

## MMPI Credibility

The definition of credible is *to be able to be believed and convincing*. Origin: Latin, *credibilis*, from *credere*; 'to believe'.

Human speech is, however, by its very nature ambiguous and imprecise, and thus ideally suited for misrepresentation, dissimulation, equivocation and sophistry. Our language thinks for us and also lies for us. Verbal deception is coeval with the earliest lisps of the race and was already practiced in the Garden of Eden (Jacobs, N.J. 1990).

Jacobs, N.J. 1990. *The Toils of Language*, New Amsterdam Books, New York.

Vasily Rozanov believed the lie to be an indispensable ingredient in the construction of reality and openly defended the right to lie on principle against an unjust and hypocritical society, which one could also conclude includes the self-revelations demanded when one is confronted with responding to the MMPI-2 test items.

Rozanov said, "It is surprising how I managed to accommodate myself to falsehood. And for this odd reason: what business is it of yours what precisely I think? Why am I obliged to tell you my real thoughts? ... I have gone through my whole life as though behind a curtain that is immovable, untearable. Nobody dares touch that curtain. There I live, there with myself I was truthful ... and it seemed to me that no one had anything to do with the truth of anything I said on the other side of the curtain." Rozanov, V.V. (1913) *Fallen Leaves*.

Every person needs a curtain behind which he or she can be true to him or herself. The MMPI-2 creators make a demand to reveal this true self; a demand, which can and perhaps often does mean the curtain protecting the self, must be rent.

SELF-REPORTS: Although self-reports have their place and have some value, they share inherent and significant weaknesses:

1. THEY ALL RELY ON THE HONESTY OF THE TEST-TAKER. If the applicant lies or misrepresents themselves, the test results are useless.
2. THEY ALL RELY ON THE SELF-UNDERSTANDING OF THE TEST-TAKER. Many people have false beliefs about how their test results will be interpreted. Obviously if their self-perceptions are off, then the responses to the test questions are also inaccurate. The context in which the person finds themselves determines how they will respond to the test items.
3. THEY ALL RELY ON THE TEST-TAKER UNDERSTANDING THE test items. Many applicants guess or don't understand what is being expected of them.
4. THEY ALL RELY ON THE TEST-TAKER TAKING THE MMPI-2 Test SERIOUSLY. Persons who take these tests often don't care about taking tests and give little attention to how they answer questions.
5. THEY ALL EVALUATE ONLY A PORTION OF THEIR PERSONALITY. Much still remains to be discovered about the person and how they live their lives.

The above list demonstrates why self-reports are called self-reports. How much weight and trust should be placed on the output which originated from the person themselves?

A question asked by the person(s) receiving a professional's evaluation report, "Can I believe and trust in the truthfulness (validity and reliability) of the interpretation of the data gotten from an administration of the MMPI and its predecessors?" The results are of the utmost importance in view of the decisions, which can be made that affect an individual's future freedom, prosperity and peace of mind. Nevertheless, the person will protect their own interests in whatever way they are able.

## **Administration**

Administration of the MMPI must follow standardized instructional procedures listed in the MMPI booklet. The instruction should be read to the person taking the test. This writer also has the person read the instructions aloud. This gives an indication of whether or not the person has sufficient reading (lexical) ability and comprehension (semantic) of the test items needed to continue with testing. If the person is not able to read and comprehend the written portion of the test, the examiner can present the items from a recording. The examiner records the person's responses.

Monitoring ethnicity does not impact test results generally. The MacArthur Alcoholism Scale - Revised (MAC-R) is not appropriate with non-white groups. The MAC-R should be used with white groups.

Test administration must be monitored and supervised. This assures the instructions for administration have been followed. The test cannot be sent home with the person taking it. There can be no guarantee that the finished test will have been taken by the person for whom it was meant. This maintains the "chain of evidence" as our legal brethren are wont to say.

## **Scoring**

Eliminating scoring errors is emphasized now by professionals who use the MMPI. Studies of hand scoring accuracy indicate an error rate of approximately three-percent.

Licensed scoring services address the issue of counting error. The use of these scoring services does not guarantee the results will be correct, however. Errors arising from data input, software processing glitches and unintended errors in the administration of the services most probably do arise. One could say that at least the responsibility for errors lies with the scoring services and not the professional using these services. Competent opposing counsel will also have the raw data scored. Should differences arise; an interesting cross-examination will undoubtedly follow. The standard scores issued by the scoring services will be different from time to time. This is not a well-known fact. A one point T score difference in a forensic setting will be looked upon with jaundiced, and perhaps gleeful, eyes.

Licensed Scoring Services  
Caldwell Report  
<http://www.caldwellreport.com>  
Email: [info@caldwellreport.com](mailto:info@caldwellreport.com)  
877-667-4248

College of Clinical Sciences  
<http://www.collegeclinicalsciences.org>  
Pearson Assessments  
<http://www.pearsonassessments.com>  
Email: [pearsonassessments@pearson.com](mailto:pearsonassessments@pearson.com)  
800-627-7271

## Interpretation

Elimination of interpretive bias will also be a concern. Computer generated interpretations are provided by licensed scoring services. These interpretations can be used to form the initial basis's used to proceed with report interpretations. Empirical data gotten from public information sources, family history initiated from family members and others who know the individual under consideration well, and the experience the examiner gains from contact in the evaluation process, serves to support the professional judgments in the interpretation phase.

## MMPI Standards of Use

There are **no** explicit standards for the use of the MMPI. The validation research is not related to the presence or absence of any one scale. The quality of the MMPI scales is unknown. The scales have been revised, however the kinds of revisions, the dates of the changes and the changes in data points are not know.

Scales with limited research:

PSY - 5 Scales

Restructured Clinical Scales (These scales eliminate a general distress factor. The data reflects a 'pure' measure of a scale)  
Content Component Scales  
Marital Distress Scale (MDS)  
Addiction Potential Scale (APS)

Profile Scales with Negative Research:

Ego Strength (Es)  
Harris-Lingoes Subscales  
Negative Treatment Indicators (TRT)  
Over-controlled-Hostility (O-H)

Scales with Excellent Research, which are not, profiled in the standard MMPI (Pearson Assessment) reports.

## Wiggins Content Scales

The Wiggins Content Scales are considered the best scales on the MMPI test. These scales reflect how people see themselves and what they think is important to them. The Content Scale items are loaded at the end of the MMPI-2. Fatigue can affect the way to which they are responded. There is significant overlap and intercorrelations among the scales. Insight and self-understanding of each content area is required along with the willingness to report it accurately. There is no reason to expect the same degree of awareness and insight to all areas of content. They should, however, not be used forensically.

### Validity

**Forensic Settings:** Questions concerning the influence the forensic context exerts upon the ways the person responds to the test items arise in forensic evaluations. People wish to escape punishment. Facing long imprisonment or the death penalty makes one thoughtful. The person will most likely respond to the test items emphasizing psychopathology, which elevate the scales. Persons facing child-custody litigation or parole/probation proceedings will wish to appear 'normal', socially acceptable and competent generally, which lowers scale elevations.

**Clinical Settings:** A psychological problem(s) probably exist. The person is requesting services, may wish to define the problem they face, or want a referral to services with which to deal with their problem.

**Personnel Settings:** The person wishes to pass the screening procedures, which stand between them and a desired profession or work setting. They do not want to acknowledge they have a problem, which would bar them from reaching their goal, even if a psychological condition did exist. The scale profiles will most likely fall within those of the normative group.

## MMPI Reflecting the Individual's Description of their own Experiences

**Objectivity:** There is nothing objective about the MMPI. All self-reports are subjective. The person is saying how they experience their problems. They may over-emphasize or minimize their problems.

**Thinking:** The individual may experience and report on their depression for example as, "I am a bad person who cannot do anything right." "I am a loser."

