

## **Introduction to the MMPI-2-RF™ (Restructured Form)**

**October 1, 2009**

All forensic psychiatrists are familiar with the MMPI, MMPI-2, and the Adolescent version, MMPI-A. However, very few have a working knowledge of the Restructured Form known as the MMPI-2-RF, which was published by the University of Minnesota Press in late 2008 by Auke Tellegen and Yossef S. Ben-Porath and distributed by NCS Pearson, Inc. The MMPI-2-RF is so new that it was not covered in the 2<sup>nd</sup> Edition of the Handbook of Psychiatric Measures, which was published in 2008 by American Psychiatric Publishing, Inc. Many notable others well published in MMPI-2 literature participated in the project. The purpose of this article is to introduce the MMPI-2-RF and to facilitate a growing understanding of its importance.

No new items were created for the Restructured Form of this inventory. The 567 MMPI-2 items have been thoughtfully reduced to 338. This means that the inventory can often be completed in less than one hour. The norms, therefore, are based upon the MMPI-2 sample. The Restructured Form uses non-gender T scores. A brief history of the Restructured Form follows.

After the MMPI-2 was published in 1989, subsequent developments included new scales such as Fp (Infrequent Psychopathology Responses), S (Superlative), PSY-5 (a dimensional model of personality developed by Allan Harkness and John McNulty in 1995), the MMPI and Subtle/Obvious Scales were discontinued in 1999, and the MMPI-2 RC (Restructured Clinical) Scales were developed in 2003. Restructuring the clinical scales was accomplished for the purpose of representing the clinically significant substance of the items in a more comprehensive and psychometrically adequate way. Over the previous decade it became clear that the clinical scales found on the MMPI-2 were not psychometrically optimal due to a substantial number of clinical scale item overlap, which tended to reduce distinctiveness (discriminate validity). Building upon an observation of Jerome Frank in 1974, those seeking to improve the MMPI-2 realized that a great many items covering demoralization could be found in most of the MMPI-2 clinical scales.

Demoralization is a pervasive affectively colored set of complaints from persistent failure to cope internally or externally with life. Therefore, an attempt was made to remove from the clinical scales items belonging more properly to demoralization, which became a new scale in the MMPI-2-RF. It can be understood this way: demoralization occurs in many types of mental disorders whereas anhedonia is far more specific to major depression (Joiner et al., 2005). While clinically significant in its own right, demoralization was not found to play a distinctive role in the accuracy of the clinical scales, and removing it and measuring it separately instead aided in identification of convergently and discriminately valid items for each of the clinical scales. After the items capturing demoralization had been removed from the restructured clinical scales, the major distinctive “core” components of each clinical scale became evident. Thus, a total of twelve components were identified; one for demoralization and eleven distinctive clinical scales. From these, seed scales were developed and tested for their distinctive discriminative power. This was done with all 567 of the MMPI-2 items. The complex analysis of each item from the MMPI-2 yielded eight improved scales, in addition to the demoralization scale, that were mutually distinctive clinical scales.

The restructured clinical scales proved to require fewer items and were reported to have enhanced reliability, reduced inter-correlations and better convergent and substantially improved discriminate validity. The following symbols and names were given for the restructured form clinical scales (the MMPI-2 scale name appears in brackets):

- RCd: Demoralization – General unhappiness and dissatisfaction
- RC1: Somatic Complaints [Hypochondriasis] – Diffuse physical health complaints
- RC2: Low Positive Emotions [Depression] – A distinctive, core vulnerability factor and depression
- RC3: Cynicism [Hysteria] – Non-self-referential beliefs that others are bad and not to be trusted
- RC4: Antisocial Behavior [Psychopathic Deviate] – Rule breaking and irresponsible behavior
- RC6: Ideas of Persecution [Paranoia] – Self-referential beliefs that others pose a threat
- RC7: Dysfunctional Negative Emotions [Psychasthenia] – Maladaptive anxiety, anger, irritability
- RC8: Aberrant Experiences [Schizophrenia] – Unusual perceptions or thoughts associated with psychosis
- RC9: Hypomanic Activation [Hypomania] – Over-activation, aggression, impulsivity and grandiosity

Note that the MMPI-2 scale 5 (Masculinity-Femininity) and scale 0 (Social Introversion) have been removed in the MMPI-2-RF.

