

Interesting Recent Studies on MMPI-2/MMPI-A

Fariña, F., Redondo, L., Diejo, D., Novo, M., & Arce, R. (2017). A meta-analytic review of the MMPI validity scales and indexes to detect defensiveness in custody evaluations. *International Journal of Clinical and Health Psychology*, 17, 128-38. DOI: 10.1016/j.ijchp.2017.02.002

Abstract Background/Objective: In child custody disputes, one of the remit of the forensic psychologist is to evaluate parental attributes while suspecting defensiveness. The instrument of choice for undertaking this double task is the MMPI. Method: As to establish the state of the art on this, a meta-analysis was undertaken with a total of 32 primary studies from which 256 effect sizes were assessed. A meta-analysis was undertaken, effect sizes were corrected for sampling error and criterion unreliability. Results: The results revealed a positive, significant, large and generalizable mean true effect size for the L, K, S and MP scales, and the L + K and L + K- F indexes. The Wsd was positive, significant and large, but not generalizable. A negative and significant, but not generalizable mean true effect size was found for the F and generalizable for F-K index. The effect sizes for the L, K, S and MP scales, and the L + K and L + K- F indexes were equal. Both the gender of parents (father vs. mother) and the context of evaluation (parent child custody disputes vs. parenting capacity) were assessed as moderators. Conclusions: The results are discussed in relation to forensic practice.

Some conclusions: Further research is required to assess the defensiveness detection capacity of the MMPI-2-RF validity scales given the lack of studies in the literature and the insufficient Ns; ...while awaiting further evidence for MMPI-2-RF and for the reformulation of additional validity scales, the MMPI-2 must be preferred.

Munno, D., Cappellin, F., Saroldi, M., Bechon, E., Guglielmucci, F., Passera, R., & Zullo, G. (2017). Internet addiction disorder: Personality characteristics and risk of pathological overuse in adolescents. *Psychiatry Research*, 248, 1-5.

Abstract: Few studies have investigated Internet Addiction (IA) in adolescents in relation to personality characteristics. The aim of this study was to determine whether personality differences exist between adolescents with problematic/pathological Internet use and those with normal Internet use. Our hypothesis was that certain psychopathological personality traits may predispose to the development of maladaptive Internet use. Methods: The Internet Addiction Test (IAT) and the Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A) were administered to a sample of 224 high school students. Results: Analysis of IAT scores showed that 24.6% of the students had problematic Internet use and 1.6% had IA. Comparison of the MMPI-A scores between subjects with normal Internet use and those with problematic or pathological use based on the IAT score showed that some subscales, including schizophrenia and bizarre mentation, were strongly associated with problematic/pathological Internet use. Also, male sex, attending a vocational school, and unhappy childhood were found to be risk factors for IA. Conclusions: Certain psychological dimensions regarding mood and the psychotic area, as well as low self-esteem, family, school and conduct problems could represent risk factors. Taken together, our data suggest a personality profile, with problems at various levels in subjects with problematic or pathological Internet use.

Williams, C. L., & Lally, S. J. (2016, June 9). MMPI-2, MMPI-2-RF, and MMPI-A Administrations (2007–2014): Any Evidence of a “New Standard?”. *Professional Psychology: Research and Practice*. Advance online publication. <http://dx.doi.org/10.1037/pro0000088>

The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) was introduced at the 2007 American Psychological Association convention, and has been marketed every year since as the “new standard” for MMPI measures. The MMPI-A-RF, marketed as the “new standard in adolescent personality assessment,” was released in 2016. However, the adequacy of the MMPI-2-RF as a viable replacement for the MMPI-2 is debated among experts. University of Minnesota MMPI royalty state ments, available under Minnesota law guaranteeing public access to government records, were examined to determine use of the various MMPI instruments. Six years after the introduction of the MMPI-2-RF, practitioners were more likely to administer the MMPI-2. For the most recent 3 years, test administrations of the MMPI-2-RF appear to have stabilized around 30% of all administrations of the adult instruments. In contrast, according to figures in the publisher’s 1995 royalty statement, the MMPI-2 achieved near universal professional acceptance in the 6 years following its introduction. Although still widely used (i.e., 576,576 MMPI-2, MMPI-2-RF, and MMPI-A estimated administrations in 2014) and despite the debut of the MMPI-2-RF in 2008, results show an 18% decrease in use of the adult versions from 2007 to 2014. The ethical issues facing psychologists in determining when a psychological test is obsolete and the *Frye* and *Daubert* admissibility standards for forensic testimony are considered. Also explored are marketing forces, previously unavailable for psychologists’ scrutiny, which can impact these issues.

