INTRODUCTION

- McGrath, Mitchell, Kim & Hough (2010) reviewed extant literature, concluding existing validity scales were poor or untested moderators of substantive scale criteria.

- Burchett (2012) found MMPI-2-RF Validity Scales moderated criterion validity of substantive scales in a variety of settings (college simulators, community mental health center outpatients, psychiatric inpatients, pretrial forensic examiners).

- Wiggins, Wygant, Hoebel, and Gervais (2012) compared forensic validity examinee protocols deemed valid or invalid based on MMPI-2-RF Validity Score scales, noting that correlations between substantive scales and external criteria were generally weaker in overreporting samples as compared to valid samples.

AIMS & HYPOTHESES

- In three groups (valid responders, overreporters, underreporters), we conducted independent validity scales and calculated Hedges’ $g$ effect size values for differences in mean MMPI-2-RF substantive scale scores across subgroups (1) with and (2) without uncorrelated conceptually related psychiatric diagnoses.

- Based on a translation of McGrath et al.’s (2010) call for moderated regressions into a test framework, we hypothesized mean substantive scale score differences between individuals with and without a conceptually relevant independently rendered psychiatric condition would be largest for the valid sample, as compared to underreporting and overreporting samples.

METHOD

We used MMPI-2-RF Validity Scores to identify (a) valid (n = 641), overreported (n = 130), and underreported (n = 123) MMPI-2-RF protocols of forensic inpatient examinees.

Psychiatric diagnoses of record on the date of testing were used to define three dichotomous groups of examinees:

- Internalizing Disfunction Diagnosis (e.g., depression, anxiety, bipolar disorder)

- Thought Diagnoses (e.g., schizophrenia, schizoaffective disorder, bipolar I disorder, most recent episode manic)

- Externalizing Disfunction Diagnosis (e.g., substance use disorder, antisocial personality disorder)

No independent samples Hests and Hedges’ $g$ values were examined to compare mean differences for valid and invalid (overreporting and underreporting) groups on relevant MMPI-2-RF substantive scales.

RESULTS

- The results suggest a complex, non-uniform combination of symptom suppression, exaggeration, and perhaps presence of fabrication and low insight. Such complex patterns may be masked in summative results obtained using moderated regression models and do not directly speak to the ability of validity scales to classify valid and invalid responders.

- Future researchers should further explore whether the ability to moderate substantive scale criterion validity is a necessary or important quality of validity scales.

- Validity scale classification accuracy may be a more important and clinically useful characteristic to consider.

- A strength of this study was the use of diagnostic external criteria uncorrelated by subscales. However, diagnoses were not rendered using a structured clinical interview and may still be impacted by self-report bias. An examination of replicability in larger samples is warranted.

REFERENCES & ACKNOWLEDGEMENTS


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