

# **Preparing for Court Testimony Based on the MMPI-2**

## **Guide**

**2<sup>nd</sup> Edition**

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### **About the Author**

James N. Butcher, Ph.D. is a Professor emeritus in the Department of Psychology at the University of Minnesota where he continues to maintain an active research program in the areas of personality assessment, abnormal psychology, cross-cultural personality factors, and computer-based personality assessment. He has published over 50 books and over one hundred and eighty articles in these areas. He was awarded Doctor Honoris Causa, from the Free University of Brussels, In Brussels, Belgium, in 1990 and awarded a Laurea Honoris Causa in Psicologia, from the University of Florence in Florence, Italy in 2005. He was presented with the Bruno Klopfer Award for Lifetime Contribution to Personality Assessment from the Society for Personality Assessment in 2004.

Dr. Butcher is a former member of the Board of Trustees of the Society for Personality Assessment, and he served on the Executive Committee of Division 5 (Division of Measurement and Evaluation) of the American Psychological Association and served as a member of the Executive Board of Division (General Psychology). He founded the Symposium on Recent Developments in the Use of the MMPI in 1965 to promote and disseminate research information on the MMPI and organized this conference series for the 38 years. He also founded the International Conference on Personality Assessment, a program devoted to facilitating international research on personality assessment. Eighteen international conferences have been held.

A former member of the University of Minnesota Press' MMPI Consultative Committee, Dr. Butcher was actively engaged in the large scale project to revise and restandardize the MMPI.

Dr. Butcher served as the Editor of *Psychological Assessment* for six years and currently serves as consulting editor for numerous other journals in psychology and psychiatry.

Dr. Butcher has been extensively involved in the use of the MMPI-2 in forensic settings; he has testified in many cases, both criminal and civil, in which the MMPI-2 played a pivotal role. He has also published several articles and books in the forensic assessment field.

### **General Introduction**

This guide has been designed as an aid to professionals who are appearing in court to give testimony involving the MMPI/MMPI-2.

This guide begins with a brief presentation of the features of the MMPI/MMPI-2, which is followed by a suggested outline for explaining the MMPI/MMPI-2 in court, strategies for dealing with subpoenas and requests for the release of raw data, scoring guidelines, clinical scale interpretation guidelines, a description of clinical scale correlates, a description of MMPI-2 Content Scales, and guidelines for interpreting addiction potential indicators. The final section of this guide contains a detailed and handy MMPI/MMPI-2

reference list. The references are divided under subheadings to help you target your specific areas of interest and find the references most relevant to each case.

A more comprehensive summary of forensic references can be found in Pope, K. S., Butcher, J. N., & Seelen, J. (2006). *The use of the MMPI/MMPI-2/MMPI-A in Court* (3<sup>rd</sup> edition). Washington D.C.: American Psychological Association. For example, there are appendices that contain extensive references in the following areas: Malingering or faking bad (357); Defensive responding (304); Personal injury related studies (572); Family custody (247) and Criminal case assessment(416).

See also [www.kspope.com](http://www.kspope.com) for an extensive set of resources for forensic assessment.

## **Features of the MMPI/ MMPI-2**

When testifying, you may be required to justify the use of the MMPI/MMPI-2 over other tests. This section outlines the key advantages of the MMPI/MMPI-2.

- ♦ The MMPI-2 is the most frequently used clinical personality test. It is also the most widely employed test to provide personality information on defendants or litigants in court cases where psychological adjustment factors are considered important to the case.
- ♦ The MMPI-2 is self-administered and usually takes between one hour and one and a half hours to complete. The client simply responds T (True) or F (False) to each item on the basis of whether the statement applies to him/her. The inventory can be administered from a printed booklet, by audio cassette, or by computer. The items are written at a sixth grade reading level.
- ♦ The MMPI-2 is easy to score by counting item responses for each scale and recording them on a profile sheet or by using a computerized scoring program. The objective scoring procedures for the MMPI-2 assure reliability in the processing of the client's responses.
- ♦ The MMPI-2 has been translated into many languages so that it may be used with individuals from different cultural backgrounds. Available translations include, for example, Arabic, Farsi, French Canadian, Hispanic, Thai, Vietnamese, Chinese, Greek, Norwegian, Japanese, Dutch, Hebrew, Korean, Italian and Russian. In cases where the client does not speak or read English, a foreign language version of the instrument can be administered and in many cases appropriate national norms used (see the listing of available translations later in this manuscript).
- ♦ The MMPI-2 possesses a number of response attitude measures that appraise the test taking attitudes of the client. Any self-report instrument can be susceptible to manipulation, either conscious or unconscious. Thus, it is imperative to have a

means of knowing what the client's test-taking attitudes were at the time the responses were given.

- ♦ The MMPI-2 is an objectively-interpreted personality instrument with empirically validated scales. A high score on a particular clinical scale is associated with certain behavioral characteristics. These scale "meanings" are objectively applied to clients. The established correlates for the scales ensure objective interpretations.
- ♦ MMPI-2 scale scores are highly reliable over time (see the "Reliability" section of the reference list later in this guide). Well established scale reliability data support the use of the scales as identifying likely stable personality characteristics.
- ♦ The MMPI-2 provides clear, valid descriptions of people's problems, symptoms, and characteristics in a broadly accepted clinical language. Scale elevations and code type descriptions provide a terminology that enable clear client descriptions.
- ♦ MMPI-2 scores enable the practitioner to estimate potential future behaviors.
- ♦ The MMPI-2 is quite easy to explain effectively to lay audiences. The personality variables (e.g., a client's similarity to a particular group such as 4-9 profiles) and the structure for making score comparisons are relatively comprehensive.

### **Suggested Outline for Explaining the MMPI-2 in Court**

This section describes the most effective strategy for explaining the MMPI in court. These steps are listed in an order which usually facilitates understanding. With proper discretion, however, the order of presentation may be changed as dictated by the style of the person testifying or by judicial requirements.

1. Describe the scientific basis of the MMPI instruments in terms of being an objective, paper-and-pencil personality inventory that has been widely researched and validated since 1940.
2. Describe how widely used the MMPI-2 is in clinical assessment and cite references to support its broad use. The MMPI/MMPI-2 is the most widely used instrument in clinical and research applications. Pope, Butcher, & Seelen (2006) provide a listing of the extensive use of the MMPI-2 in court (i.e. 320 federal and state citations since 2000).
3. Discuss the rationale for the original development of the MMPI as an objective means of classifying psychological problems using an empirically-based scale construction approach.
4. Describe and illustrate how the MMPI-2 has been validated and explain the extensive research base for correlates for the clinical scales.

5. Illustrate how the MMPI-2 is used in personality description and clinical assessment.
6. If pertinent to the case, describe the MMPI revision (MMPI-2/MMPI-A).
7. Describe and illustrate how the clinical scales of the revised versions (MMPI-2/MMPI-A) are composed of largely the same items and possess the same psychometric properties as the original version of the scales. Traditional scale reliabilities and validities have been assured in the revised version.
8. Explain how the credibility and validity of a particular MMPI-2 profile can be determined.
9. Explain what the MMPI/MMPI-2/MMPI-A measures for the particular client.

## **Suggestions for Handling Requests for MMPI-2/MMPI-A**

### **Raw Test Data**

When using the MMPI-2/MMPI-A in forensic settings, you may face an ethical dilemma if you are called upon to release raw data to nonpsychologists such as attorneys or other court personnel. Release of test information can result in a violation of copyright agreements.

First, analyzing scores without fully understanding psychological concepts of confidence intervals and different types of reliability and validity can lead to misinterpretation of test data. Second, release of test protocols, manuals, and answer sheets can violate the security and integrity of psychological tests and lead to the unauthorized reproduction of test materials (Frumkin, 1995).

The following are some suggestions for resolving the issue of test security. Please be aware that regulations on this matter may vary from state to state. Therefore, you are advised to seek legal counsel before applying the recommendations outlined in this section.

1. If subpoenaed, first determine whether the request for information is a legally valid demand for disclosure. If a demand is not legally enforceable for any reason, you have no legal obligation to comply with it (APA, 1996).
2. Contact the client (or his/her legal guardian) and discuss the implications of the demand with the client. When appropriate, you may consult with the client's attorney (APA, 1996).
3. Write a letter to the court, with a copy to the attorneys for both parties, stating that it is a violation of the Ethical Principles of Psychologists of the American Psychological Association to release the raw psychological test material to nonpsychologists. Explain that nonpsychologists are not in a position to provide interpretation and explanation of

the test data. Also, explain that providing the test materials to nonpsychologists violates the security of the tests and copyright law (Frumkin, 1995). Suggest that the court direct you to provide test data only to another appropriately qualified psychologist designated by the court or by the party seeking such information (APA, 1996). See Appendix A for a sample letter.

4. If you are prohibited from seeking guidance in the form of a letter, determine if the client's attorney is willing to file a motion to quash the subpoena in part, or in its entirety, or for its protective order (APA, 1996).
5. In the case of a court hearing, bring the following documents related to ethical principles and standards of practice.
  - i) "Ethical Principles of Psychologists and Code of Conduct" (APA, 2002),
  - ii) "Specialty Guidelines for the Delivery of Services by Clinical Psychologists" from "Specialty Guidelines for the Delivery of Services" (APA, 1981), section 2.3.5.
  - iii) "Specialty Guidelines for Forensic Psychologists" (Committee on Ethical Guidelines for Forensic Psychologists, 1991), Section VII. A.2a.
  - iv) "Standards for Educational and Psychological Testing (APA, 1985), Standard 6.5, Standard 6.6, and Standard 15.7.

It is useful to bring to court a copy of the actual ordering information from the catalogs of the companies that distribute the MMPI-A/MMPI-2. Purchasers are required to meet certain credentialing criteria. In addition, as part of the contract to purchase the test, it is required that the psychologist maintain test security and not in any way violate copyright regulations (Frumkin, 1995).

You or your attorney may present to the court relevant case law and statutes pertinent to the release of such data to the court (Frumkin, 1995)

6. If the judge, after hearing all testimony, orders the material to be released directly to the attorney, you can either release the data (which, in following a lawful court order, would not be in violation of the ethics code), appeal the decision to another court, or refrain from releasing the data and risk being held in contempt of court (Frumkin, 1995).
7. Pertinent paragraphs from the most current APA ethics code are listed below:

## **Standard 9.04a: Release of Test Data**

### **Standard 9.04a: Release of Test Data**

The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the



definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

#### **Standard 9.11: Maintaining Test Security**

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

Letter of Richard Campanelli, JD director, Office for Civil Rights, HHS

“[A]ny requirement for disclosure of protected health information pursuant to the Privacy Rule is subject to section 1172(e) of HIPAA, ‘Protection of Trade Secrets.’ As such, we confirm that it would not be a violation of the Privacy Rule for a covered entity to refrain from providing access to an individual’s protected health information, to the extent that doing so would result in a disclosure of trade secrets.”

“...test instruments such as test question booklets and instruction forms are not, of themselves, protected health information, and therefore are not subject to an individual’s right of access under the Privacy Rule. The right of access is limited to protected health information maintained in a designated record set...”