Nichols, D. S., & Gass, C. S. (2015). The Fake Bad Scale: Malingering or Litigation Response Syndrome-Which is It? *Archives of Assessment Psychology*, 5(1), 5-10.

Abstract: This report examines the similarity of items on the MMPI-2 and MMPI-2-RF versions of the Lees-Haley, et al. (1991) Symptom Validity (formerly Fake Bad) Scale (FBS; FBS-r) with emotional and somatic symptoms described in an earlier article by Lees-Haley as credible stress reactions to litigation involvement: the Litigation Response Syndrome (Lees-Haley, 1988). Substantial overlap was found between the FBS items and these earlier symptom descriptions, with a majority of the litigation-based stress items found on both the FBS and FBS-r. The probable impact of credible symptom reporting on FBS/FBS-r scores in personal injury litigation is discussed.

Osuna, E., López-Martínez, M., Arce, R., & Vázquez, M. J. (2015). Analysis of response patterns on the MMPI-2 in psychiatric prison inmates. *International Journal of Clinical and Health Psychology*, 15(1), 29-36.

Abstract: In order to assess mental health status, and the classification of both the overreporting and underreporting scales and indexes, 102 psychiatric prison inmates deemed mentally incompetent to stand trial completed the Spanish adaptation of the MMPI-2 under standard instructions (honest responding). The results showed patterns of consistent, non-random, nor extremely acquiescent responses. Moreover, no-outlier responses were detected. In line with the psychiatric diagnosis, all the psychiatric prison inmates were classified by the basic clinical scales as clinical cases of the psychotic dyad i.e., schizophrenia and paranoid ideation. The overreporting scales and indexes (i.e., F, K, Fb, F-K, Fp, Ds and FBS) classified the participants as malingerers, whereas the L, Wsd, and Od underreporting scales as good feigners. These

scales assessing impression management i.e., consciously faking good biased responses, did not classify overreporters. Thus, they are robust indicators of honest responding among psychiatric prison inmates. The implications of these results for the practice of forensic psychology are discussed.

Rosen, G. M., Baldwin, S. A., & Smith, R. E. (2015). Reassessing the "Traditional Background Hypothesis" for Elevated MMPI and MMPI-2 Lie-Scale Scores. *Psychological Assessment*, doi:2015- 55810-001 [pii]

Abstract: The Lie (L) scale of the Minnesota Multiphasic Personality Inventory (MMPI) is widely regarded as a measure of conscious attempts to deny common human foibles

and to present oneself in an unrealistically positive light. At the same time, the current MMPI-2 manual states that "traditional" and religious backgrounds can account for elevated L scale scores as high as 65T-79T, thereby tempering impression management interpretations for faith-based individuals. To assess the validity of the traditional background hypothesis, we reviewed 11 published studies that employed the original MMPI with religious samples and found that only 1 obtained an elevated mean L score. We then conducted a meta-analysis of 12 published MMPI-2 studies in which we compared L scores of religious samples to the test normative group. The meta-analysis revealed large between-study heterogeneity ($I^2 = 87.1$), L scale scores for religious samples that were somewhat higher but did not approach the upper limits specified in the MMPI-2 manual, and an overall moderate effect size ($d = 0.54$, $p < .001$; 95% confidence interval [0.37, 0.70]). Our analyses indicated that religious-group membership accounts, on average, for elevations on L of about 5 t-score points. Whether these scores reflect conscious "fake good" impression management or religious-based virtuousness remains unanswered. (PsycINFO Database Record

Brand, B. L., & Chasson, G. S. (2015). Distinguishing simulated from genuine dissociative identity disorder on the MMPI-2. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(1), 93.

