

Introduction to MMPI-2

What is the MMPI-2?

- Most widely used psychological test in the world
- 567 true-false self-report items
- Original MMPI published in 1943
 - To assist in psychiatric diagnosis
 - Empirical keying approach for clinical scales
 - Validity scales
 - Patient responses compared to visitors to the University of Minnesota hospitals
 - Change to empirical correlates approach; interpret scores based on research
- MMPI-2 published in 1989
 - Item additions, deletions, changes
 - Contemporary norms; Uniform T scores
 - K-correction maintained
 - New scales
- MMPI-A published in 1992 (14-18 years of age)
- Revised manual published in 2001
- MMPI-2-RF published in 2008

Who Can Use the MMPI-2?

- Can be administered by trained secretary, clerk, or technician
- Should be interpreted by clinician who meets test distributor qualifications (Level 3) (pearsonassessments.com)
 - License to practice psychology independently;
or
 - Full member of American Psychological Association or National Association of School Psychologists;
or
 - Doctoral (or in some cases master's) degree in one of the fields of study indicated for the test that included training (through coursework and supervised practical experience) in the administration and interpretation of clinical instruments;
or
 - Proof of right to administer tests at this level in specific jurisdiction

Who can take the MMPI-2?

- 18 years of age and older
- 6th grade reading level
- Ability to follow standard instructions
- Official English, Spanish for North America, Hmong, French for Canada versions
- Other languages; consult Pearson Assessments
- Cultural and subcultural factors; interpretation shown to be same for many groups

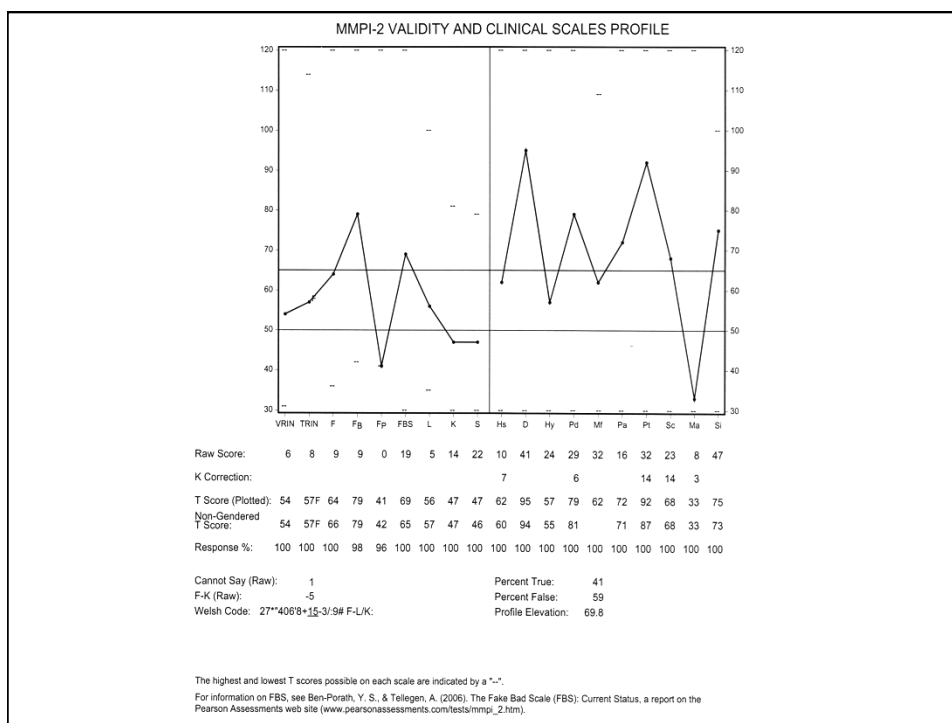
Administering the MMPI-2

- Establish rapport before administration
- Administer under supervision
- Follow standard instructions
- Avoid defining words or helping interpret meaning of items
- Forms
 - Printed booklet
 - Standard audio tape/CD; avoid reading items aloud
 - Computerized administration
- Time – 60-90 minutes is typical for paper and pencil administration; may break into several sessions if necessary; computer administration takes less time

