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Abstract

The MMPI, originally developed by Hathaway and McKinley to aid in diagnostic screening, soon became the most widely used personality instrument in psychological assessment. Moreover, the MMPI has been adapted in numerous other countries, indicating strong generalization of validity across cultural settings. Though enormously successful, the MMPI's use became problematic as time went by and as the applications expanded beyond the original purpose of the instrument. In 1982 the test's publisher, the University of Minnesota Press, initiated a program of revision that resulted in the publication of two separate but overlapping and parallel forms of the MMPI, the MMPI-2 for adults and the MMPI-A for adolescents. The MMPI-2 is a revised version of the original instrument, in which the clinical and validity scales have been kept relatively intact. In addition, a number of new scales for expanded clinical applications were developed. New norms, based on a large, representative sample of normal subjects, provide a more relevant comparison sample for today's test uses. A number of validity studies has documented the MMPI-2's effectiveness as a replacement for the original MMPI in the assessment of adults.

In interpreting the MMPI-2 in clinical practice, three major strategies are usually involved. First, careful consideration of the validity scale pattern is important, in order to ensure appropriate motivation for, and cooperation with, the assessment. If the test is considered valid and interpretable, the empirically derived behavioral correlates are surveyed. Finally, the MMPI-2 content scales are employed as direct communications between the patient and the clinician. Computer-generated clinical interpretation has been illustrated with a case, and personality description and treatment recommendations have been provided. The newly released short form, the MMPI-2-RF, composed of the core measures the Restructured Clinical Scales was described.