Interpretation of MMPI-2 Validity Scales

Why is it Important to Assess Validity?

• Under certain circumstances impression management or distortion is common
  – Seeking access to costly treatments
  – Employment screening
  – Disability evaluations
  – Personal Injury
  – Court ordered evaluations
    – Competency
    – Mitigating circumstances
    – Not Guilty by reason of diminished capacity
  – Custody
Advantage of MMPI-2: 
Validity Scales

• Provide information regarding the accuracy of self-report
• Indicate the extent of distortion
  – Provides a dimensional perspective
  – Relative to others taking the MMPI-2 under similar circumstances or how distorted is the self-report of symptoms and behaviors?
• Specifies the type of distortion or impression management
• Interpretation of Substantive Scales is based on information collected from individuals accurately reporting clinical state
  – Allows confidence in the clinical inferences made from the MMPI-2 based on the substantive scales.

Threats to Profile Validity

• Non-Content-Based Invalid Responding
  • Non-Responding
    – Leaving items blank or responding both T and F to same item
  • Random Responding
    – Intentional
    – Unintentional
      » Reading Difficulties
      » Comprehension
      » Confusion
  • Fixed Responding
    – Acquiescence (yea saying)
    – Counter-Acquiescence (nay saying)
Threats to Profile Validity cont.

– Content-Based Invalid Responding
  
  • Over-Reporting
    – “faking bad” by reporting non-existent signs and symptoms or distorting the severity of symptoms.
    – Intentional
      » Exaggeration versus Fabrication
    – Unintentional
      » Highly Distressed and seeking help
  
  • Under-Reporting
    – “faking good” or defensiveness
    – Intentional
      » Minimization versus Denial
    – Unintentional
      » Ego Defenses
      » Social Desirability

Assessing Protocol Validity with the MMPI-2

<table>
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<th>Threat</th>
<th>Scale(s)</th>
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<td><strong>Non-Content-Based</strong></td>
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<td>Non-responding</td>
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<tr>
<td>Random Responding</td>
<td>VRIN</td>
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<td>TRIN</td>
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<td><strong>Content-Based</strong></td>
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<tr>
<td>Over-Reporting</td>
<td>F, Fb, Fp, FBS</td>
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<tr>
<td>Under-Reporting</td>
<td>L, K, S</td>
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Cannot Say (CNS)

• A 567-Item “Scale”

• Possible Reasons for Elevation:
  – Lack of cooperation & defensiveness
  – Lack of insight
  – Obsessiveness
  – Reading difficulties
  – Confusion

• Effects on Profile:
  – Deflated score
  – Depend upon location
    • If 90% of items endorsed on a scale, little impact on predictive validity of the scale.

VRIN (Variable Response Inconsistency)

• Designed to Detect Random Responding
  • Item content either similar or opposite in content

• 47 Item Pairs, 12 Can Be Scored Two Ways

• T-Scores Range from 30 to 120

• Applications
  – Detection of random responding
    • VRIN > 80  Profile uninterpretable
  – Detection of “hypervigilance”
    • VRIN < 40
  – Aid in the interpretation of infrequency scales
TRIN (True Response Inconsistency)

- Designed to Detect Fixed Responding (Acquiescence or Counter-Acquiescence)
- 20 pairs opposite in content, 3 Symmetrically scored (both T or both F)
- Raw Score Converted to T-Score Which Will Always be Equal to or Greater Than 50
- A T-Score Greater Than 50 Will be Followed by a “T” or an “F”
- A fixed response set indicated if
  - TRIN > 80T OR TRIN > 80F
- Applications
  - Detection of fixed responding
    - Difficulty reading/comprehension
    - Oppositionality
  - Interpretation of L, K and S

F

- Used to Identify Over-Reporting
- 60 “infrequently endorsed” items among first 370 items in the booklet
- Possible Reasons for Elevation
  - Intentional Over-reporting
  - Random responding
  - Fixed Responding
  - Severe psychopathology or severe distress
  - Unintentional over-reporting
- Use VRIN to evaluate random responding
- Use TRIN to evaluate fixed responding
- Use F_p to evaluate intentional over-reporting
**FB**

- Designed to detect changes in responding between first and second half of the test
- 40 infrequently endorsed items appearing in second half of booklet
- Possible reasons for elevation
  - Intentional over-reporting
  - Random responding
  - Fixed responding
  - Severe psychopathology or severe distress
  - Unintentional over-reporting
  - Fatigue
- If T-score $F_B > T$-score $F+20$, significant change in responding occurred

**FP**

*(Infrequency-psychopathology)*

- Designed to detect intentional over-reporting in individuals with psychopathology
- 27 items endorsed infrequently by a variety of clinical samples including psychiatric inpatients
- Possible Reasons for Elevation:
  - Intentional Over-reporting
  - Random Responding
  - Fixed Responding
\( F_P \)

(Infrequency-psychopathology)

- If \( F_P \geq 100 \) AND \( VRIN < 70 \) AND \( TRIN < 70 \), intentional over-reporting is indicated.
- If \( F \) is elevated AND \( F_P < 70 \), the elevated score on \( F \) likely reflects severe pathology, distress, or unintentional over-reporting.
- \( F_P > 70 \) and <100 reflects degree of exaggeration of symptoms.

Symptom Validity Scale (FBS)

- 43 item rationally derived scale based on item endorsement frequencies in individuals undergoing assessment based on disability/personal injury claims.
- The scale assesses somatic concerns, unusual beliefs, and deviant attitudes.
- \( T \geq 100 \) associated with low false positive rate and indicative of non-credible presentation especially of cognitive impairment.
- Possible reasons for the elevations are inconsistent responding and/or overreporting of somatic or cognitive symptoms.
Uncommon Virtues (L) Scale

- Designed to detect intentional under-reporting
  - Claiming an unusual number of uncommon virtues
- 15 obvious items
- All keyed “false”
- Possible reasons for elevation:
  - Intentional under-reporting
  - Lack of insight
  - Very traditional
  - Indiscriminant “false” responding
- If L is elevated can not assume lack of elevation on MMPI-2 substantive scales is associated with the absence of psychopathology

K Scale

- Designed to detect unintentional under-reporting
  - Claim to be well adjusted and free of psychopathology
- 30 “subtle” items
- All but one keyed “false”
- Possible reasons for elevation
  - Defensiveness
  - Psychological well-being
- In clinical settings if K is elevated, can not assume absence of elevations on substantive scales is associated with absence of psychopathology.
Superlative Self-Presentation (S)

- Developed by Butcher and Han (1995) to identify under-reporting with the entire MMPI-2 item pool
- 50 items, 44 keyed False
- Contains subscales to assist in identifying specific areas of defensiveness:
  - Belief in human goodness
  - Serenity
  - Contentment with life
  - Patience and denial of irritability and anger
  - Denial of moral flaws