Introducing the MMPI-2-RF

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Disclosure

Yossef Ben-Porath is a paid consultant to the MMPI publisher, the University of Minnesota, and distributor, Pearson. As co-author of the MMPI-2-RF he receives royalties on sales of the test.

Agenda

• Overview
• Scales
• Documentation and Standard Procedures
• Customization
MMPI-2-RF Overview

- 338-item version of MMPI-2
  - Released August 2008
- Authors
- Subset of MMPI-2 pool
- Norms based on MMPI-2 sample
- MMPI-2 remains available and supported

MMPI-2-RF Scales

- 51 Scales
  - 9 Validity Scales
  - 3 Higher-Order Scales
  - 9 RC Scales
  - 23 Specific Problems Scales
    - 5 Somatic/Cognitive
    - 9 Internalizing
    - 4 Externalizing
    - 5 Interpersonal
  - 2 Interest Scales
  - 5 PSY-5 Scales
MMPI-2-RF: Validity Scales

VRIN-r: Variable Response Inconsistency – Random responding
TRIN-r: True Response Inconsistency – Fixed responding
F-r: Infrequent Responses – Responses infrequent in the general population
Fp-r: Infrequent Psychopathology Responses – Responses infrequent in psychiatric populations
Fs: Infrequent Somatic Responses – Somatic complaints infrequent in medical patient populations
FBS-r: Symptom Validity – Somatic and cognitive complaints associated at high levels with over-reporting
RBS: Response Bias Scale – Exaggerated memory complaints
L-r: Uncommon Virtues – Rarely claimed moral attributes or activities
K-r: Adjustment Validity – Avowals of good psychological adjustment associated at high levels with under-reporting

MMPI-2-RF: Higher-Order Scales

- EID – Emotional/Internalizing Dysfunction – Problems associated with mood and affect
- THD – Thought Dysfunction – Problems associated with disordered thinking
- BXD – Behavioral/Externalizing Dysfunction – Problems associated with under-controlled behavior

MMPI-2-RF: RC Scales

- Identical to MMPI-2 RC Scales
  - RC4: Demoralization – General unhappiness and dissatisfaction
  - RC1: Somatic Complaints – Diffuse physical health complaints
  - RC2: Low Positive Emotions – Lack of positive emotional responsiveness
  - RC3: Cynicism – Non-self-referential beliefs expressing distrust and a generally low opinion of others
  - RC4: Antisocial Behavior – Rule breaking and irresponsible behavior
MMPI-2-RF: RC Scales

- **RC6: Ideas of Persecution** – Self-referential beliefs that others pose a threat
- **RC7: Dysfunctional Negative Emotions** – Maladaptive anxiety, anger, irritability
- **RC8: Aberrant Experiences** – Unusual perceptions or thoughts
- **RC9: Hypomanic Activation** – Over-activation, aggression, impulsivity, and grandiosity

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MMPI-2-RF: Specific Problems (SP) Scales

**Somatic/Cognitive**

- **MLS: Malaise** – Overall sense of physical debilitation, poor health
- **GIC: Gastrointestinal Complaints** – Nausea, recurring upset stomach, and poor appetite
- **HPC: Head Pain Complaints** – Head and neck pain
- **NUC: Neurological Complaints** – Dizziness, weakness, paralysis, loss of balance, etc.
- **COG: Cognitive Complaints** – Memory problems, difficulties concentrating

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MMPI-2-RF: Specific Problems (SP) Scales

**Internalizing (RCd Facets):**

- **SUI: Suicidal/Death Ideation** – Direct reports of suicidal ideation and recent attempts
- **HLP: Helplessness/Hopelessness** – Belief that goals cannot be reached or problems solved
- **SFD: Self-Doubt** – Lack of self-confidence, feelings of uselessness
- **NFC: Inefficacy** – Belief that one is indecisive and inefficacious
MMPI-2-RF: Specific Problems (SP) Scales

• Internalizing (RC7 Facets):
  - STW: Stress/Worry -- Preoccupation with disappointments, difficulty with time pressure
  - AXY: Anxiety -- Pervasive anxiety, frights, frequent nightmares
  - ANP: Anger Proneness -- Becoming easily angered, impatient with others
  - BRF: Behavior-Restricting Fears -- Fears that significantly inhibit normal behavior
  - MSF: Multiple Specific Fears -- Fears of blood, fire, thunder, etc.