- **MMPI-2 Restructured Form (RF)**
 - Published 2008
 - 338 items
 - 35-55 minutes for booklet; 25-40 minutes for computer
 - 51 scales: 42 new scales replace the MMPI-2 Clinical Scales, MMPI-2 Content Scales, and MMPI-2 Supplemental Scales
 - 7 revised validity scales; new F₅
 - 3 higher order scales (Emotional, Thought, Behavioral)
 - 9 Restructured Clinical (RC) scales
 - 5 revised PSY-5 scales
 - 25 new specific problem and interest scales (e.g., suicide/death, substance abuse, aesthetic-literary interests)

Scoring the MMPI-2

- Hand scoring
- Computer scoring
 - Following computerized administration
 - Keyboard entry
 - Scanning
- Mail to Pearson Assessments
- Converting raw scores to T scores
 - Uniform T scores: Clinical, RC, Content, Content Component, PSY-5
 - Linear T scores: all other scales
 - Sample profile on next slide



- Percentile Equivalents for Uniform T Scores

| | |
|------|-----|
| – 30 | <1 |
| – 35 | 4 |
| – 40 | 15 |
| – 45 | 34 |
| – 50 | 55 |
| – 60 | 85 |
| – 65 | 92 |
| – 70 | 96 |
| – 75 | 98 |
| – 80 | >99 |

- The following slides list MMPI-2 scales that can be scored

Validity Scales

- CNS Cannot Say
- VRIN Variable Response Inconsistency
- TRIN True Response Inconsistency
- F Infrequency
- F_B Back Side Infrequency
- F_P Infrequency-Psychopathology
- FBS Symptom Validity Scale
- L Lie
- K Correction
- S Superlative Self-Presentation

Clinical Scales

- 1 Hs Hypochondriasis
- 2 D Depression
- 3 Hy Hysteria
- 4 Pd Psychopathic Deviate
- 5 Mf Masculinity-Femininity
- 6 Pa Paranoia
- 7 Pt Psychasthenia
- 8 Sc Schizophrenia
- 9 Ma Hypomania
- 0 Si Social Introversion

Restructured Clinical (RC) Scales

- RCd - dem Demoralization
- RC1 - som Somatic Complaints
- RC2 - lpe Low Positive Emotions
- RC3 - cyn Cynicism
- RC4 - asb Antisocial Behavior
- RC6 - per Ideas of Persecution
- RC7 - dne Dysfunctional Negative Emotions
- RC8 - abx Aberrant Experiences
- RC9 - hpm Hypomanic Activation

Harris-Lingoes Subscales

- D₁ Subjective Depression
- D₂ Psychomotor Retardation
- D₃ Physical Malfunctioning
- D₄ Mental Dullness
- D₅ Brooding
- Hy₁ Denial of Social Anxiety
- Hy₂ Need for Affection
- Hy₃ Lassitude-Malaise
- Hy₄ Somatic Complaints
- Hy₅ Inhibition of Aggression

Harris-Lingoes Subscales (continued)

- Pd₁ Familial Discord
- Pd₂ Authority Problems
- Pd₃ Social Imperturbability
- Pd₄ Social Alienation
- Pd₅ Self Alienation
- Pa₁ Persecutory Ideas
- Pa₂ Poignancy
- Pa₃ Naivete

Harris-Lingoes Subscales (continued)

- Sc₁ Social Alienation
- Sc₂ Emotional Alienation
- Sc₃ Lack of Ego Mastery,
Cognitive
- Sc₄ Lack of Ego Mastery,
Conative
- Sc₅ Lack of Ego Mastery,
Defective Inhibition
- Sc₆ Bizarre Sensory
Experiences

Harris-Lingoes Subscales (continued)