Abstract: Due to high elevations on validity and clinical scales on personality and forensic measures, it is challenging to determine if individuals presenting with symptoms of dissociative identity disorder (DID) are genuine or not. Little research has focused on malingering DID, or on the broader issue of the profiles these patients obtain on the Minnesota Multiphasic Personality Inventory (MMPI-2), despite increasing awareness of dissociation. This study sought to characterize the MMPI-2 profiles of DID patients and to determine the utility of the MMPI-2 in distinguishing DID patients from uncoached and coached DID simulators. The analyses revealed that Infrequency, Back Infrequency, and Infrequency-Psychopathology (Fp) distinguished simulators from genuine DID patients. Fp was best able to discriminate simulated DID. Utility statistics and classification functions are provided for classifying individual profiles as indicative of genuine or simulated DID. Despite exposure to information about DID, the simulators were not able to accurately feign DID, which is inconsistent with the iatrogenic/sociocultural model of DID. Given that dissociation was strongly associated with elevations in validity, as well as clinical scales, including Scale 8 (i.e., Schizophrenia), considerable caution should be used in interpreting validity scales as indicative of feigning, and Scale 8 as indicative of schizophrenia, among highly dissociative individuals. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Brand, B. L., Chasson, G. S., Palermo, C. A., Donato, F. M., Rhodes, K. P., & Voorhees, E. F. (2016). MMPI-2 Item Endorsements in Dissociative Identity Disorder vs. Simulators. *The Journal of the American Academy of Psychiatry and the Law*, 44(1), 63-72. doi:44/1/63 [pii]

Abstract: Elevated scores on some MMPI-2 (Minnesota Multiphasic Inventory-2) validity scales are common among patients with dissociative identity disorder (DID), which raises questions about the validity of their responses. Such patients show elevated scores on atypical answers (F), F-psychopathology (Fp), atypical answers in the second half of the test (FB), schizophrenia (Sc), and depression (D) scales, with Fp showing the greatest utility in distinguishing them from coached and uncoached DID simulators. In the current study, we investigated the items on the MMPI-2 F, Fp, FB, Sc, and D scales that were most and least commonly endorsed by participants with DID in our 2014 study and compared these responses with those of coached and uncoached DID simulators. The comparisons revealed that patients with DID most frequently endorsed items related to dissociation, trauma, depression, fearfulness, conflict within family, and self-destructiveness. The coached group more successfully imitated item endorsements of the DID group than did the uncoached group. However, both simulating groups, especially the uncoached group, frequently endorsed items that were uncommonly endorsed by the DID group. The uncoached group endorsed items consistent with popular media portrayals of people with DID being violent, delusional, and unlawful. These results suggest that item endorsement patterns can provide useful information to clinicians making determinations about whether an individual is presenting with DID or feigning.

Coppola, A., Caccavale, C., Santulli, L., Balestrini, S., Cagnetti, C., Licchetta, L., . . . Provinciali, L. (2016). Psychiatric comorbidities in patients from seven families with autosomal dominant cortical tremor, myoclonus, and epilepsy. *Epilepsy & Behavior*, 56, 38-43.