• Externalizing:
  - RC4 Facets
    - JCP: Juvenile Conduct Problems – Difficulties at school and at home, stealing
    - SUB: Substance Abuse – Current and past misuse of alcohol and drugs
  - RC9 Facets
    - AGG: Aggression – Physically aggressive, violent behavior
    - ACT: Activation – Heightened excitation and energy level

• Interpersonal:
  - FML: Family Problems – Conflictual family relationships
  - IPP: Interpersonal Passivity – Being unassertive and submissive
  - SAV: Social Avoidance – Avoiding or not enjoying social events
  - SHY: Shyness – Bashful, prone to feel inhibited and anxious around others
  - DSF: Disaffiliativeness – Disliking people and being around them
MMPI-2-RF: Interest Scales

- **AES**: Aesthetic-Literary Interests – Literature, music, the theater
- **MEC**: Mechanical-Physical Interests – Fixing and building things, the outdoors, sports

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MMPI-2-RF: PSY-5 Scales

- **AGGR-r**: Aggressiveness-Revised – Instrumental, goal-directed aggression
- **PSYC-r**: Psychoticism-Revised – Disconnection from reality
- **DISC-r**: Disconstraint-Revised – Under-controlled behavior
- **NEGE-r**: Negative Emotionality/Neuroticism-Revised – Anxiety, insecurity, worry, and fear
- **INTR-r**: Introversion/Low Positive Emotionality-Revised – Social disengagement and anhedonia

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MMPI-2-RF Documentation and Standard Procedures
MMPI-2-RF Documentation

- Manual for Administration, Scoring, and Interpretation
- Technical Manual
- User’s Guide for Reports

MMPI-2-RF: Technical Manual

1. Introduction
2. Scale Development
3. Psychometric Properties and External Correlates
   - Reliability
   - Validity
   - MMPI-2/MMPI-2-RF
   - MMPI-2-RF Intercorrelations
MMPI-2-RF: Technical Manual

- Appendixes
  A. External Correlates

MMPI-2-RF Technical Manual: Appendix A

- Empirical Correlates in
  - Mental Health
  - Outpatient
  - Inpatient
  - Medical
  - Substance Abuse Treatment
  - Forensic- Civil
  - Forensic- Criminal
  - Non-Clinical

- N= 4,336 Men; 2,327 Women
- 604 Criteria
- 53,886 Correlations

MMPI-2-RF: Technical Manual

- Appendixes
  A. External Correlates
  B. Conversion of Raw Means and Standard Deviations to T-Score Values
  C. MMPI-2/MMPI-2-RF Booklet and Normative Comparability
  D. MMPI-2-RF Comparison Group Data
**MMPI-2-RF:**

**Standard Comparison Groups**

- MMPI-2-RF Normative (Men & Women)
- Outpatient, Community Mental Health Center (Men & Women)
- Outpatient, Independent Practice (Men & Women)
- Psychiatric Inpatient, Community Hospital (Men & Women)
- Psychiatric Inpatient, VA Hospital (Men)
- Substance Abuse Treatment, VA (Men)
- Bariatric Surgery Candidate (Men & Women)
- Spine Surgery/Spinal Cord Stimulator Candidates (Men & Women)
- College Counseling Clinic (Men & Women)
- College Student (Men & Women)
- Forensic, Disability Claimant (Men & Women)
- Forensic, Independent Neuropsychological Examination (Men & Women)
- Forensic, Pre-trial Criminal (Men & Women)
- Forensic, Child Custody (Men & Women)
- Prison Inmate (Men & Women)
- Personal Screening, Law Enforcement (Men, Women & Combined)
- Personal Screening, Corrections Officer (Men, Women & Combined)
- Personal Screening, Clergy Candidates (Men, Women, & Combined)