**Mood:** The person may be saying, "I am feeling down, blue, sad, and find little pleasure of satisfaction in living."

**Physical Discomfort, Pain:** There may be fatigue, lack of energy, unsatisfactory sleep, and loss of appetite.

**Withdrawal:** The person may be saying, "I am afraid of being with others. Their company is painful."

### **Essential Requisites for Genuine Self-reporting**

**Awareness** of his or her own behaviors, feelings, and subjective experience of disease or disturbance in the same way others who have similar experience is implied.

**Item Pool:** The MMPI item pool must have items eliciting specific problems, feelings, and disturbances. The MMPI is items, which are inadequate to elicit responses from persons suffering from eating disorders.

**Openness in Reporting:** The individual must be willing to reveal their experiences and behaviors in a forthright manner.

**Source of Distortions:** Self-description has little to no relations with how other people may see the person taking the test. Self-descriptions, which diverge from evidence gotten from objective sources and clinical interview data, twist the facts of the matter. The impact of the setting out of which the MMPI originates and the circumstances leading to the examination product data that does not reflect the individual's subjective circumstances accurately.

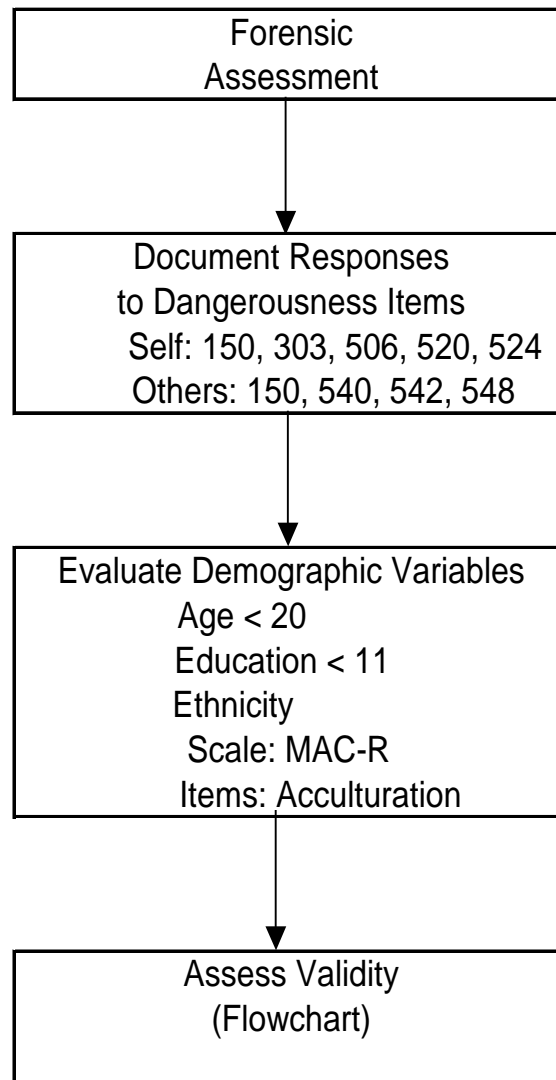
### **Steps in MMPI-2 Interpretation**

**Dangerousness to Self:** Items 150 - 303 - 506 - 520 - 524 - 530 - 548.

**Dangerousness to others:** Items 150 - 540 - 542 - 548.

## Demographic data related to dangerousness

If the age is <20, and Education < 11<sup>th</sup> grade the likelihood of dangerousness increases  
MMPI Credibility



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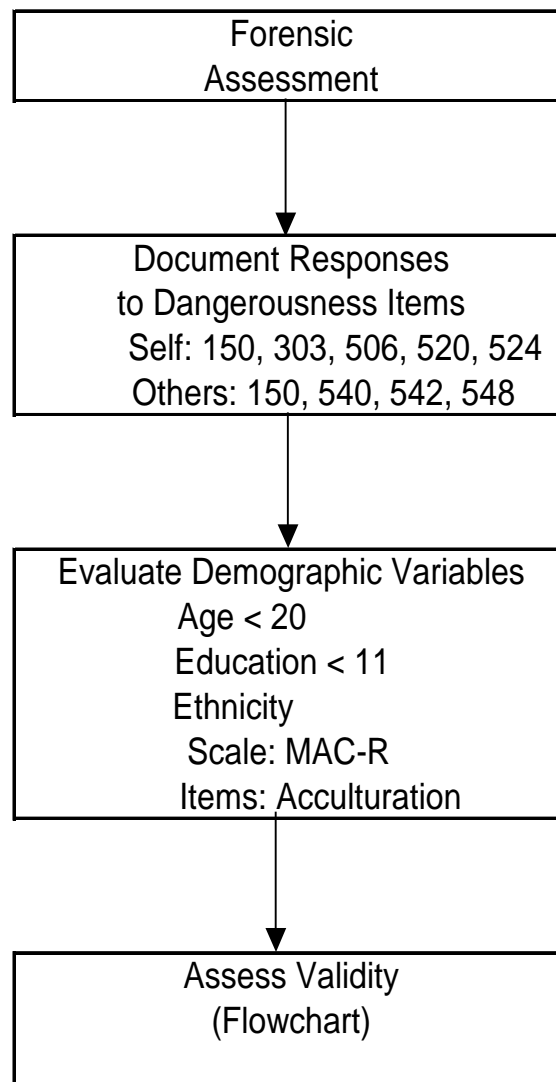
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## MMPI-2 Validity Scales

Consistency of Item Endorsement: VRIN and TRIN.

Accuracy of Item Endorsement:

(Self-Unfavorable) F, FB, and F (p).

(Self-Favorable) L, K, and S (Superlative).

(Self-Deception) K and S.

## Omissions

Few items are omitted generally. The most notable **exception** is with criminal forensic psychiatric examinations.

The most frequently omitted items, less than  $\leq 3$  percent of the time, are 211 and 215.

211. I have been inspired to a program of life based on duty, which I have since carefully followed.

215. I brood a great deal.

Review the content of the omitted items to see if a common theme emerges.

Check specific scales if 10 or more items are omitted.

There are no gender differences on the MMPI-2 for omission data.

One omitted item raises the "?" Tscore 3 points; three omissions raise the Tscore 10 points.

The last 17 MMPI-2 items are not counted in scoring the test.

There are similar rates of omissions across settings.

Report omissions data as probabilities in percentiles to assess the potential invalidity of the acquired MMPI-2 results is listed below:

Assume all omitted dangerousness items have been endorsed in the deviant direction.

The prevalence of excessive omitted items, i.e.,  $\geq 10$ , is approximately 1-2% in most settings except for criminal forensic psychiatric evaluations.

Criteria for Self-Unfavorable Responding in Maximizing Settings

	N	50	84	93	99
Sample		Number of Items Omitted			
Normal Individuals	2600		1	3	16
Clinical Patients	50,000		2	5	27
Criminal Psychiatric	1200	1	24	90	198
Death Row Evaluations	400	0	11	47	233
Personal Injury Plaintiffs	400	0	2	4	12

Criteria for Self-Favorable Responding in Minimizing Settings

	N	% ile	50	84	93	99
Sample			Number of Items Omitted			
Clinical Patients	50,000		2	5	27	
Normal Individuals	2600		1	3	16	
Child Custody Litigants	1200		0	3	18	
Clergy Applicants	500		0	2	16	
Law Enforcement Applicants	8000		0	1	8	

Data from Alex Caldwell

### Causes of Item Omissions

The person is often concerned about having to respond either 'true' or 'false' to an item will not communicate their understanding of the item content to the examiner. They do not want to be misunderstood. Telling them to ask themselves if the item is 'more true' or 'more false' about them may help them overcome their reluctance.

They may not understand the items. This is rare and may lead to abandoning the test.

People are concerned about confidentiality issues. 'Who will know the test results'? In addition, there may be other questions over the safety of a reputation, social repercussions, and legal consequences of taking the test.

### Consistency of Item Endorsement

"Can I, and am I, willing to endorse the items in a reliable, consistent, and repeatable manner?" Reliability is one of the legal prongs (a wonderfully masculine word) to the legal issue of whether or not a fact and the opinion supporting it are believable.

