Why The MMPI-2

- It is the most popular objective personality measure in virtually all clinical settings
- It is the most researched clinical measure
- It provides information on a wide variety of clinically relevant dimensions
  - Antisocial features, Anxiety/Depression,
  - Psychotic Features, Self-esteem, Interpersonal Issues
  - Drug/Alcohol Abuse, Response to Therapy
  - Psychotropic Med Needs
  - Honest/Dishonest Self-Presentation
- Scored in $T$ – Scores
  - Mean of 50, Standard Deviation of 10
- Scores $> T = 64$ taken to be clinically meaningful

Traditional MMPI-2 Validity Scales

- L (Lie Scale)
  - Provides opportunity to deny various minor (i.e., common) faults and character flaws
    - “Once in a while I think about things too bad to talk about” (F)
    - “At times I feel like swearing” (F)
  - Not necessarily a sign of tendency to lie or deceive others (i.e., they may believe it)
  - Protocol may be distorted by style of responding to the inventory
- F (Infrequency Scale)
  - 60 items answered infrequently in scored direction by MMPI normative group
    - “Evil spirits possess me at times” (T)
    - “My soul sometimes leaves my body” (T)
    - “I am not afraid to handle money” (F)
  - Interpretation strongly dependent on the setting/population

In clinical settings
- $T > 79$ Almost certainly invalid
- $T > 65-79$T May be invalid
  - Closer to 79T, less likely valid for interpretation
- $T < 65$T Likely valid
F (Infrequency) Scale

• In outpatient mental health settings
  • $T > 90$ May be invalid, but probably not
    • Random or fixed responding
      – On purpose (e.g., “screw you”) or by accident (e.g., poor reading skill, language problems)
      – Examine VIRN, TRIN, & Fp If all valid, profile is likely valid
    • Severe psychopathology
    • Faking Bad
    • Exaggeration of symptoms by severely disturbed individual (“cry for help?”) (check K scale)

• $T > 70-89$ May be invalid, but more likely represents an exaggeration of symptoms
  • Perhaps as a “cry for help” (check K scale)
• $55-69$ Likely valid
• $<55$ May be defensive
  • Check L & K to determine if patient may be denying or minimizing emotional/behavioral problems

K (Correction) Scale

• Developed to assess and correct for defensiveness
  – Less obvious than L scale
  – High scorers are less likely to report significant psychological problems
    • “I certainly feel useless at times” (F)
    • “I have never felt better in my life than I do now” (F)
• In clinical settings
  – $T > 64T$ May be invalid
  – $40T - 64T$ Valid
  – $T < 40T$ Admitting to inadequate psychological resources

Scale 1: Hs (Hypochondriasis)

• Abnormal concern regarding a wide variety of vague and non-specific bodily functions
  – Pain, weakness, low energy, poor physical health
    • “I feel weak all over much of the time” (T)
    • “I am troubled by discomfort in the pit of my stomach every few days or oftener” (T)
• High Scores Also Tend to
  – Be whiny, needy of attention, negative/pessimistic
  – Be Selfish, demanding, non-psychologically minded
  – Resist psychological interpretation/intervention
  – Express hostility indirectly
  – Be non-psychotic
**Scale 2: D (Depression)**

- Measures symptomatic depression, usually more state-like than trait-like in nature
  - “I am happy most of the time” (F)
  - “I don’t seem to care what happens to me” (T)
  - “I am about as able to work as I ever was” (F)

- High Scores Tend to
  - Be sad/depressed about self or life
  - Show pessimism/feelings of hopelessness
  - Be socially withdrawn
  - Show low self-esteem/self-depreciation
  - Feel guilty
  - Be worried/tense
  - Report somatic complaints

**Scale 3: Hy (Hysteria)**

- Specific physical complaints when under stress
  - “I have few or no pains” (F)
  - “I feel weak all over much of the time” (T)
- See themselves as well socialized and well adjusted
- High scorers tend to
  - Lack insight, Deny psychological problems
  - Display somatic complaints under stress
  - Resist psychological interpretations for their problems
  - Be self-centered, moralistic, demanding, manipulative
  - Be friendly (but often only superficially)
  - Expects attention/affection

**Scale 4: Pd (Psychopathic Deviate)**

- Assesses alienation, impulse dyscontrol, hypersensitivity, negative affect
  - “If people had not had it in for me I would have been much more successful” (T)
  - “I do many things which I regret afterwards” (T)
- Most commonly elevated scale among sex offenders (and other felons)
Scale 4: Pd (Psychopathic Deviate)