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**Table 1:**

<table>
<thead>
<tr>
<th>Group Type</th>
<th>Score Means and Standard Deviations</th>
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**Graph:**

- MMPI-2-RF: Facility Outcome
- Score Range: 0-100
- Percentage: 0-100
MMPI-2-RF: Technical Manual

- Appendixes
  A. External Correlates
  B. Conversion of Raw Means and Standard Deviations to T-Score Values
  C. MMPI-2/MMPI-2-RF Booklet and Normative Comparability
  D. MMPI-2-RF Comparison Group Data
  E. MMPI-2/MMPI-2-RF Scale Correlations
1. Introduction
2. Intended Uses, User Qualifications, and Protection of Test Materials
3. Normative Sample Composition and Score Standardization
4. Procedures for Administration and Scoring

Standard Administration Procedures
• Assess the testability of the test-taker
  – Including reading ability
• Use standard administration and response-recording modalities:
  – Booklet and answer sheet
  – Audio CD
  – “On Screen” (with optional audio)
• Supervise testing

Standard Scoring Procedures
• Computer (Q Local or Mail-In)
  – Score Report
  – Interpretive Report
• Converting MMPI-2 to MMPI-2-RF protocol (Q Local or Mail-In)
  – Score Report
  – Interpretive Report
• Hand scoring templates and profile sheets
MMPI-2-RF: Manual for Administration, Scoring, and Interpretation

1. Introduction
2. Intended Uses, User Qualifications, and Protection of Test Materials
3. Normative Sample Composition and Score Standardization
4. Procedures for Administration and Scoring
5. Test Interpretation

• Appendixes
  A. T-Score Conversion Tables
  B. Scoring Keys of the Scales
  C. Scale Membership and Scored Direction of MMPI-2-RF Items
  D. Itemmetric Data
  E. Item Conversion Tables
MMPI-2-RF: User’s Guide for Reports

• User’s guide for:
  ➢ MMPI-2-RF Score Report
MMPI-2-RF: User’s Guide for Reports

- User’s guide for:
  - MMPI-2-RF Score Report
  - Comparison Group Option
    - Standard and Custom

MMPI-2-RF: Standard Comparison Groups

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MMPI-2-RF: User’s Guide for Reports

• User’s guide for:
  - MMPI-2-RF Score Report
  - Comparison Group Option
  - Standard and Custom
  - MMPI-2-RF Interpretive Report
described in this section and organized according to an empirically validated framework. Statements containing the word "reports" are based on the item content of MMPI-2-RF scales, whereas statements that include the word "dichotic" are based on empirical correlations of scale scores. Specific sources for each statement can be varied with the information features of this report.

Somatic/Cognitive Dysfunction

The test taker reports multiple somatic complaints including vague neurological complaints. He is likely to complain of fatigue. He is also likely to be preoccupied with physical health concerns and to be prone to developing physical symptoms in response to stress.

Emotional Dysfunction

The test taker reports feeling anxious and is likely to experience significant anxiety and anxiety-related problems, including insomnia, and agitation. He also reports multiple times that significantly impact normal activity in and outside the home.

Thought Dysfunction

The test taker's responses indicate significant and pervasive thought dysfunction. More specifically, he reports prominent persecutory delusion that likely stems to the level of paranoid delusions, including a strong belief that others seek to harm him. He is very likely to be suspicious and distrustful, to experience serious interpersonal difficulties as a result of paranoid interpersonal suspicions, and to lack insight.

- User's guide for:
  - MMPI-2-RF Score Report
  - Comparison Group Option
  - Standard and Custom
  - MMPI-2-RF Interpretive Report
  - Standard and Custom
  - Does not alter interpretation