

MMPI - 2 Scales

The Seven Validity Scales

Can not Say?

The "Cannot Say" Scale ("?" scale) - The "?" scale is simply the number of omitted items (including items answered both true and false). The MMPI-2 manual suggests that protocols with 30 or more omitted items should be considered invalid and not interpreted. Other experts suggest interpreting with great caution protocols with more than 10 omitted items and not to interpret at all those with more than 30 omitted items.

VRIN and TRIN

VRIN Scale (Variable Response Inconsistency) - The VRIN scale was developed for the MMPI-2 as an additional validity indicator. It provides an indication of the respondents' tendencies to respond inconsistently to MMPI-2 items, and whose resulting protocols therefore should not be interpreted. It consists of 67 pairs of items with either similar or opposite content. Each time a person answers items in a pair inconsistently, one raw score point is added to the score on the VRIN scale. It is suggested that a raw score equal to or greater than 13 indicates inconsistent responding that probably invalidates the resulting protocol, although this scale is still experimental.

TRIN Scale (True Response Inconsistency) - The TRIN scale was developed to identify persons who respond inconsistently to items by giving true responses to items indiscriminately or by giving false responses to items indiscriminately. The TRIN scale consists of 23 pairs of items that are opposite in content. Two true responses to some item pairs or two false responses to other item pairs would indicate inconsistent responding. The MMPI-2 manual suggests that as rough guidelines TRIN raw scores of 13 or more or of 5 or less may be suggestive of indiscriminate responding that might invalidate the protocol, however, this scale is still considered experimental.

F Scale - The F Scale originally was developed to detect deviant or atypical ways of responding to test items. Several of the F Scale items were deleted from the MMPI-2 because of objectionable content, leaving the F Scale with 60 of the original 64 items in the revised instrument. The F Scale serves three important functions:

1. It is an index of test-taking attitude and is useful in detecting deviant response sets (i.e. faking good or faking bad).

2.If one can rule out profile invalidity, the F Scale is a good indicator of degree of psychopathology, with higher scores suggesting greater psychopathology.

3.Scores on the F Scale can be used to generate inferences about other extratest characteristics and behaviors.

K Scale - Compared to the L Scale, the K Scale was developed as a more subtle and more effective index of attempts by examiners to deny psychopathology and to present themselves in a favorable light or, conversely, to exaggerate psychopathology and to try to appear in a very unfavorable light. Some people refer to this scale as the "defensiveness" indicator, as high scores on the K Scale are thought to be associated with a defensive approach to the test, while low scores are thought to be indicative of an unusually frank and self-critical approach.

Subsequent research on the K Scale has indicated that the K Scale is not only related to defensiveness, but is also related to educational level and socioeconomic status, with better-educated and higher socioeconomic-level subjects scoring higher on the scale. It is not unusual for college-educated persons who are not being defensive to obtain T-scores on the K Scale in a range of 55 to 60, and persons with even more formal education to obtain T-scores in a range of 60 to 70. Moderate elevations on the K Scale sometimes reflect ego strength and psychological resources.

L Scale - The L scale originally was constructed to detect a deliberate and rather unsophisticated attempt on the part of the respondent to present him/herself in a favorable light. People who present high L scale scores are not willing to admit even minor shortcomings, and are deliberately trying to present themselves in a very favorable way. Better educated, brighter, more sophisticated people from higher social classes tend to score lower on the L scale.

Back F (Fb) Scale - The Fb scale consists of 40 items on the MMPI-2 that no more than 10 percent of the MMPI-2 normative sample answered in the deviant direction. It is analogous to the standard F scale except that the items are placed in the last half of the test. An elevated Fb scale score could indicate that the respondent stopped paying attention to the test items that occurred later in the booklet and shifted to an essentially random pattern of responding.

