

MMPI®-3

Spinal Procedure Candidate Interpretive Report Andrew R. Block, PhD, Ryan J. Marek, PhD, & Yossef S. Ben-Porath, PhD

ID Number: Mr. F Age: 55 Gender: Male

Marital Status: Never Married

Years of Education: 20

Date Assessed: 05/09/2024

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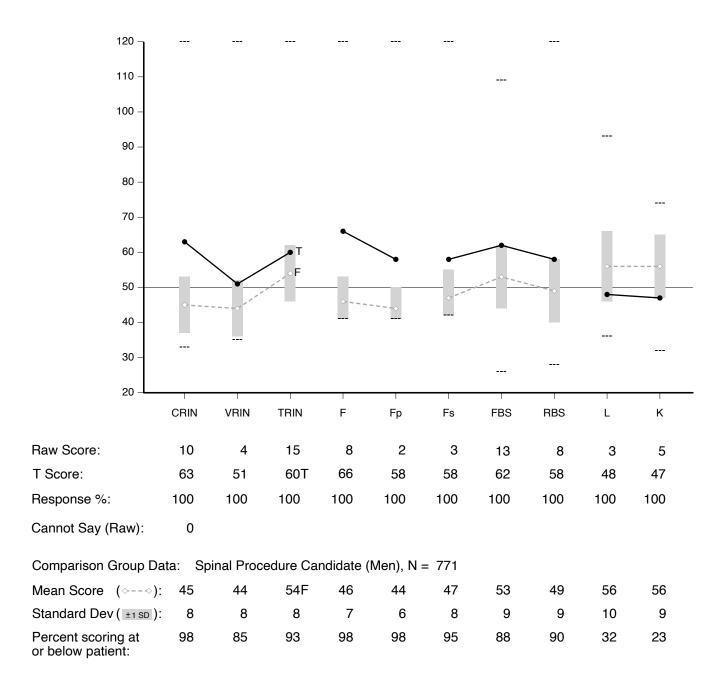
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[1.9 / RE1 / QG1]



MMPI-3 Validity Scales



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 VRIN Variable Response Inconsistency TRIN True Response Inconsistency

