

## MMPI-2 validity scales w PTSD Vets

Yes, genuine PTSD patients significantly elevate the MMPI-2 validity scales. I recommend much higher cut-offs than usual for combat vets with possible PTSD, based on the articles or chapters cited below. Note that two of the chapters come from Rogers' *Clinical Assessment of Malingering and Deception* (2008) book.

Here's one way to approach evaluating MMPI-2 validity scale scores with this population. Depending on how conservative you want to be, this table gives you intermediate and conservative cut-off scores:

MMPI-2 Validity Scale Cut-Off Scores for PTSD Evaluations

MMPI-2 Scale	Normal	Extreme Distress	Intermediate Cut	Conservative Cut
F	≤ 80	81-117	118-129	≥ 130 (raw = 32)
FB	≤ 80	81-117	118-139	≥ 140 (raw = 24)
F-K	≤ 11	12-20	21-26	≥ 27
F(p)	≤ 69	70-98	99-105	≥ 106 (raw = 9)
Ds	≤ 79	80-96	97-106	≥ 107 (raw = 40)

*Note.* F = Infrequency; FB = Back-Page Infrequency; F-K = Dissimulation Index (Gough, 1950); F(p) = Infrequency-Psychopathology (Arbisi & Ben-Porath, 1995); Ds = Gough Dissimulation Scale (Gough, 1954).

\* All values are T-Scores except for F-K values which are raw scores. Raw scores are provided for the "Conservative Cut" level since T-Scores in this range are not provided on standard MMPI-2 computer-generated reports.

\*\* The "Extreme Distress" level indicates a range of scores which suggest that the individual probably endorsed more symptoms or problems than they actually experience but this over-endorsement is most likely due to "extreme distress" (Franklin, Repasky, Thompson, Shelton, & Uddo, 2002) or what is often referred to as a "cry for help" response set (Graham, 2006). Note that the values

given are higher than those in Graham (2006) because this table takes into account the tendency of genuine PTSD patients to elevate MMPI-2 validity scales at higher levels than other clinical populations, as discussed by Frueh, Hamner, Cahill, Gold, & Hamlin (2000) and Franklin, et al. (2002).

\*\*\* The "Intermediate Cut" scores are at least at the 98<sup>th</sup> percentile for a very large clinical sample (Greene, 2008, Table 10.13, p. 180) *and* 1.5 standard deviations above the mean for genuine PTSD samples (Resnick, West, & Payne, 2008, Table 7.5, p. 119). The term "Intermediate Cut" is from the Resnick, et al. (2008) chapter.

\*\*\*\* The "Conservative Cut" scores are at or above the 99<sup>th</sup> percentile for a very large clinical sample (Greene, 2008, Table 10.13, p. 180) *and* at least 2.0 standard deviations above the mean for genuine PTSD samples (Resnick, West, & Payne, 2008, Table 7.5, p. 119). The term "Conservative Cut" is from the Resnick, et al. (2008) chapter.

\*\*\*\*\* All of these MMPI-2 scales, except for Ds, have been validated as efficient for the detection of symptom exaggeration for combat veterans undergoing evaluation for PTSD (Tolin, Steenkamp, Marx, & Litz, 2010). The authors of that study found that the Ds-r scale was not a good discriminator; they did not evaluate the longer Ds scale, which has proved to be a good discriminator in other studies (e.g., Wetter, Baer, Berry, Robison, & Sumpter, 1993).

## References:

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