We examined all MMPI-2-RF substantive scales to determine if they would exhibit significant mean score sets (see Lee, Sellbom, & Hopwood, 2008/2011), with a hierarchical dimensional organization, is well-suited for this task.

Research mapping the higher-order dimensions of the three-factor correlated liabilities model onto the MMPI-2-RF has focused primarily on each of the dimensions separately or exclusively on specific scale sets (see Lee, Selbom, & Hopwood, in press for a review).

Hypotheses:
1. Those with (1) internalizing dysfunction will score higher on anxiety/ internalizing scales (E, RC4, RC2, RC7, Internalizing & interpersonal scales, INTR-r).
2. Those with (2) thought dysfunction will score higher on thought dysfunction scales (THD, RC6, RC3, RC9, ACT, PSYC-r).
3. Those with (3) externalizing dysfunction will score higher on externalizing scales (BXD, RC8, RCS, ACT, JCP, SUB, AGG, AGGR-r, DUNC-r), compared to those with no thought dysfunction diagnoses.

METHOD

Participants

De-identified archival data were examined from 1,110 inpatients with unconfirmed DSM-IV-TK psychiatric diagnosis available at the time of testing, from a large forensic psychiatric facility in the western United States.

Mean age = 41 years (SD = 11.4).

Invalid protocols due to non-content-based invalid responding, underreporting, and overreporting were removed using standardized procedures (n = 469 cases excluded).

RESULTS

In line with existing literature and the MMPI-2-RF Technical Manual,1 individuals with each respective dysfunction had significant mean differences on conceptually and empirically related scales, providing evidence for MMPI-2-RF construct validity and extending previous work in this area.2

Null results for RC9 and ACT may be attributable to the respective dysfunction had significant mean differences on conceptually and empirically related scales, providing evidence for MMPI-2-RF construct validity and extending previous work in this area.2

Also, scales measuring hypompanic activation did not prove to be significantly elevated for those with an externalizing diagnosis. Null results for RC3 and ACT may be attributable to the heterogeneity of constructs represented by the thought dysfunction group created for those analyses. The assignment of all individuals with bipolar I disorder to the thought dysfunction group, regardless of most recent episode type, may have partially confounded our groups. Future studies should refine these methods used in order to create “pure” groups of patients exhibiting domain-specific symptoms rather than DSM nomenclature.

Despite these limitations, this study provides strong support for the construct validity of the MMPI-2-RF substantive scales, mapping them to a three-factor model of psychopathology.

REFERENCES


ACKNOWLEDGEMENTS: This research was made possible by a grant from the University of Minnesota Press, which supported data collection. It was also supported by the California State University, Monterey Bay McNair Scholars Program and University Research Opportunities Center (URC). Approved by the CA Department of Mental Health Committee for the Protection of Human Subjects.