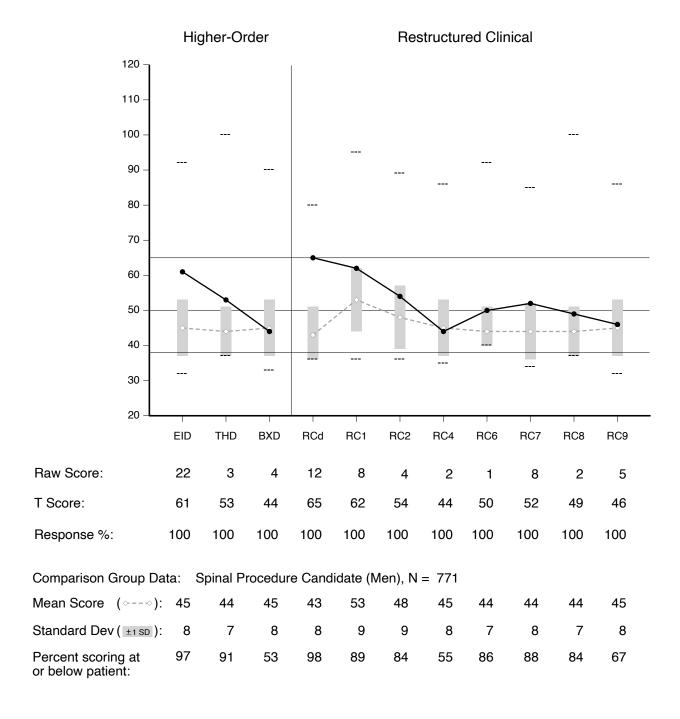
F Infrequent Responses Fp

L Uncommon Virtues K Adjustment Validity

Infrequent Psychopathology Responses Fs Infrequent Somatic Responses

Symptom Validity Scale RBS Response Bias Scale

MMPI-3 Higher-Order (H-O) and Restructured Clinical (RC) Scales



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

THD Thought Dysfunction

BXD Behavioral/Externalizing Dysfunction

RCd Demoralization

RC1 Somatic Complaints

RC2 Low Positive Emotions

RC4 Antisocial Behavior

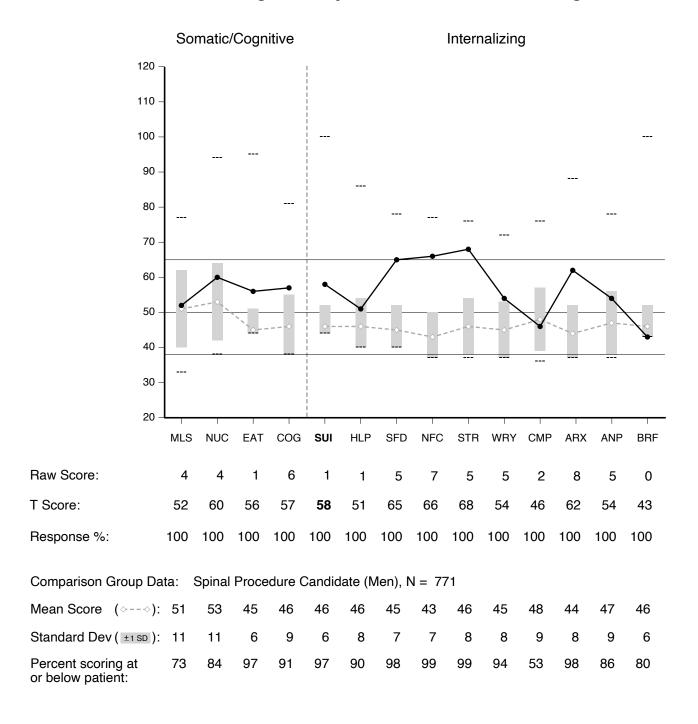
RC6 Ideas of Persecution

RC7 Dysfunctional Negative Emotions

RC8 Aberrant Experiences

RC9 Hypomanic Activation

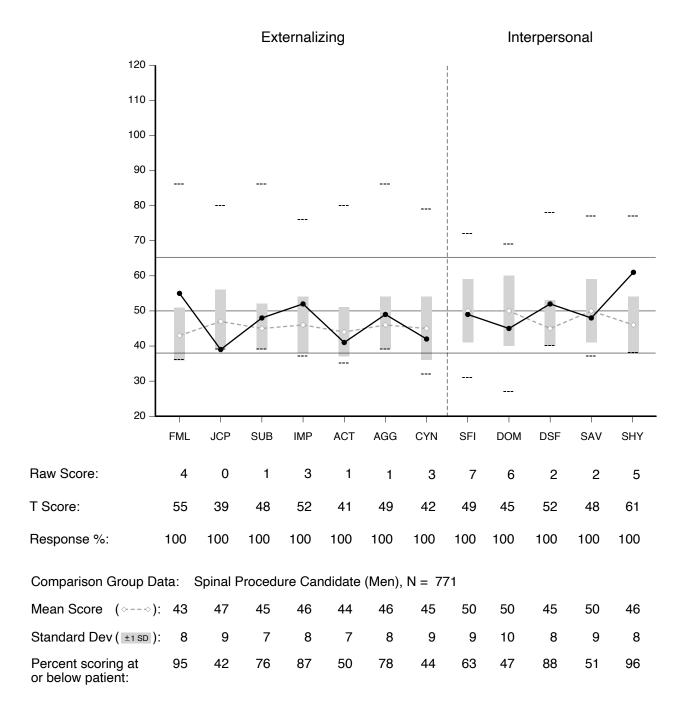
MMPI-3 Somatic/Cognitive Dysfunction and Internalizing Scales