- Ma_1 Amorality
- Ma_2 Psychomotor Acceleration
- Ma_3 Imperturbability
- Ma_4 Ego Inflation

Si Subscales

- Si_1 Shyness/Self-Consciousness
- Si_2 Social Avoidance
- Si_3 Self/Other Alienation

Content Scales

- ANX Anxiety
- FRS Fears
- OBS Obsessiveness
- DEP Depression
- HEA Health Concerns
- BIZ Bizarre Mentation
- ANG Anger
- ASP Antisocial Practices
- TPA Type A Behavior
- LSE Low Self-esteem
- SOD Social Discomfort
- FAM Family Problems
- WRK Work Interference
- TRT Negative Treatment Indicators
- CYN Cynicism

Content Component Scales

- **Fears (FRS)**
 - FRS1 – Generalized Fearfulness
 - FRS2 – Multiple Fears
- **Depression (DEP)**
 - DEP1 – Lack of Drive
 - DEP2 – Dysphoria
 - DEP3 – Self-Depreciation
 - DEP4 – Suicidal Ideation
- **Health Concerns (HEA)**
 - HEA1 – Gastrointestinal Symptoms
 - HEA2 – Neurological Symptoms
- **Bizarre Mentation (BIZ)**
 - BIZ1 – Psychotic Symptomatology
 - BIZ2 – Schizotypal Characteristics
- **Anger (ANG)**
 - ANG1 – Explosive Behavior
 - ANG2 – Irritability

Content Component Scales (continued)

- Cynicism (CYN)
 - CYN1 – Misanthropic Beliefs
 - CYN2 – Interpersonal Suspiciousness
- Antisocial Practices (ASP)
 - ASP1 – Antisocial Attitudes
 - ASP2 – Antisocial Behavior
- Type A Behavior (TPA)
 - TPA1 – Impatience
 - TPA2 – Competitive Drive
- Low Self-Esteem (LSE)
 - LSE1 – Self-doubt
 - LSE2 – Submissiveness
- Social Discomfort (SOD)
 - SOD1 – Introversion
 - SOD2 – Shyness

Content Component Scales (continued)

- Family Problems (FAM)
 - FAM1 – Family Discord
 - FAM2 – Familial Alienation
- Negative Treatment Indicators (TRT)
 - TRT1 – Low Motivation
 - TRT2 – Inability to Disclose

Supplementary Scales

- MAC-R MacAndrew Alcoholism Scale-Revised
- AAS Addiction Admission Scale
- APS Addiction Potential Scale
- Es Ego Strength
- A Anxiety
- R Repression
- MDS Marital Distress Scale
- Ho Hostility
- O-H Overcontrolled Hostility
- Do Dominance
- Re Social Responsibility
- Mt College Maladjustment
- GM Masculine Gender Role
- GF Feminine Gender Role
- PK Posttraumatic Stress Disorder

Personality Psychopathology Five (PSY-5) Scales

- AGGR Aggressiveness
- PSYC Psychoticism
- DISC Disconstraint
- NEGE Negative Emotionality/Neuroticism
- INTR Introversion/Low Positive Emotionality

Recent MMPI-2 Textbooks

Butcher, J. N. (2011). *A beginner's guide to the MMPI-2 (Third Edition)*. Washington, DC: The American Psychological Association.

Graham, J. R. (2012). *MMPI-2: Assessing personality and psychopathology (5th edition)*. New York: Oxford University Press.

Greene, R. L. (2011). *MMPI-2/MMPI-2-RF: An Interpretive Manual, 3rd Edition*. Boston: Allyn & Bacon.

Nichols, D. S. (2011). *Essentials of MMPI-2 assessment, 2nd Edition*. New York, NY: John Wiley & Son.

Friedman, A. F., Bolinskey, P. K., Levak, R., & Nichols, D. S. (2015). *Psychological assessment with the MMPI-2/RF (3rd ed.)*. New York: Routledge/Taylor & Francis.