Reliable data precede issues of validity. Validity is the second prong in the issue of believability.

### Causes of Inconsistency

Few opportunities to receive a proper education leave a person unable to grasp the sense of item content.

Another possibility is Axis II psychopathology, of compliance with the test instructions, and passive-aggressive manipulations.

The MMPI-2 can be administered via cassette tape. The responses should be recorded by the test administrator. Cassette tape administration can be used with third grade reading comprehension and IQ's of  $\geq 70$ . The person can be asked, "Do you think reading the test items will be hard for you?" The person can make the choice of reading the items themselves or using the cassette tape.

Psychiatric and neuropsychological impairment can impose an obstacle to the patient's comprehension of the MMPI directions and item content.

Inconsistent responding is also related to cognitive and motivational issues. If the patient **does understand** the test taking directions, psychopathology is **not** an issue in response consistency.

### Reading Levels

The 1989 MMPI manual indicated the MMPI items are at an 8<sup>th</sup> grade reading level. The 2002 MMPI manual indicates the item reading level is at the 6<sup>th</sup> grade. The published figures for the lexical value for "true" items indicate a 6<sup>th</sup> to 8<sup>th</sup> grade level. Reading level data for "false" items is not known. Generally, a 9<sup>th</sup> or 10<sup>th</sup> grade reading level is more realistic. False responses to items requiring an endorsement in the opposite or negative direction are more complex and more difficult to understand and manage.

Reading tests do not yield adequate information as to the levels at which a person can accurately respond to the MMPI-2 items.

	Reading		Levels		
	WRAT	vs.	F/Fb		
WRAT Reading Grade Level	<6	7 to 8	8 to 9	10 to 11	12+
Inconsistency Scales			N		
F>17	8	5	4	3	5
Fb>11	6	9	7	6	6
VRIN >12	1	1	0	1	0
F+ Fb >6	2	12	5	4	11

Bullard, D.C. (2002) Methods for Evaluating Consistency of Item Endorsement on the MMPI-2.  
 Dissertation Presented to the Graduate School of Psychology, Palo Alto, California. June 2002.

## Education

Bullard (2002) found that IQ results among a group of patients administered neuropsychology tests and the MMPI-2 showed that higher the IQ, the greater the consistency in responding to the MMPI-2 items.

Infrequency Scales	Education And Consistency of MMPI-2 Item Endorsement				
	Years of Education				
	2 to 8	9 to 10	11 to 12	13-14	15+
F > 17	2	5	18	0	0
Fb > 11	1	10	20	1	2
VRIN > 12	0	1	3	1	0
F - Fb > 6	2	6	26	1	1

Bullard, D. D. (2002) Methods of Evaluating Consistency of Item Endorsement on the MMPI-2. Dissertation Presented to the Graduate School of Psychology. Palo Alto, C.A. June 2002.

## WAIS Full Scale IQ

Bullard (2002) found that the higher the IQ as measured by the WAIS, the greater the consistency in responding to the MMPI-2 items.

### Intelligence and Consistency of MMPI-2 Item Endorsement

Inconsistency Scales	WAIS Full Scale IQ			
	70-79	80-89	90-109	> 110
F > 17	11	10	4	0
Fb > 11	9	14	11	0
VRIN > 12	0	3	1	0
F-Fb > 6	6	19	11	0

Bullard, D. D. (2002) Methods of Evaluating Consistency of Item Endorsement on the MMPI-2. Dissertation Presented to the Graduate School of Psychology. Palo Alto, C.A. June 2002.

## Forms of Inconsistency

Cognitive forms of inconsistency are constant across all of the MMPI-2 items including:

Reading difficulties:

Can the person read the test items? The VRIN indicates problems in reading capability.

Limited educational opportunities:

Little exposure to learn the symbolic basis of communication in their culture limits comprehension of the MMPI-2 items.

Below average intelligence: Limited ability to comprehend the activities in their world.



Ethnicity does not impact test results generally. The MacArthur Alcoholism Scale - Revised (MAC-R) is not appropriate with non-white groups. The MAC-R should be used with white groups.

## Motivational Compliance

The MMPIs are long tests. A person becomes tired taking the test. It is not necessary to complete the MMPI in one session. VRIN does not assess fatigue well.

Fatigability:

- 1) If F (front side) is greater than Fb (back side), motivation may be a factor to consider.
- 2) If Fb (backside) is greater than F (front side), fatigue or mood disorders may be a factor to consider.

This clinical interpretation of the F and Fb scales was sent in the Neuropsychology List posting,

----- Original Message -----

From: "Dr. Jack Schaffer" <[jack\\_b\\_schaffer@yahoo.com](mailto:jack_b_schaffer@yahoo.com)>

To: "Neuropsychology" <[npsych@npsych.com](mailto:npsych@npsych.com)>

Sent: 27 January, 2007 11:48

Subject: Re: [npsych] FB vs. F on MMPI

A citation from Roger Greene's book (2000, p. 71) states: "The items on the F scale primary reflect more strange and atypical, frequently psychotic, behaviors and symptoms, while the items on the Fb scale emphasize suicidal ideation, hopelessness, and problems with relations."

A citation and from Friedman, et al. (2001, p. 193): "Most items on the Fb scale have an acute distress and depression theme, whereas the major theme of the F items reflects psychoticism."

To say F is cognitive and Fb affective might be a bit of an oversimplification or misstatement, however. The language quoted certainly reflects some cognitive elements of Fb, as well. In addition, the possibility that a higher score on Fb could reflect decreased motivation or focus toward the end of the test, as one responder noted, should also be considered.

## Distribution of the Infrequency Items on the MMPI-2

### MMPI-2

Distribution of Infrequency Items for F (front side) and Fb (back side)  
Scales

#### Number of Items

Booklet	F (front)	F (back)	VRIN
1-100	16	0	4
101-200	17	0	6
201-300	17	2	9
301-400	10	13	9
401-500	0	11	10
501-567	0	14	11
Total	60	40	

### MMPI-2

#### VRIN

Criteria (Maximizing Settings  
(Self-unfavorable responding))

Sample	Percentile	16	50	84	93	99	
Normal Individuals		0	4	7	9	12	r a

Clinical Patients	2	5	8	9	12	w
Criminal Psychiatric	3	7	11	14	18	s
Death Row Evaluations	3	6	9	10	15	c
Personal Injury Claimants	3	6	9	10	13	o
						r
						e
						s

VRIN - Consistency across the entire test in self-unfavorable responding settings.

Psychopathology does not increase inconsistency. Most records produce VRIN raw scores of 10-12.

		MMPI-2					
		Criteria (Minimizing Settings (Self-favorable) Responding					
VRIN	Percentile	16	50	84	93	99	
Sample							r
Normal Individuals		0	4	7	9	12	a
Clinical Patients		2	5	8	9	12	w
Child Custody Litigants			3	4	6	11	s
Clergy Applicants		0	2	4	6	11	c
Law Enforcement Applicants		0		4	6	11	o
							r
							e

Self-favorable responding may include a focus upon overly consistent responding in an attempt to appear less troubled than is actually the case. The prevalence of VRIN responding  $\geq 10$  is approximately 10 to 15 percent in all settings except for criminal psychiatric setting (self-unfavorable responding). It is important to attempt to have the patient engaged in the task of testing with the MMPI-2.

Inconsistency is not caused by psychopathology. The normal and clinical patients samples have nearly the same VRIN pattern.

### Malingering (V65.2 Code of the DSM-IV-R)

The context out of which malingering might be expected is:

1. Medico-legal evaluations
2. Wide discrepancies between the claimed disabilities and the objective facts found upon examination
3. Absence of cooperation occurring during the evaluation.
4. Manipulations arising out of an Antisocial Personality Disorder context and the passive resistance found in Passive-Aggressive Personality Disorders behavior.