#### **References**

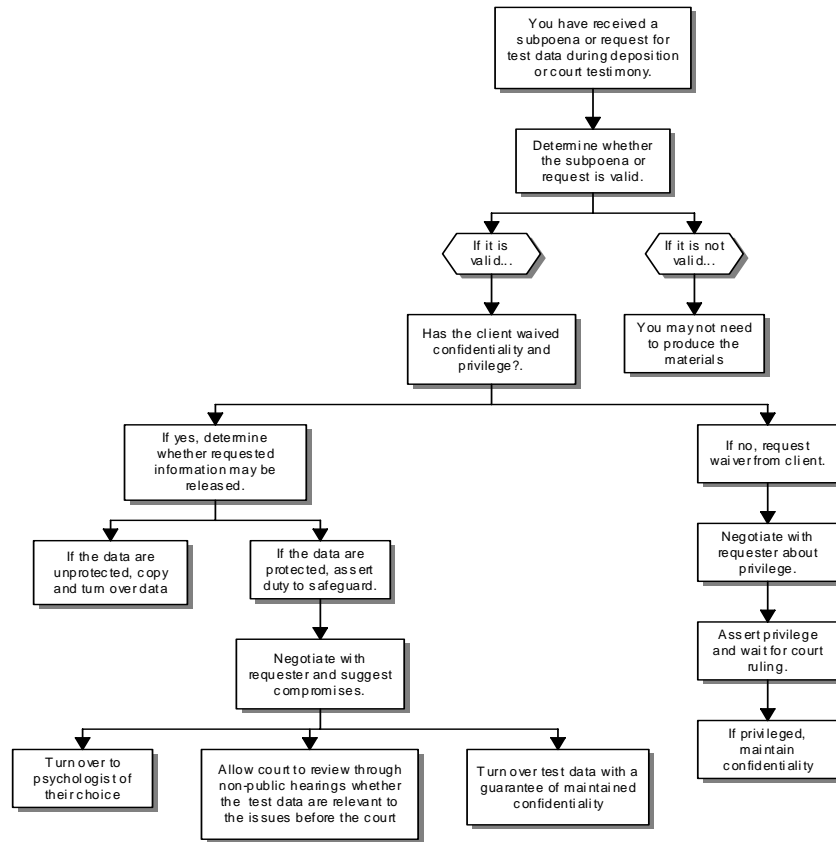
Committee on Legal Issues, American Psychological Association (1996). Strategies for private practitioners coping with subpoenas or compelled testimony for client records and/or test data, *Professional Psychology: Research and Practice* (Vol. 27) 3, 245-251. Washington: APA.

Frumkin, B. I. (1995). How to handle attorney request for psychological test data. In L. VandeCreek, S. Knapp, and T.L. Jackson (Eds.), *Innovations in Clinical Practice: A Source Book* (Vol.14). Sarasota, FL: Professional Resource Press.

### **Strategies for Dealing with Subpoenas**

The flowchart below will help you conceptualize the proper steps that should be taken before releasing MMPI-2/MMPI-A data in response to subpoenas and other request methods.

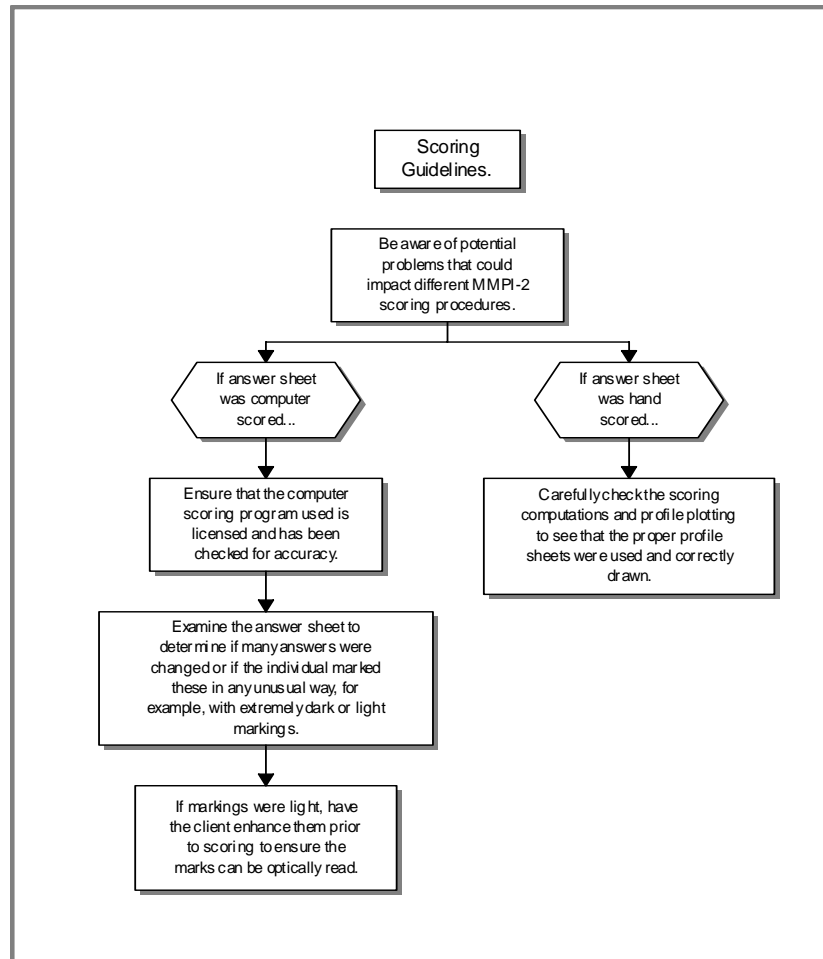
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Modified from a diagram appearing in “Strategies for Private Practitioners Coping with Subpoenas or Compelled Testimony for Client Records and/or Test Data” (APA, 1996). Used with permission.

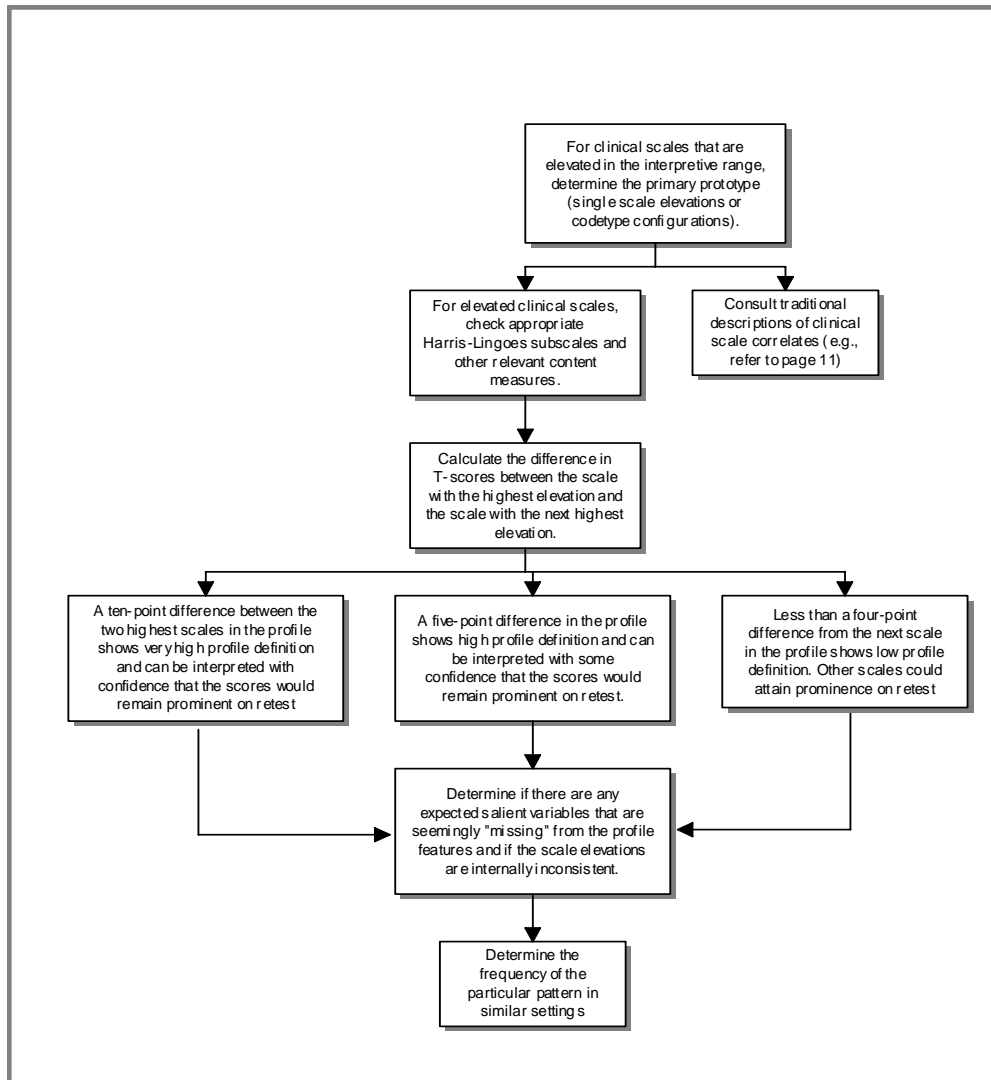
## Scoring Guidelines

When using the MMPI-2 in court, it is extremely important that mistakes that could render the test inaccurate are not made in the scoring. To maximize accuracy in scoring the MMPI-2, follow the instructions in the flowchart below.



## Clinical Scale Interpretation Guidelines

Follow the steps in the flowchart below to help you interpret the clinical scale. A full description of each of the clinical scales begins on the next page.



## **MMPI/MMPI-2 Translations**

The following is a list of MMPI/MMPI-2 translations. Note that only the Hmong and Hispanic translation of the MMPI/MMPI-2 is published and available for sale. Requests for all other translations should be directed to the University of Minnesota Press at 1-800-388-3863.

Arabic  
Castilian  
Chilean  
Chinese  
Croatian  
Czech  
Dutch  
Ethiopian  
Flemish  
French  
German  
Greek  
Hebrew  
Hispanic  
Hmong  
Icelandic  
Indonesian  
Japanese  
Korean  
Latvian  
Mexican/Nicaraguan  
Norwegian  
Persian (Farsi)  
Rumanian  
Russian  
Thai  
Turkish  
Vietnamese

## **Description of Clinical Scale Correlates**

The following is a brief description of the clinical scale correlates for Hypochondriasis (Scale 1), Depression (Scale 2), Hysteria (Scale 3), Psychopathic Deviate (Scale 4), Masculinity-Femininity (Scale 5), Paranoia (Scale 6), Psychasthenia (Scale 7), Schizophrenia (Scale 8), Hypomania (Scale 9), and Social Introversion (Scale 0). The descriptions for each scale include the characteristics typical of high scorers (and in some cases those of moderate, or low scorers). Not all correlates/descriptors will be applicable, but all should be considered when interpreting scale scores.

#### Scale 1 — Hypochondriasis

**High Scorers:** High scorers present excessive somatic symptoms that tend to be vague and undefined; for example, they may present epigastric complaints; fatigue, pain, weakness, and a lack of manifest anxiety. In addition, high scorers also show chronic personality features such as selfishness; self-centered and narcissistic behavior; and a pessimistic, defeatist, cynical outlook on life. They tend to be dissatisfied and unhappy and may make others miserable through their whining and complaining. They are often demanding and critical of others and may express hostility indirectly. They rarely act out. They show longstanding health concerns and function at a reduced level of efficiency without major incapacity. They tend not to be open to therapy since they seek only medical solutions to problems.

#### Scale 2 — Depression

**High Scorers:** High scorers on Scale 2 are described as being depressed, unhappy, and dysphoric; being pessimistic and self-deprecating; feeling guilty; feeling sluggish; having somatic complaints; feeling weak, fatigued, and lacking energy; acting agitated, tense, high-strung, and irritable; being prone to worry; lacking self-confidence; feeling useless and unable to function; feeling like a failure at school or on the job; being introverted, shy, retiring, timid, and seclusive; acting aloof; being psychologically distant; avoiding interpersonal involvement; being cautious and conventional; having difficulty making decisions; being nonaggressive; acting over controlled, denying impulses; and making concessions to avoid conflict. They tend to be motivated to seek therapy because of their distress.

#### Scale 3 — Hysteria

**High Scorers:** High scorers tend to react to stress and avoid responsibility through development of physical symptoms such as having headaches, chest pains, weakness, and tachycardia. Their symptoms often appear and disappear suddenly. These individuals tend to lack insight about causes of symptoms and their own motives and feelings. They tend to lack anxiety, tension, and depression and rarely report delusions, hallucinations, or suspiciousness. They are viewed as psychologically immature, childish, and infantile; self-centered, narcissistic, and egocentric; attention-seeking and needing great affection from others. They tend to use indirect and devious means to get attention and affection. They are usually socially involved, friendly, talkative, and enthusiastic but superficial and immature in interpersonal relationships. They might be initially enthusiastic about treatment and may respond well to direct advice or suggestion, but show slow progress in gaining insight into the causes of their own behavior. They tend to be resistant to psychological interpretations. High Hy scores have been found to be associated with chronic pain and with compensation claims.

