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)

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>T &gt; 100 (Inpatients); T &gt; 90 (Outpatients); T &gt; 80 (Non-clinical)</td>
<td></td>
</tr>
<tr>
<td>- Scores this high can show severe psychopathology in inpatients</td>
<td></td>
</tr>
<tr>
<td>- Fp scores can help detect malingering when high F scores are present</td>
<td></td>
</tr>
<tr>
<td>- VRIN T-scores &gt;80 to detect random responses</td>
<td></td>
</tr>
<tr>
<td>- TRIN T-scores &gt;80 to detect all T or F responses</td>
<td></td>
</tr>
</tbody>
</table>

### Back Infrequency (Fb)

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

### Infrequency Psychopathology (Fp)

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 items answered infrequently by both normals and inpatients</td>
<td></td>
</tr>
<tr>
<td>Less indicative of extreme psychopathology than the F scale</td>
<td></td>
</tr>
<tr>
<td>Fp &gt; 100 and VRIN &gt; 80 indicate likely “faking bad”; Fp raw score &gt;7 is</td>
<td></td>
</tr>
<tr>
<td>optimal for classification</td>
<td></td>
</tr>
</tbody>
</table>
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

- \( T > 80 \) 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
  - \( F, F_b, \) and \( F_p \) 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

K-corrected male profile indicative of random responding.
**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

K-corrected male profile indicative of all-false responding.
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 > 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 > 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 > 75; moderate elevations are between 60-74; normal levels are 40-59
Scale 5 (Masculinity-Feminity)
- 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 $T > 85$; moderate elevations are between 60-74; normal levels are 40-59; low scores are $\leq 39$

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 $T > 70$; 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 $T > 75$; 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