It is prudent to ask the person if they have taken the MMPI before and, if so, why they did so. Have they looked up the MMPI on Websites and why did they do so? Have they talked with anyone about taking the MMPI? Have they talked to an attorney about taking the MMPI? Any knowledge the person may have concerning the MMPI prior to your administration can impact the outcome. Should the person be involved in dealing with forensic issues, the MMPI results are probably going to be influenced by the setting.

Intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives and objectives is malingering's essential feature (from the DSM-IV, p. 683).

Estimated base rates of malingering from Rogers (1997) are listed as:

Source of Estimates	N	Forensic	Non-Forensic
Forensic Psychologists	320	15.7%	7.8%
Forensic Experts	221	17.4%	7.8%

Estimated MMPI base rates for defensiveness in normal individuals:

Source	Defensiveness
Greene (1988)	6-7%

Rogers, Richard (1997) *Clinical Assessment of Malingering and Deception* (2<sup>nd</sup> Ed., p. 4) New York, London: The Guilford Press.

The accuracy of MMPI-2 item endorsement depends upon how the person responds to the questions, i.e. "Can I, and am I willing to provide an accurate picture of my inner experiences, even if some of them appear psychopathological, that I am experiencing?"

The response to these questions requires cognitive awareness, insight, and understanding of the person's experiences as well as the willingness of the person to freely reveal how they think and feel about themselves.

## Accuracy of MMPI-2 Item Endorsement

### Continuum Of Accuracy/Inaccuracy

Minimizing Settings  
Self-favorable  
"Faking Good"

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Maximizing Settings  
Self-unfavorable  
"Faking Bad"

Minimizing and maximizing are terms used to avoid stigmatizing a person's responding as willfully or intentionally impacting the test results in a manner that will place them in a position to meet goals they want to happen which satisfies their needs and wishes.

Symptom reporting may be based upon common notions of psychopathology should the person wish to present themselves in a self-unfavorable (maximizing) manner. They frequently report all possible symptoms, which are **not** present in true psychopathological conditions. Most people do not report a great deal of symptoms.

Inaccurate reporting can occur in many types of psychopathological conditions. Schizophrenic patients can report either minimize or maximize symptoms as well as normal individuals. Inaccurate responding to the MMPI-2 test items does not mean the individual does not have a psychopathological condition. The type of responding depends upon the setting in which the testing takes place and the individual's desires for the test results to yield to them the outcome they want for themselves.

### Maximization of Psychopathology

There is no absolute measure for maximization of psychopathology. The reporting of a larger number of severe symptoms than would be ordinarily expected taking the history, background, and interview into account may be due to the maximizing setting or due to genuine psychopathology. It is hard to tell which the case is.

### Scales for Assessing Maximization

Infrequency Scales

F (Infrequency - Front)

Fb (Infrequency - Back)

F ≥ 24 and Fb ≥ 20, maximization is a possibility.

F and Fb scores, when high, along with low F (p) scores are associated with the symptoms of severe pathology behaviors that have been accurately reported.

F(p) (Infrequency - Psychopathology, psychiatric patients) Positive when raw score if 6 or 7.

FAM Four items from this scale are included in the F(p) scale as well as four items from the L scale.

F(p) Includes four L scale items: 51, 77, 93, and 102 responded to as 'False'. These items measure

Self-favorable minimizing personal descriptions within the self-unfavorable F (p) scale. The four L scale items correlate  $r = .21$  with the remaining F (p) scale items. Paradoxically, the remaining F(p) scale items are more highly correlated with external criteria when the four L scale items are eliminated.

Should the four L (Lie) scale items elevate the F (p) scale when answered 'False'. It may be prudent to subtract the false answers on the F (p) and recalculate the F(p) Tscore to see how much influence the L (Lie) scale items impacted the F(p).

F(p) lower than Fb (back) [F(p) raw score if ≥ 5 or 6] is a preferable finding.

MMPI-2

F (p)

Maximizing Settings (Self-unfavorable)

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MMP I - 2

F

(p)

Minimizing Set

ings  
(Self-favorable)

F (p)	Percentiles	16	50	84	93	99
Sample						
Normal						
Individual		0	2	3	5	a

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The raw scores of 2 or 3 on the F (p) scale in child custody evaluations is a statistically rare finding.

FBS - These infrequency scale items are **specific to personal injury and pain patient**

FBS - Should only be interpreted in personal injury and pain settings and ignored in other settings. F, Fb, F(p), and FBS are different types of infrequent symptomatology. Elevations across all scales, F, Fb, F(p), and FBS would be exceptional.

A caution when presenting the FBS in a court of law:

The MMPI-2 Fake Bad Scale (FBS) is Declared Unreliable IN THE CIRCUIT COURT OF THE THIRTEENTH Judicial CIRCUIT IN AND FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA CIVIL DIVISION

CHRISTINE WILLIAMS, Case No.: 04-CA-008892  
Plaintiff, Division: F vs. CSX TRANSPORTATION, INC., a corporation, Defendant.

ORDER ON FRYE REARING ON MMPI-2 "FAKE BAD SCALE"  
THE COURT'S CONCLUSIONS AND ORDER

11. The "Fake Bad Scale" as a measure for assessing lack of effort or malingering and/or over reporting of symptoms is a subject of controversy and continuing discussion in the psychology community. The "Fake Bad Scale" was developed by Dr. Lees-Haley in 1991, yet it is only within the last year that the University of Minnesota has decided to include it as one of its scales. Unlike every other scale in the MMPI-2, there is no scoring or administration manual for the FBS, although they have apparently published interpretive recommendations

for use in assessing BBS scores. According to the Defendant, the recommendations include the following: Joint use. Use the PBS and MMPI-2 F-family jointly. They work in complementary fashion to detect multiple forms of misrepresentation. The F scale detects feigned severe psychopathology and the FBS inflated emotional and somatic suffering. The MMPI-2 F-family is more useful in criminal settings and the FBS in civil settings. General FBS threshold: An FBS score >23 justify concerns about symptom validity. The risk of false positives declines as scores increase in the 20s. Final conclusions depend on score magnitude and moderator variables. (Emphasis added by the court).

Gender and history as moderators: Consider cutting scores of 29 and above in females with pre-injury psychiatric histories. (Emphasis added by the court). Keep in mind persons with mental illness can still exaggerate disability in the service of regressive ends.

Injury severity as moderator: In cases with historical or radiological evidence negative for cerebral dysfunction, relatively lower FBS scores (23- 24) are grounds for suspecting exaggeration. With severe brain injury with residual neurological signs (such as anosmia), adjust cut-score to 26 and up. (Emphasis added by the court).

- Medical history as a moderator variable. In cases of serious, active medical disease, especially diseases with complex and multiple symptom complaints, interpret FBS scores with caution or rely on scores of 30+. Consult with a medical colleague if unsure of disease status, (emphasis added by the court).

- General prohibitions. Never use the FBS alone; combine FBS score with behavior observations and other validity test indicators; avoid the original 1991 cut-score of 20 because of false positives; as of this writing, too little is known about FBS in criminal settings for use in insanity pleas (the F scale remains particularly useful in criminal settings); a positive FBS score does not automatically rule out the coexistence of genuine problems, but it does indicate magnification of problems in such cases. (Emphasis added by the court).

- Scores of 30 and above have a 99-100% probability (Bayes "posterior probability") of indicating promotion of suffering across all settings. FBS scores in this range provide the greatest confidence irrespective of gender, medical, or psychiatric context.

- \* Ideal for neuropsychologists. The FBS is highly recommended for use in forensic neuropsychology contexts, where somatic dysfunction and emotional complaints are evaluated in conjunction with neurocognitive issues.

- Can be prorated from the MMPI-2 short form. Fox (2004) demonstrated that a reasonable estimate of the full FBS can be made when only the first 370 items are administered.

