MMPI-2 Master Class
Robert M. Gordon, Ph.D.
ABPP in both Clinical Psychology and in Psychoanalysis

Bring in your MMPIs for consultations for forensic and clinical cases with diverse populations, contexts and issues.

Learning Objectives
1. Compare various forms (MMPI-2, RF, MMPI-A)
2. Assess profiles for job selection and weapons use
3. Prepare for presenting in court in criminal and civil cases
4. Use for ICD-10, DSM5 and PDM-2 personality syndromes
5. Use for treatment planning

MMPI-2
The only self-report of psychopathology based on actual cases.

Picks up the personality syndrome not just symptoms.
18 years or older
5th grade reading level
567 items or first 370 items for a shorter form

MMPI-2 Clinical Scales
These are the best scales ever!
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

MMPI-A
• Age Range: 14-18 years
• Reading Level: 5th grade
• Length: 478 True-False items (first 350 item short form)

MMPI-A
Same clinical scales as the MMPI-2, but also special adolescent scales:
A-con - Conduct Problems
A-lse - Low Self-Esteem
A-las - Low Aspiration
A-sod - Social Discomfort
A-fam - Family Problems
A-sch - School Problems
A-dep - Suicidal Ideation
A-con1 - Acting-Out Behaviors
A-fam2 - Familial Alienation
A-sch1 - School Conduct Problems
MMPI-A

Big Problem:
Norms underestimate psychopathology
T60+ is now considered significant

Restructured Clinical (RC) Scales
What happens when you make scales distinct and internally consistent? Less sensitive to psychopathology, no personality syndromes.

- **RCd** - Demoralization
- **RC1** - Somatic Complaints
- **RC2** - Low Positive Emotions
- **RC3** - Cynicism
- **RC4** - Antisocial Behavior
- **RC6** - Ideas of Persecution
- **RC7** - Dysfunctional Negative Emotions
- **RC8** - Aberrant Experiences
- **RC9** - Hypomanic Activation

The MMPI and the Case of Hysteria

Dahlstrom, Welsh, and Dahlstrom (1972) said of the items in the Hysteria scale, “Many of seem mutually contradictory.” The Hysteria scale has such seemingly unrelated issues such as:

- somatic complaints,
- naïvete,
- denial of aggressive motives,
- unhappy home life and sexual conflicts.

Scale 3- Hysteria is composed of statistically unrelated items such as:

- "I feel weak all over much of the time. True." (conversion).
- "I can be friendly with people who do things which I consider wrong. True." (naively trusting to unconsciously repeat the victim role).
- "At times I feel like sweating. False." (denial of aggressive motives).
- "I believe that my home life is as pleasant as that of most people I know. False." (traumatic intimacy).
- "I am worried about sexual matters. True." (conflict over sexuality).
- "Most of the time I feel blue. True." (affective regulation).
- "I find it hard to make talk when I meet new people. False." (seductiveness need for attention).

False Assumptions about Psychopathology

"Gordon (2006) indicated that the RC Scales are based on false assumptions about psychopathology (i.e. that consistent items are needed to assess all psychopathologies), pointing to complex diagnostic conditions like Hysteria, Post Traumatic Stress Disorder, and Borderline Personality Disorder that are better understood with a psychodynamic formulation recognizing internal conflicts and contradictions. He indicates that a simplistic behavioral approach with an insistence on more internally consistent and distinct scales does not produce more external validity or useful measures for many of the complex disorders found in clinical practice." (Butcher and Williams, 2008, p.13)

MMPI-2 Depression Subtle- Aggression Guilt

Many subtle items involve the denial of symptoms. At the normal level, such denials are an actual reflection of health. That same item in a person at the neurotic or borderline level is a reflection of defensiveness, a common aspect of psychopathology.

A normal person might state, "At times I feel like smashing things. False." This is a subtle item in the Depression Scale. In the context of a person who is clinically depressed, it assesses the denial of aggressive motives.

Psychoanalytic theory states that depression can be due to the turning of the aggression inwards. A person may have forbidden wishes of aggression towards a parent, who one may also wish to protect or fears. The aggressive wish is then denied and turned inward as depression.