The Ten Clinical Scales of the MMPI 2

Hypochondriasis

Scale 1: Hypochondriasis (Hs) This scale was originally developed to identify patients who manifested a pattern of symptoms associated with the label of Hypochondriasis. A wide variety of vague and nonspecific complaints about bodily functioning are tapped by the 32 items. All the items on this scale deal with somatic concerns or with general physical competence. Scale 1 is designed to assess a neurotic concern over bodily functioning. A person who is actually physically ill will obtain only a moderate elevation on Scale 1. These people will endorse their legitimate physical complaints, but will not endorse the entire gamut of vague physical complaints tapped by this scale. All but one of the original items were retained on the MMPI-2.

seen with high scores on 1 and 3 and consideration should be given to conversion disorder. Preoccupation with body and fears of illness, critical, hostile, negative, dull unenthusiastic functioning at reduced level for a long time.

Low: Scores that are low on scale 1, with an average K suggests someone who is comfortable in their "own skin." Individuals are positive, energetic and accepting of change. May also see lack of attention to matters of health. Risk-taking.

Depression

Scale 2: Depression (D) - This scale was originally developed to assess symptomatic depression. The primary characteristics of symptomatic depression are poor morale, lack of hope in the future, and a general dissatisfaction with one's own life situation. Very elevated scores on this scale may suggest clinical depression, while more moderate scores tend to indicate a general attitude or life-style characterized by poor morale and lack of involvement. Of the original 60 items, 57 have been retained in MMPI-2.

Low: Optimism, cheerful, energetic, socially interested. Ill-conceived judgement, and careless style. May also display expressions that they are not able to repress are inappropriate and "hurt" the feelings of others.

Hysteria

Scale 3: Hysteria (Hy) - This scale was developed to identify patients who demonstrated hysterical reactions to stress situations. All 60 original items have been retained in the MMPI-2. Items in Scale 3 consist of two general types: items reflecting specific somatic complaints and items that show that the client considers himself or herself well socialized and adjusted. Such people generally maintain a facade of superior adjustment and only when they are under stress does their proneness to develop conversion-type symptoms as a means of resolving conflict and avoiding responsibility appear. Scale 3 scores are related to intellectual ability, educational background, and social class. Brighter, better-educated persons of a higher social class tend to score higher on the scale. In addition, high scores are much more common among women than among men in both normal and psychiatric populations.

Psychopathic Deviate

Scale 4: Psychopathic Deviate (Pd) - This scale was originally developed to identify patients diagnosed as psychopathic personality, asocial or amoral type. General social maladjustment and the absence of strongly pleasant experiences are assessed by the 50 items included in Scale 4. Scores on Scale 4 tend to be related to age, with adolescents and college students often scoring in a T-score range of 55 to 60. Black respondents have also been reported to score higher than white persons on Scale 4. Scale 4 can be thought of as a measure of rebelliousness, with higher scores indicating rebellion and lower scores indicating an acceptance of authority and the status quo. High scorers are very likely to be diagnosed as having some form of personality disorder, but are unlikely to receive a psychotic diagnosis. Low scorers are generally described as conventional, conforming, and submissive. All 50 items in the original scale have been retained in the MMPI-2.

Masculinity-Femininity

Scale 5: Masculinity-Femininity (Mf) - Scale 5 was originally developed by Hathaway and McKinley to identify homosexual invert males. The test authors identified only a very small number of items that differentiated homosexual from heterosexual males. Scores on this scale are related to intelligence, education, and socioeconomic status. It is not uncommon for male college students and other college-educated males to obtain T-scores in the 60 to 65 range. Scores that are markedly higher than expected for males, based on the persons' intelligence, education, and social class should suggest the possibility of sexual concerns and problems. High scores are very uncommon among females. When they are encountered, they generally indicate rejection of the traditional female role. Of the 60 items in the original scale 5, 56 have been maintained in the MMPI-2.

High - Men: Lack of stereotypical masculine interests. Aesthetic and artistic interests.

Paranoia

Scale 6: Paranoia (Pa) - This scale was originally developed to identify patients who were judged to have paranoid symptoms such as ideas of reference, feelings of persecution, grandiose self-concepts, suspiciousness, excessive sensitivity, and rigid opinions and attitudes. Persons who score high on this scale usually have paranoid symptoms. All 40 items in the original scale have been maintained in the MMPI-2.