#### Scale 4 — Psychopathic Deviate

**High Scorers:** High scorers are found to engage in antisocial behavior and are rebellious toward authority figures. They show stormy family relationships and usually blame others for their problems. They show a history of underachievement in school and a poor work history and may have marital problems. They are considered to be impulsive, and they strive for immediate gratification of impulses. They do not plan well and act without

considering the consequences of their actions. They show impatience, limited frustration tolerance, poor judgment, and high risk-taking. They do not appear to profit from experience. They are immature, childish, narcissistic, self-centered, and selfish. Their behavior is often described as ostentatious, exhibitionistic, and insensitive. They tend to be interested in others in terms of *how* they can be used. They are often thought to be likeable and usually create a good first impression but are shallow and superficial in relationships and unable to form warm attachments. They are described as extroverted, outgoing, talkative, active, energetic, spontaneous, intelligent, self-confident, hostile, aggressive, sarcastic, cynical, resentful, and rebellious. They tend to act out and have antagonistic behavior and aggressive outbursts. Some are assaultive and may show little guilt over negative behavior.

#### Scale 5 — Masculinity–Femininity

##### **MALES**

**High (T-score > 80):** Men who attain high scores on this scale show conflict about sexual identity. They are insecure in their masculine role; are effeminate; have aesthetic and artistic interests; are intelligent and capable; value cognitive pursuits; are ambitious, competitive, and persevering; are clever, clear-thinking, organized, and logical; and show good judgment and common sense. They are curious; creative, imaginative, and individualistic in their approach to problems; sociable; sensitive to others; tolerant; capable of expressing warm feelings toward others; and passive, dependent, submissive, and peace-loving. They make concessions to avoid confrontations. They have good self-control and they rarely act out.

**High Scorers (T-score 70–79):** Males in this range on the Masculinity-Femininity scale may be viewed as sensitive, insightful, tolerant, effeminate, broad in cultural interests, submissive, and passive. (In clinical settings, the patient might show sex role confusion or heterosexual adjustment problems.)

**Low Scorers (T-score < 35):** Men who score low on this scale are often viewed as having a “macho” self-image. They present themselves as extremely masculine; strong and physically adept, aggressive, thrill-seeking, adventurous, and reckless; coarse, crude, and vulgar; and doubtful about their own masculinity. They have a narrow range of interests, an inflexible and unoriginal approach to problems, and seem to prefer action to thought.

##### **FEMALES**

**High Scorers (T-score > 70):** Females who score high on this scale tend to reject traditional female roles and activities. They show masculine interests in work, sports, and hobbies. They are described as active, vigorous, and assertive; competitive, aggressive, and dominating; coarse, rough, and tough; outgoing, uninhibited, and self-confident; easy-going, relaxed, and balanced; logical and calculated; and unemotional and unfriendly.

**Low Scorers (*T*-score < 35):** These women describe themselves in terms of the stereotyped female role and show doubts about their own femininity. They tend to be passive, submissive, and yielding in relationships. They defer to males in decision-making. They may show self-pity through complaining and/or fault-finding. They are seen as constricted, sensitive, modest, and idealistic.

#### Scale 6 — Paranoia

**Extremely High Elevations (*T*-score > 80):** High scorers may show frankly psychotic behavior, disturbed thinking, delusions of persecution and/or grandeur, and ideas of reference. They feel mistreated and picked on and angry and resentful. They harbor grudges, use projection as a defense, and are most frequently diagnosed as schizophrenic or paranoid.

**Moderate Elevations (*T*-score = 65–79 for males; *T*-score = 71–79 for females):** In this range, individuals show a paranoid predisposition. They are sensitive and overly responsive to reactions of others, they feel they are getting a raw deal from life, and they rationalize and blame others. These individuals are likely to be suspicious and guarded, hostile, resentful, and argumentative. They tend to be moralistic and rigid, and they overemphasize rationality. They are poor therapy risks because they do not like to talk about emotional problems and have difficulty in establishing rapport with therapists.

**Extremely Low Scorers (*T*-score < 35):** In some settings, low paranoia scores (in the context of a defensive response set) may suggest potentially psychotic disorders such as delusions, suspiciousness, ideas of reference, and symptoms less obvious than high scorers. They are evasive, defensive, guarded, shy, secretive, and withdrawn. This interpretation should be made only with great caution.

#### Scale 7 — Psychasthenia

**High Scorers:** High scores on this scale suggest anxious, tense, and agitated behavior. High scorers show high discomfort and are worried and apprehensive, high strung and jumpy, and have difficulties in concentrating. They are overly ruminative, obsessive, and compulsive. They feel insecure and inferior; lack self-confidence; and are self-doubting, self-critical, self-conscious, and self-derogatory. They are rigid and moralistic; maintain high standards for self and others; are overly perfectionistic and conscientious; and are guilty and depressed. They are neat, orderly, organized, meticulous, persistent, and reliable. They lack ingenuity and originality in problem-solving, are dull and formal, are vacillating and indecisive, distort importance of problems, overreact, are shy, do not interact well socially, are hard to get to know and worry about popularity and acceptance. They are sensitive and have physical complaints, show some insight into problems, intellectualize and rationalize, are resistant to interpretations in therapy, express hostility toward therapist, remain in therapy longer than most patients, and make slow but steady progress in therapy.

#### Scale 8 — Schizophrenia



**Very High Scorers (*T*-score > 79):** Very high scores suggest blatantly psychotic behavior including confusion, disorganization, and disoriented behavior. Unusual thoughts or attitudes, delusions, hallucinations, and poor judgment are likely to be present.

**High Scorers (*T*-score = 65–79):** High scores on this scale suggest a schizoid lifestyle. They do not feel a part of a social environment. They report feeling isolated, alienated, and misunderstood. They feel unaccepted by peers, withdrawn, seclusive, secretive, and inaccessible. They avoid dealing with people and new situations. They are shy, aloof, and uninvolved and experience generalized anxiety. They are often resentful, hostile, aggressive, and unable to express feelings. They tend to react to stress by withdrawing into fantasy and daydreams. They have difficulty separating reality and fantasy. They show great self-doubts and feel inferior, incompetent, and dissatisfied. They may show marked sexual preoccupation and sex role confusion. They are often seen as nonconforming, unusual, unconventional, and eccentric. They may report vague, long-standing physical complaints. Others view them as stubborn, moody, opinionated, immature, and impulsive. They tend to lack information for problem-solving and show a poor prognosis for therapy.

#### Scale 9 — Hypomania

**High Scorers (*T*-score > 80):** Very high scorers on this scale show overactivity and accelerated speech. They may have hallucinations or delusions of grandeur. They tend to be very energetic and talkative, prefer action to thought, show a wide range of interest, and do not utilize energy wisely. They do not see projects through to completion. They show little interest in routine or detail and become easily bored and restless. They have a low frustration tolerance and difficulty in inhibiting expression of impulses. They have episodes of irritability, hostility, and aggressive outbursts and are often seen as possessing unrealistic, unqualified optimism and grandiose aspirations. They tend to exaggerate self-worth and self-importance and are unable to see their own limitations. They are viewed as outgoing, sociable, and gregarious. They like to be around other people; create good first impressions; and are friendly, pleasant, and enthusiastic; however, their relationships are likely to be superficial. They tend to be manipulative, deceptive and unreliable. They may be agitated and may have periodic episodes of depression.

**Moderately elevated scorers (*T* = 65 – 79):** Moderate scorers show overactivity and an exaggerated sense of self-worth. They are energetic and talkative, prefer action to thought, and have a wide range of interests. They do not utilize energy wisely and do not see projects through to completion. They are enterprising and ingenious and lack interest in routine matters. They easily become bored and restless and have a low frustration tolerance. They are impulsive and have episodes of irritability, hostility, and aggressive outbursts. They are unrealistic and overly optimistic at times. They show some grandiose aspirations and are unable to see their own limitations. They are outgoing, sociable, and gregarious. They like to be around other people. They create good first impressions and are friendly, pleasant, enthusiastic, poised, and self-confident. They have superficial relationships and are manipulative, deceptive, and unreliable. They have feelings of dissatisfaction and agitation, and they view therapy as unnecessary. They are resistant

to interpretations in therapy and attend therapy irregularly. They may terminate therapy prematurely and repeat problems in a stereotyped manner.

#### Scale 0 — Social Introversion

**High Scorers (*T-score* > 65):** High scorers on this scale are socially introverted people who are more comfortable alone or with a few close friends. They are reserved, shy, and retiring; serious; uncomfortable around members of the opposite sex; hard to get to know; sensitive to what others think; troubled by lack of involvement with other people; overcontrolled; not likely to display feelings openly; submissive and compliant; and overly accepting of authority. They have a slow personal tempo and they are reliable, dependable, cautious, and conventional and have unoriginal approaches to problems. They are rigid and inflexible in attitudes and opinions, and they have difficulty making even minor decisions.

**Low Scorers (*T-score* < 45):** Low scorers on this scale tend to be sociable and extroverted as well as outgoing, gregarious, friendly and talkative. These people have a strong need to be around other people; they mix well and are intelligent, expressive, verbally fluent, and active as well as energetic, vigorous, and interested in status, power and recognition. They seek out competitive situations, have problems with impulse control, and act without considering the consequences of actions. They are immature, self-indulgent and superficial, and have insincere relationships. They are manipulative and opportunistic and arouse resentment and hostility in others.

### Description of the MMPI-2 Content Scales

The following is a brief description of the characteristics typical of high scorers for each of the MMPI-2 Content Scales. Consider the applicability of the characteristics described when interpreting the content scales.

#### Anxiety (ANX):

High scoring individuals on this scale report general symptoms of anxiety including tension, somatic problems, sleep difficulties, worries, and poor concentration. They fear losing their minds, find life to be a strain, and have difficulty making decisions. They appear to be readily aware of these symptoms and problems and are willing to admit to them.

#### Fears (FRS):

A high score on FRS suggests an individual with many specific fears. These specific fears can include blood; high places; money; animals such as snakes, mice, or spiders; leaving home; fire; storms and natural disasters; water; the dark; being indoors; and dirt.

#### Obsessiveness (OBS):

High scorers on OBS have great difficulties making decisions. They are likely to ruminate excessively about issues and problems, causing others to become impatient. They do not like to make changes, and they may report some compulsive behaviors like

counting or saving unimportant things. They worry excessively and frequently become overwhelmed by their own thoughts.

**Depression (DEP):**

High scores on DEP indicate individuals with significant depressive thoughts. They report feeling blue, uncertain about their future, and uninterested in their lives. They are likely to brood, be unhappy, cry easily, and feel hopeless and empty. They may report thoughts of suicide or wishes that they were dead. They may believe that they are condemned or that they have committed unpardonable sins. Other people may not be viewed as a source of support.

**Health Concerns (HEA):**

Individuals with high scores on this scale show many physical symptoms across several body systems. Included are gastro-intestinal symptoms (e.g., constipation, nausea and vomiting, and stomach trouble), neurological problems (e.g., convulsions, dizziness and fainting spells, and paralysis), sensory problems, cardiovascular symptoms (e.g., heart or chest pains), skin problems, pain, and respiratory troubles. They worry about their health and feel sicker than most people.

**Bizarre Mentation (BIZ):**

Psychotic thought processes characterize people who score high on the BIZ scale. They may report auditory, visual, or olfactory hallucinations and may recognize that their thoughts are strange and peculiar. Paranoid ideation (e.g., the belief that they are being plotted against or that someone is trying to poison them) may be reported as well. These individuals may feel that they have a special mission or powers.

**Anger (ANG):**

Individuals who score high on the ANG scale report problems in anger control. These individuals report being irritable, grouchy, impatient, hotheaded, annoyed, and stubborn. They sometimes feel like swearing or smashing things. They may lose control and report having been physically abusive towards people and objects.

**Cynicism (CYN):**

High scores on CYN are associated with misanthropic beliefs. These individuals expect hidden, negative motives behind the acts of others (e.g., believing that most people are honest simply for fear of being caught). They believe other people are to be distrusted, for people use each other and are only friendly for selfish reasons. They likely hold negative attitudes about those close to them, including fellow workers, family, and friends.

**Antisocial Practices (ASP):**

In addition to holding misanthropic attitudes like the high scorers on the CYN scale, individuals who score high on the ASP scale report problem behaviors during their school years and other antisocial practices such as being in trouble with the law, stealing, or shoplifting. They acknowledge sometimes enjoying the antics of criminals and believe that it is acceptable to get around the law, as long as it is not broken.