- High scorers tend to be:
  - Angry, resentful
  - Impulsive, unpredictable, showing low frustration tolerance
  - Feel alienated from self and others
  - Emotionally shallow, immature
  - Non-conforming, showing little regard for social rule or for authority
  - Narcissistic, manipulative, selfish
  - Outgoing and energetic, so can make good first impression
  - Moody

- High scorers tend to:
  - Have a strong need for excitement and distraction
    - Become easily bored
    - Be risk-taking
  - Be unreliable, irresponsible
  - Be dissatisfied with limits they see placed on them
  - Experience little guilt, have difficulty learning from experience
  - Report poor family, marital, and work histories
  - Receive Axis II rather than Axis I diagnoses

Scale 4: Pd (Psychopathic Deviate)

- High scorers tend to:
  - Report problems with drug/alcohol use/abuse
  - Report problems with the law or other examples of acting out
    - But not all those scoring high on this scale will act out their pathology
      - More likely with high scorers on Scale 9 (Ma)
      - Less likely with high scorers on Scale 3 (Hy)
  - Make poor therapy candidates

Scale 5: MF (Masculinity-Femininity)

- Originally designed to identify male homosexuality
  - But not very good at this
  - “There was no time in my life when I liked to play with dolls” (F)
  - “I like mechanics magazines” (F)
  - “I enjoy reading love stories” (T)
  - “I like dramatics” (T)
- Has little diagnostic value
- Often misinterpreted
- Is interpreted separately for men & women
Scale 5: MF (Masculinity-Femininity)

• High scores for men associated with
  – Aesthetic interests (e.g., art)
  – Being peaceable, tolerant, sociable
  – Being sensitive and imaginative
  – Passivity, submissiveness, dependency
  – Good judgment and self-control
  – Subjective distress (sometimes)
  – Sexual concerns, problems, or conflicts
  – Likely to successfully complete SO treatment

Scale 5: (MF) Masculinity-Femininity

• Low scores for men associated with
  – Strong (rather narrow) identification with traditional masculine role & interests
  – Preferring action to contemplation
  – Being independent
  – Being practical
  – Not being psychologically minded
  – Preferring to appear tough & virile
    • These are not “girly-men”
    • Adventurous, but may appear somewhat “coarse”

Scale 6: Pa (Paranoia)

• Assesses interpersonal sensitivity, suspiciousness, & moral self-righteousness
  – “I have no enemies who really wish me harm” (F)
  – “I believe I am being plotted against” (T)
  – “If people had not had it in for me I would have been much more successful” (T)

Scale 6: Pa (Paranoia)

• High scorers tend to be seen as
  – Suspicious, guarded, distrustful
  – Hostile, argumentative
  – Hypersensitive to others’ opinions & reactions
    • Take criticism too seriously, harbor grudges
    • Feelings easily hurt, feel misunderstood
  – Believing they have received a raw deal from life
    • Resentful of many in their lives, blames others
    • Feel need to protect themselves from others
**Scale 6: Pa (Paranoia)**

- High scorers tend to be seen as
  - Stubborn, rigid, moralistic
  - May show delusions (persecution, grandeur, jealousy, maltreatment)
  - Challenging in therapy
    - Their distrust, suspiciousness, tendency to blame others

**Scale 7: Pt (Psychasthenia)**

- Psychasthenia
  - Diagnosis no longer used, closest to current OCD
- Scale also taps
  - Abnormal fears, self-criticism, guilt
  - Difficulty concentrating
- Perhaps best thought of as an index of anxiety
  - Mostly trait (chronic), but some state (acute) features
  - “I feel anxiety about something or someone almost all the time” (T)
  - “I have a habit of counting things that are not important such as bulbs on electric signs and so forth” (T)
  - “I have more trouble concentrating than most people seem to have” (T)

**Scale 7: Pt (Psychasthenia)**

- High scorers tend to be seen as
  - Anxious, distressed, nervous
  - Sad, depressed, dissatisfied with self & their life
  - Indecisive, self-doubting
  - Having difficulty concentrating, paying attention
  - Setting high (often unrealistic) goals for self
    - Frequently disappointed in self
  - Having low self-esteem

**Scale 7: Pt (Psychasthenia)**

- High scorers tend to be seen as
  - Ruminative (obsessive)
  - Compulsive
  - Conscientious, perfectionistic, rigid
  - Inefficient
  - Good therapy candidates
    - High level of subjective distress – motivated for symptom relief
    - But may need pharmacologic help for their anxiety if too high
Scale 8: Sc (Schizophrenia)

- The largest MMPI-2 scale (78 items)
- Assesses a wide variety of content
  - Bizarre thought processes, peculiar perceptions, social alienation, lack of interest
    - “I am afraid of losing my mind” (T)
    - “I dislike having people around me” (T)
    - “I have strange and peculiar thoughts” (T)