12. The fact that, unlike every other scale in the MMPI-2, there is no scoring or administration manual for the FBS, and the above recommendations and cautions published by the University of Minnesota Press for its use, **indicate to the Court that FBS is not an objective measurement of effort, malingering, or over-reporting of symptoms.** The Court concludes that the FBS is very subjective and dependant on the interpretation of the person using or interpreting it. There is no definitive scoring because the scoring has to be adjusted up and down based on the circumstances and there is a high degree of probability for false positives. Moreover, the scoring assessment has changed over the years from an original cut score of 20 in 1991, with recommended interpretive scores now ranging from 23 to 30; this coupled with the acknowledged bias against women and those with demonstrated serious injuries makes the FBS unreliable.

13. The preponderance of the evidence does not support Defendant's contention that the

FBS is now generally accepted in the psychology community. Moreover, to allow an expert to bolster his or her testimony by reference to an FBS score, as if it were an objective test or evaluation demonstrating malingering, over-reporting, or lack of effort, would be contrary to Florida law. The Court does not believe that a test or scale that cannot reliably determine the existence of malingering or accurately measure the magnitude can be of much probative value and to allow an expert to use the FBS to support his opinion would be prejudicial under the circumstances. Whatever probative value the FBS may have is substantially outweighed by the danger of unfair prejudice, confusion of issues, and misleading the jury, and should be excluded. See §90.403 Fla. Stats. The very name "Fake Bad Scale" is pejorative and derogatory and thus prejudicial. The Court concludes based on the evidence and argument presented that reference to or reliance by the expert on the "Fake Bad Scale" will not assist the jury in understanding the evidence or in determining the facts in issue. The Court having reached that conclusion under the first prong of the Frye Test determines that it is unnecessary to consider the other three prongs of the test.

It is therefore, ORDERED AND ADJUDGED that Plaintiff's Motion to Strike or Limit the Testimony of Defense Expert Harold Smith is GRANTED in that he will be prohibited from using the "Fake Bad Scale" as an objective measure of effort, malingering or over-reporting of symptoms or to bolster his opinion that the Plaintiff is not credible or not truthful or malingering.

DONE AND ORDERED in Chambers at George Edgecomb Courthouse, Tampa, ORIGINAL Florida, this \_\_\_\_\_ day of \_\_\_\_\_, 2007. CONFORMED COPY

SEP 19, 2007 CHARLES ED BERGMANN

CHARLES ED BERGMANN Circuit Court Judge

cc: James R. Holland H, Esquire

**Dorothy Sims, Esquire (Strikes Again)**

Daniel J. Fleming, Esquire/Stephen N. Gordon Jr., Esquire

Geoffrey Kanter, Ph.D.

Comprehensive MedPsych Systems

Sarasota, FL

www.medpsych.net

### Item Overlap with FBS

Scale	Items
1 Hs	13
2 D	5
3 Hy	14
8 Sc	7
HEA (Health Concerns)	14
WRK (Work Interference)	5
ASP (Antisocial Practices)	8 (Reversed)
CYN (Cynicism)	5 (Reversed)
F (Infrequency)	5
K (Correction)	4
S (Superlative)	8

Maximizing Psychopathology  
Profile  
MMPI-2 Basic Validity and Clinical Scales

Tsc	VRIN	TRIN	F	Fb	F (p)	L	K	S
100								
90			x	x				
80					x			
70								
60								
50	x							
40		x				x	x	x
30								

Greene, R. (2004) Forensic Applications on the MMPI-2. American Academy of Forensic Psychology.  
Las Vegas, NV      January      2004

Note: F(p) must be lower than F plus F(back).

**Notes on Maximization**

Scales for maximizing (self-unfavorable) are bidirectional. High scores maximize the reported symptoms and low scores minimize reported symptoms. Re-administration of the MMPI-2 usually produces limited changes in these criteria.

Scales L, K, S, Hy, and Over Controlled Hostility are all biased to false responding.

The maximizing and minimizing profiles are not interpretable as code types. The clinician should attempt to describe the reasons and putative motivations leading to the obtained profiles.

The prevalence of maximization profiles is approximately 5 to 10 percent of all clinical cases. There is limited data on prevalence in forensic settings.

### Identification of Maximizing

It is difficult to definitely identify accurately the source of maximization according to the category of psychopathology, the client's knowledge of the disorder, their awareness of the presence of the validity scales and the various incentives they may have to maximize their symptoms.

### Minimizing Psychopathology

Fewer and less severe symptoms of psychopathology are being reported than would be expected based on the clinical history and background themselves.

There are no absolute criteria for identification of a minimizing (self-favorable) presentation.

It is easy to minimize psychopathology on the MMPI-2. A false response bias lowers the MMPI-2 profile. The **absence of any elevation** is the clue to minimization.

### Notes on Minimizing

The person taking the MMPI-2 is not the identified patient, there is probably little or not reason for them to report symptoms of psychopathology.

The person taking the test is most likely not aware of the problems they are having. They do not view their behavior, which is symptomatic of psychopathology, as a problem for them. This is in spite of the fact it causes problems for others.

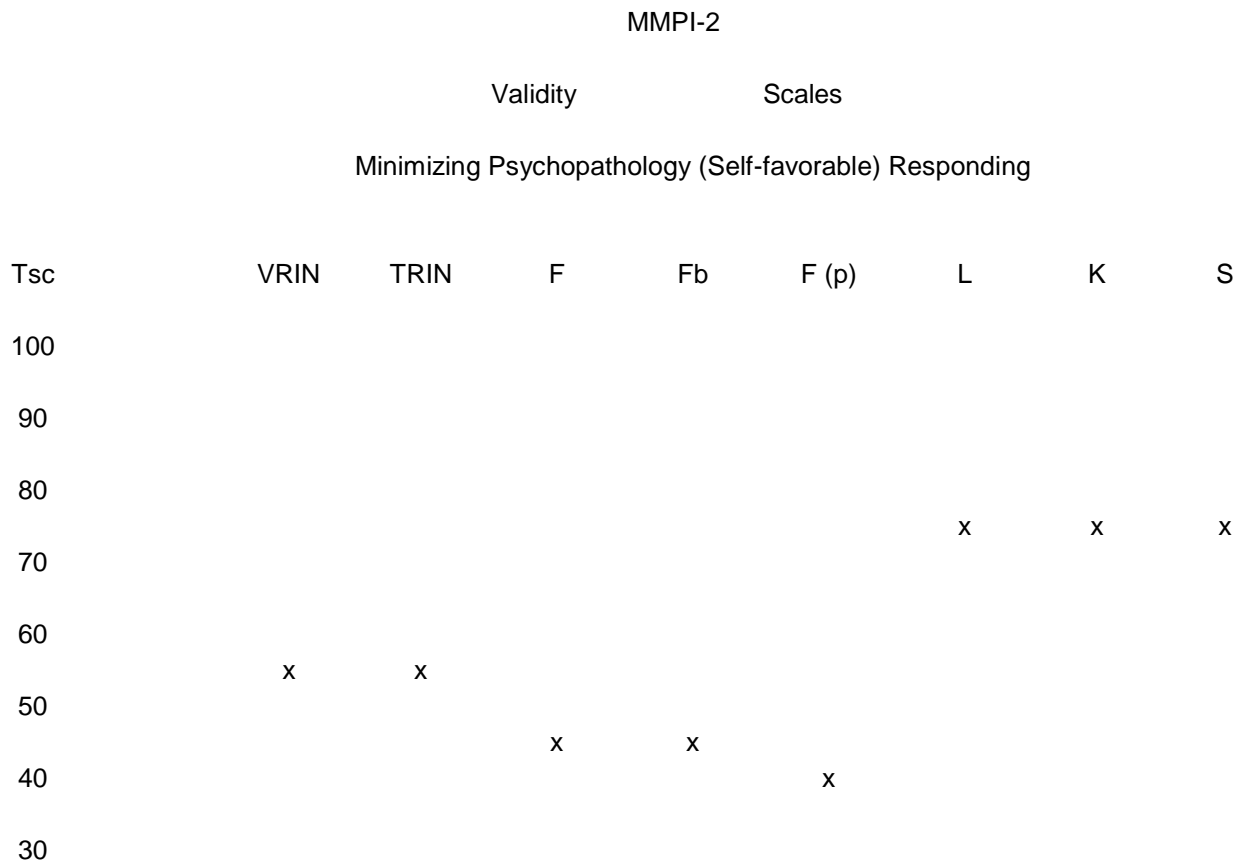
Forensic settings in which minimization is most likely to occur are child custody evaluations, probation or parole, and personnel screenings.