Type A (TPA):

People who score high on TPA report being hard-driving, fast-moving, and work-oriented individuals who frequently become impatient, irritable, and annoyed. They do not like to wait or to be interrupted. There is never enough time for them to complete their tasks. They are direct and may be overbearing in their relationships with others.

Low Self-Esteem (LSE):

High scores on LSE suggest that these individuals have low opinions of themselves. They do not feel important or liked by others. They hold many negative attitudes about themselves, including beliefs that they are unattractive, awkward and clumsy, useless, and a burden to others. They lack self-confidence and find it hard to accept compliments from others. They may be overwhelmed by all the faults they see in themselves.

Social Discomfort (SOD):

People who score high on SOD are very uneasy around others, preferring to be by themselves. In social situations, they are likely to sit alone rather than joining the group. They see themselves as shy and they dislike parties and other group events.

Family Problems (FAM):

Family discord is reflected in high scores on FAM. High scorers describe their families as loveless, quarrelsome, and unpleasant. They even may report hating family members. They portray their childhood as abusive, and marriages are seen as unhappy and lacking in affection.

Work Interference (WRK):

Those who score high on WRK report behaviors or attitudes likely to contribute to poor work performance. Some of the problems relate to low self-confidence, concentration difficulties, obsessiveness, tension and pressure, and decision-making problems. Others suggest lack of family support for their career choice, personal questioning of career choice, and negative attitudes towards co-workers.

Negative Treatment Indicators (TRT):

High scores on TRT indicate individuals who have negative attitudes toward doctors and mental health treatment. High scorers do not believe that anyone can understand or help them. They have issues or problems that they are not comfortable discussing with anyone. They may not want to change anything in their lives, nor do they feel that change is possible. They prefer giving up rather than facing a crisis or difficulty.

## **Description of the PSY-5 Scales**

### **The Personality Psychopathology Five (PSY-5) Scales**

Harkness, McNulty, Ben-Porath, and Graham (2002) described the Psychopathology Five (PSY-5) scales for the MMPI-2. The selection of the PSY-5 constructs was based on research to determine how lay people classified or discriminated personality

characteristics or personality problems (Harkness, 1992). The items used in the initial analyses were derived from the selective diagnostic criteria from the DSM-III-R, from personality disorders as described by Cleckley (1982) as a means of describing severe personality disorders, psychopaths, and 26 clusters were developed from the primary factors of Tellegen's MPQ. These initial clusters contained items that were found to measure five distinct personality dimensions. These measures were then refined to be assessed by items on the MMPI-2 in order to address the following characteristics as noted by Harkness et al.:

**Aggressiveness (AGGR):** This scale measures offensive and instrumental aggression and not reactive aggression. Individuals high on this scale tend to intimidate others and use aggression as a means of accomplishing their goals. PSY-5 high AGGR scorers show characteristics of dominance and hate.

**Psychoticism (PSYC):** This scale assesses mental disconnection from reality and focuses upon unusual sensory and perceptual experiences, delusional beliefs, and other odd behaviors. Alienation and unrealistic expectation of harm is also characteristic of persons high on this scale. People with high PSYC scores tend to have a higher probability of experiencing delusions of reference, disorganized thinking, bizarre behavior, and disoriented, circumstantial, or tangential thought processes. Inpatients with high scores on PSYC have been found to be more likely to be diagnosed as being psychotic for example showing paranoid suspiciousness, ideas of reference, loosening of associations, hallucination, or flight of ideas.

**Disconstraint (DISC):** Persons high on this scale show (a) higher levels of physical risk-taking, (b) have a style characterized more by impulsivity than control, and (c) are less bound by traditional moral constraints. High scorers tend to have difficulty "creating mental models of the future that contain negative emotional cues, that is, do not seem to learn from punishing experiences."

They tend to be high risk-takers and show an impulsive and less traditional life style.

They tend to be easily bored with routine.

**Negative Emotionality/Neuroticism (NEGE):** This scale focuses on problematic features of processing incoming information, for example, to worry, to be self-critical, to feel guilty, and to develop worst-case scenarios are common features.

**Introversion/Low Positive Emotionality (INTR):** High scorers show little capacity to experience joy and positive engagement. They have low "hedonic capacity." They tend to be introverted and depressed.

### **Guidelines for Interpreting Addiction Potential Indicators**

The MAC-R, APS, and AAS addiction scales can be used together to more effectively identify substance abusers from normal individuals than any of the scales alone. The APS operates in a manner similar to the MAC-R Scale in that it assesses lifestyle problems and characteristics associated with the development of habit disorders such as alcohol and drug use or abuse. Individuals endorsing the behaviors assessed by these scales show a strong tendency to develop negative habits even though they may not, at present, be alcoholics or drug abusers. A low score on the AAS takes on special meaning in the context of known alcohol or drug problems or when the individual has a very high score

on the APS or the MAC-R. If substance abuse problems are likely and awareness or acknowledgment of the problems is low, the individual's motive in the assessment is questioned.

The following is a brief description of the interpretive potential for each of the three addiction scales.

**MAC-R (MacAndrew Alcoholism-Revised) Scale:**

This measure is a 49-item scale developed with the original MMPI to distinguish alcoholic psychiatric patients from nonalcoholic psychiatric patients. A high MAC-R Scale score is associated with substance abuse potential and other addictive problems such as pathological gambling. A T score cutoff of 60 on the MAC-R Scale is suggestive of high addiction potential. The scale was constructed empirically, using methods similar to those employed in the construction of the APS discussed below.

**APS (Addiction Potential Scale):**

The Addiction Potential Scale was developed as a measure of the personality characteristics and life situations associated with substance abuse. Research data for this purpose were obtained from three large samples collected as part of the MMPI Restandardization Project: the MMPI-2 normative sample, a sample of psychiatric inpatients, and a sample of inpatient residents of a substance-abuse treatment program. Every MMPI-2 item was examined for its potential to improve discrimination over the original MMPI items. A total of 39 items comprise the Addiction Potential Scale.

**AAS (Addiction Acknowledgment Scale):**

The development of the AAS began with a rational search through the MMPI-2 item pool for items with content indicating substance-abuse problems. Fourteen such items were found. Items not contributing to internal consistency were dropped and replaced by two items that improved scale internal consistency. The Addiction Acknowledgment Scale is made up of 13 items. Research has shown that both the APS and the AAS discriminate well between substance abuse samples and samples of either psychiatric patients or normals. In addition they discriminate between samples considerably more effectively than MAC-R.

The AAS assesses the frank acknowledgment of alcohol or drug abuse problems. Individuals who obtain elevations on this scale are acknowledging problems with alcohol or drug use. A T-score of 60 or higher reflects an awareness of their substance use or abuse problems and their openness to discussing their problems. Low scores on the AAS can mean one of two things: either there is no substance abuse problem or the individual is denying such problems.

## **Cautions Regarding Use of Newer or Altered MMPI-2 Measures in Forensic Evaluations**

The fact that a scale has been derived on MMPI items does not mean that it predicts what is claimed or that it can be used in forensic evaluations. Forensic practitioners are cautioned about including measures in their evaluations that have not been sufficiently validated for the application involved.

## **Shortened Versions of the MMPI-2**

Having a shortened version of the test is not a desired goal in forensic assessment. The main reason for using a personality measure in a forensic assessment is that it can provide objective well researched information on a client's life functioning not that it can be quickly administered. The MMPI-2 (567) items usually takes 1 ½ hours to administer in full; this is not an unreasonable or burdensome amount of time to devote to gain extensive personality information about a client. Shortened versions or short forms of the MMPI/MMPI-2 have not fared well in empirical validation research and likely fail to meet standards of an acceptable research based measure. For further information about the failures of MMPI-based short forms see:

Butcher, J. N. & Hostetler (1990). Abbreviating MMPI Item Administration: Past Problems and Prospects for the MMPI-2. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 2, 12-22.

Dahlstrom, W. G. (1980). Altered versions of the MMPI. In W. G. Dahlstrom & L. E. Dahlstrom (Eds.), *Basic readings on the MMPI* (pp. 386-393). Minneapolis, MN: University of Minnesota Press.

## **Lees-Haley Fake Bad Scale (FBS)**

The FBS scale, (Lees-Haley, P. R., English, L. T., & Glenn, W. J. (1991). A Fake Bad Scale on the MMPI-2 for personal injury claimants. *Psychological Reports*, 68, 203-210.), was developed using MMPI items. The scale was constructed by the authors to assess malingering in neurological assessment as defined in their clinical practice. The scale was developed by rational procedures and was not sufficiently validated in empirical assessment to support its use. Mixed research results have been reported in the literature. A number of recent studies have shown that the FBS performs poorly in some settings (Burandt, 2006; Gervais, Ben-Porath, et al., in press).

Moreover, the scale has been shown to overpredict malingering in general samples (Butcher, J. N., Arbisi, P. A., Atlis, M., & McNulty, J. (2003). The construct validity of the Lees-Haley Fake Bad Scale (FBS): Does this scale measure malingering and feigned emotional distress? *Archives of Clinical Neuropsychiatry*.18, 473-485.) This measure has been shown to differentially predict malingering among female samples. Therefore, the

FBS is not recommended for use in forensic assessments because it likely predicts malingering when a client is presenting genuine health problems.

A 2005 court ruling in the Circuit Court of the Thirteenth Judicial Circuit, in Hillsborough County, Florida (Patricia Vandergracht and David Vandergracht, vs. Progressive Express, USAA Insurance company) did not allow the FBS to be used because it was considered “unreliable and unscientific.”

### **The Restructured Clinical Scales (the RC Scales)**

The RC scales were developed by Tellegen, et al. (2003) in an effort to improve the discriminant validity of the clinical scales by eliminating item overlap and removing a general factor referred to as “demoralization” from the scales. Although these measures are made available through some MMPI-2 scoring systems they have not been sufficiently researched in medical, personnel, and forensic (family custody and personal injury) settings. Moreover, some of the clinical scales, for example, the Hy scale that are important to forensic assessment, have been extremely altered from the original scale and bear no relationship to the underlying test constructs. Nichols (2006) has referred to this problem as “construct drift.” The restructured RC3 scale appears to measure cynicism rather than the original somatization and problem denial dimensions originally considered important by McKinley and Hathaway (1944). (See discussion of the RC scales in forensic assessment by Pope, Butcher, & Seelen, 2006.)

Several studies have reported that the RC scales show a stronger relationship to existing MMPI-2 content and PSY-5 scales than they do to the clinical scales they were designed to clarify thus are likely to be considered as redundant measures of existing scales (see studies by Butcher, Hamilton, Rouse and Cumella, 2006; Caldwell, 2006; Megargee, 2006; Nichols, 2006).

Other problems have been noted, for example, a lack of sensitivity to clinical problems (see discussions by; Caldwell, 2006; Nichols, 2006; Rogers & Sewell, 2006; Wallace & Liljequist, 2005).

Given the lack of substantiating research in forensic and medical applications and questions about what the RC scales actually measure, forensic psychologists need to proceed with caution in considering the RC scales for forensic evaluations at this time.

### **Non-K Corrected Profiles**



Meehl and Hathaway (1946 ) developed the K scale as a means of assessing test defensiveness that was not detected by other scales such as the L scale. In addition, the authors developed a procedure by which defensive clients might be more adequately assessed by “correcting” for their defensiveness. That is, a percentage of the K score was added to several MMPI scales (Hs, Pd, Pa, Pt, and Sc) in order to correct for this tendency to underreport symptoms. Research has shown that while K operates well as a measure of test defensiveness it does not work well as a correction factor to improve discrimination (Weed, 1993). Thus, K corrected scores do not significantly improve interpretations, however, they do not appear to make decisions worse.

Why then do we not simply eliminate the K correction and interpret non-K profiles that are available? The main problem with interpreting non-K corrected scores in forensic settings is that virtually all of the empirical research supporting the clinical scales were K corrected. Butcher and Tellegen (1978) and Butcher, Graham, & Ben-Porath (1995) pointed out the problems with K and non-K scores and recommended that researchers include non-K scores in their empirical research in order to develop a research basis for these variables. Research, to date, has not been forthcoming to the point to support forensic evaluations. Thus, even though they do not substantially improved clinical discriminations the K scores are still the strongest measures to use in court cases because the empirical research supports them.