Abstract: Objective: The objective of this report was to assess the psychiatric comorbidity in a group of patients affected by autosomal dominant cortical tremor, myoclonus, and epilepsy (ADCME). Methods: Reliable and validated psychodiagnostic scales including the BDI (Beck Depression Inventory), STAI-Y1 and 2 (State-Trait Anxiety Inventory — Y; 1 and 2), MMPI-2 (Minnesota Multiphasic Personality Inventory — 2), and QoLIE-31 (Quality of Life in Epilepsy Inventory — 31) were administered to 20 patients with ADCME, 20 patients with juvenile myoclonic epilepsy (JME), and 20 healthy controls. Results: There was a higher prevalence of mood disorders in patients with ADCME compared to patients with JME and healthy controls, particularly depression ($p = 0.035$ and $p = 0.017$, respectively) and state anxiety ($p = 0.024$ and $p = 0.019$, respectively). Trait anxiety was not different from JME ($p = 0.102$) but higher than healthy controls ($p = 0.017$). The myoclonus score positively correlated with both state ($\rho = 0.58$, $p = 0.042$) and trait anxiety ($\rho = 0.65$, $p = 0.011$). These psychiatric features were also often associated with pathological traits of personality: paranoid (OR: 25.7, $p = 0.003$), Psychasthenia (OR: 7.0, $p = 0.023$), schizophrenia (OR: 8.5, $p = 0.011$), and hypomania (OR: 5.5, $p = 0.022$). Finally, in patients with ADCME, decreased quality of life correlated with these psychiatric symptoms. Significance: Patients with ADCME show a significant psychiatric burden that impairs their quality of life. A comprehensive psychiatric evaluation should be offered at the time of diagnosis to detect these comorbidities and to treat them.

Kim, M. D., Seo, H. J., Yun, H. J., Jung, Y. E., Park, J. H., Lee, C. I., . . . Bahk, W. M. (2015). The Relationship between Cognitive Decline and Psychopathology in Patients with Schizophrenia and Bipolar Disorder. *Clinical Psychopharmacology and Neuroscience : The Official Scientific Journal of the Korean College of Neuropsychopharmacology*, 13(1), 103-108. doi:10.9758/cpn.2015.13.1.103 [doi]

Abstract: OBJECTIVE: The primary goals of the present study were to assess intellectual function in participants with schizophrenia or bipolar disorder (BD) and to investigate the relationships between cognitive decline and the severity of each type of psychopathology. METHODS: The present study included 51 patients with schizophrenia and 42 with BD who were recruited from the psychiatry outpatient clinic of Jeju University Hospital between March 2011 and March 2014. The Korean Wechsler Adult Intelligence Scale (K-WAIS) was administered to each of the 93 participants, and they were categorized into two groups based on their current intelligence quotient (IQ) and their estimated premorbid IQ: severely impaired group (SIG) and mildly impaired group (MIG). The Minnesota Multiple Personality Inventory (MMPI) and the Brief Psychiatric Rating Scale

(BPRS) were used to assess psychopathology. RESULTS: The SIG schizophrenia participants exhibited significantly higher scores on the frequent (F) and schizophrenia (Sc) subscales of the MMPI, but significantly lower scores on the correction (K) and psychopathic deviate (Pd) subscales compared with the MIG schizophrenia participants. Furthermore, the BPRS scores were significantly higher in the SIG schizophrenia participants relative to the MIG schizophrenia participants. The SIG BD participants had significantly higher F, masculinity-femininity (Mf), paranoia (Pa), and Sc but significantly lower Pd scores compared with the MIG BD participants. CONCLUSIONS: The present findings revealed a significant discrepancy between the estimated premorbid levels of cognitive function and current cognitive function in participants with schizophrenia or BD. Moreover, this discrepancy was correlated with severity of psychopathology in both groups.

Klock, S. C., & Covington, S. N. (2015). Results of the Minnesota Multiphasic Personality Inventory-2 among gestational surrogacy candidates. *International Journal of Gynecology & Obstetrics*, 130(3), 257-260.

