

The MMPI-2

The Essentials

To K-correct, or not to K-correct?

- Research doesn't support the use of the K-correction on the MMPI-2
- Little correlation differences between K and non-K corrected and other clinical variables
 - Several have found the K-corrected to be worse at prediction of other clinical variables
- Recommendation: Don't use them

Cannot Say (?)

- The total number of omitted items (or items answered both T and F)
 - Can be due to indecisiveness, to avoid admitting faults, or carelessness/confusion
- "Official" rule is 30+ omitted items = invalid
 - Graham recommends 10 omits = use caution
- If many items are omitted, examine which scales they come from (automatic on computer scoring)

Variable Response Inconsistency (VRIN)

- VRIN was developed for MMPI-2 and indicates tendency to respond inconsistently
- Does so by using 67 pairs of items that ask similar questions, then comparing the answers to those questions
- Use to help understand high F scale scores
 - High F and high VRIN support random responding
 - High F and normal VRIN suggest either severely disturbed or “faking bad”

True Response Inconsistency (TRIN)

- Used to identify all true or all false responding patterns
- Higher scores indicate indiscriminate true responses, lower indicate indiscriminate false responding
- Raw scores of 13+ (80+ T-scores in the direction of true) indicate all true responding
- Raw scores of 5 or less (80+ T-scores in the direction of false) indicate all false responding

Infrequency (F)

- Developed to detect deviant / atypical ways of responding to test items
- Used in conjunction with VRIN, TRIN, and Fp to determine whether someone is truly disturbed, just “faking bad”, or answering indiscriminately

Infrequency (F)

- T > 100 (Inpatients); T > 90 (Outpatients); T > 80 (Non-clinical)
 - Scores this high can show severe psychopathology in inpatients
 - Fp scores can help detect malingering when high F scores are present
 - VRIN T-scores >80 to detect random responses
 - TRIN T-scores >80 to detect all T or F responses

Back Infrequency (Fb)

- If the F scale is valid, an elevated Fb could indicate invalid responding on the second half of the test items
 - Can still interpret L, F, and K, but not clinical or content scales
- T-scores above 110 (clinical) and 90 (non-clinical) should invalidate back half of the test
- Same interaction between Fb and other validity scales as with F scale

Infrequency Psychopathology (Fp)

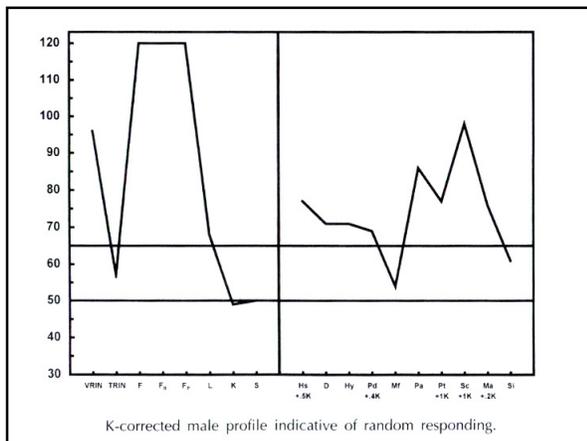
- 27 items answered infrequently by both normals and inpatients
- Less indicative of extreme psychopathology than the F scale
- Fp > 100 and VRIN > 80 indicate likely "faking bad"; Fp raw score >7 is optimal for classification

Lie (L)

- Constructed to detect deliberate, unsophisticated attempts at "faking good" ; 15 items dealing with minor flaws or weaknesses that most people would admit to
- $T \geq 80$ indicates a lack of honesty and should likely not be scored
 - When instructed to fake good, this level is seen
 - High levels here indicative of artificially lowered clinical and content scores