## **Appendix A**

### **Sample Letter to Attorney**

[Date]

re: Subpoena to [Psychologist] in  
Case #: 94-XXXX  
State v. John Doe

Dear [Attorney]:

This letter will acknowledge receipt by [psychologist] of the subpoena of records pertaining specifically to “Copies of the raw psychological test data for each of the tests administered to Mr. Doe.” I assume that you already have in your possession my report of Mr. Doe.

If you will appoint a qualified licensed psychologist to receive this data, I shall be glad to forward the requested material at the earliest possible time to the designated psychologist.

It is a violation of the “Ethical Principles of Psychologists” of the American Psychological Association to provide raw data to a person other than a licensed psychologist. This does not have to do with confidentiality or patient privilege. Rather it is psychology’s responsibility to ensure that test results are not misused by those not trained to interpret them. In addition, providing test materials to nonpsychologists is in violation of the security of tests and copyright laws. Test publishers prohibit the release of test materials to nonpsychologists.

We hope you can appreciate psychology’s position. I look forward to a withdrawal of the subpoena or an indication that a licensed psychologist has been retained to whom I may forward the material requested. If you have any questions, please do not hesitate to call.

Sincerely,

[Licensed Psychologist]

From “How to Handle Attorney Requests for Psychological Test Data,” by I. Bruce Frumkin in *Innovations in Clinical Practice: A Sourcebook* (p. 283) by L. VandeCreek, S. Knapp, and T.L. Jackson (Eds.), 1995, Sarasota, FL: Professional Resource Exchange, Inc. Reprinted by permission.

## MMPI/MMPI-2 References

### General References

- Archer, R. P., Griffin, R. & Aiduk, R. (1995). Clinical correlates for ten common code types. *Journal of Personality Assessment*, 65, 391-408.
- Archer, R. P., & Krishnamurthy, R. (2002). *Essentials of MMPI-A assessment*. New York, US: John Wiley & Sons.
- Ben-Porath, Y. S., Graham, J. R., Hall, G. C. Hirschman, R. D., & Zaragoza, M. S. (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage.
- Butcher, J. N. (Ed.).(2005). *MMPI-2: A practitioner's guide*. Washington, D. C.: American Psychological Association.
- Butcher, J. N. (2005). *MMPI-2: A beginner's guide* (Second Edition). Washington DC: The American Psychological Association.
- Butcher, J. N. (Ed). (2000). *Basic sources for the MMPI-2*. Minneapolis: University of Minnesota Press.
- Butcher, J. N. (Ed.) (1997). *Personality assessment in managed care: Using the MMPI-2 in treatment planning*. New York: Oxford University Press.
- Butcher, J. N. (1996). *International adaptations of the MMPI-2: Research and clinical applications*. Minneapolis, MN: University of Minnesota Press.
- Butcher, J. N. (1990). *Use of the MMPI-2 in psychological treatment*. New York, NY: Oxford University Press.
- Butcher, J. N. (2002). Assessment in forensic practice: An objective approach. Chapter in B. Van Dorsten (Ed). *Forensic psychology: From classroom to courtroom*. (pp. 65-82). New York: Kluwer Academic /Plenum Publishers.
- Butcher, J. N. (2000). Revising psychological tests: Lessons learned from the revision of the MMPI. *Psychological Assessment*, 12(3), 263-271.
- Butcher, J. N. (2000). Dynamics of personality test responses: The empiricist's manifesto revisited. *Journal of Clinical Psychology*, 56(3), 375-386.
- Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A. M., & Kaemmer, B. (1989). *Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Manual for administration and scoring*. Minneapolis, MN: University of Minnesota Press.

- Butcher, J. N., Hamilton, C. K., Rouse, S. V. & Cumella, E. J. (2006). The Deconstruction of the Hy scale of MMPI-2: Failure of RC3 in measuring somatic symptom expression. *Journal of Personality Assessment*, 87(1), 199-205.
- Butcher, J. N., & Williams, C. L. (2000) (2<sup>nd</sup> Edition). *Essentials of MMPI-2 and MMPI-A interpretation*. Minneapolis, MN: University of Minnesota Press.
- Butcher, J. N., Graham, J. R., Williams, C. L., & Ben-Porath, Y. S. (1990). *Development and use of the MMPI-2 Content Scales*. Minneapolis, MN: University of Minnesota Press.
- Butcher, J. N., Graham, J. R., Ben-Porath, Y. S., Tellegen, Y. S., Dahlstrom, W. G., & Kaemmer, B. (2001). *Minnesota Multiphasic Personality Inventory-2: Manual for administration and scoring*. (Revised edition). Minneapolis, MN: University of Minnesota Press.
- Butcher, J. N. & Miller, K. (1999). Personality Assessment in Personal Injury Litigation. Chapter in A. Hess & I. B. Weiner (Eds.) *Handbook of forensic psychology* (Second Edition). (pp. 104-126). New York: Wiley.
- Butcher, J. N. & Pope, K. S. (2006). The MMPI-A in Forensic Assessment. In Sparta, S. & Koocher, G. (2006). *Forensic Assessment of Children and Adolescents: Issues and Applications*. (Pp 401-411). New York: Oxford University Press.
- Quevedo, K.M. & Butcher, J.N. (2005). The use of MMPI and MMPI-2 in Cuba: A historical overview from 1950 to the Present. *International Journal of Clinical and Health Psychology*, 5 (2), 335-347.
- Butcher, J. N., Atlis, M., & Hahn, J. (2003). Assessment with the MMPI-2: Research base and future developments. In D. Segal (Ed.), *Comprehensive handbook of psychological assessment*. (Pp. 30-38). New York: John Wiley.
- Caldwell, A. B. (2006). Maximal measurement or meaningful measurement: The interpretive challenges of the MMPI-2 Restructured Clinical (RC) Scales. *Journal of Personality Assessment*, 87 (2), 193-201.
- Dahlstrom, W. G. (1993). *MMPI-2: Manual Supplement*. Minneapolis, MN: University of Minnesota Press.
- Graham, J. R. (2000). *The MMPI: A practical guide* (3rd ed.). New York, NY: Oxford University Press.

- Greene, R. L. (2000). *The MMPI-2: An interpretive manual* (2nd ed.). Needham Heights, MA, US: Allyn & Bacon.
- Harkness, A., McNulty, J., Ben-Porath, Y., & Graham, J. R. (1999). MMPI-2 Personality Psychopathology 5 (PSY-5) Scales. *MMPI-2 Test Reports*. Minneapolis, MN.: University of Minnesota Press.
- Hathaway, S. R., & McKinley, J. C. (1940). A multiphasic personality schedule (Minnesota): 1. Construction of the schedule. *Journal of Psychology*, 10, 249-254.
- Kamphis, J. & Finn, S. (2002) Incorporating base rate information in daily clinical decision making. In J. N. Butcher (Ed). *Clinical personality assessment* (2<sup>nd</sup> Edition). (pp. 257-269). New York: Oxford University Press.
- Lees-Haley, P. R., Smith, H.H., Williams, C.W., & Dunn, J.T. (1996). Forensic neuropsychological test usage: An empirical survey. *Archives of Clinical Neuropsychology*, 11, 45-51.
- Nichols, D. S. (2006). The trials of separating bath water from baby: A review and critique of the MMPI-2 Restructured Clinical Scales. *Journal of Personality Assessment*, 87, 121-138.
- Pope, K. S., Butcher, J. N., & Seelen, J. (2005) (3<sup>rd</sup> Ed). *The MMPI/MMPI-2/MMPI-A in court: Assessment, testimony, and cross-examination*. Washington, DC: American Psychological Association.
- Rogers, R., Sewell, K. W., Harrison, K. W. & Jordan, M. J. (2006). The MMPI-2 Restructured Clinical Scales: A paradigmatic shift to scale development. *Journal of Personality Assessment*, 87, 139-147.
- Wallace, A., & Liljequist, L. (2005). A comparison of the correlational structures and elevation patterns of the MMPI-2 Restructured Clinical (RC) and clinical scales. *Assessment*, 12, 290-294.
- Williams, C. L., Butcher, J. N., Graham, J. R., & Ben-Porath, Y. S. (1992). *Assessing adolescent personality: Development and use of the MMPI-A Content Scales*. Minneapolis, MN: University of Minnesota Press.

## **Normative Issues**

- Ben-Porath, Y. S. and Forbey, J. D. (2003). *Non-gendered Norms for the MMPI-2*. Minneapolis, MN.: University of Minnesota Press.

- Butcher, J. N. (Ed.). (1972). *Objective personality assessment: Changing perspectives*. New York, NY: Academic Press.
- Butcher, J. N. (1994). Psychological assessment of airline pilot applicants with the MMPI-2. *Journal of Personality Assessment*, 62, 31-44.
- Butcher, J. N., Graham, J. R., Dahlstrom, W. G., & Bowman, E. (1990). The MMPI-2 with college students. *Journal of Personality Assessment*, 54, 1-15.
- Butcher, J. N., Jeffrey, T., Cayton, T. G., Colligan, S., DeVore, J., & Minnegawa, R. (1990). A study of active duty military personnel with the MMPI-2. *Military Psychology*, 2, 47-61.
- Butcher, J. N., Aldwin, C., Levenson, M., Ben-Porath, Y. S., Spiro, A., & Bosse, R. (1991). Personality and aging: A study of the MMPI-2 among elderly men. *Psychology of Aging*, 6, 361-370.
- Colligan, R. C., Osborne, D., Swenson, W. M., & Offord, K. P. (1983). *The MMPI: A contemporary normative study*. New York, NY: Praeger.
- Meehl, P. E. Hathaway, S. R. (1946). The K factor as a suppressor variable in the Minnesota Multiphasic Personality Inventory. *Journal of Applied Psychology*, 30, 525-564.
- Megargee, E. I. (2006). *Using the MMPI-2 in criminal justice and correctional settings*. Minneapolis, MN.: University of Minnesota Press.
- Nichols, D. S. (2005, March). The MMPI-2: Contemporary and Perennial Issues. Workshop given at the Midwinter Meeting of the Society for Personality Assessment. Chicago, Ill.
- Pancoast, D. L., & Archer, R. P. (1989). Original adult MMPI norms in adult samples: A review with implications for future developments. *Journal of Personality Assessment*, 53, 376-395.
- Parkison, S., & Fishburne, F. (1984). MMPI normative data for a male active duty army population. In *Proceedings of the Psychology in the Department of Defense. Ninth Symposium* (USAFA-TR-84-2, pp. 570-574). Colorado Springs, CO: USAF Academy Department of Behavioral Sciences and Leadership.
- Spiro III, A., Butcher, J. N., Levenson, M. R., Aldwin, C. M., & Bosse, R. (2000). Change and stability in personality: A 5-year study of the MMPI-2 in older men. Chapter in J. N. Butcher (Ed). *Basic sources for the MMPI-2*. (pp 443-463). Minneapolis: University of Minnesota Press.

*Standards for educational and psychological testing.* (1985). Washington, DC: American Psychological Association.

Tellegen, A., & Ben-Porath, Y. S. (1992). The new uniform T-scores for the MMPI-2: Rationale, derivation, and appraisal. *Psychological Assessment*, 4, 145-155.

Tellegen, A., & Ben-Porath, Y. S. (1993). Code-type comparability across MMPI and MMPI-2 norms: Some necessary clarifications. *Journal of Personality Assessment*, 61, 489-500.

Tellegen, A., Ben-Porath, Y. S., McNulty, J., Arbisi, P., Graham, J. R., & Kaemmer, B. (2003). *MMPI-2: Restructured clinical (RC) scales*. Minneapolis, MN.: University of Minnesota Press.

Weed, N. C. (1993). An evaluation of the efficacy of MMPI-2 indicators of validity. *Dissertation Abstracts International*, 53, 3800.

## **Psychometric References**

### ***Equivalence of MMPI-2 with Original MMPI:***

Ben-Porath, Y. S., & Tellegen, A. (1995). How (not) to evaluate the comparability of MMPI and MMPI-2 profile configurations: A reply to Humphrey and Dahlstrom. *Journal of Personality Assessment*, 65, 52-58.

Graham, J. R., Timbrook, R., Ben-Porath, Y. S., & Butcher, J. N. (1991). Code-type congruence between MMPI and MMPI-2: Separating fact from artifact. *Journal of Personality Assessment*, 57, 205-215.

Ben-Porath, Y. S., & Butcher, J. N. (1993). The comparison of MMPI and MMPI-2 scales and profiles. *Psychological Assessment*, 1, 345-347.