Scale 8: Sc (Schizophrenia)

- Those scoring high on Sc tend to
  - Feel alienated from others and the environment
    - Report few (if any) rewarding relationships
    - Feel misunderstood, unaccepted, and apart from others and the world
    - Avoid emotional commitment
  - Have difficulty thinking and reasoning clearly
    - Fragmented thinking, incongruity of thought and affect, confused, disorganized
    - Loose associations
  - Have difficulty communicating effectively

Scale 8: Sc (Schizophrenia)

- Those scoring high on Sc
  - Are not necessarily schizophrenic, or even otherwise thought-disordered
    - Depends on both its absolute elevation as well as its elevation relative to other scales
      - Particularly Scales 6 (Pa), 7 (Pt), and 9 (Ma)
    - Depends on contribution of K Scale
      - Since Scale 8 (Sc) gets full K-correction
    - Depends on the individual’s clinical status
      - Inpatient, outpatient, non-patient

Scale 8: Sc (Schizophrenia)

- Those scoring high on Sc tend to
  - Have rich fantasy lives
  - Be seen as odd or unconventional
  - Report (when T > 79) symptoms of a thought disorder
    - Hallucinations
    - Delusions
  - Have long standing psychological problems
  - Have difficulty benefiting from psychotherapy
    - May be helped with medication
Scale 9: Ma (Hypomania)

- Assesses overactivity, grandiosity, emotional lability
  - “When I get bored I like to stir up some excitement” (T)
  - “I am an important person” (T)
  - “Once a week or oftener I become very excited” (T)
- In clinical settings, high scores are associated with
  - Hyperactivity of thought and behavior
    - Flight of ideas, Impulsivity, Poor Judgement
  - Emotional lability
  - Generally euphoric mood
    - But can show angry outbursts
    - Can appear restless/tense/irritable

Scale 9: Ma (Hypomania)

- In clinical settings, high scores are associated with
  - High need for excitement & high energy level
    - Become easily bored
  - Low frustration tolerance
  - Positive self-esteem
    - Can appear grandiose
  - Wide range of interests
    - But has difficulty staying on task till completion
  - Outgoing, gregarious, friendly
    - But relationships tend to be superficial

Scale 9: Ma (Hypomania)

- In clinical settings,
  - Scale 9 serves as a measure of the likelihood of
    other scale elevations being acted out
    - In particular Scales 4 (Pd) and 8 (Sc)
  - Low scores tend to be associated with
    - Low energy/activity level, fatigue
    - Depression (especially when $T < 38$)
      - Even if Scale 2 (D) is not elevated

Scale 0: Si (Social Introversion)

- Assess comfort in social situations, interest in such social contact, and self-depreciation.
  - “Whenever possible I avoid being in a crowd” (T)
  - “If given the chance I would make a good leader of people” (F)
  - “When in a group of people I have trouble thinking of the right things to talk about” (T)
  - “At parties I am more likely to sit by myself or with just one other person than to join in with the crowd” (T)
**Scale 0: Si (Social Introversion)**

- High scorers tend to be described as
  - Shy, withdrawn, avoiding of others
  - Especially around opposite sex and strangers
  - Insecure, self-depreciating, sensitive to criticism
  - Pessimistic
  - Moody, prone to worry and brood
  - Submissive, compliant, non-assertive
  - Distrustful
  - Serious, conventional
  - Less likely to act out [see Scale 4 (Pd) and 9 (Ma)]

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**MMPI-2 Content Scales**

- Developed using rational & statistical procedures
- Assess specific content areas
  - Some already tapped by clinical scales others only indirectly tapped or no tapped at all by clinical scales
  - More homogeneous than clinical scales
  - Validity research is good on some scales and poor or non-existent on others
- Are highly transparent
  - They tell you what the client wants you to know
  - They are highly susceptible to misrepresentation
  - They are not usually elevated when L or K are elevated

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**ANX (Anxiety)**

- Correlates as well or better with anxiety measures than any clinical scale
- High Scorers are likely to report:
  - feeling worried/anxious/nervous
  - somatic symptoms, feeling unhappy, hopeless, pessimistic
  - feeling overwhelmed by life’s demands
  - trouble concentrating, sleeping, making decisions
  - obsessive-compulsive symptoms
  - feeling insecure, lack of self-confidence
  - symptoms consistent with an anxiety disorder
  - report feeling fearful and uneasy much of the time
  - report multiple specific fears or phobias
  - be non-competitive