Distress elevates MMPI-2 profiles. Persons producing a low profile are reporting they are not distressed.

Taximetrics statistical modeling procedures, i.e., categorical 'yes' and 'no' responses make it relatively easy to manipulate the response patterns, either self-favorable or self-unfavorable.



Scales L (Lie), 5 (Mf), 6 (Pa), and 7 (Pt) permit a person with relative ease to describe themselves in a positive (self-favorable) manner.

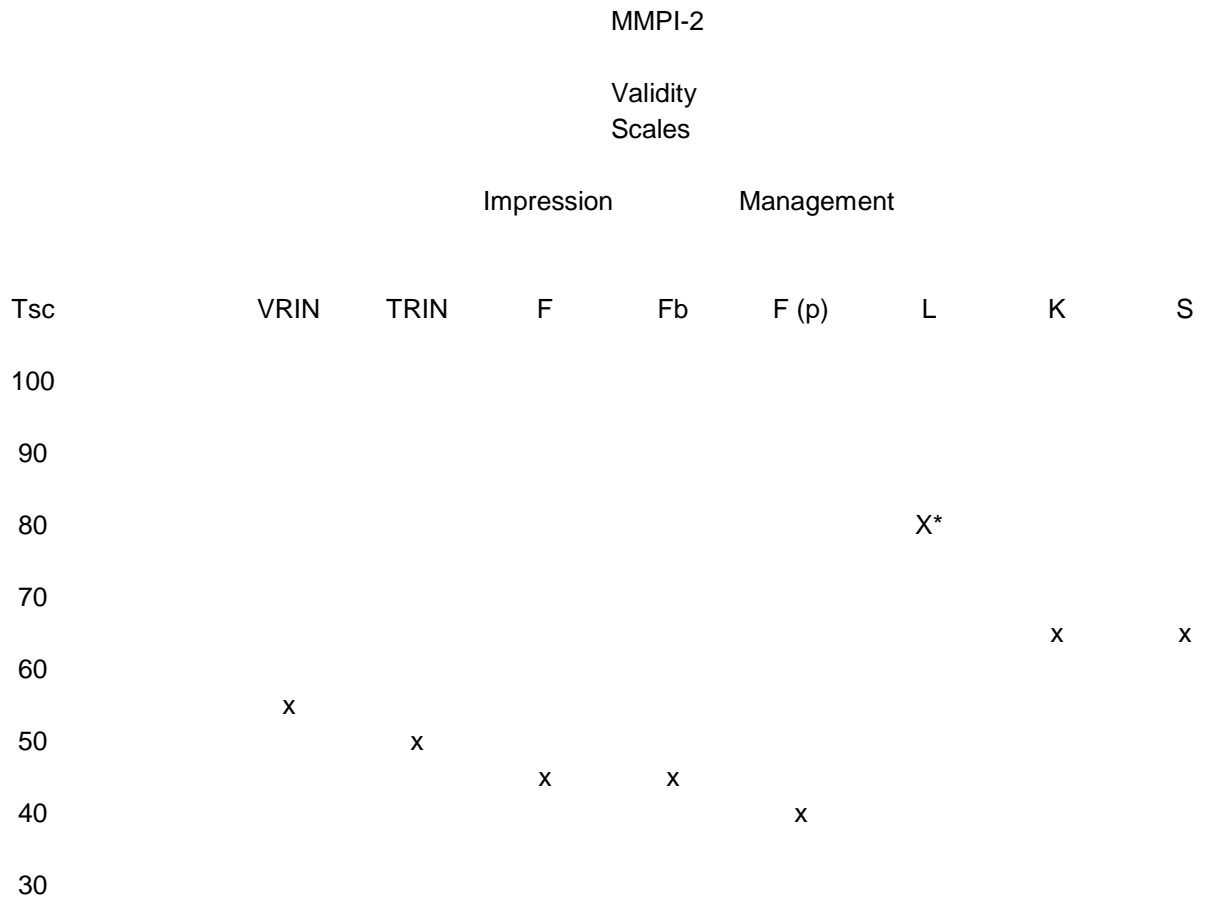


Greene, R. (2004) Forensic Applications on the MMPI-2. American Academy of Forensic Psychology.  
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False positives run between 65 to 70 percent. They are saying, "I am not going to tell you anything."

**Scales for Assessing Minimizing (Self-favorable Responding)**

Impression management is a conscious, intentional presentation of the self to others, which is first learned in kindergarten. They are saying, "Yes, I understand, I will be as you like and do as you want." "I will meet all of your demands and then you will love me and give me what I want. I will be seen as a positive person in your eyes."



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MMPI-2

L (Lie) Scale

Maximizing (Self-unfavorable) Settings

L (Lie)

Sample	Percentile	16	50	84	93	99	
Normal Individuals		1	3	5	6	10	r
Clinical Patients		2	4	7	8	11	a
Personal Injury Claimants		2	4	6	7	12	w
Criminal Psychiatric		2	4	8	9	12	s
Death Row Evaluations		2	4	7	8	11	c
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Greene, R. (2004) Forensic Applications on the MMPI-2. American Academy of Forensic Psychology. Las Vegas, NV.

MMPI-2

L (lie)

Minimizing Settings (Self-favorable)  
Responding

L (Lie)	Percentile	16	50	84	93	99	
Sample							
Normal Individuals		1	3	5	6	10	r
Clinical Patients		2	4	7	8	11	a
Child Custody Litigants		1	3	6	9	12	w
Clergy Applicants		2	3	5	7	10	s
Law Enforcement Applicants		1	3	5	6	10	c

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Las Vegas, NV January 22, 2004

Minimizing is done by almost everyone to about the same degree.

### Impression Management Scales

Impression management scales are: L (Lie), Other Deception (ODecp), and Wiggins Social Desirability (Sd), Correction (K), Superlative (S), and Edwards Social Desirability (So) scales.