Harrell, T. H., Honaker, L. M., & Parnell, T. (1992). Equivalence of the MMPI-2 with the MMPI in psychiatric patients. *Psychological Assessment*, 4, 460-465.

Tellegen, A., & Ben-Porath, Y. S. (1993). Code type comparability of the MMPI and MMPI-2: Analysis of recent findings and criticisms. *Journal of Personality Assessment*, 61, 489-500.

Vincent, K. R. (1990). The fragile nature of MMPI codetypes. *Journal of Clinical Psychology*, 46, 800-802.

Ward, L. C. (1991). A comparison of T-scores from MMPI and MMPI-2. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3, 688-690.

### ***Reliability:***

- Ben-Porath, Y. S., & Butcher, J. N. (1989). Psychometric stability of rewritten MMPI items. *Journal of Personality Assessment*, 53, 645-653.
- Leon, G., Gillum, B., Gillum, R., & Gouze, M. (1979). Personality stability and change over a thirty-year-period — middle age to old age. *Journal of Consulting and Clinical Psychology*, 47, 517-524.
- Spiro, R., Butcher, J. N., Levenson, M., Aldwin, C., & Bosse, R. (1993, August). *Personality change over five years: The MMPI-2 in older men*. Paper given at the Annual Meeting of the American Psychological Association. Toronto, Canada.
- Van Cleve, E., Jemelka, R., & Trupin, E. (1991). Reliability of psychological test scores for offenders entering a state prison system. *Criminal Justice and Behavior*, 18, 159-165.

### ***Validity Research:***

- Arbisi, P. A., Ben-Porath, Y. S., & McNulty, J. L. (2003). Empirical correlates of common MMPI-2 two-point codes in male psychiatric inpatients. *Assessment*, 10(3), 237-247.
- Arbisi, P. & Butcher, J. N. (2004). Relationship Between Personality and Health Symptoms: Use of the MMPI-2 in Medical Assessments. *International Journal of Health and Clinical Psychology*, 4, 571-595.
- Archer, R.P., Griffin, R. & Alduk, R. (1995). Clinical correlates for ten common code types. *Journal of Personality Assessment*, 65, 391-408.
- Ben-Porath, Y. S., Butcher, J. N., & Graham, J. R. (1991). Contribution of the MMPI-2 Content Scales to the differential diagnosis of psychopathology. *Psychological Assessment*, 3, 634-640.
- Blake, D. D., Penk, W. E., Mori, D. L., & Kleespies, P. (1992). Validity and clinical scale comparisons between the MMPI and MMPI-2 with psychiatric patients. *Psychological Reports*, 70, 323-332.
- Butcher, J. N. & Ben-Porath, Y. S. (2004). Use of the MMPI-2 in medico legal evaluations: An alternative interpretation For the Senior & Douglas (2001) critique. *Australian Psychologist*, 39, 44-50.
- Butcher, J. N., Hamilton, C. K., Rouse, S. V. & Cumella, E. J. (2006). The Deconstruction of the Hy scale of MMPI-2: Failure of RC3 in measuring somatic symptom expression. *Journal of Personality Assessment*, 87(1), 199-205.



- Egeland, B., Erickson, M., Butcher, J. N., & Ben-Porath, Y. S. (1991). MMPI-2 profiles of women at risk for child abuse. *Journal of Personality Assessment*, 57, 254-263.
- Faull, R., & Meyer, G. J. (1993, March). *Assessment of depression with the MMPI-2: Distinctions between Scale 2 and the DEP*. Paper given at the Midwinter Meeting of the Society for Personality Assessment. San Francisco, CA.
- Flamer, S. (1992, May). *Differential diagnosis of post-traumatic stress disorder in injured workers: Evaluating the MMPI-2*. Paper given at the 27th Annual Symposium on Recent Developments in the Use of the MMPI (MMPI-2). Minneapolis, MN.
- Gass, C. S. (1992). MMPI-2 interpretation of patients with cerebrovascular disease: A correction factor. *Archives of Neuropsychology*, 7, 17-27.
- Gass, C. S. (1991). MMPI-2 interpretation and closed head injury: A correction factor. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3, 27-31.
- Graham, J. R. (1988, August). *Establishing validity of the revised form of the MMPI*. Symposium presentation at the 96th Annual Convention of the American Psychological Association. Atlanta, GA.
- Greene, R. L., Weed, N. C., Butcher, J. N., Arrendondo, R., & Davis, H. G. (1992). A cross-validation of MMPI-2 substance abuse scales. *Journal of Personality Assessment*, 58, 405-410.
- Hills, H. A. (1995). Diagnosing personality disorders: An examination of the MMPI-2 and MCMI-II. *Journal of Personality Assessment*, 65, 21-34.
- Hjemboe, S., & Butcher, J. N. (1991). Couples in marital distress: A study of demographic and personality factors as measured by the MMPI-2. *Journal of Personality Assessment*, 57, 216-237.
- Hjemboe, S., Almagor, M., & Butcher, J. N. (1992). Empirical assessment of marital distress: The Marital Distress Scale (MDS) for the MMPI-2. In C.D. Spielberger & J. N. Butcher, (Eds.), *Advances in personality assessment*, (Vol. 9, pp. 141-152). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Khan, F. I., Welch, T., & Zilmer, E. (1993). MMPI-2 profiles of battered women in transition. *Journal of Personality Assessment*, 60, 100-111.
- Keane, T. M., Weathers, F. W., & Kaloupek, D. G. (1992). Psychological assessment of post-traumatic stress disorder. *PTSD Research Quarterly*, 3, 1-3.

- Keller, L. S., & Butcher, J. N. (1991). *Use of the MMPI-2 with chronic pain patients*. Minneapolis, MN: University of Minnesota Press.
- Kurman, R. G., Hursey, K. G., & Mathew, N. T. (1992). Assessment of chronic refractory headache: The role of the MMPI-2. *Headache*, 32, 432-435.
- Lilienfeld, S. O. (1991). Assessment of psychopathy with the MMPI and MMPI-2. *MMPI-2 News and Profiles*, 2, 2.
- Litz, B. T., Penk, W., Walsh, S., Hyer, L., Blake, D. D., Marx, B., Keane, T. M., & Bitman, D. (1991). Similarities and differences between Minnesota Multiphasic Personality Inventory (MMPI) and MMPI-2 applications to the assessment of post-traumatic stress disorder. *Journal of Personality Assessment*, 57, 238-254.
- Long, B., Rouse, S. V., Nelson, R. O., & Butcher, J. N. (2004). The MMPI-2 in sexual harassment and discrimination cases. *Journal of Clinical Psychology*, 60, 643-658.
- Schill, T., & Wang, T. (1990). Correlates of the MMPI-2 Anger Content Scale. *Psychological Reports*, 67, 800-804.
- Sieber, K. O., & Meyers, L. (1992). Validation of the MMPI-2 Social Introversion Subscales. *Psychological Assessment*, 4, 185-189.
- Strassberg, D. S., Clutton, S., Korboot, P. (1991). A descriptive and validity study of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) in an elderly Australian sample. *Journal of Psychopathology and Behavioral Assessment*, 13.
- Weed, N. C., Butcher, J. N., Ben-Porath, Y. S., & McKenna, T. (1992). New measures for assessing alcohol and drug abuse with the MMPI-2: The APS and AAS. *Journal of Personality Assessment*, 58, 389-404.

## **Altered Versions**

- Butcher, J. N., & Hostetler, K. (1990). Abbreviating MMPI item administration: Past problems and prospects for MMPI-2. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 2, 12-21.
- Dahlstrom, W. G. (1980). Altered versions of the MMPI. In W. G. Dahlstrom & L. E. Dahlstrom (Eds.), *Basic readings on the MMPI* (pp. 386-393). Minneapolis, MN: University of Minnesota Press.
- Greene, R. L. (1982). Some reflections on MMPI short forms: A literature review. *Journal of Personality Assessment*, 46, 486-487.

## Determining Profile Validity

- Adelman, R. M., & Howard, A. (1984). Expert testimony on malingering: The admissibility of clinical procedures for the detection of deception. *Behavioral Sciences & the Law*, 2, 5-19.
- Arbisi, P. A. & Butcher, J. N. (2004). Psychometric perspectives on detection of malingering of pain: The use of the MMPI-2. *The Clinical Journal of Pain*, 20, 383-398.
- Arbisi, P. A. & Butcher, J. N. (2004). Failure of the FBS to predict malingering of somatic symptoms: Response to critiques by Greve and Bianchini and Lees Haley and Fox. *Archives of Clinical Neuropsychology*. Vol 19(3), 341-345.
- Arbisi, P. A., Murdoch, M., Fortier, L., & McNulty, J. (2004). MMPI-2 validity and award of service connection for PTSD during the VA compensation and pension evaluation. *Psychological Services*, 1(1), 56-67.
- Bagby, R. M., Nicholson, R. A., Buis, T., Radovanovic, H., Fidler, B. J. (1999). Defensive responding on the MMPI-2 in family custody and access evaluations. *Psychological Assessment*. Vol 11(1), 24-28.
- Bagby, R. M., Nicholson, R. A., Rogers, R., Buis, T., Seeman, M. V., & Rector, N. A. (1997). Effectiveness of the MMPI-2 validity indicators in the detection of defensive responding in clinical and nonclinical samples. *Psychological Assessment*, 9(4), 406-413.
- Ben-Porath, Y. S., & Tellegen, A. (1992). Continuity and changes in MMPI-2 validity indicators: Points of clarification. *MMPI-2 News & Profiles*, 3, 6-8.
- Baer, R. A., Wetter, M. W., & Berry, D. T. (1992). Detection of underreporting of psychopathology on the MMPI: A meta-analysis. *Clinical Psychology Review*, 12, 509-525.
- Baer, R. A., Kroll, L. S., Rinaldo, J., & Ballenger, J. (1999). Detecting and discriminating between random responding and overreporting on the MMPI-A. *Journal of Personality Assessment*. Vol 72(2), 308-320.
- Berry, D. T. (1995). Detecting distortion in forensic evaluations with the MMPI-2. In Y. S. Ben-Porath, J. R. Graham, G. C. N. Hall, R. D. Hirschman, & M.S. Zaragoza (Eds.). *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp. 82-103).
- Berry, D. T. R., Adams, J. J., Smith, G. T., Greene, R. L., Sekirnjak, G. C., Wieland, G., & Tharpe, B. (1997). MMPI-2 clinical scales and 2-point code types: Impact of

- varying levels of omitted items. *Psychological Assessment*, 9, 158-160.
- Berry, D. T., Baer, R. A., & Harris, M. J. (1991). Detection of malingering on the MMPI: A meta-analysis. *Clinical Psychology Review*, 11, 585-591.
- Berry, D. & Butcher, J. N. (1998). Detection of feigning of head injury symptoms on the MMPI-2. Chapter in C. Reynolds (Ed.) *Detection of malingering in head injury litigation*. (pp. 209-338). New York: Plenum.
- Berry, D. T., Wetter, M. W., Baer, R. A., Larsen, L., Clark, C., & Monroe, K. (1992). MMPI-2 random responding indices: Validation using a self-report methodology. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 4, 340-345.
- Berry, D. T., Wetter, M. W., Baer, R. A., Widiger, T. A., Sumpter, J. C., Reynolds, S. K., & Hallam, R. A. (1991). Detection of random responding on the MMPI-2: Utility of F, Back F, and VRIN scales. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3, 418-423.
- Berry, D. T. R., Wetter, M. W., Baer, R., Youngjohn, J. R., Gass, C., Lamb, D. G., Franzen, M., MacInnes, W. D., & Bucholz, D. (1995). Overreporting of closed-head injury symptoms on the MMPI-2. *Psychological Assessment*, 7, 517-523..
- Baer, R. A., & Miller, J. (2002). Underreporting of psychopathology on the MMPI-2: A meta-analytic review. *Psychological Assessment*. Vol 14(1), 16-26.
- Burandt, C. A. (2006). Institution Detecting incomplete effort on the MMPI-2: An examination of the Fake-Bad Scale in electrical injury. Dissertation Abstracts International: Section B: The Sciences and Engineering. Vol 67(4-B. pp. 2216.
- Butcher, J. N., Arbisi, P. A., Atlis, M., & McNulty, J. (2003). The construct validity of the Lees-Haley Fake Bad Scale (FBS): Does this scale measure malingering and feigned emotional distress? *Archives of Clinical Neuropsychiatry*. 18, 473-485.
- Butcher, J. N., & Han, K. (1995). Development of an MMPI-2 scale to assess the presentation of self in a superlative manner: The S Scale. In J. N. Butcher and C. D. Spielberger (Eds.) *Advances in Personality Assessment*, Volume 10. Hillsdale, NJ: Lawrence Erlbaum Associates. (pp. 25-50).
- Butcher, J. N., Morfitt, R., Rouse, S. V., & Holden, R. R. (1997). Reducing MMPI-2 defensiveness: The effect of specialized instructions on retest validity in a job applicant sample. *Journal of Personality Assessment*, 68(2), 385-401.