Depression-Subtle items correlate negatively to Wiggins Manifest Hostility scale (-.62), and positively with Lie (.50) and K (.48).
The damaged self is projected onto a devalued group, and the grandiose self is projected on to an idealized group.

A subtle item from the Paranoia Scale is:

I believe I am being plotted against. True

An obvious item from the Paranoia Scale is:

I think most people would lie to get ahead. False.

People with paranoia project the split within their own personalities on to others. The damaged self is projected onto a devalued group, and the grandiose self is projected on to an idealized group.

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From: "James N. Butcher" butch001@umn.edu
Date: January 23, 2008 12:34:20 PM EST
To: rmgordonphd@rcn.com
Subject: paper

Hi Bob,

I enjoyed your article on the RC scales a while back... I thought that you might like to see this one...they certainly are haying a flawed set of scales.

cheers Jim--
Dr. James N. Butcher Professor Emeritus Department of Psychology University of Minnesota Mpls. Mn55455

Organic, Somatizing, malingering, or secondary gain?

- Review medical records and history!
- Conscious and Unconscious Motivations
- Hypochondriasis
- Hysteria
- HEA - Health Concerns
  - Health Concerns Subscales
    - HEA1 - Gastrointestinal Symptoms
    - HEA2 - Neurological Symptoms
    - HEA3 - General Health Concerns

Assessing profiles for job selection and weapons use

For jobs requiring higher functioning such as police, your standards should be higher than for an armed guard.

You are not screening out any psychological problems.

You are screening out individuals with poor judgment, poor reality testing, addictions, impulse and anger problems.
Acting Out, Dangerousness

4 Pd - Psychopathic Deviate: Pd-O, Pd3 - Social Imperturbability, Pd4 - Social Alienation, Pd5 - Self-Alienation
(Not: Pd-5, Pd1 - Familial Discord or Pd2 - Authority Problems)

6 Pa – Paranoia: Pa-O, Pa1
8 Sc – Schizophrenia: Sc5 Lack of Ego Mastery, Defective Inhibition
9 Ma – Hypomania: Ma-O

MMPI-2

- Mania scale and Psychopathic deviate scale are best predictors of acting out. Schizophrenia and Paranoia scales make criminality more irrational.
- On June 9, 2008, Travis Alexander’s body was discovered by his friends in a shower at his home. Alexander had sustained 27 to 29 stab wounds, his throat had been slit, and he had suffered a gunshot wound to the head.
- Jodi Arias gave several different accounts about her involvement in Alexander’s death. She originally told police that she had not been in Mesa on the day of the murder and claimed that she last saw Alexander in April 2008. Arias later told police that two intruders had broken into Alexander’s home, murdering him and attacking her. Two years after her arrest, Arias told police that she killed Alexander in self-defense, claiming that she had been a victim of domestic violence.

The prosecution argued that since a .25 caliber round was found near Alexander’s body and a week before a gun of the same caliber disappeared during a burglary of the Yreka home where Arias lived with her grandparents, Arias had staged the burglary and used the gun to kill Alexander. Martinez claimed Arias had stalked Alexander and had slashed his tires twice. In addition, in the final days before his death Alexander had called her a “sociopath” and “the worst thing that ever happened to me”, and was afraid of her.

- Clinical psychologist Janeen DeMarte testified for the prosecution that Arias did not suffer from PTSD or amnesia, and that she found no evidence Alexander had abused Arias. Instead, DeMarte said Arias suffered from borderline personality disorder.
- Arias was found guilty of first-degree murder.
- MMPI-2 computer output (administered by the prosecution psychologist, DeMarte) showed significant elevations in:
  - Psychopathic Deviate T110 (normal scores are T40-T60)
  - Paranoia T100
  - Schizophrenia T90
Use for ICD-10, DSM5 and PDM-2 personality syndromes

Use the MMPI-2 scales to inform you of a person’s personality style.

Treatment Indications

- **Insight/Uncovering:**
  - Low in: Lie, Pd-O, Ma, TRT - Negative
- **Treatment Indicators:**
  - High in: Ego Strength
  - D and Pt > Pd, Ma
- **Supportive/Educative:**
  - High in Hs, Sc, Ma (psychotic to borderline level personality organization)

For more:
www.mmipi-info.com

Thank you!