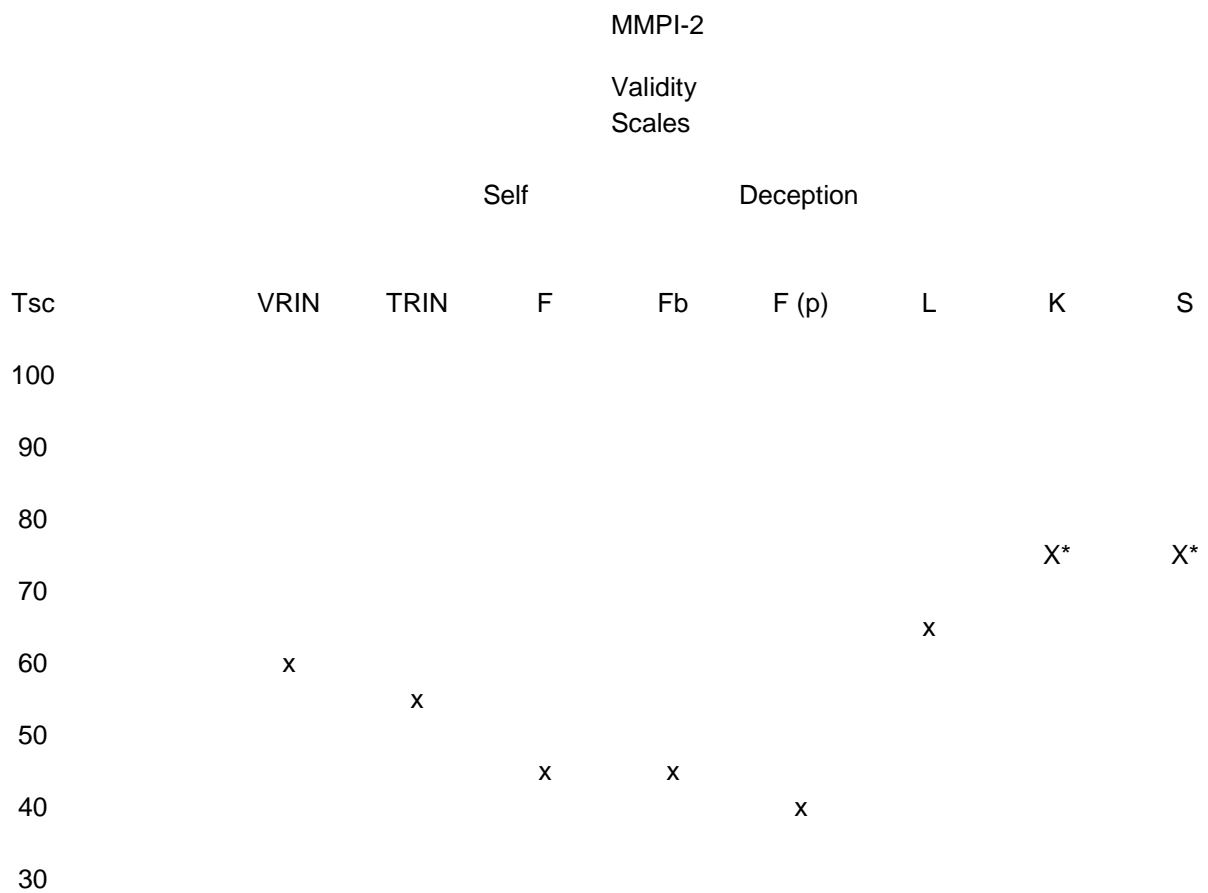
Elevations on the K, S, and So scales arise out of a lack awareness of their own self-presentation when the person is attempting to make an favorable impression upon another

person management is taking place. The K and S scales reflect a 'good' presentation of the self. The 'good impression' management style evolves out of mirroring response behavior to obtain others approval and positive regard, which prepares them to respond in a desirable way to the requests and demands that, will be made upon them.

The L scale will be lower that the K and S scales. These people do not know how to manage impression management very well.

Impression management is not characteristic of any one setting.

A low K scale score is accompanied by higher psychopathology profiles.



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The S scale deals with socially desirable responding, the tendency to tailor responses for looking good, and a human trait of wishing to make positive if not unlikely and possibly distorted attributions about them. There is a flavor of narcissism around the S scale.

The Paulhus Deception Scales (PDS): The Balanced Inventory of Desirable Responding (PDS) by Delroy L. Paulhus, PhD is supplementary tests, which can be used to further examine socially desirable responding. The PDS, formerly known as the Balanced Inventory of Desirable Responding, is a 40-item self-report instrument that measures the tendency to give socially desirable responses. The PDS is useful in identifying individuals ages 16 years and older who distort their responses and for evaluating the honesty of their responses, as it is administered concurrently with other instruments. It is available from PAR.

MMPI-2

K (Correction)

Maximizing Setting (Self-unfavorable) Responses

K (Correction)	Percentile	16	50	84	93	99	
Sample							
Normal Individuals		10	15	19	22	25	r
Clinical Patients		9	15	21	23	26	a
Personal Injury Claimants		9	14	19	22	26	w
Criminal Psychiatric		7	12	19	22	26	s
Death Row Evaluations		8	13	18	20	22	c
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Las Vegas, NV January 22, 2004

MMPI-2

K (Correction)

Minimizing Settings (Self-favorable) Responding

K (Correction)	Percentile	16	50	84	93	99	
Sample							
Normal Individuals		10	15	19	22	25	r
Clinical Patients		9	15	21	23	26	a
Child Custody Litigants		13	19	22	24	27	w
Clergy Applicants		13	20	22	24	27	s
Law Enforcement Applicants		12	18	21	23	26	c

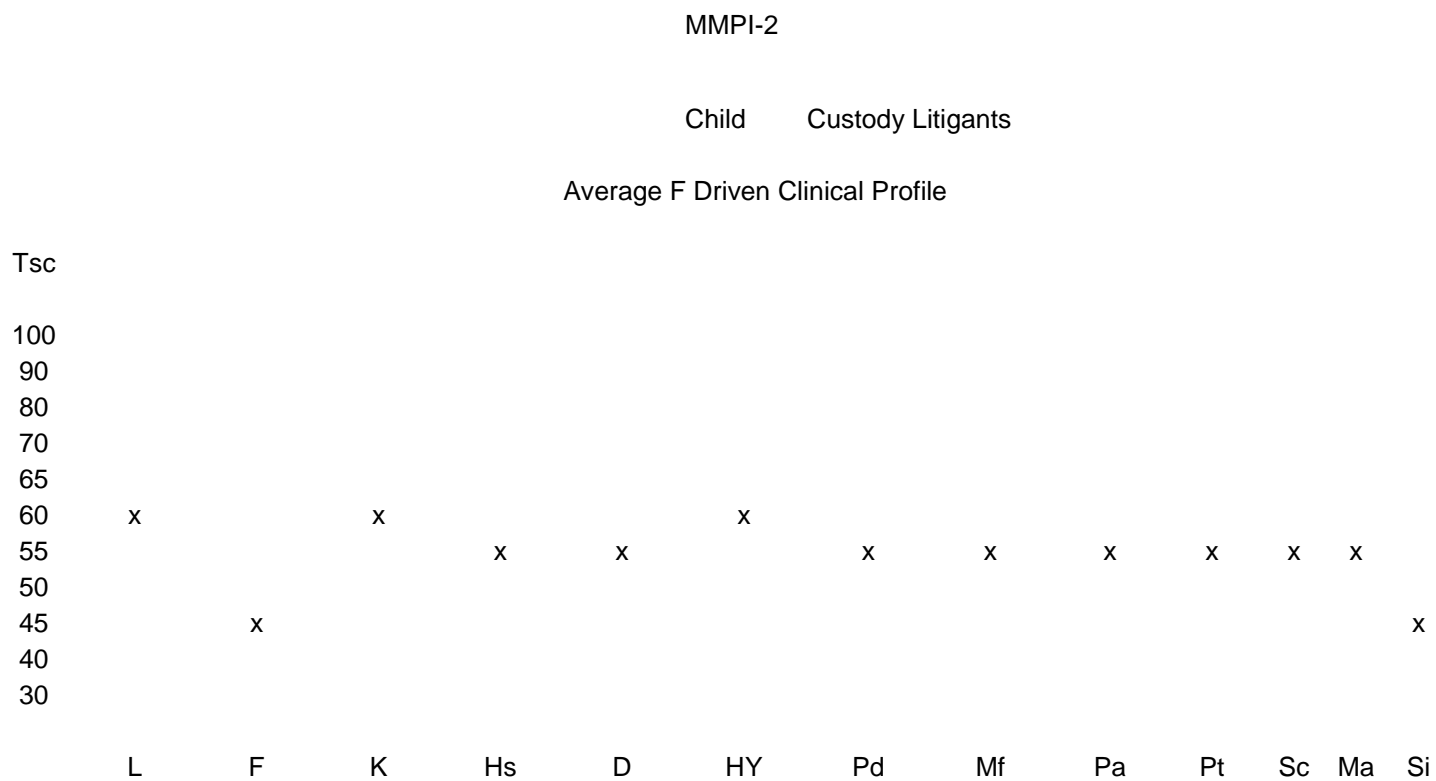
Greene, R. (2004) Forensic Applications of the MMPI-2. American Academy of Forensic Psychology  
Las Vegas, NV January 22, 2004.

