MMPI Personality Tests
Christine Buckingham, Mary Jeppsen, Laurel Shaler, Sara Wood

Purpose of the MMPI Tests and Recommendations for Use
- Used as assessment tools to aide in diagnostic screening
- Used in evaluations of patients to clarify mental health status
- Used in systematic appraisal to determine hospitalization
- Used in assessment involved with pre-treatment planning
- Helps with evaluation of treatments
- Used in research involving the construct of personality
- Used for personality appraisals for employment
- Used for evaluations of parents or personal injury claimants for the court system (Butcher & Williams, 2000)
- Used to assess clients in inpatient and outpatient settings
- Used to evaluate job applicants for high-risk jobs
- Used for suggesting appropriate treatment modalities for a variety of diagnoses (Butcher & Pope, 1993)
- Used to determine comorbid Axis II traits
- Used to detect neuropsychiatric symptoms of complex trauma (Wolf, Reinhard, Cozolino, Caldwell, & Asamen, 2009)

MMPI Measurement Scales
- Ten basic (clinical) scales:
  - Hypochondriasis, depression, hysteria, psychopathic deviant, masculinity/femininity, paranoia, psychasthenia (anxiety, obsessiveness), schizophrenia, hypomania, and social introversion
- Fifteen content scales (e.g., anxiety, fears, depression, Type A).
- Validity scales: lie scores, infrequency score, and correction scores

Intended Population
- The MMPI-2 is intended for use with adults that are 18 and older.
- The MMPI-A is intended for use with adolescents aged 14-18.
- Life circumstances of 18 year olds must be taken into consideration for validity of results.

Norm Group
- MMPI-2: New normative sample: 1,138 males and 1,462 females between the ages of 18 and 84 from seven testing sites including the west coast, the Midwest, and the east coast of the United States (Hathaway, McKinley, & Butcher, 1942, 1942-1990).
- The ethnic origins of the normative participants compared well to the 1980 U.S. Bureau of the Census.
- The MMPI-A: new normative sample of 805 boys and 815 girls between the ages of 14 and 18 from schools throughout the United States and testing sites with a balance of geographic region, rural-urban residence, and ethnic background. (Butcher & Williams, 2000, p. 8).

Scoring
- Hand scoring- Plastic templates used, individual scales scored separately, tests divided according to gender, a K scale is applied and profile is plotted. Training is necessary for determination of K score and validity and clinical scales are divided. Profile is plotted.
- Computer scoring- Administer the test on the computer and the computer will plot profile, or administer the test by hand and send for computer scoring.
- Mail-in scoring- Administer test and send to MMPI distributor for scoring and profile plot.

Interpretation
Eight step procedure:
- Note the completion time observing unusual behavior, marks on scoring sheet (indicators of inattention or intense focus)
- Complete scoring and plot the profile, noting significant trends
- Organize scales and identify top two scale elevations
- Determine profile validity
Determine overall level of adjustment
Describe symptoms, behaviors, and personality characteristics
Provide diagnostic impressions
Elaborate on treatment implications and recommendations

Psychometric Principles

- **Standardization**: New scales developed that address areas such as substance abuse, anxiety, ego strength, marital distress, gender roles, PTSD, and to assess abnormal personality.
- MMPI-2 based on new clinical data and a norm group matching 1980 U.S. Census.
- Test normed against populations with variety of clinical problems (Groth-Marnat, 2003, pp. 217-219).
- **Reliability**: Correlation coefficients .67 to .92 for males (median r = .82), and .58 to .91 for the females (median r = .79) (Nova Southeastern University Center for Psychological Studies, 2008).
- Moderate reliability
- **Validity**: Uses validity indicators (Back-f, VRIN & TRIN) identifying invalid completion and inconsistent and contradictory responses (Nova Southeastern University Center for Psychological Studies, 2008).

Strengths

**Adaptable because:**
- Has a wide research base
- Utilizes number scales
- Has validity and reliability in predicting and describing behavior
- Adaptable to translation technology
- Has a broad relevance in measured constructs
- Interpretation designed to be objective using computerized format (Butcher et al., 1998)

Weaknesses

- Has only moderate levels of reliability
- Extensive length makes it time consuming and difficult for some test takers
- Problems related to scale construction such as item overlap, high inter-correlations among scales, and multidimensional, poorly defined variables (Groth-Marnat, 2003, p. 223).
- If more than two scales are elevated in the 2-point code type, special interpretive attention must be given to the additional elevated scales
- “Normal” persons can have elevated scales.
- Not intended to make differential psychiatric diagnoses

Cultural Relevance

- Translated 150 times into 50 different languages, and has been used in at least 46 countries (Butcher et al., 1998).
- 1989 revision removed culturally bound constructs and simplified language.
- Arduous translation process utilizes back-translation, bilingual retest evaluation, study of equivalency, use of factor analysis to ascertain the relevance of psychological meanings cross-culturally (Butcher et al., 1998).
- Translators must have been immersed in language and culture for 5 years.

Cross-Cultural Challenges

- Requires a 6th grade reading level and must be able to comprehend the associated questions (Butcher, 1999). (Audio versions of the test have been made.)
- True and false format is a Western construct and non-Western individuals may require explanation concerning the format (Butcher et al., 1998).
- Removing culturally incongruent sections may yield invalid results.
- Sensitivity to the clients’ familiarity with testing procedures must be taken into account.
- Evaluation needs to take place within the correct socio-cultural context (Prieto, McNeill, Walls, & Gomez, 2001).

Ethical Considerations

**Seven issues:**
- Administrator must have appropriate graduate training and Competent in use of tests
- Use of tests that fit the tasks
- Administering tests correctly
- Appropriate use of computers
- Use of tests to fit the individuals
- Assessment and reporting of factors that may affect the meaning of test findings (Butcher & Pope, 1993)
- Coached malingering should be monitored.
References