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

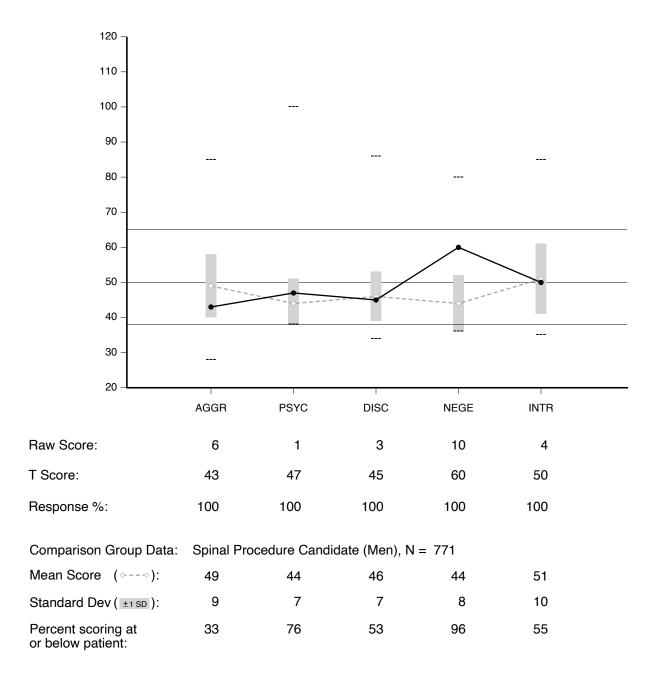
MMPI-3 Externalizing and Interpersonal Scales



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

JCP	Family Problems Juvenile Conduct Problems Substance Abuse Impulsivity	AGG	Activation Aggression Cynicism	DOM DSF SAV	Self-Importance Dominance Disaffiliativeness Social Avoidance Shyness
-----	---	-----	--------------------------------------	-------------------	---

MMPI-3 PSY-5 Scales



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		0	63	51	60 T				
·		CNS	CRIN	VRIN	TRIN				
Over-Reporting		66	58		58	62	58		
. 3		F	Fp	=	Fs	FBS	RBS		
Under-Reporting		48	47						
onder rieporting		L	K						
SUBSTANTIVE SCALES									
Somatic/Cognitive Dysfunction		62	52	60	56	57			
Comatic Cognitive Dysidifiction		RC1	MLS	NUC	EAT	COG			
Emotional Dysfunction	61		58	51	65	66			
Emotional Dysidiletion	EID	RCd	SUI	HLP	SFD	NFC			
		54	50						
		RC2	INTR						
		52	68	54	46	62	54	43	60
		RC7	STR	WRY	CMP	ARX	ANP	BRF	NEGE
	_	_							
Thought Dysfunction	53								
	THD	RC6							
		49							
		RC8							
		47							
		PSYC							
Behavioral Dysfunction	44	_ 44	55	39	48				
Benavioral Dysiunction	BXD	RC4	FML	JCP	SUB				
		46	52	41	49	40			
		RC9	5∠ IMP	ACT	AGG	42 CYN			
		45 DISC							
	L								
Interpersonal Functioning		49	45	43	52	48	61		
			DOM	ACCD	DOE	641/	- CHV		

Scale scores shown in bold font are interpreted in the report. Some bold scores fall below the *MMPI-3 Manual for Administration, Scoring, and Interpretation* cutoffs for clinically significant elevation but are substantially higher than the Spinal Procedure Candidate Comparison Group mean.

DOM

AGGR

DSF

SAV

SHY

SFI

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 a presurgical psychological evaluation (PPE) of spinal procedure candidates. The information it contains should be considered in the context of the patient's background, the psychosocial risk factors for adverse procedural outcomes, the clinical interview, findings from supplemental tests, and other relevant information.

Some sections of the report interpret the patient's scores in reference to the general population norms. Other sections rely on the Spinal Procedure Candidate Comparison Group data. Interpretive statements in the Comparison Group Findings, Preprocedural Psychological Risk Factors, Postprocedural Outcomes, and Treatment Recommendations sections are based on comparisons with the Spinal Procedure Candidate Comparison Group (Men). Statements in the remaining sections of the report are based on T scores derived from the general MMPI-3 normative sample.

The report includes extensive annotation that appears as superscripts following each statement in the narrative. The annotation is keyed to endnotes with accompanying research references that 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 Spinal Procedure Candidate Interpretive Report.

SYNOPSIS

This is a valid MMPI-3 protocol. Scores on the Substantive Scales indicate emotional dysfunction. Emotional-internalizing findings include **suicidal ideation**, demoralization, self-doubt, perceived inefficacy, and stress.

Comparison group findings point to possible concerns about emotional problems including unhappiness and dissatisfaction, suicidality, self-doubt, inefficacy, negative emotions, stress, worry, and anxiety, family conflict, and interpersonal problems including shyness.

