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INDIVIDUAL & FAMILY PSYCHOPHARMACOLOGIC TREATMENT OF:
- MOOD AND ANXIETY DISORDERS • OBSESSIVE-COMPULSIVE DISORDER
- PERVASIVE DEVELOPMENTAL DISORDERS/AUTISM
- ATTENTION DEFICIT DISORDER • MENTAL RETARDATION • TOURETTE'S DISORDER
- TRAUMATIC PSYCHIATRY • TRAUMATIC BRAIN INJURY
- POST-TRAUMATIC STRESS DISORDER • CHRONIC PAIN MANAGEMENT

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MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI-2)

A REVIEW OF ITS PRACTICAL USE BY ATTORNEYS IN LITIGATION

Introduction

The MMPI is the most widely-used validated psychological test in the field of psychology-psychiatry, and is considered the "gold standard" of psychological tests.

Formulated in the 1940's, the MMPI has been standardized against millions of patients. In 1957, when the MMPI-1 was initially formulated, psychologists were told to consciously malinger and fake-bad when they took the test. With this mind-set, they noticed that the DS score would be elevated beyond 87 if conscious exaggeration were present, but that in contrast, a lower score would result with a more honest self-appraisal of emotional disturbance. The MMPI-2 was recently developed for greater accuracy in validity scales than its predecessor, the MMPI-1, using multiple validity scales rather than only one.

To summarize the patient's results, I personally use the computer-generated report of *The Caldwell Reports*. Dr. Caldwell is a professor of psychiatry/psychology at UCLA Medical Center, and is considered one of the experts in this field in the world. His scoring is precise; therefore, his validity and other scales can be easily utilized in litigation. While scores generated by various scoring systems should be approximately the same, I feel it is preferable to obtain scoring from a source connected with the University of Minnesota, rather than a system stored in a psychiatrist's or psychologist's computer. *The Caldwell Report* and *National Computer Systems* both use information from the University of Minnesota (and pay a fee every time an MMPI is scored),

Some patients exaggerate their responses, perhaps due to anger or falsely thinking they can "fool" the MMPI. Dr. Caldwell, with whom I have had many personal communications, calls this "gilding the lily." In my experience, many patients are reluctant to admit they are exaggerating, although some will admit they completed the test in anger. When the test is retaken, a significant percentage of these patients will have a subsequent valid profile revealing psychiatric disturbance, e.g., depression/anxiety. When the MMPI reveals significant current psychiatric problems in the absence of a pre-injury or stress psychiatric problems, it is medically probable that the patient's depression is industrially-related.

A description of validity and other scales follows, and will assist in understanding how the MMPI can be utilized in various types of Forensic evaluations.

GENERAL INFORMATION

READING THE MMPI

The MMPI objectively indicates psychiatric disturbance in the following areas:

Bodily Concerns (Scale 1)
Depression (Scale 2)
Hysteria (Scale 3)
Psychopathic Deviate (Scale 4)
Paranoia (Scale 6)
Anxiety (Scale 7)
Schizophrenia (Scale 8)
Mania (Scale 9)
Introversion (Scale 0)

READING THE CALDWELL REPORT *(See attached sample)*

The First Page: A graph showing all MMPI scores. On the vertical graph, one can easily look for the number "65" and then note all scores greater than 65, which indicate psychopathology/psychiatric disturbance. Under the graph are columns of letters and numbers. The numbers indicate two scores: The raw scores and the T-scores (which is the higher number). The letters running across the bottom of the graph correspond to various areas of psychopathology.

Since a T-score greater than 65 indicates psychiatric disturbance, the greater this score is, the more significant degree/intensity of psychiatric disturbance exists. A defensive MMPI profile , e.g., a negative F-K or a Ds (Gough) lower than 60 may indicate the patient has more significant psychiatric disturbance than is indicated by the elevation of the patient's T-scores. Many patients who are not psychologically sophisticated, or are not aware of their emotions, may have a disorder called alexithymia, which causes them to have difficulty understanding their own emotions, e.g., male patients may complain of irritability which actually masks their feelings of depression/frustration, especially after an orthopedic injury where they must remain at home, unable to work or support their family. I have personally seen extremely high depression T-scores in men who are unaware of the degree of their depression. Conversely, an exaggerated profile is shown if the patient's F-K score is greater than +12, and the Ds (Gough) score is greater than 87. In this case, the patient may not be as impaired as their elevated T-scores seem to indicate.