Abstract: Objective: To obtain normative data on the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) personality test for gestational surrogate (GS) candidates. Methods: A retrospective study was undertaken through chart review of all GS candidates assessed at Shady Grove Fertility Center, Rockville, MD, USA, between June 2007 and December 2009. Participants completed the MMPI-2 test during screening. MMPI-2 scores, demographic information, and screening outcome were retrieved. Results: Among 153 included candidates, 132 (86.3%) were accepted to be a GS, 6 (3.9%) were ruled out because of medical reasons, and 15 (9.8%) were ruled out because of psychological reasons. The mean scores on each of the MMPI-2 scales were within the normal range. A score of more than 65 (the clinical cutoff) was recorded on the L scale for 46 (30.1%) candidates, on the K scale for 61 (39.9%), and on the S scale for 84 (54.9%). Women who were ruled out for psychological reasons had significantly higher mean scores on the validity scales F and L, and on clinical scale 8 than did women who were accepted ($P < 0.05$ for all). Conclusion: Most GS candidates are well adjusted and free of psychopathology, but candidates tend to present themselves in an overly positive way.

Margari, F., Lecce, P. A., Craig, F., Laforteza, E., Lisi, A., Pinto, F., . . . Zagaria, G. (2015). Juvenile sex offenders: Personality profile, coping styles and parental care. *Psychiatry Research*, 229(1), 82-88.

Abstract: In recent years, there has been an increasing interest in juvenile sex offenders showing that this population is highly heterogeneous. The aim of the present study was to identify possible different profiles that could help understand the motivation behind offending, comparing 31 Juvenile Sexual Offenders (JSOs), 31 Juvenile Sexual Non Offenders

(JSNOs) and 31 Juvenile Non Offenders (Control Group). A data collection form, the Minnesota Multiphasic Personality Inventory-Adolescent

(MMPI-A) or Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Coping Inventory for Stressful Situations (CISS) and the Parental Bonding Inventory (PBI) were administered to all participants. The results show that JSOs differs from JNSOs in some domains, such as living in single-parent homes, while maintain some common aspects such as academic failure and previous sexual intercourse.

Moreover, JNSOs showed more abnormal personality traits, such as Authority Problems, MacAndrew Alcoholism, Acknowledgement and Alcohol–Drug Problem Proneness compared to JSOs and the Control Group, while JSOs and JNSOs use a coping strategy more oriented to Avoidance and Distraction compared to the Control group. Finally, JSOs described the relationships with fathers characterized by higher care and protection than JNSOs. These findings provide additional evidence with respect the prevention and treatment of criminal sexual behavior in adolescent.

McCaw, N. V. (2015). *Assessing Sexual Addiction Treatment Outcomes using the MMPI-2*. Alliant International University.

Abstract: The present study examined two issues regarding sexual addiction treatment using the MMPI-2. First, there was a comparison of groups consisting of 36 sex addiction treatment program completers and 41 non-completers on the MMPI-2. It was hypothesized that there would be a statistically significant difference between sex addicts who do not complete treatment compared to those who completed treatment on the mean Clinical Scale elevation (M8) score, with those who did not complete scoring higher. Results indicated that treatment non-completers did not score significantly higher than the completers on M8 as hypothesized, indicating no difference between the two groups on general maladjustment, as measured by M8. Supplementary exploratory analyses on all 61 MMPI-2 Scales indicated treatment completers scored significantly lower than non-completers on Demoralization (RCD), Cynicism (RC3), Dysfunctional Negative Emotions (RC7), and Aberrant Experiences (RC8). Second, there was a comparison of pre and post MMPI-2 measures for the 36 treatment completers. It was hypothesized that there would be a significant difference between pre and post measures, with the pretest scores being higher on Clinical Scale 2 and Clinical Scale 7. Results indicated the pretests were significantly higher than the posttests on Clinical Scales 2 and 7 as hypothesized, indicating improvement in depressive and anxious symptoms upon treatment completion. Supplementary exploratory analyses on the remaining 59 MMPI-2 Scales indicated significant differences between pre and posttests on 32 MMPI-2 Scales: four Validity Scales (F, VRIN, K, S), three Clinical Scales (HS, SC, SI), 12 Content Scales (ANX, OBS, DEP, HEA, BIZ, ANG, CYN, TPA, LSE, FAM, WRK, TRT), nine Supplemental Scales (PSYC, NEGE, A, ES, MT, MDS, PK, HO, APS), and four RC Scales (RC3, RC6, RC7, RC8). Limitations and suggestions for future research are discussed.