Possible preprocedural psychological risk factors are identified in the Demoralization and Depression, Pain Coping, Health Orientation and Medical Adherence, Anxiety and Stress, Fear/Avoidance, Interpersonal, and Substance Abuse domains.

PROTOCOL VALIDITY

This is a valid MMPI-3 protocol. There are no problems with unscorable items. The patient responded to the items relevantly on the basis of their content, and there are no indications of over- or under-reporting.

SUBSTANTIVE SCALE INTERPRETATION

Clinical symptoms, personality characteristics, and behavioral tendencies of the patient 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.

Somatic/Cognitive Dysfunction

There are no indications of somatic or cognitive dysfunction in this protocol.

Emotional Dysfunction

The patient responded to one of the seven Suicidal/Death Ideation (SUI) scale items in the keyed direction¹. The content of this item is provided in the Critical Responses section later in this report. He may be at risk for self-harm², preoccupied with suicide and death³, and at risk for current suicidal ideation and attempts⁴.

He reports feeling sad and unhappy and being dissatisfied with his current life circumstances⁵. He likely complains of feeling depressed⁶ and experiences sadness and despair⁷. More specifically, he reports self-doubt and futility⁸ and likely is prone to rumination, feels insecure and inferior, and is self-disparaging and intropunitive⁹. He also reports being indecisive and inefficacious¹⁰. He likely experiences subjective incompetence and shame¹¹ and lacks perseverance and self-reliance¹².

The patient reports an above average level of stress¹³. He likely complains about stress¹⁴ and feels incapable of controlling his anxiety level¹⁵.

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.

Interpersonal Functioning Scales

These scales provide no evidence of dysfunction.

DIAGNOSTIC CONSIDERATIONS

This section provides recommendations for psychodiagnostic assessment based on the patient's MMPI-3 results if his score reaches or exceeds the recommended cutoff in the MMPI-3 Manual for Administration, Scoring, and Interpretation. It is recommended that he be evaluated for the following:

Emotional-Internalizing Disorders

- Depression-related disorder¹⁶
- Generalized anxiety disorder¹⁷

COMPARISON GROUP FINDINGS

This section describes the MMPI-3 substantive scale findings in the context of the Spinal Procedure Candidate Comparison Group (Men). Specific sources for each statement can be accessed with the annotation features of this report. Preprocedural psychological risk factors, postprocedural outcomes, and treatment recommendations associated with these results, if any, are provided in subsequent sections of this report.

The comparison group means reported on pages 2 through 6 of this report show that spinal procedure candidates score differently from the general MMPI-3 normative sample on several scales. Problems discussed earlier in the Substantive Scale Interpretation section are based on clinically elevated normative T scores of 65 and above. Potential difficulties identified in this section are based on scores that are unusually high in relation to the Spinal Procedure Candidate Comparison Group (Men), and thus may differ from those discussed earlier. If multiple risk factors are identified, the possibility of poor spinal procedure results increases but may be mitigated

with psychological intervention.

The patient reported suicidal thoughts. These are very uncommon responses that require immediate follow-up. Only 8.0% of comparison group members responded this way¹. Please see the Critical Responses section later in this report for details.

Emotional/Internalizing Problems

The patient reports a comparatively large number of emotional problems for a spinal procedure candidate. Only 4.0% of comparison group members convey this or a greater level of emotional difficulties¹⁸. More specifically, his responses indicate feelings of unhappiness, dissatisfaction, and being overwhelmed that may negatively affect spinal procedure results¹⁹. This level of demoralization is very uncommon among this population. Only 3.0% of comparison group members give evidence of this or a greater level of demoralization⁵. In particular, his responses indicate a level of self-doubt that may adversely impact spinal procedure results²⁰. This lack of confidence is very uncommon among spinal procedure candidates. Only 4.0% of comparison group members demonstrate this or a greater level of self-doubt⁸. His responses also indicate a level of inefficacy reflecting possible resilience problems that may negatively affect spinal procedure results²¹. This level of indecisiveness and difficulty dealing with crises is very uncommon among this population. Only 2.0% of comparison group members give evidence of this or a greater level of perceived inefficacy¹⁰.