- Elhai, J. D., Gold, P. B., Frueh, B. C., & Gold, S. N. (2000). Cross-validation of the MMPI-2 in detecting malingered Posttraumatic Stress Disorder. *Journal of Personality Assessment*, 75(3), 449-463.
- Gervais, R. O, Ben-Porath, Y. S, Wygant, D. B., & green, P. (in press). Evelopment of a response bias scale (RBS) for the MMPI-2. *Assessment*,
- Graham, J. R., Watts, D., & Timbrook, R. (1991). Detecting fake-good and fake-bad MMPI-2 profiles. *Journal of Personality Assessment*, 57, 264-277.
- Lees-Haley, P. R., English, L. T., & Glenn, W. T. (1991). A fake-bad scale on the MMPI-2 for personal injury claimants. *Psychological Reports*, 68, 203-310.
- Lim, J. & Butcher, J. N. (1996). Detection of faking on the MMPI-2: Differentiation between faking-bad, denial, and claiming extreme virtue. *Journal of Personality Assessment*, 67(1), 1-25.
- Rogers, R. (1988). *Clinical assessment of malingering and deception*. New York, NY: The Guilford Press.
- Rogers, R., Bagby, R. M., & Chakraborty, D. (1993). Feigning schizophrenic disorders on the MMPI-2: Detection of coached simulators. *Journal of Personality Assessment*, 60, 215-226.
- Rogers, R. (1984). Towards an empirical model of malingering and deception. *Behavioral Sciences and the Law*, 2, 93-111.
- Rogers, R., Dolmetsch, R., & Cavanaugh, J. L. (1983). Identification of random responders on MMPI protocols. *Journal of Personality Assessment*, 47, 364-368.
- Rogers, R., Harris, M., & Thatcher, A. A. (1983). Identification of random responders on the MMPI: An actuarial approach. *Psychological Reports*, 53, 1171-1174.
- Rogers, R., Gillis, J. R., McMain, S., & Dickens, S. E. (1988). Fitness evaluations: A retrospective study of clinical, criminal, and sociodemographic characteristics. *Canadian Journal of Behavioral Science*, 20, 192-200.
- Rogers, R., Sewell, K. W., Martin, M. A., & Vitacco, M. J. (2003). Detection of feigned mental disorders: A meta-analysis of the MMPI-2 and malingering. *Assessment*, 10(2), 160-177.
- Roman, D. D., & Gerbing, D. W. (1989). The mentally disordered criminal offender: A description based on demographic, clinical, and MMPI data. *Journal of Clinical Psychology*, 45, 983-990.

- Roman, D. D., Tuley, M. R., Villanueva, M. R., & Mitchell, W. E. (1990). Evaluating MMPI validity in a forensic psychiatric population. *Criminal Justice and Behavior*, 17, 186-198.
- Schretlen, D. (1988). The use of psychological tests to identify malingered symptoms of mental disorder. *Clinical Psychology Review*, 8, 451-476.
- Timbrook, R. E., Graham, J. R., Keiller, S. W., & Watts, D. (1993). Comparison of the Wiener-Harmon subtle-obvious scales and the standard validity scales in detecting valid and invalid MMPI-2 profiles. *Psychological Assessment*, 5, 53-61.
- Wasyliw, O. E., Grossman, L. S., Haywood, T. W., & Cavanaugh, J. L. (1988). The detection of malingering in criminal forensic groups: MMPI validity scales. *Journal of Personality Assessment*, 52, 321-333.
- Weed, N., Ben-Porath, Y. S., & Butcher, J. N. (1990). Failure of the Weiner-Harmon MMPI subtle scales as predictors of psychopathology and as validity indicators. *Psychological Assessment*, 2, 281-283.
- Wetter, M. W. & Deitsch, S. E. (1996). Faking specific disorders and temporal response consistency on the MMPI-2. *Psychological Assessment*, 8(1), 39-47.
- Wetter, M. W., Baer, R. A., Berry, D. T., Robison, L. H., & Sumpter, J. (1993). MMPI-2 profiles of motivated fakers given specific symptom information. *Psychological Assessment*, 5, 317-323.
- Wetter, W., Baer, R. A., Berry, D. T., Smith, G. T., & Larsen, L. (1992). Sensitivity of MMPI-2 validity scales to random responding and malingering. *Psychological Assessment*, 4, 369-374.

## **Ethnic Cultural Considerations**

- Arbisi, P. A., Ben-Porath, Y., & McNulty, J. (2002). A comparison of MMPI-2 validity in African American and Caucasian psychiatric inpatients. *Psychological Assessment*. Vol 14(1), 3-15.
- Butcher, J. N., Cabiya, J., Lucio, E. M., Garrido, M. (2007). *Assessing Hispanic Clients Using the MMPI-2 and MMPI-A*. Washington, D. C.: American Psychological Association.
- Butcher, J. N. (1996). *International adaptations of the MMPI-2: A handbook of research and clinical applications*. Minneapolis, MN: University of Minnesota Press.
- Butcher, J. N., & Pancheri, P. (1976). *Handbook of cross-national MMPI research*. Minneapolis, MN: University of Minnesota Press.

- Butcher, J. N. (2004). Personality assessment without borders: Adaptation of the MMPI-2 across cultures. *Journal of Personality Assessment*, 83 (2), 90-104.
- Butcher, J. N., Cheung, F. M., & Lim, J. (2003). Use of the MMPI-2 with Asian Populations. *Psychological Assessment*, 15, 248-256.
- Butcher, J. N., Derksen, J., Sloore, H., & Sirigatti, S. (2003). Objective personality assessment of people in diverse cultures: European adaptations of the MMPI-2. *Behavior Research and Therapy*, 41, 819-840.
- Butcher, J. N., Lim, J., & Nezami, E. (1998). Objective study of abnormal personality in cross-cultural settings: The Minnesota Multiphasic Personality Inventory (MMPI-2). *Journal of Cross-Cultural Psychology*, 20, 189-211.
- Dahlstrom, W. G., Lachar, D., & Dahlstrom, L. E. (Eds.) (1986), *MMPI patterns of American minorities*. Minneapolis, MN: University of Minnesota Press.
- Derksen, J., De Mey, H., Sloore, H., & Hellenbosch, G. (1993). *MMPI-2: Handleiding bij afname, scoring en interpretatie*. Nijmegen: The PEN Test Publishers.
- Hall, G. C. N., Bansal, A., & Lopez, I. R. (1999). Ethnicity and psychopathology: A meta-analytic review of 31 years of comparative MMPI/MMPI-2 research. *Psychological Assessment*, Vol 11(2), 186-197.
- Lucio, E. (1994). *Manual para la administracion y calificacion del MMPI-2*. Spanish translation of Butcher, J. N., Dahlstrom, W.G., Graham, J. R., Tellegen, A., & Kaemmer, B. (1989). Minnesota Multiphasic Personality Inventory-2 (MMPI-2): *Manual for administration and scoring*. Minneapolis, MN: University of Minnesota Press.
- Lucio, E., Reyes-Lagunes, I., & Scott, R. L. (1994). MMPI-2 for Mexico: Translation and adaptation. *Journal of Personality Assessment*, 63, 105-116.
- Lucio, E. M., Palacios, H., Duran, C., & Butcher, J. N. (1999). MMPI-2 with Mexican psychiatric inpatients. *Journal of Clinical Psychology*, 55, 1541-1552.
- Lucio, E. M., Ampudia, A., Duran, C., Leon, I., & Butcher, J. N. (2001). Comparisons of Mexican and American norms of the MMPI-2. *Journal of Clinical Psychology*, 57, 1459-1468.
- Robin, R. W., Greene, R. L., Albaugh, B., Caldwell, A., & Goldman, D. (2003). Use of the MMPI-2 in American Indians: I. Comparability of the MMPI-2 between two

- tribes and with the MMPI-2 normative group. *Psychological Assessment*, 15(3), 351-359.
- Quevedo, K.M. & Butcher, J.N. (2005). The use of MMPI and MMPI-2 in Cuba: A historical overview from 1950 to the Present. *International Journal of Clinical and Health Psychology*, 5 (2),
- Scott, R., Butcher, J. N., Young, T., & Gomez, N. (2002). The Hispanic MMPI-A: A five country study. *Journal of Clinical Psychology*, 58(4), 407-418.
- Shondrick, D., Ben-Porath, Y. S., & Stafford, K. (1992, May). *Forensic assessment with the MMPI-2: Characteristics of individuals undergoing court-ordered evaluations*. Paper given at the 27th Annual Symposium on Recent Developments in the Use of the MMPI/MMPI-2. Minneapolis, MN.
- Sirigatti, S., & Stefanile, E.C. (1994). Il questionario è leggibile? Il caso del MMPI-2. *Bollettino Di Psicologia Applicata*, 211, 49-51.
- Sirigatti, S., Pancheri, P., Narbone, G., & Biondi, M. (1994). L'adattamento italiano del MMPI-2 al vaglio del test-retest con bilingui. *Bollettino Di Psicologia Applicata*, 211, 23-27.
- Stevens, M. J., Kwan, K., & Graybill, D. F. (1993). Comparison of MMPI-2 scores of foreign Chinese and Caucasian-American students. *Journal of Clinical Psychology*, 49, 23-27.
- Strassberg, D.S., Clutton, S., & Korboot, P. (1991). A descriptive and validity study of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) in an elderly Australian sample. *Journal of Psychopathology and Behavioral Assessment*, 13, 1991.

## **Use of Computer-based Reports**

- Allard, G., Butler, J., Faust, D., & Shea, M. T. (1995). Errors in hand scoring objective personality tests: The case of the Personality Diagnostic Questionnaire-Revised (PDQ-R). *Professional Psychology*, 26, 304-308.
- American Psychological Association (1986). *American Psychological Association Guidelines for Computer-Based Tests and Interpretations*. Washington, D.C.: American Psychological Association.
- Butcher, J. N., Perry, J., & Hahn, J. (2004). Computers in Clinical Assessment: Historical developments, present status, and future challenges. *Journal of Clinical Psychology*, 60, 331-346.



- Butcher, J. N. (Ed). (1987). *Computerized psychological assessment*. New York, NY: Basic Books.
- Butcher, J. N. (1994). Psychological assessment by computer: Potential gains and problems to avoid. *Psychiatric Annals*, 20, 20-24.
- Butcher, J. N. (1995). *User's guide for The Minnesota Report: Revised Personnel Report*. Minneapolis, MN: National Computer Systems.
- Butcher, J. N. (1995). Clinical Use of Computer-Based Personality Test Reports. In J. N. Butcher (Ed). *Clinical Personality assessment: Practical approaches*. New York: Oxford University Press.
- Eyde, L., Kowal, D. M., & Fishburne, J. E. (August, 1987). *Clinical implications of validity research on computer-based test interpretations of the MMPI*. Paper given at the annual meeting of the American Psychological Association. New York, NY.
- Eyde, L., Kowal, D., & Fishburne, F. J. (1991). In T. B. Gutkin & S. L. Wise (Eds.). *The computer and the decision-making process*. Hillsdale, NJ: Lawrence Erlbaum Associates (pp. 75-123).

