MMPI-2-RF: Forensic Practice Briefing

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Agenda

Overview
Forensic Applications
Admissibility/Addressing Challenges
A case example
MMPI-2-RF Overview

Published 2008
- Authors Ben-Porath & Tellegen
338 items
Subset of MMPI-2 Item Pool
Norms based on MMPI-2 normative sample
MMPI-2-RF Overview

• 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

Manuals:
◦ Manual for Administration, Scoring and Interpretation
◦ Technical Manual
◦ User’s Guide for Reports
MMPI-2-RF Overview

Interpreting the MMPI-2-RF
- MMPI Evolution
- MMPI-2-RF Development & Constructs
- Interpretive Guidelines
- Case Studies

Important Differences between MMPI-2 and MMPI-2-RF

Validity Scales
- Elimination of item overlap
- F-r
- Fs
- FBS-r
- RBS
- 75+ peer-reviewed articles

Focus on Psychological Constructs rather than Psychiatric Syndromes
- Constructs delineated in Ben-Porath (2012) book
- Linked to current models and concepts in personality and psychopathology research
  - e.g., PSY-5
- Can inform diagnostic assessments (Diagnostic Considerations listed for most substantive scales)
Forensic Applications

MMPI-2-RF used in
- Criminal Court
- Competency and Insanity
- Risk Assessments (sentencing)
- Civil Litigation
- Personal Injury
- Disability Claims
- Workers Compensation
- Family Court
- Child Custody
- Parental Fitness
- Correctional Settings
General Considerations

Assessment of response bias
- Greater external incentive
- Context specific
  - Over-reporting vs under-reporting

Assessment of psychopathology symptoms
- Severe mental illness
  - Psychosis (e.g., THD, RC6, RC8, PSYC) or Mania (e.g., RC9, ACT)
- Mood disorder/Emotional lability
  - Internalizing scales
- Personality pathology and behavioral dysfunction
  - E.g., PSY-5 scales / externalizing scales (e.g., BXD, RC4, JCP, SUB, AGG)

Criminal Court Considerations

Competency to stand trial
- Capacity-focused test
- Current functioning

Criminal responsibility
- Different sanity standards
- Retrospective evaluation
- Utility of MMPI-2-RF?

Risk assessment (pre-sentence)
- Assessment of static vs. dynamic risk factors
- MMPI-2-RF, e.g.,
  - Past EXT history (e.g., JCP, SUB)
  - Emotional instability
  - Behavioral instability
  - Active symptoms of mental illness
  - Insight (L-r)
Civil Litigation and Disability Considerations

Assessment of response bias
- Somatic/cognitive over-reporting scales

Current functioning
- Was the plaintiff/claimant actually harmed?
  - Depression, e.g.,
    - EID, RC6, RC2, SUI, MLP, SFD, HFC, NEGE-r, INTR-r, SAV
  - Anxiety Disorders, e.g.,
    - EID, RC7, STW, AXY, BRF
  - PTSD, e.g.,
    - RC4, RC7, STW, AXY**, SAV/DSF
  - Substance abuse, e.g.,
    - BXD, RC4, SUB, DISC-r
  - Chronic pain, e.g.,
    - RC1, GIC, NUC, HPC, CDG, MLS (overall debilitation)

Is the person disabled due to current psychiatric diagnosis?
Did event X at time Y cause or contribute to current diagnosis?

Family Court Considerations

Psychological best interests of the child

Under-reporting
- Comparison groups

Current functioning that could interfere with parenting
- Psychopathology
- Maladaptive personality traits

Not a measure of parenting ability or predictor of future parenting per se
Correctional Settings Considerations

Mental health needs and intervention

Security classification and risk assessment

Prediction of self-harm
  ◦ SUI (see Glassmire et al., 2016)

Parole considerations
  ◦ See “Risk Assessment”

Now available

Introduction to MMPI-2-RF in forensic settings

Assessment of response bias

Considerations for MMPI-2-RF use in 8 of the most common types of criminal and civil forensic evaluations
Addressing Challenges to MMPI-2-RF-based testimony

Daubert Factors

Has the technique been tested?
Has it been subjected to peer review?
What is the technique’s known or potential rate of error?
Are there standards controlling the technique’s operation?
Is the technique generally accepted?
Has the technique been tested?

Are empirical data available on the technique?

- MMPI-2-RF Technical Manual
Appendix A
External Correlates Tables

<table>
<thead>
<tr>
<th>Index to Tables by Setting</th>
<th>Table</th>
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<tbody>
<tr>
<td>Outpatients, Community Mental Health Center</td>
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<td>Psychiatric Inpatients, Community Hospital/VA Hospital</td>
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<td>Criminal Defendants</td>
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<td>College Students</td>
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Has the MMPI-2-RF been tested?

Empirical Correlates in

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

N = 4,336 Men; 2,327 Women
605 Criteria
53,970 Correlations
Has the MMPI-2-RF been tested?

Descriptive Data for following settings:

- Mental Health
- Medical
- Pre-Surgical
- Substance Abuse Treatment
- Criminal Forensic
- Civil Forensic
- Correctional
- Personnel Screening
- Non-Clinical Settings

N= 68,377

Has the MMPI-2-RF subjected to peer review?