### Notes on Minimizing

The personal problems a person has may have been around for a long time, but are not seen as being problems even though they are to others in their lives. The individual has no conflicts with what others see as 'their' personal problems. The individual rejects others evaluations of their problems and sees them as non-existent or unimportant. Their behaviors get them what they aim for and want.

High scale scores in minimizing setting reflect self-favorable responding. Low scale scores are not in themselves informative one way or another.

Impression management and self-deception scales measure different factors. Impression management is conscious manipulation of responses. Self-deception involves responding to the demands of the situation in which individuals find themselves and the expectations evolving out of the setting in which they are reluctantly placing themselves.



Average profile for 1000 child custody litigant's evaluations. This is a WNL 'flat line' profile.

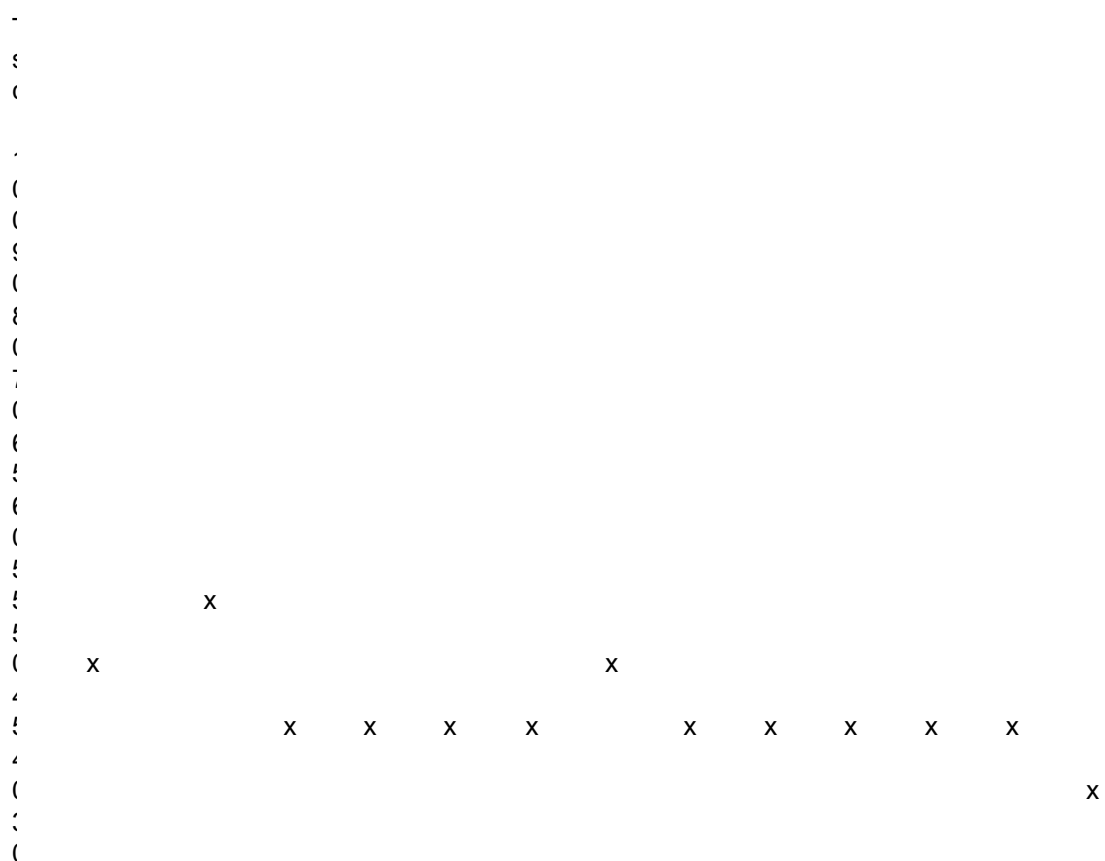
Greene, R. (2004) Forensic Applications of the MMPI-2. American Academy of Forensic Psychology. Las Vegas, NV January 22, 2004.



MMPI-2

Law Enforcement Applicants

Average F Driven Clinical Profile



L F K Hs D HY Pd Mf Pa Pt Sc Ma Si

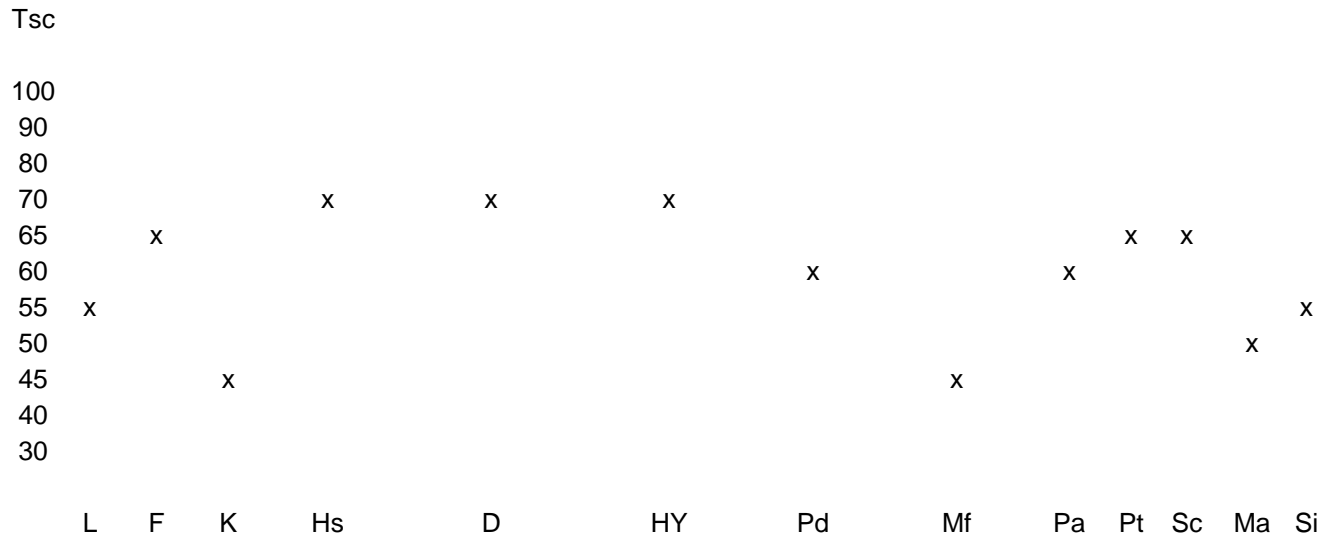
Average F driven clinical profile.

**The profile is a WNL, 'flat line' profile.**

Greene, R. (2004) Forensic Applications of the MMPI-2. American Academy of Forensic Psychology.  
 Psychology. Las Vegas, NV January 22, 2004.

Personal Injury Claimants

Average F Driven Clinical Profile



Average F driven clinical profile.

This is a WNL, 'flat line' profile.

Greene, R. (2004) Forensic Applications of the MMPI-2. American Academy of Forensic Psychology.  
 Psychology. Las Vegas, NV January 22, 2004.

**MMPI-2 Profile Stability and Resistance to Change with Repeated Testing**

The MMPI was originally intended to be a measure of an individual's personality traits, which do not change appreciably over time. The MMPI is influenced by temporal factors impacting the emotional and cognitive state in which people find themselves making the MMPI an unstable measure of personality traits. A change in a person's circumstances changes the

person's MMPI test results. The MMPI-2 test results yields a description of a person at one time and place. It changes over time as the circumstances facing a person change.

**Group** or trait data obtained with the MMPI-2 looks stable, but the data are not stable at the **individual** level. Computer generated interpretive statements are based on group data. These interpretations describe the general characteristics of the group, but cannot accurately take into account the myriad factors and unique circumstances that are being played out in an individual's life. The computer generated group based personality statements can be wide the mark when applied to an individual. Approximately nine percent of MMPI computer generated group based personality descriptors are in any way accurate or veridical apply to an individual according to Lezak.

The MMPI-2 profiles can be pushed up or down at will. It will move with any change of setting. Settings change the profile amplification.