The Second Page: A list of "Critical Items" in which the patient circles items corresponding to his/her experience in various areas. This gives an additional insight into psychiatric problems.

The Third Page (labeled "Page 1"): Summarizes the patient's scores in all of the above-listed areas.

The Fourth Page (labeled "Page 2"): Summarizes the patient's scores based upon various statistical data.

Validity Scales

F-K Scale

1. In a valid profile, the F-K score is usually less than +12.
2. A negative score (e.g., -1 and below) may indicate defensiveness, denial of psychopathology, and trying to present oneself in a favorable light. The greater the negativity, the greater the defensiveness. For example: F-K greater than -10 usually indicates moderate minimilization of symptoms. However, if psychopathology is still present, it is an indication that the patient may have more significant psychiatric disturbance than is revealed by this "defensive" MMPI profile.

Ds Gough Scale

1. A score of less than 87 indicates a valid profile.
2. A score of greater than 87 indicates an approximately 93% chance that the patient may be exaggerating or desperate and "crying for help."

SUMMARY OF ELEVATED SCALES

Scale 1 -- Somatic/Bodily Concerns

Elevation indicates patient's concern about physical problems.

Scale 2 -- Depression (D)

The Depression Scale can be considered one of the most important scales of the MMPI.

Intensity of Depression: *T-scores below indicate approximate degrees of depression.*

Depression T-score 65-75 = Mild to moderate depression
Depression T-Score 76-85 = Moderate depression
Depression T-Score 86+ = Moderate to severe or severe depression

Scale 3 -- Hysteria (HY)

Patient is strongly reacting to a psychological perception of physical pain/discomfort. May not have significant physical disorders, but higher this score, the greater patient perceives they have a physical problem (e.g., orthopedic/internal medicine (gastroneurologic).

Scale 4 -- Psychopathic Deviate (PD)

If all scales are within normal limits, but this scale is elevated, it may indicate antisocial behavior. This should be correlated with the patient's clinical syndrome. Concurrent with elevations of other scales, does not indicate antisocial behavior.

Scale 6 -- Paranoia (PA)

Elevated due to characterologic, long-standing history of suspiciousness, breeding malicious perception of benign remarks/gestures, failure to trust. Recent origin: When patient does not have long history of paranoid ideation/mistrust, but feels mistreated by the employer and/or insurance carrier.

[Summary of Elevated Scales, Continued]

Scale 7 -- Anxiety (ANX / TSC VII)

Anxiety scores are not segregated in a column, as are depression scores, but are interspersed on page 3. They are very sensitive, and there are some patients who have mild to moderate levels of anxiety which may not be picked-up on the MMPI. Major MMPI score 7 (shown on graph) indicates degree of anxiety associated with obsessive worrying. The following anxiety scores indicate the degree of anxiety: ANX (right-column under "Content" page 3)

Intensity of Anxiety:

ANX (page 3 under "Content Scales") and TSC VII (page 3 under "Tryon, Stein & Chu Factor Scales") both indicate a multiplicity of anxiety symptoms.

Scale 7 (shown on bottom of graph) indicates degree of anxiety associated with obsessive worrying.

Scale 8 -- Schizophrenia (SC)

Elevation may not indicate the patient has a psychosis, but can occur when psychiatric disturbance such as depression/mania, causes confusion and/or difficulty with thinking and concentrating.

Scale 9 -- Mania (MA)

This scale may be elevated if the patient has extroverted, highly emotional symptoms due to being depressed, or to manic depressive (bipolar) illness.

Scale 0 -- Introversion (Si)

Elevated when patient remains to him/herself. Two possibilities: 1) May have long-standing characterologic history of being introverted, shy, and avoidant; or 2) May have underlying avoidant and/or schizotypal personality disorganization. Recent origin: If patient has significant work-related injury or emotional stress, or physically ill or has lost feelings of competence.

PK (Keane et al.)

May be elevated when traumatic conditions exist, caused either by physical injury or cumulative traumatic stressors at work.

SUMMARY

The MMPI is the most objective, validated psychological test and objectively measures the patient's veracity and degree of psychopathology. If used for forensic purposes, the MMPI can assist the attorney to determine a client's honesty and psychiatric disturbance.