Random Response Profile

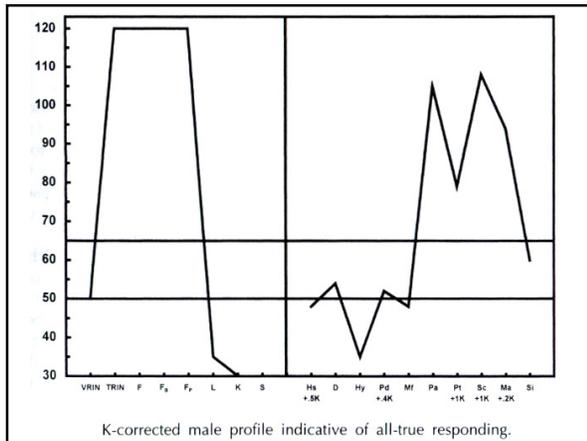
- A completely random response pattern shows
 - F, Fb, and Fp scales very elevated (100+)
 - K & S scales near 50
 - L scale moderately elevated (60-70)
 - Clinical scales generally elevated, with highs on 8 and 6



All-True Responding

- Answering all True will result in a TRIN score of 118 (men) and 120 (women)
 - Extremely elevated F scales
 - L, K, and S below 50
 - Extreme elevations on right side

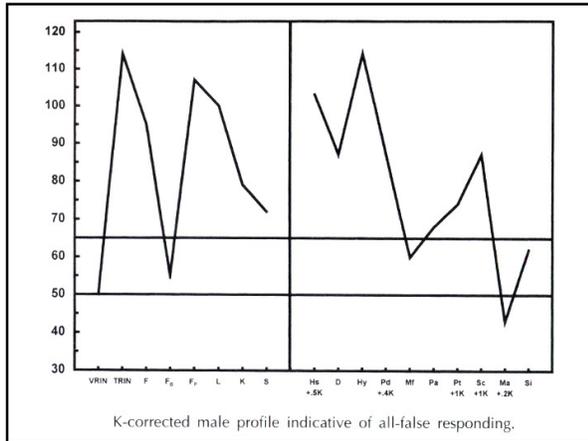
- Scores >80 (in true direction) should be considered invalid



All-False Responding

- Answering all False will result in a TRIN score of 114 (men) and 118 (women)
 - Extremely elevated L, F, K, S, and Fp scales
 - Fb and VRIN near 50
 - Extreme elevations on left side

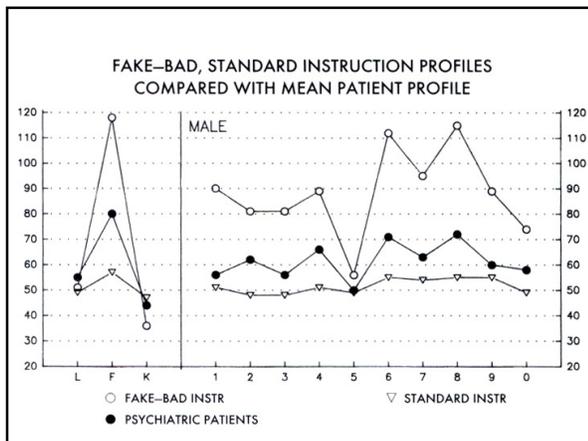
- Scores >80 (in false direction) should be considered invalid



Negative Self-Presentation

■ Faking bad

- Very elevated F, Fp, Fb scales (100+)
- TRIN and VRIN not elevated
- Clinical scales very elevated, particularly 6, 8
- 5, 0 are least elevated



Negative Self-Presentation

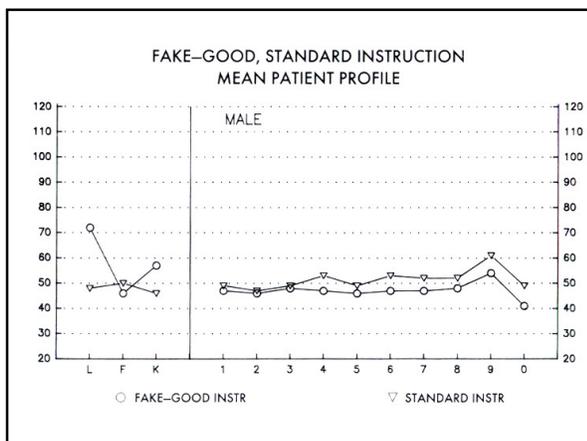
- F scale has been found to be very effective at determining if someone is trying to
 - Fake a specific disorder
 - Has been coached
 - Is exaggerating symptoms

- Usually (regardless of d/o), show elevations on F and Fp, as well as clinical scales 6 and 8

