

## MMPI-2 in Sex Offender Assessment and Treatment Planning

Don Strassberg, Ph.D., ABPP  
University of Utah and  
Center for Family Development  
(donald.strassberg@psych.utah.edu)

<http://www.psych.utah.edu/people/faculty/strassberg/>

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

## 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

### **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)

### **F (Infrequency) Scale**

- In outpatient mental health settings
  - $> 70-89$  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
  - $T 40T -64T$  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)

### **Scale 2 : D (Depression)**

- 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

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

- 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
  - 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
  - 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 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)]

### **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

### **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

### **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”
  - 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, disorientation
  - 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)

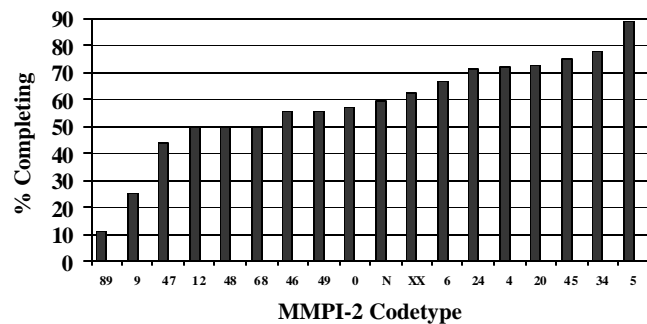
## FAM (Family Problems)

- 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

