33*(1), 140–146. https://doi.org/10.1080/13803395.2010.495056

20. 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. https://doi.org/10.1177/1073191117714558

21. Sellbom, M., & Bagby, R. M. (2008). Validity of the MMPI-2-RF (Restructured Form) L-r and K-r scales in detecting under-reporting in clinical and non-clinical samples. *Psychological Assessment, 20*(4), 370–376. https://doi.org/10.1037/a0012952

22. Sellbom, M., Bagby, R. M., Kushner, S., Quilty, L. C., & Ayearst, L. E. (2011). Diagnostic construct validity of the MMPI-2 Restructured Form (MMPI-2-RF) scale scores. *Assessment, 19*(2), 176–186. https://doi.org/10.1177/1073191111428763

23. Simms, L. J., Casillas, A., Clark, L. A., Watson, D., & Doebbeling, B. N. (2005). Psychometric evaluation of the Restructured Clinical Scales of the MMPI-2. *Psychological Assessment, 17*(3), 345–358. https://doi.org/10.1037/1040-3590.17.3.345

24. Tarescavage, A. M., & Menton, W. H. (2020). Construct Validity of the Personality Inventory for ICD-11 (PiCD): Evidence from the MMPI-2-RF and CAT-PD-SF. *Psychological Assessment, 32*(9), 889–895. https://doi.org/10.1037/pas0000914

25. Tellegen, A., & Ben-Porath, Y. S. (2008/2011). *Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF): Technical manual.* University of Minnesota Press.

26. Van der Heijden, P. T., Egger, J. I. M., Rossi, G. M. P., Grundel, G., & Derksen, J. J. L. (2013). The MMPI-2-Restructured Form and the standard MMPI-2 Clinical Scales in relation to DSM-IV. *European Journal of Psychological Assessment, 29*(3), 182–188. https://doi.org/10.1027/1015-5759/a000140

27. Whitman, M. R., Tylicki, J. L., & Ben-Porath, Y. S. (2021). Utility of the MMPI-3 Validity Scales for detecting overreporting and underreporting and their effects on substantive scale validity: A simulation study. *Psychological Assessment, 33*(5), 411–426. https://doi.org/10.1037/pas0000988

28. Whitman, M. R., Tylicki, J. L., Mascioli, R., Pickle, J., & Ben-Porath, Y. S. (2021). Psychometric properties of the Minnesota Multiphasic Personality Inventory-3 (MMPI-3) in a clinical neuropsychology setting. *Psychological Assessment, 33*(2), 142–155. https://doi.org/10.1037/pas0000969

End of Report

ITEM RESPONSES

1. 2	2. 1	3. 2	4. 2	5. 2	6. 2	7. 2	8. 1	9. 2	10. 2
11. 2	12. 2	13. 1	14. 1	15. 2	16. 1	17. 2	18. 2	19. 1	20. 2
21. 2	22. 1	23. 2	24. 2	25. 2	26. 2	27. 2	28. 2	29. 2	30. 2
31. 2	32. 2	33. 2	34. 2	35. 1	36. 2	37. 2	38. 2	39. 2	40. 1
41. 2	42. 1	43. 2	44. 1	45. 2	46. 2	47. 2	48. /	49. 1	50. 2
51. 2	52. 1	53. 1	54. 2	55. 2	56. 1	57. 2	58. 2	59. 1	60. 2
61. 1	62. 1	63. 2	64. 2	65. 1	66. 2	67. 2	68. 2	69. 1	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. 2	90. 1
91. 1	92. 2	93. 2	94. 2	95. 1	96. 2	97. 2	98. 2	99. 2	100. 2
101. 2	102. 1	103. 2	104. 2	105. 1	106. 1	107. 2	108. 2	109. 2	110. 2
111. 2	112. 2	113. 1	114. 1	115. 2	116. 2	117. 2	118. 2	119. 2	120. 2
121. 2	122. 2	123. 2	124. 2	125. 1	126. 2	127. 1	128. 2	129. 2	130. 2
131. 2	132. 2	133. 2	134. 1	135. 2	136. 2	137. 2	138. 2	139. 2	140. 2
141. 2	142. 2	143. 2	144. 2	145. 2	146. 2	147. 2	148. 2	149. 2	150. 2
151. 2	152. 2	153. 1	154. 2	155. 2	156. 2	157. 1	158. 2	159. 2	160. 2
161. 2	162. 1	163. 1	164. 2	165. 2	166. 2	167. 1	168. 2	169. 2	170. 2
171. 2	172. 2	173. 2	174. 1	175. 2	176. 2	177. 1	178. 2	179. 2	180. 2
181. 2	182. 2	183. 1	184. 2	185. 2	186. 1	187. 2	188. 1	189. 2	190. 1
191. 2	192. 2	193. 2	194. 2	195. 2	196. 2	197. 1	198. 2	199. 2	200. 2
201. 1	202. 1	203. 2	204. 2	205. 2	206. 2	207. 2	208. 2	209. 2	210. 2
211. 2	212. 1	213. 2	214. 2	215. 2	216. 2	217. 2	218. 2	219. 2	220. 2
221. 1	222. 1	223. 2	224. 2	225. 2	226. 2	227. 1	228. 2	229. 2	230. 2
231. 2	232. 2	233. 2	234. 1	235. 2	236. 1	237. 1	238. 2	239. 1	240. 2
241. 2	242. 2	243. 1	244. 2	245. 2	246. 1	247. 2	248. 2	249. 2	250. 2
251. 2	252. 2	253. 2	254. 2	255. 2	256. 2	257. 2	258. 2	259. 2	260. 2
261. 2	262. /	263. 2	264. 2	265. 1	266. 2	267. 2	268. 2	269. 1	270. 2
271. 2	272. 1	273. 2	274. 2	275. 2	276. 2	277. 2	278. 1	279. 2	280. 2
281. 2	282. 1	283. 1	284. 2	285. 2	286. 1	287. 2	288. 2	289. 2	290. 2
291. 2	292. 2	293. 2	294. 2	295. 2	296. 2	297. 2	298. 2	299. 2	300. 2
301. 2	302. 2	303. 2	304. 2	305. 2	306. 1	307. 2	308. 2	309. 2	310. 2
311. 2	312. 2	313. 1	314. 2	315. 2	316. 2	317. 2	318. 1	319. 2	320. 2
321. 2	322. 2	323. 2	324. 1	325. 1	326. 1	327. 2	328. 2	329. 2	330. 2
331. 2	332. 2	333. 2	334. 2	335. 2					