

Correct MMPI Profile Interpretations for Traumatic Brain Injured Patients

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Lloyd I. Cripe, Ph.D.
(360) 683-8885
lcripe@olypen.com

Outline of Presentation

Introduction

Basic Problem with the MMPI and Neurologic Patients

Problems with Correction Schemes

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References

Cripe, L.I. (1999). Using the mmpi with mild traumatic brain injured patients. Chapter 13 in Evaluation and Treatment of Mild Traumatic Brain Injury, N.R. Varney & R.J. Roberts (Eds.), Mahwah, NJ: Lawrence Erlbaum, 291-314.

Cripe, L.I. (1997). Personality assessment of brain-impaired patients. Chapter 5 in Clinical Neuropsychology: Theoretical foundations for practitioners, M. E. Maruish & James A. Moses, Jr. (Eds.), Mahwah, NJ: Lawrence Erlbaum.

Cripe, L.I. (1996). The mmpi in neuropsychological assessment: a murky measure. Applied Neuropsychology, 3, 4, 97-103.

Cripe, L.I., Maxwell, J.K., & Hill, E.L. (1995). Multivariate discriminant function analysis of neurologic, pain, and psychiatric patients with the mmpi. Journal of Clinical Psychology, 51, 258-268.

Guidelines for Interpreting the MMPI of a TBI Patient

Cripe (1999)

- X Be fully aware of the problems and challenges in using this instrument with this patient group.
- X Do not rely heavily upon this or any other single test to study the complexities of a person's adjustment, personality or psychiatric status. If you want to understand these matters use a comprehensive evaluation process that considers many sources of information.
- X Consider using newer technology. The MMPI was conceptualized over 50 years ago based upon the ideas about mental disorders of that era. Recent revisions have not tackled the underlying assumptions nor resolved many of the inherent psychometric problems. The more recently developed Personality Assessment Inventory - Revised by Morey is more conceptually and psychometrically sound and delivers more accurate clinical information even though it too has many items that can be endorsed by neurologic patients because of their neurologic disorder and will affect some of the scales.
- X If the MMPI is used, view it simply as a tool to understand the person's perception of their problems.
- X When interpreting the MMPI results, ***use an item analysis approach rather than a scale analysis approach.***
- X Carefully consider the C.N.S. items and their subgroupings to best understand problem areas.
- X Consider how the overall MMPI profile has been affected and elevated by the endorsement of C.N.S. items.
- X Do not subtract out items and then proceed with a traditional clinical cookbook interpretation of the profile.
- X Do not use cookbook or computer generated interpretations with neurologic patients in general and especially with this patient group. They just are not appropriate.
- X Be conservative in reporting and writing the MMPI findings.
- X Recognize the limits of our technology and accept the fact that ultimately the study and understanding of such complicated phenomenon is a subjective matter that has to rely upon a broad range of qualitative and quantitative information from many sources.