Psychasthenia

Scale 7: Psychasthenia (Pt) - This scale was originally developed to measure the general symptomatic pattern labeled psychasthenia. This diagnostic label is not commonly used today. Among currently popular diagnostic categories, the obsessive-compulsive disorder probably is closest to the original Psychasthenia label. Psychasthenia was originally characterized by excessive doubts, compulsions, obsessions, and unreasonable fears. The person suffering from Psychasthenia had an inability to resist specific actions or thoughts regardless of their maladaptive nature.

In addition to obsessive-compulsive features, this scale taps abnormal fears, self-criticism, difficulties in concentration, and guilt feelings. The anxiety assessed by this scale is of a long-term nature or trait anxiety, although the scale is somewhat responsive to situational stress as well. All 48 items from the original scale have been maintained in the MMPI-2. It is a unipolar scale.

High: High scorers on scale 7 tend to be high strung, jumpy extremely anxious and agitated. They are worriers and report difficulty concentrating. Common complaints are fatigue, exhaustion, insomnia and bad dreams. Diagnosis is often anxiety disorders.

Low: The primary indication of low scores is the absence of symptoms. It should indicate relaxed attitude, comfort and freedom from anxiety until the K correction is applied, scores T-40 are infrequent. May indicate inhibition, timidity, awkwardness, unstable and may exhibit signs of disturbance, especially mania.

Schizophrenia

Scale 8: Schizophrenia (Sc) - This scale was originally developed to identify patients diagnosed as schizophrenic. All 78 items in the original scale have been maintained in the MMPI-2. The items in this scale assess a wide variety of content areas, including bizarre thought processes and peculiar perceptions, social alienation, poor familial relationships, difficulties in concentration and impulse control, lack of deep interests, disturbing questions of self-worth and self-identity, and sexual difficulties. Misinterpretations of reality, delusions, and hallucinations may be present. Ambivalent or constricted emotional responsiveness is common. Behavior may be withdrawn, aggressive, or bizarre. Scale 8 is probably the single most difficult scale to interpret in isolation because of the variety of factors that can result in an elevated score. Scores on this scale are related to age and to race. Adolescents and college students often obtain T-scores in a range of 50 to 60, perhaps reflecting the turmoil associated with that period in life. Black subjects, particularly males, tend to score higher than white subjects, perhaps suggesting the alienation and social estrangement felt by many blacks.

Hypomania

Scale 9: Hypomania (Ma) - This scale was originally developed to identify psychiatric patients manifesting hypomanic symptoms. Hypomania is characterized by elevated mood, accelerated speech and motor activity, irritability, flight of ideas, and brief periods of depression. Some of the 46 items deal specifically with features of hypomanic disturbance, while others cover topics such as family relationships, moral values and attitudes, and physical or bodily concerns. Scores on this scale are clearly related to age and to race, with adolescents and college students typically obtaining scores in a T-score range of 55 to 60, while elderly persons often achieve scores below a T-score of 50. Black persons typically score higher than white persons on the scale, often scoring in a T-score range of 55 to 65. All 46 items in the original scale have been maintained in the MMPI-2.

High-T>80: May suggest a manic episode and are likely to display excessive purposeless activity and accelerated speech. Hallucinations or delusions of grandeur

and emotionally labile may also be present, as well as, confusion and short attention span.

Low: In patient populations usually display depression, psychomotor retardation and over control. Feelings of lethargy and immobilization and listlessness. I scale 2 fails to elevate, scale 9 may be one of the only indicators of depression.

Social Introversion

Scale 0: Social Introversion (Si) - Scale) was developed later than the other clinical scales, but it has come to be treated as a standard clinical scale. This scale was originally designed to assess a person's tendency to withdraw from social contacts and responsibilities. All but one of the 70 items in the original scale have been maintained in the MMPI-2. The items on this scale are of two general types. One group of items deals with social participation, while the other group deals with general neurotic maladjustment and self-depreciation. High scorers are generally seen as socially introverted, while low scorers tend to be sociable and extroverted. High scorers are very insecure and uncomfortable in social situations. They tend to be shy, reserved, timid, and retiring, while low scorers tend to be outgoing, gregarious, friendly, and talkative.

Low: Suggests well adjusted individual who is expressive, cheerful, active, energetic, outgoing, talkative and affectionate. May also be thought of as opportunistic, self-indulgent and impulsive. Eagerness to seek others out may be seen as aggressive. May be seen as manipulative.