## **Writing Forensic Reports**

- Butcher, J. N. (2005). Putting it all together: How to interpret a profile and organize test inferences. In J. N. Butcher (Ed.), *A beginner's guide to the MMPI-2, 2nd ed.* (pp. 125-143). Washington, DC: American Psychological Association.
- Pope, K. S., Butcher, J. N., & Seelen, J. (1993). *MMPI/MMPI-2/MMPI-A in court: Assessment, testimony, and cross-examination for expert witnesses and attorneys*. Washington, DC: American Psychological Association.
- Tallent, N. (1993). *Psychological report writing* (fourth edition). Englewood Cliffs, NJ: Prentice-Hall.
- Weiner, I. B. (1987). Writing forensic reports. In I. Weiner & A. Hess (1987). *Handbook of forensic psychology*. New York, NY: John Wiley and Sons.

## **General Forensic References**

- Ackerman, M. J., & Kane, A. W. (1990). *How to examine psychological experts in divorce*. Eau Claire, WI: Professional Education Systems.
- American Bar Association ( 1989). *ABA criminal justice mental health standards*. Washington, DC: American Bar Association.

- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- Ben-Porath, Y. S., & Graham, J. R. (1995). The scientific basis of forensic assessment. In Y. S. Ben-Porath, J. R. Graham, G. C. N. Hall, R. D. Hirschman, & M. S. Zaragoza (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp. 1-17).
- Bennett, B. E., Bryant, B. K., Vandenbos, G. R., & Greenwood, A. (1990). *Professional liability and risk management*. Washington, DC: American Psychological Association.
- Brodsky, S. L. (1991). *Testifying in court: Guidelines and maxims for the expert witness*. Washington, DC: American Psychological Association.
- Butcher, J. N., & Pope, K. S. (1993). Seven issues in conducting forensic assessments: Ethical responsibilities in light of new standards and new tests. *Ethics and Behavior*, 3, 267-288.
- Committee on Ethical Guidelines for Forensic Psychologists. (1991). Specialty guidelines for forensic psychologists. *Law and Human Behavior*, 15, 655-665.
- Committee on Professional Standards of the American Psychological Association. (1984). Casebook for providers of psychological services. *American Psychologist*, 9, 663-668.
- Fersch, E. A., Jr. (1980). *Psychology and psychiatry in courts and corrections*. New York, NY: John Wiley and Sons.
- Gold, G. M. (1991). *Evaluating and settling personal injury claims*. New York, NY: John Wiley and Sons.
- Hanna, G. T., Christian, W. P., & Clark, H. B. (1981). *Preservation of client rights*. New York, NY: The Free Press.
- Heilbrun, K. (1995). Risk assessment with the MMPI-2. In Y. S. Ben-Porath, J. R. Graham, G. C. N. Hall, R. D. Hirschman, & M. S. Zaragoza (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp. 160-178).
- Jacob, S. & Hartshorne, T. (1991). *Ethics & Law*. Brandon, VT: Clinical Psychology Publishing Co.
- Lees-Haley, P. R. (1992). Psychodiagnostic test usage by forensic psychologists. *American Journal of Forensic Psychology*, 10, 25-30.
- Lubin, B., Larsen, R. M., & Matarazzo, J. (1984). Patterns of psychological test usage in the United States: 1935-1982. *American Psychologist*, 39, 451-454.

- Kermani, E. J. (1989). *Handbook of psychiatry and the law*. Chicago, IL: Year Book Medical Publishers, Inc.
- Klawans, H. L. (1991). *Trials of an expert witness: Tales of clinical neurology and the law*. Boston, MA: Little Brown.
- Kurke, M., & Meyer, R. G. (1986). *Psychology in product liability and personal injury litigation*. New York, NY: Hemisphere Press.
- Kratcoski, P. C., & Walker, D. B. (1978). *Criminal justice in America*. Evanston, IL: Scott-Foresman.
- Mendelson, G. (1988). *Psychiatric aspects of personal injury claims*. Springfield, IL.: Charles C. Thomas.
- Monahan, J. (1980). *Who is the client?: The ethics of psychological intervention in the criminal justice system*. Washington, DC: American Psychological Association.
- Muller, D. J., Blackman, D. E., & Chapman, A. J. (1984). New York, NY: John Wiley and Sons.
- Munsterberg, H. (1908). *On the witness stand*. New York, NY: Doubleday.
- Ogloff, J. R. P. (1995). The legal basis of forensic application of the MMPI-2. In Y. S. Ben-Porath, J. R. Graham, G. C. N. Hall, R. D. Hirschman, & M. S. Zaragoza (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp. 18-47).
- Perritt, H. M. (1992). *Americans with disabilities act handbook* (Second Ed.) New York, NY: John Wiley and Sons.
- Robins, L. N., & Regier, D. A. (1991). *Psychiatric disorders in America*. New York, NY: The Free Press.
- Rogers, R. (1988). *Clinical assessment of malingering and deception*. New York, NY: The Guilford Press.
- Sadoff, R. L. (Ed). Symposium of forensic psychiatry. In *Psychiatric Clinics of North America*, 6, (4).
- Sbordone, R. J. (1991). *Neuropsychology for the attorney*. Orlando, FL: Paul Deutch Press.
- Schweitzgebel, R. K. (1979) *Legal aspects of the enforced treatment of offenders*. Rockville, MD: U. S. Department of Health, Education, & Welfare.

- Schweitzgebel, R. L., & Schweitzgebel, R. K. (1980). *Law and psychological practice*. New York, NY: John Wiley and Sons.
- Shondrick, D. D., Ben-Porath, Y. S., & Stafford, K. (1992, May). *Characteristics of individuals undergoing court-ordered evaluations*. Paper presented at the 27th Annual Symposium on Recent Developments in the use of the MMPI (MMPI-2), Minneapolis, MN.
- Shapiro, D. L. (1991). *Forensic psychological assessment: An integrative approach*. Boston, MA: Allyn & Bacon.
- Simon, R. J., & Aronson, D. E. (1982). *The insanity defense: Critical assessment of law and policy in the post-Hinckley era*. New York, NY: Praeger.
- Soroka v. Dayton Hudson Corporation, 753 Cal. Rptr. App.3d 654I, Cal.Rptr 2d77 (Cal. App. 1 Dist, 1990).
- VandeCreek, L., & Knapp, S. (1989). *Tarasoff and beyond: Legal and clinical considerations in the treatment of life-endangering patients*. Sarasota, FL: Professional Resource Press.
- Weiner, I. (1995). Psychometric issues in forensic applications of the MMPI-2. In Y. S. Ben-Porath, J. R. Graham, G. C. N. Hall, R. D. Hirschman, & M. S. Zaragoza (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp. 48-81).
- Weiner, I. B. (1989). On competence and ethicality in psychodiagnostic assessment. *Journal of Personality Assessment*, 53, 827-831.
- Weiner, I. B., & Hess, A. K. (1987). *Handbook of forensic psychology*. New York, NY: John Wiley and Sons.
- Wetter, M. W. & Corrigan, S. K. (1995). Providing information to clients about psychological tests: A survey of attorneys' and law students' attitudes. *Professional Psychology: Research & Practice*, 26, 474-477.
- Wrightsmann, L. S., Willis, C. E., & Kassin, S. M. (1987). *On the witness stand: Controversies in the courtroom*. Beverly Hills, CA: Sage.
- Ziskin, J. (1981). Use of the MMPI in forensic settings. In J. N. Butcher, G. Dahlstrom, M. Gynther, & W. Schofield (Eds). *Clinical Notes on the MMPI*. Minneapolis, MN: National Computer Systems.
- Ziskin, J. (1981). *Coping with psychiatric and psychological testimony*. Venice, CA: Law & Psychology Press.

## **Family Custody**

- Bathurst, K., Gottfried, A. W., & Gottfried, A. E. (1997). Normative data for the MMPI-2 in child litigation. *Psychological Assessment*, 9, 205-211.
- Butcher, J. N., & Pope, K. S. (1992). Forensic psychology: Psychological evaluation in family custody cases — Role of the MMPI-2 and MMPI-A. *Family Law News*, 15, 25-28.
- Khan, F. I., Welch, T., & Zillmer, E. (1993). MMPI-2 profiles of battered women in transition. *Journal of Personality Assessment*, 60, 100-111.
- Otto, R., & Butcher, J. N. (1995). Computer-assisted psychological assessment in child custody evaluations. *Family Law Quarterly*, 29, 79-96.
- Otto, R., & Collins, R. P. (1995). Use of the MMPI-2/MMPI-A in child custody evaluations. In Y. S. Ben-Porath, J. R. Graham, G. C. N. Hall, R. D. Hirschman, & M. S. Zaragoza (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp. 222-252).

## **Personal Injury Litigation**

- Bury, A. S., & Bagby, R. M. (2002). The detection of feigned uncoached and coached posttraumatic stress disorder with the MMPI-2 in a sample of workplace accident victims. *Psychological Assessment*. Vol 14(4), 472-484.
- Butcher, J. N. (1995). Personality patterns of personal injury litigants: The role of computer-based MMPI-2 evaluations. In Y. S. Ben-Porath, J. R. Graham, G. C. N. Hall, R. D. Hirschman, & M. S. Zaragoza (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp. 179-201).
- Butcher, J. N., & Harlow, T. (1985). Psychological assessment in personal injury cases. In A. Hess, & I. Weiner (Eds). *Handbook of forensic Psychology*. New York, NY: John Wiley & Sons.
- Colotla, V. A., Bowman, M. L., & Shercliffe, R. J. (2001). Test-retest stability of injured workers' MMPI-2 profiles. *Psychological Assessment*. Vol 13(4), 572-576.
- Fow, N. R., Dorris, G., Sittig, M., & Smith-Seemiller, L. (2002). An analysis of the influence of insurance sponsorship on MMPI changes among patients with chronic pain. *Journal of Clinical Psychology*. Vol 58(7), 827-832.
- Gandolfo, R. (1995). MMPI-2 profiles of worker's compensation claimants who present with complaints of harassment. *Journal of Clinical Psychology* 51(5), 711-715.

Iverson, G. L., King, R. J, Scott, J. G.& Adams, R., L. (2001). Cognitive complaints in litigating patients with head injuries or chronic pain.. *Journal of Forensic Neuropsychology*, 2, 19-30

Keller, L. S., & Butcher, J. N. (1991). *Use of the MMPI-2 with chronic pain patients*. Minneapolis, MN: University of Minnesota Press.

Long, B., Rouse, S. V., Nelson, R. O., & Butcher, J. N. (2004). The MMPI-2 in sexual harassment and discrimination litigants. *Journal of Clinical Psychology*, 60, 643-658.

McKinley, J. C. & Hathaway, S. R. (1944). The Minnesota multiphasic personality inventory. V. Hysteria, hypomania and psychopathic deviate. *Journal of Applied Psychology*, 28, 153-174.

Nelson, L. (1995). Use of the MMPI and MMPI-2 in forensic neurological evaluations. In Y. S. Ben-Porath, J. R. Graham, G. C. N. Hall, R. D. Hirschman, & M.S. Zaragoza (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp. 202-221).

Strassberg, D. S., Tilley, D., Bristone, S., & Tian, P. S. (1992). The MMPI and chronic pain: A cross-cultural view. *Psychological Assessment*, 4, 493-497.

## **Correctional Samples/Felon Classification**

Black, M. S., Forbey, J. D., Ben-Porath, Y. S., Graham, J. R., McNulty, J. L., Anderson, S. V., & Burlew, A. K. (2004). Using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) to detect psychological distress and dysfunction in a state correctional setting. *Criminal Justice & Behavior*, 31, 734-751.

Heilbrun, K. (1995). Risk assessment with the MMPI-2. In Y. S. Ben-Porath, J. R. Graham, G. C. N. Hall, R. D. Hirschman, & M.S. Zaragoza (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp 160-178).

Megargee, E. I. (1994). Using the Megargee MMPI-based classification system with the MMPI-2s of male prison inmates. *Psychological Assessment*, 6, 337-344.

Megargee, E. I. (1995). Use of the MMPI-2 in correctional settings. In Y. S. Ben-Porath, J.R. Graham, G.C.N. Hall, R.D. Hirschman, & M.S. Zaragoza (Eds.), *Forensic applications of the MMPI-2*. Thousand Oaks, CA: Sage (pp. 202-221).

Moskowitz, J. L., Lewis, R. J., Ito, M. S., & Ehrmentraut, J. (1999). MMPI-2 profiles of NGRI and civil patients. *Journal of Clinical Psychology*, 55(5), 659-668.

Shea, S. J. & McKee, G. R. (1996). MMPI-2 profiles of men charged with murder or other offenses. *Psychological Reports*, 78, 1039-1042.