He reports a comparatively high level of negative emotions for a spinal procedure candidate²². Only 5.0% of comparison group members convey this or a greater level of negative emotionality²². More specifically, his responses indicate a level of stress that may negatively affect spinal procedure results²³. This level of stress reactivity is very uncommon among this population. Only 4.0% of comparison group members demonstrate this or a greater level of stress¹³. He also reports a relatively high level of problems with pervasive anxiety for a spinal procedure candidate. Only 4.0% of comparison group members convey this or a greater level of anxiety²⁴. In addition, he reports a comparatively high level of problems with worry for this population. Only 12.0% of comparison group members convey this or a greater level of worry and preoccupation with disappointments²⁵.

Behavioral/Externalizing Problems

The patient reports a comparatively high level of family conflict for a spinal procedure candidate. Only 9.0% of comparison group members convey this or a greater level of family problems²⁶.

Interpersonal Problems

The patient reports a comparatively high level of social anxiety for a spinal procedure candidate. Only 8.0% of comparison group members convey this or a greater level of shyness and inhibition²⁷.

PREPROCEDURAL PSYCHOLOGICAL RISK FACTORS

Psychological risk factors associated empirically with diminished spinal procedure results are described in this section and organized according to nine problem domains identified in the professional literature as relevant to spinal procedure outcomes. (Please see the MMPI-3 User's Guide for the Spinal Procedure Candidate Interpretive Report for details.) Specific sources for each statement can be accessed with the annotation features of this report.

Demoralization and Depression Problems

Compared with other spinal procedure candidates, the patient is more likely to be experiencing depressive affect²⁸ and to have a low energy level and feel exhausted²⁹.

Pain Coping Problems

Compared with other spinal procedure candidates, the patient is more likely to catastrophize when experiencing pain³⁰. He is also likely to be less self-reliant³¹.

Health Orientation and Medical Adherence Problems

Compared with other spinal procedure candidates, the patient is less likely to seek out information about health³²; to feel confident in obtaining information from the physician³²; and to be able to continue with exercise/diet recommendations when under stress³². He is also less likely to be engaged in overall health maintenance and improvement³².

Anxiety and Stress Problems

Compared with other spinal procedure candidates, the patient is likely to report higher levels of anxiety³³ and to experience higher levels of current stress³⁴.

Fear/Avoidance Problems

Compared with other spinal procedure candidates, the patient is likely to express higher levels of fear and avoidance of work activities³⁵. He is also more likely to have been out of work for more than 2 months³⁶.

Interpersonal Problems

Compared with other spinal procedure candidates, the patient is likely to report higher levels of anger³⁷.

Substance Abuse Problems

Compared with other spinal procedure candidates, the patient is likely to take more opioid medications for pain38.

The candidate's scores are not associated with empirically identified risk factors in the following domains:

- Pain and Somatic Sensitivity Problems
- Recovery Disincentive Problems

POSTPROCEDURAL OUTCOMES

The postprocedural outcome statements listed here are based on empirical correlates and prospective empirical studies indicating that, relative to other candidates, this patient is at increased risk for these specific adverse results. Inclusion of an adverse outcome does not imply that it will occur, nor can other negative outcomes be definitively ruled out. Specific sources for each statement can be accessed with the annotation features of this report.

Compared to other spinal procedure candidates, postprocedure this patient is likely to:

- Report higher levels of pain³⁹
- Report greater levels of disability⁴⁰
- Experience more negative affect and higher levels of psychological distress⁴¹
- Take Schedule II opioid medication42
- Not return to work43
- Have lower levels of satisfaction with the results of the procedure44
- Convey strong feelings that procedure results did not meet expectations44
- Report a more negative overall outcome45

TREATMENT RECOMMENDATIONS

This section contains inferential treatment-focused recommendations specifically for spinal procedure candidates based on the patient's MMPI-3 scores. Sources for each statement can be accessed with the annotation features of this report. These recommendations should be considered in light of all the information collected as part of the PPF

Recommendation Based on Elevated Suicidal/Death Ideation Scale Risk for suicide should be assessed immediately⁴⁶.

Recommendations Based on Elevated Emotional Dysfunction Scales

The patient is significantly demoralized, feels overwhelmed, and may be quite dissatisfied with life circumstances. He may have difficulty becoming motivated and following treatment recommendations. Helping the patient recognize positive aspects of his situation, and focusing on each improvement, however small, may help build momentum for recovery¹⁹.