Over 400 peer-reviewed publications have included MMPI-2-RF scales

Examples in forensic/correctional settings . . .

- Correctional settings
  - Forbey, Ben-Porath, & Gartland (2009)
  - Sellbom (2014)

- Risk Assessment
  - Grossi, Green, Belf, McGrath, Griswald, & Schreiber (2015)
  - Sellbom, Ben-Porath, Baum, Erez, & Gregory (2008)
  - Tarescavage, Glassmire, & Burchett (2016)

- Psychopathy
  - Phillips, Sellbom, Ben-Porath, & Patrick (2014)
  - Sellbom, Drislane, Johnson, Goodwin, Phillips, & Patrick (2016)
  - Sellbom, Ben-Porath, Patrick, Wygant, Gartland, & Stafford (2012)

- Malingering
  - Sellbom, Toorney, Wygant, Kucharski, & Duncan (2010)
  - Wygant, Sellbom, Gervais, Ben-Porath, Stafford, Freeman, & Heilbrunner (2010)
  - Wall, Wygant, & Gallagher (2015)
The known or potential rate of error of the MMPI-2-RF?

Data on reliability and standard error of measurement of MMPI-2-RF scale scores address this question directly.

### Table 3-3.
Reliability and Standard Errors of Measurement of the MMPI-2-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales

<table>
<thead>
<tr>
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<tr>
<td>RC9</td>
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<td>.79</td>
<td>.76</td>
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</table>
The known or potential rate of error of the MMPI-2-RF?

Classification Accuracy

- MMPI-2-RF Validity Scales
  - Sensitivity, Specificity, Positive Predictive Power, Negative Predictive Power, and Hit Rate

Are there standards controlling the MMPI-2-RF?
Is the MMPI-2-RF Generally Accepted?

Frye Test

- MMPI-2-RF being used increasingly in:
  - Forensic evaluations
  - Public safety personnel screening
  - Medical evaluations
  - Mental health settings
- In many states, case law guides judges to consider “Daubert-like” factors (i.e., scientific validity and reliability)
Indications of MMPI-2-RF Acceptance

MMPI-2-RF interpretive guidelines provided in two leading MMPI textbooks:


Covered in current forensic textbooks:


MMPI-2-RF Translations
Indications of MMPI-2-RF Acceptance

Listed among recommended outcome measures in Traumatic Brain Injury research compiled by Interagency Traumatic Brain Injury (TBI) Outcome Measures Workgroup convened by NIH

Listed among standard measures used in assessment of the psychological effects of pain

Indications of MMPI-2-RF Acceptance

Listed among measures in proposed practice guidelines for assessments of child sexual abusers

Listed as recommended measure in guide to establishing a practice on police pre-employment psychological evaluations
Indications of MMPI-2-RF Acceptance

Highlighted in Institute of Medicine (IOM) report to US Congress: Psychological Testing in the Service of Disability Determination:

Indications of MMPI-2-RF Acceptance

Discussed favorably in growing number of books and book chapters:


Indications of MMPI-2-RF Acceptance

Discussed favorably in growing number of books and book chapters:

Indications of MMPI-2-RF Acceptance

Cited in growing number of Federal and State appellate court decisions:
Case Example

Not guilty by reason of mental impairment

Australian Capital Territory

(1) A person is not criminally responsible for an offence if, when carrying out the conduct required for the offence, the person was suffering from a mental impairment that had the effect that-

(a) The person did not know the nature and quality of the conduct; or
(b) The person did not know that the conduct was wrong; or
(c) The person could not control the conduct

(2) For 1(b), the person doesn’t know that the conduct is wrong if the person cannot reason with a moderate degree of sense and composure about whether the conduct, as seen by a reasonable person, is wrong
Case 01
33 y.o Caucasian woman
Charged with common assault with intent to cause grievous bodily harm
• 4 months prior to evaluation
Lengthy history of behavioral, mental health, and substance abuse difficulties
Sexual abuse as a child
History of behavioral problems as a child and expelled twice for violent behavior
Adjustment became worse at age 17 subsequent to death of mother
Numerous psychiatric hospitalizations, including mania as adult
• Diagnosed with Bipolar Disorder, Personality Disorders, Substance Use Disorders
Inconsistent compliance with treatment in community

Case 01
At time of the offense – she had sought employment at a gentleman’s club as a dancer
After interview, others observed assault him with a broken beer bottle
• Witnesses heard him asking her to leave as he would not give her a job
She made no attempt to leave the scene
She told police that the owner had during the private part of the interview, the owner has asked her to “Suck his D**K” to which she said “I’d rather suck on a fish” → he tried to force her when she refused
Upon jail admission, described as “manic, disorganized, and demanding “
16 days earlier, she had been hospitalized for mania
• Did not continue to take medication
Ex-boyfriend reported that she was obsessed with being a vigilante and rescue women from sexual predators – she had bought a crossbow – neighbors were threatened
• “I was losing control; I thought I could be an angel. I had been reading about The Punisher. He was a comic book vigilante...I wanted to be that. ...I guess I wasn’t right.”
MMPI-2-RF Validity Scales