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**DEP (Depression)**

- Correlates as well or better with depression measures as any clinical scale
- High scorers tend to report:
  - feeling unhappy, hopeless, pessimistic
  - lack of interest in things
  - feeling fatigued
  - feeling indecisive and lacking in self-confidence
  - may report suicidal ideation
  - tend to feel guilty and like failures
DEP (Depression)

- High scorers:
  - may be over-concerned about their health
  - may feel emotionally withdrawn
  - may report few friends
  - feel that life is a “strain”
  - may be hypersensitive to criticism
  - report difficult relationships
  - feel lonely and “empty”
  - receive mood disorder diagnoses (in clinical settings)

HEA (Health Concerns)

- Correlates as well or better with measures of physical complaints as any clinical scale
- High scores are associated with:
  - denial of good health, preoccupation with bodily functioning
  - the development of physical symptoms during periods of stress
  - lethargy, feeling worn out, lack of energy
  - the report of a variety of physical symptoms
  - difficulty coping with problems
  - often feeling anxious and overwhelmed
  - the tendency towards sadness and pessimism
  - report of sleep difficulties
  - mood disorder diagnoses (in clinical settings)

BIZ (Bizarre Mentation)

- High scorers are persons who:
  - tend to report unusual thought content (possibly psychotic)
  - may report hallucinations, delusions, diorientation
  - report feelings of unreality
  - often report few or no friends
  - may have histories of substance abuse
  - may believe others are talking about them or trying to harm them
  - may believe others know what they are thinking or can control their minds
  - may have histories of suicidal ideation or attempts
  - have blunted affect
  - tend not to be strongly motivated to achieve
  - are diagnosed with a thought disorder (in clinical settings)

ANG (Anger)

- Correlates substantially better with other measures of anger than any clinical scale
- High scorers tend to:
  - feel angry and hostile much of the time
  - be seen by others as grouchy, irritable, impatient, or stubborn
  - be critical, aggressive, argumentative
  - lose control easily, feel like swearing or smashing things
  - may be physically abusive
  - be impulsive and show low frustration tolerance
  - believe that they are being treated unfairly
  - be hypersensitive to anything perceived as a criticism
  - have difficulty relating to others
### CYN (Cynicism)

- High scorers tend to:
  - be suspicious of other’s motives
  - see others as dishonest, selfish, and uncaring
  - be guarded and have difficulty trusting others
  - have low achievement motivation
  - be seen as unfriendly or unhelpful
  - be hostile and overbearing
  - be demanding
  - be hypersensitive to anything perceived as a demand
  - show paranoid ideation

### ASP (Antisocial Practices)

- High scores suggest an individual who:
  - has likely been in trouble at school or with the law
  - is cynical, seeing others as dishonest and selfish
  - resents authority
  - blames others for their problems
  - is self-centered and manipulative
  - is seen by others as not to be trusted
  - may have a substance abuse problem
  - tends to be angry, resentful, and aggressive
  - is impulsive
  - may receive a diagnosis of APD (in clinical settings)

### LSE (Low Self-Esteem)

- High scorers are likely to:
  - have very poor self-concepts
  - expect failure and be prone to give up easily
  - feel inept and compare themselves unfavorably with others
  - be hypersensitive to criticism and rejection
  - have difficulty accepting compliments
  - be passive in relationships
  - have difficulty making decisions
  - be prone to worry

### SOD (Social Discomfort)

- High scorers tend to:
  - be shy and socially awkward
  - prefer being alone
  - dislike social gatherings
  - have limited interests
  - often feel nervous
  - be preoccupied with health
  - report feeling unhappy
  - be hypersensitive to what other think about them
  - have low energy
  - be emotionally withdrawn
  - receive mood disorder diagnosis (in clinical settings)
FAM (Family Problems)

- High scorers tend to:
  - describe considerable discord in their current families or families of origin
  - describe their families as lacking in love, understanding, and support
  - resent the advice and demands of their families
  - feel angry and hostile towards their families
  - tend to see marital relationships as involving unhappiness and lack of affection
  - often feel they are getting a raw deal from life
  - often report being unhappy and pessimistic
  - may receive a mood disorder diagnosis (in clinical settings)

WRK (Work Interference)

- High scorers:
  - report a variety of attitudes and behaviors that are likely to contribute to poor work performance
  - may question their own career choices
  - often say that their families don’t approve of their career choices
  - are not ambitious
  - often lack energy
  - feel insecure, have low self-esteem, and may feel like failures
  - tend to be obsessive and may have problems concentrating

Program Completion by MMPI-2 Codetype

Cluster I - IV

MMPI-2 Scale

T-Score

N=36%
N=9%
N=13%
N=42%