He also feels useless and inferior. Interventions that help him identify strengths maintained despite his pain problems and that develop techniques for countering negative self-evaluations may improve postprocedural results²⁰.

In addition, he describes beliefs that he is incapable of making decisions and dealing effectively with crises. Prepare the patient for challenges that will occur during recovery, brainstorm approaches to these challenges, and have the patient write down solutions to these challenges in order to help him approach recovery in the most positive way possible²¹.

ITEM-LEVEL INFORMATION

Unscorable Responses

The patient produced scorable responses to all the MMPI-3 items.

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 his T score on that scale is 65 or higher. However, any item answered in the keyed direction on SUI is listed. The percentage of the MMPI-3 normative sample (NS) and of the Spinal Procedure Candidate Comparison Group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Suicidal/Death Ideation (SUI, T Score = 58)

Item number and content omitted. (True; NS 22.2%, CG 5.7%)

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 patient in the keyed direction (True or False) on a selected scale are listed below if his 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 Spinal Procedure Candidate Comparison Group (CG) that answered each item in the keyed direction are provided in parentheses following the item content.

Emotional/Internalizing Dysfunction (EID, T Score = 61)

Item number and content omitted. (False: NS 17.9%, CG 16.3%) Item number and content omitted. (True; NS 44.5%, CG 23.6%) Item number and content omitted. (True; NS 14.9%, CG 7.5%) Item number and content omitted. (True: NS 29.4%, CG 10.1%) Item number and content omitted. (False; NS 26.7%, CG 18.2%) Item number and content omitted. (True; NS 13.2%, CG 7.7%) Item number and content omitted. (True; NS 41.0%, CG 26.5%) Item number and content omitted. (True; NS 29.1%, CG 13.0%) Item number and content omitted. (False; NS 15.7%, CG 10.0%) Item number and content omitted. (True; NS 38.0%, CG 20.0%) Item number and content omitted. (True; NS 44.3%, CG 34.9%) Item number and content omitted. (True: NS 31.6%, CG 12.3%) Item number and content omitted. (True; NS 21.5%, CG 7.5%) Item number and content omitted. (True; NS 58.0%, CG 32.9%) Item number and content omitted. (True; NS 27.8%, CG 9.3%) Item number and content omitted. (False; NS 46.0%, CG 28.0%) Item number and content omitted. (False; NS 30.2%, CG 15.3%) Item number and content omitted. (True; NS 26.0%, CG 9.2%) Item number and content omitted. (True; NS 28.7%, CG 9.5%) Item number and content omitted. (False; NS 58.8%, CG 55.5%) Item number and content omitted. (True; NS 35.8%, CG 18.5%) Item number and content omitted. (True; NS 32.0%, CG 9.5%)

Demoralization (RCd, T Score = 65)

Item number and content omitted. (True; NS 44.5%, CG 23.6%) Item number and content omitted. (True; NS 14.9%, CG 7.5%) Item number and content omitted. (True; NS 29.4%, CG 10.1%) Item number and content omitted. (True; NS 41.0%, CG 26.5%) Item number and content omitted. (False; NS 15.7%, CG 10.0%) Item number and content omitted. (True; NS 35.3%, CG 13.6%) Item number and content omitted. (True; NS 21.5%, CG 7.5%) Item number and content omitted. (True; NS 58.0%, CG 32.9%) Item number and content omitted. (True; NS 27.8%, CG 9.3%) Item number and content omitted. (False; NS 46.0%, CG 28.0%) Item number and content omitted. (True; NS 28.7%, CG 9.5%) Item number and content omitted. (True; NS 32.0%, CG 9.5%)

Self-Doubt (SFD, T Score = 65)

Item number and content omitted. (True; NS 29.4%, CG 10.1%) Item number and content omitted. (True; NS 41.0%, CG 26.5%) Item number and content omitted. (True; NS 28.7%, CG 9.5%) Item number and content omitted. (True; NS 14.6%, CG 6.2%) Item number and content omitted. (True; NS 32.0%, CG 9.5%)

Note

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

Inefficacy (NFC, T Score = 66)