Raw Score: 5 10 2 4 0 4 2 2 2 4
T Score: 58 57 F 51 77 42 39 38 47 38
Response %: 100 100 100 100 100 100 100 100
Cannot Say (Raw): 0

Percent True (of items answered): 53%

Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223
Mean Score (---): 54 50 69 56 66 65 62 54 46
Standard Dev (###): 10 10 23 15 22 16 17 11 11
Percent scoring at or below test taker: 74 79 33 92 19 4 4 42 32

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.
MMPI-2-RF Higher-Order (H-O) and Restructured Clinical (RC) Scales

Raw Score:  9  7  19  6  0  2  12  12  5  9  3  27
T Score:   49  70  84  54  36  42  70  71  75  55  56  88
Response %: 100  100  100  100  100  100  100  100  100  100  100

Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223
Mean Score (---):  61  56  54  61  63  58  52  59  59  56  56  48
Standard Dev (---):  14  15  11  14  15  14  11  12  16  13  14  10
Percent scoring at or below test taker:  25  86  100  36  5  17  92  85  90  54  61  100

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.
MMPI-2-RF Somatic/Cognitive and Internalizing Scales

The highest and lowest T scores possible on each scale are indicated by a "---". MMPI-2-RF T scores are non-gendered.

### Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223

- **Mean Score** (Mean, Mean ± 1 SD): 63, 62, 61, 61, 59, 57, 53, 59, 59, 57, 58, 62, 53, 55, 55
- **Standard Deviation** (Mean, Mean ± 1 SD): 13, 18, 14, 15, 16, 19, 13, 13, 13, 12, 17, 12, 13, 10
- **Percent scoring at or below test taker:** 20, 46, 20, 23, 38, 65, 38, 27, 42, 78, 36, 89, 67, 39

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<table>
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<tr>
<th>Scale</th>
<th>Raw Score</th>
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<th>Response %</th>
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<tr>
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<td>46</td>
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</tr>
<tr>
<td>HPC</td>
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<td>42</td>
<td>100</td>
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<tr>
<td>NUC</td>
<td>1</td>
<td>41</td>
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<td>COG</td>
<td>0</td>
<td>40</td>
<td>100</td>
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<tr>
<td>SUJ</td>
<td>0</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>HLP</td>
<td>0</td>
<td>5</td>
<td>100</td>
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<td>SFD</td>
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<tr>
<td>Suicidal Death Ideation</td>
<td>13 16</td>
<td>15 14</td>
<td>18 19</td>
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</table>

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The highest and lowest T scores possible on each scale are indicated by a "---". MMPI-2-RF T scores are non-gendered.

### Scale Descriptions

- **MLS**: Malaise
- **GIC**: Gastrointestinal Complaints
- **HPC**: Head Pain Complaints
- **NUC**: Neurological Complaints
- **COG**: Cognitive Complaints
- **SUJ**: Somatic/Symptoms
- **HLP**: Headache/Leg Pain
- **SFD**: Somatic/Functional Disability
- **NFC**: Neurotic Complaints
- **STW**: Stress/Work
- **AXY**: Anxiety
- **ANP**: Anger Proneness
- **BRF**: Behavior-Restricting Fears
- **MSF**: Multiple Specific Fears

---

25
MMPI-2-RF Externalizing, Interpersonal, and Interest Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Response %</th>
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<td>SUB</td>
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Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223

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<th>Scale</th>
<th>Mean Score</th>
<th>Standard Dev</th>
<th>Percent scoring at or below test taker</th>
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<td>SUB</td>
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<td>7</td>
<td>97</td>
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</tbody>
</table>

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.
MMPI-2-RF PSY-5 Scales

Raw Score:  18  5  16  12  2
T Score:  88  63  79  66  39
Response %: 100 100 100 100 100

Comparison Group Data: Forensic, Pre-trial Criminal (Women), N = 223
Mean Score (→→→):  47  54  51  59  54
Standard Dev (→→→):  9  15  10  13  13
Percent scoring at or below test taker: 100 78 99.6 72 11

The highest and lowest T scores possible on each scale are indicated by a "---"; MMPI-2-RF T scores are non-gendered.

AGGR-r  Aggressiveness-Revised
PSYC-r  Psychoticism-Revised
DISC-r  Disconstraint-Revised
NEGE-r  Negative Emotionality/Neuroticism-Revised
INTR-r  Introversion/Low Positive Emotionality-Revised
Not guilty by reason of mental impairment

Australian Capital Territory

(1) A person is not criminally responsible for an offence if, when carrying out the conduct required for the offence, the person was suffering from a mental impairment that had the effect that-

   (a) The person did not know the nature and quality of the conduct; or
   (b) The person did not know that the conduct was wrong; or
   (c) The person could not control the conduct

(2) For 1(b), the person doesn’t know that the conduct is wrong if the person cannot reason with a moderate degree of sense and composure about whether the conduct, as seen by a reasonable person, is wrong.

Thank you!

QUESTIONS?

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msellbom@psy.otago.ac.nz