Positive Self-Presentation

- Faking good
 - L, K, and S likely to be elevated, with F, Fb, and Fp average/below average
 - Somewhat lower than normal scores on clinical scales

- Not as accurate as for overreporting, but still pretty good



Positive Self-Presentation

- **Defensiveness**
 - Shows similar pattern to faking good, but less elevated L, K, and S scales

- **Coaching to fake good**
 - If suspected, use less-familiar scales (Wiggins Social Desirability, etc) to detect

Interpretation of Scores

- In general, scores greater than 65 (1.5 SD above the mean) will be considered “high”

- Scales 5 (Mf) and 0 (Si) should be interpreted in a bipolar manner

- The more extreme the score, the more the clinical description will likely fit the person

- Descriptors should be considered a starting point, not an end point

Scale 1 (Hypochondriasis)

- Developed to identify patients with excessive somatic complaints
 - very homogeneous and unidimensional scale

- People with actual physical problems and the elderly tend to score slightly higher than normal sample (around 60)

- High scores are $T \geq 80$; moderate elevations are between 60-79; normal levels are 40-59

Scale 2 (Depression)

- Designed to assess symptomatic depression; great index of general life dissatisfaction
- Extreme scores may indicate clinical depression, but moderate scores indicative of a general negative attitude
- The elderly, people in hospitals due to illness, and prisoners show 5-10 point elevations
- High scores are > 70 ; moderate are 60-69; normal are 40-59

Scale 3 (Hysteria)

- Developed to ID people with hysterical (physical) reactions to stressful situations
- Extreme scores (80+) suggest pathological condition, but chronic pain patients often score in 70-80 range
- High scores are $T \geq 80$; moderate elevations are between 60-79; normal levels are 40-59

Scale 4 (Psychopathic Deviant)

- Developed to ID psychopathic, asocial, or amoral personalities
- Younger people score higher than older; whites and Asians scored 5-10 points lower than Hispanics, blacks, and Native Americans
- High scores are $T \geq 75$; moderate elevations are between 60-74; normal levels are 40-59

Scale 5 (Masculinity-Femininity)

- Developed to ID level of typical thoughts about gender roles
- High scores reject typical stereotyped gender roles; low scores accept typical gender roles
- High scores are $T \geq 85$; moderate elevations are between 60-74; normal levels are 40-59; low scores are ≤ 39

Scale 6 (Paranoia)

- Developed to ID people with paranoid thoughts and behaviors
- Very few false positives on this measure; most people who score high do show paranoia
- High scores are $T \geq 70$; moderate elevations are between 60-69; normal levels are 45-59

Scale 7 (Psychoasthenia)

- Measures obsessive and compulsive types of behaviors, psychological discomfort and turmoil
- High scorers often tend to be neat, organized, orderly, and rigid and moralistic
- High scores are $T \geq 75$; moderate elevations are between 60-74; normal levels are 40-59

Scale 8 (Schizophrenia)

- Developed to ID people with schizophrenia
- College students, African-Americans, Native Americans, and Hispanics score about 5 points higher than normal
- High scores are $T \geq 75$; moderate elevations are between 60-74; normal levels are 40-59

Scale 9 (Hypomania)

- Developed to ID those with hypomanic symptoms
- Ethnic minorities show slight elevations, as do younger people
- High scores suggest other scale elevations will be acted out and expressed overtly
- High scores are $T \geq 80$; moderately high are between 70-79; moderate are 60-69; normal levels are 40-59

Scale 0 (Social Introversion)

- Assess a person's tendency to withdraw from social contacts and responsibilities
- High scores are insecure and lack self-confidence; low scores tend to be sociable and extroverted
- High scores are $T \geq 75$; moderate elevations are between 60-74; normal levels are 40-59

Code Types

- Focus on clinical scales that are above T-score of 65, while all other clinical scales are below 65
- Can have one (high point), two, or three point code types
- Exclude scales 5 and 0 when determining code types
- Same descriptors apply to high-scorers as high-point code types

Code Types

- Two-point tell which two are the highest ones in the profile; three-point are the three highest scores
 - Scores seen as interchangeable (2-7 vs. 7-2)
- Well-defined types have a difference of at least five points between lowest code type scale and next highest clinical scale
- Interpret code types when the scales are above a 60 T-score