Item number and content omitted. (True; NS 37.7%, CG 20.6%) Item number and content omitted. (True; NS 42.3%, CG 15.2%) Item number and content omitted. (True; NS 35.3%, CG 13.6%) Item number and content omitted. (True; NS 25.2%, CG 6.6%) Item number and content omitted. (True; NS 29.0%, CG 10.2%) Item number and content omitted. (True; NS 20.9%, CG 7.3%) Item number and content omitted. (True; NS 40.2%, CG 18.7%)

Stress (STR, T Score = 68)

Item number and content omitted. (False; NS 31.7%, CG 16.7%) Item number and content omitted. (False; NS 26.7%, CG 18.2%) Item number and content omitted. (True; NS 30.9%, CG 16.1%) Item number and content omitted. (True; NS 31.6%, CG 12.3%) Item number and content omitted. (False; NS 58.8%, CG 55.5%)

Worry (WRY, T Score = 54)

Item number and content omitted. (True; NS 42.5%, CG 19.7%) Item number and content omitted. (True; NS 40.6%, CG 16.5%) Item number and content omitted. (True; NS 31.1%, CG 18.8%) Item number and content omitted. (True; NS 54.0%, CG 37.6%) Item number and content omitted. (True; NS 50.9%, CG 29.8%)

Anxiety-Related Experiences (ARX, T Score = 62)

Item number and content omitted. (True; NS 31.2%, CG 14.3%) Item number and content omitted. (True; NS 31.4%, CG 14.3%) Item number and content omitted. (True; NS 10.9%, CG 7.9%) Item number and content omitted. (True; NS 28.6%, CG 15.2%) Item number and content omitted. (True; NS 26.0%, CG 9.2%) Item number and content omitted. (True; NS 41.7%, CG 28.8%) Item number and content omitted. (True; NS 14.9%, CG 7.0%) Item number and content omitted. (True; NS 35.8%, CG 18.5%)

Family Problems (FML, T Score = 55)

Item number and content omitted. (True; NS 69.1%, CG 46.4%) Item number and content omitted. (True; NS 25.4%, CG 7.5%) Item number and content omitted. (True; NS 20.8%, CG 7.0%) Item number and content omitted. (True; NS 12.0%, CG 3.8%)

Shyness (SHY, T Score = 61)

Item number and content omitted. (True; NS 27.8%, CG 16.0%) Item number and content omitted. (True; NS 29.1%, CG 13.0%) Item number and content omitted. (True; NS 38.0%, CG 20.0%) Item number and content omitted. (True; NS 38.6%, CG 24.1%) Item number and content omitted. (False; NS 32.3%, CG 18.2%)

Negative Emotionality/Neuroticism (NEGE, T Score = 60)

Item number and content omitted. (True; NS 31.2%, CG 14.3%) Item number and content omitted. (False; NS 26.7%, CG 18.2%) Item number and content omitted. (True; NS 38.4%, CG 13.9%) Item number and content omitted. (True; NS 40.6%, CG 16.5%) Item number and content omitted. (True; NS 26.0%, CG 9.2%) Item number and content omitted. (True; NS 31.1%, CG 18.8%)

Note

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

Item number and content omitted. (True; NS 35.8%, CG 18.5%) Item number and content omitted. (True; NS 59.1%, CG 34.5%) Item number and content omitted. (True; NS 54.0%, CG 37.6%) Item number and content omitted. (True; NS 50.9%, CG 29.8%)

Note

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

Critical Follow-up Items

This section contains a list of items to which the patient responded in a manner warranting follow-up. The items were identified by preprocedural assessment experts as having critical content. Clinicians are encouraged to follow up on these statements with the patient by making related inquiries, rather than reciting the item(s) verbatim. Each item is followed by the patient's response, the percentage of Spinal Procedure Candidate Comparison Group members who gave this response, and the scale(s) on which the item appears.