With the new restructured clinical scales in hand, research was conducted on the use of these scales in various populations and settings. Next, an attempt was made to identify higher-order dimensions that would assist in facilitating appreciation of the “bigger picture” clinically. Algorithms were used to distinguish responses that were neurotic from those that were psychotic. Eventually, three higher-order dimensions were identified and are included in the MMPI-2-RF. These are EID (Emotional Internalizing Dysfunction), THD (Thought Dysfunction), BXD (Behavioral/Externalizing Dysfunction).

The Higher-Order scales, EID, THD, and BXD correspond well to earlier MMPI-2 code types 2/7, 6/8 and 4/9. However, while code type memberships are mutually exclusive (a response protocol cannot be assigned to more than one code type), the dimensional approach underlying EID, THD, and BXD allows a respondent to obtain high scores on more than one of these Higher-Order Scales. Although research is being conducted into the applicability of code types for the MMPI-2-RF, presently there are no generally accepted code types for this latest edition. This, too, is a significant change from the MMPI-2.

The completion of the MMPI-2-RF required the adoption of the revised version of the PSY-5 by Harkness and McNulty and the development of eight validity scales; seven, which were revised and one, which is new. The revised PSY-5 scales address:

- AGGR-r: Aggressiveness-revised, which is instrumental, goal-directed aggression  
PSYC-r: Psychoticism-revised, disconnection from reality  
DISC-r: Disconstraint-revised – under-controlled behavior  
NEGE-r: Negative Emotionality/Neuroticism-revised – anxiety, insecurity, worry and fear  
INTR-r: Introversion/Low Positive Emotionality-revised – social disengagement and anhedonia

The PSY-5 scales are related to DSM clusters (A, B, C) of personality disorders.

The MMPI-2-RF comparison groups are as follows: Normative group of both men and women and outpatient community mental health center, outpatient independent practice, psychiatric inpatient community hospital, psychiatric inpatient VA Hospital (men only), substance abuse treatment VA Hospital (men only), bariatric surgery candidates (women only), college counseling clinic, college students, forensic disability claimants, forensic pre-trial criminal defendants, prison inmate, personnel screening for law enforcement officers and for corrections officers.

Also, there are twenty-five additional scales that can stand alone regardless of whether any RF clinical scales are elevated: malaise, gastrointestinal complaints, head pain complaints, neurological complaints, cognitive complaints, suicidal/death ideation, helplessness/hopelessness, self-doubt, inefficacy, stress/worry, anxiety, anger proneness, behavior-restricting fears, and multiple specific fears, juvenile conduct problems, substance abuse, aggression, activation, family problems, interpersonal passivity, social avoidance, shyness, disaffiliativeness, aesthetic-literary interests, and mechanical-physical interests.

### **Newsworthy Event:**

The MMPI-2-RF is the latest version of the time-honored inventory, MMPI. It takes less time to administer this latest version because it has fewer items, 338 vs. 567 items. Although many differences exist between it and the MMPI-2, the two most important are the isolation of items throughout the inventory concerning demoralization and moving them into a separate scale and the addition of the revised PSY-5 scales, which are related to the personality disorder clusters noted in the DSM classification.

### **Relevance to Forensic Psychiatrists:**

Forensic psychiatrists are likely to find the MMPI-2-RF valuable as an assessment tool. Those presently not qualified to use it are able to receive instruction through workshops taught by the authors of the MMPI-2-RF, scheduled by Pearson throughout the year in a variety of locations. For additional information, contact [www.upress.umn.edu](http://www.upress.umn.edu).

Thanks are extended to the test authors who reviewed and contributed to this article.

Robert S. Brown, Jr., M.D.

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