Introduction

• The Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF, Ben-Porath & Tellegen, 2008/2011) is a self-report personality and psychopathology inventory widely used in clinical and forensic settings.

• Interpretations rely on the test-taker to provide accurate information.

• Unscorable responding occurs when the test-taker responds either both True and False or leaves an item unanswered.

• MMPI-2-RF unscorable responding is denoted by the Cannot Say (CNS) score.

• Examiners should be cautious when ≥10% of items on a scale are unscorable, as this may artificially lower scores (Ben-Porath & Tellegen, 2008/2011).

• Previous research examined the frequency of excessive unscorable responses on the Restructured Clinical (RC) Scales across multiple samples and noted the frequency of cases with greater than 10% unscorable responses.

• Computer generated unscorable responses were inserted in place of actual responses in increments of 10%, ranging from 10% to 90%.

• Computer simulated data have proven useful by demonstrating interpretive problems that occur in the presence of unscorable responding.

• However, there is a gap in literature examining the frequency of naturally occurring unscorable responding across all validity and substantive scales.

• It is important that research provides clinicians with real-world information that impacts their practice.

Aims & Hypotheses

We examined the frequency of unscorable responding in a forensic inpatient setting.

Hypotheses

1. Items requiring greater reading comprehension would have highest unscorable rates because if an individual is unable to understand the content of a question they may be likely to leave it blank.

2. Items related to suicidality, violence toward others, and substance use/illegal behaviors would have relatively high unscorable rates because disclosing this information may come with negative consequences.

3. The shortest scales (10 or fewer items) would most often reach the ≥10% threshold because it only requires one skipped item.

Method

• We used a de-identified archival dataset of 1,110 state hospital inpatients (73% male; 27% female) forensically committed as incompetent to stand trial (23%), not guilty by reason of insanity (47%), mentally disordered offender (20%), mentally disordered sex offender (2%), prison transfer (4%), or for another commitment (3%).

• Patients completed the MMPI-2 or MMPI-2-RF as part of clinical or forensic evaluations.

• MMPI-2 results were rescoring into MMPI-2-RF scale scores.

Results & Discussion

• All items were skipped by less than 3% of the total sample.

• Contrary to our hypotheses, the most skipped items did not require especially high reading comprehension, nor was content related to suicidality or illegal behavior.

• Instead, we found content on several of the most commonly skipped items related to marriage and family problems.

• This may be due to the forensic hospital setting, as patients have limited contact with family, often for many years.

• The scales most likely to reach the 10% unscorable threshold were the shortest Specific Problems scales, with several reaching that threshold in 5-35% of the sample.

• One limitation of this study is the limited definition of reading difficulty. Future research may also consider coding for complex sentence structure (qualifiers, compound sentences, presence of negative phrases) in items.

• Future research should also examine the average readability by scale to determine whether scales that require higher reading comprehension are more likely to reach a 10% skipped threshold.

Table 1

This is an example of a table from the document. It shows the frequency of unscorable items and their association with reading levels.

Table 2

This is another example of a table from the document. It shows the frequency of scales with ≥10% unscorable items.

Table 3

This is a third example of a table from the document. It shows the frequency of specific problems with ≥10% unscorable items.

References


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Impact of Unscorable Responding on MMPI-2 RF Scores in a Forensic Inpatient Setting

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