Item number and content omitted. (True; 14.3%; VRIN, ARX, NEGE) Item number and content omitted. (True; 7.5%; TRIN, F, EID, RCd) Item number and content omitted. (False; 17.5%; RC1) Item number and content omitted. (True; 7.7%; VRIN, F, EID, RC2, INTR) Item number and content omitted. (False; 10.0%; TRIN, EID, RCd) Item number and content omitted. (True; 10.5%; IMP) Item number and content omitted. (True; 39.8%; FBS, RBS, L, BXD, RC4) Item number and content omitted. (True; 7.5%; VRIN, EID, RCd) Item number and content omitted. (False; 16.9%; Fs, NUC) Item number and content omitted. (True; 6.2%; FBS, RC1) Item number and content omitted. (True; 6.9%; RC4, SUB, DISC) Item number and content omitted. (True; 9.5%; VRIN, RC7, ANP)

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.

```
<sup>1</sup> Test Response: SUI=58
<sup>2</sup> Correlate: SUI=58, Ref. 5, 23, 27, 36, 41
<sup>3</sup> Correlate: SUI=58, Ref. 2, 5, 17, 18, 23, 24, 26, 34, 36, 37, 40, 41, 50, 53, 58
<sup>4</sup> Correlate: SUI=58, Ref. 2, 5, 17, 18, 23, 24, 26, 36, 37, 41, 50, 51, 53, 58
<sup>5</sup> Test Response: RCd=65
<sup>6</sup> Correlate: RCd=65, Ref. 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 20, 21, 22, 26, 33, 34, 42, 44, 46, 47, 48, 49,
  52, 53, 54, 55, 60, 62
7 Correlate: RCd=65, Ref. 5, 26
8 Test Response: SFD=65
<sup>9</sup> Correlate: SFD=65, Ref. 4, 5, 53, 57
<sup>10</sup> Test Response: NFC=66
<sup>11</sup> Correlate: NFC=66, Ref. 5
12 Correlate: NFC=66, Ref. 9
13 Test Response: STR=68
<sup>14</sup> Correlate: STR=68, Ref. 4, 5, 25
<sup>15</sup> Correlate: STR=68, Ref. 5, 8
<sup>16</sup> Correlate: RCd=65, Ref. 5, 19, 28, 32, 38, 43, 49, 53, 56, 58
<sup>17</sup> Correlate: STR=68, Ref. 5
18 Test Response: EID=61
19 Inference: RCd=65
<sup>20</sup> Inference: SFD=65
<sup>21</sup> Inference: NFC=66
<sup>22</sup> Test Response: NEGE=60
23 Inference: STR=68
<sup>24</sup> Test Response: ARX=62
25 Test Response: WRY=54
<sup>26</sup> Test Response: FML=55
<sup>27</sup> Test Response: SHY=61
<sup>28</sup> Correlate: RCd=65, Ref. 3, 29, 45; SFD=65, Ref. 3, 29, 45
<sup>29</sup> Correlate: RCd=65, Ref. 20, 29
<sup>30</sup> Correlate: RCd=65, Ref. 3, 29; SFD=65, Ref. 3, 29; NFC=66, Ref. 3, 29; STR=68, Ref. 3, 29
31 Correlate: RCd=65, Ref. 3; SFD=65, Ref. 3; NFC=66, Ref. 3
32 Correlate: SFD=65, Ref. 29, 49
33 Correlate: NFC=66, Ref. 3, 29
34 Correlate: STR=68, Ref. 29, 46
35 Correlate: RCd=65, Ref. 3, 29; NFC=66, Ref. 3, 29
36 Correlate: RCd=65, Ref. 3, 29
37 Correlate: RCd=65, Ref. 12
38 Correlate: SUI=58, Ref. 20
39 Correlate: RCd=65, Ref. 12, 13, 29, 30, 31, 35, 39, 59, 61
40 Correlate: RCd=65, Ref. 12, 13, 29, 30, 39, 59
41 Correlate: RCd=65, Ref. 12, 13, 29, 30; SFD=65, Ref. 12, 13, 29, 30
42 Correlate: RCd=65, Ref. 12, 13, 16
<sup>43</sup> Correlate: RCd=65, Ref. 12, 13; SFD=65, Ref. 12, 13
44 Correlate: RCd=65, Ref. 12, 47; SFD=65, Ref. 12, 47
<sup>45</sup> Correlate: RCd=65, Ref. 12, 30, 39; SFD=65, Ref. 12, 30, 39
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⁴⁶ Inference: SUI=58

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End of Report

ITEM RESPONSES

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