Neuropsychological Assessment ● Part 3 ● Personality

Commonly used personality assessment tests

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Test	Format	Strengths	Weaknesses
Minnesota-Multiphasic Personality Inventory (MMPI) *	566 items, true-false; self-report format; 17 primary scales (numerous special scales)	Provides wide range of data on numerous personality variables; strong research base. Published 1943	Tends to emphasize major psychopathology; needs revision with current normative data
Minnesota Multiphasic Personality Inventory-2 (MMPI-2) *	567 items; true-false; self-report format; 20 primary scales	1989 revision of MMPI with updated response booklet; revised scaling methods, and new validity scores; new normative data. Published 1989	Preliminary data indicate that the MMPI-2 and the MMPI can provide discrepant results; normative sample biased toward upper socioeconomic status; no normative data for adolescents
Minnesota Multiphasic Personality Inventory-Adolescent Form (MMPI-A)	478 true-false items (350 item short form) including original 10 clinical scales, content component scales; personality scales, validity scales	Published 1992 (updated in 2016 to the shorter 241-item MMPI-A-RF [The Minnesota Multiphasic Personality Inventory – Adolescent – Restructured Form] for use with 14-18 year olds. A total of 25 Specific Problem scales appears in the MMPI-A-RF (grouping into Somatic/Cognitive; Internalizing; Externalizing; and Interpersonal Scales). I was involved in developing the norms for the MMPI-A (Williams, Ben-Porath, & Hevern, 1994).	
Minnesota Multiphasic Personality Inventory-3 (MMPI-3)	335 items; true-false. 72 new items. 24 updated items. 52 total scales.	Substantial 2020 revision of MMPI-2-RC. Based on a representative US population distribution among 18+ years old (ethnicity, age, education level). Whitman et al. (2021) suggest excellent psychometric properties of the MMPI-3 in clinical neuropsychological settings. Morris et al (2021) note that the MMPI-3 is quite sensitive to "malingering" or over-reporting symptoms in neuropsychological patients.	
Millon Clinical Multiaxial Inventory (MCMI) *	175 items; true-false; self-report format; 20 primary scales. Based on work of Dr. Theodore Millon (1928-2014)	Brief administration time; corresponds well with DSM-III diagnostic classifications. Published 1977	Needs more validation research; no information on disorder severity; needs revision for DSM-IV
Millon Clinical Multiaxial Inventory-II (MCMI-II) *	175 items; true-false; self-report format; 25 primary scales	Brief administration time; corresponds well with DSM-III-R. Published 1987.	High degree of item overlap in various scales; no information on disorder or trait severity
Millon Clinical Multiaxial Inventory-IV (MCMI-IV)	175 items; true-false; self-report format;6 sets of scale categories with a total of 25 personality & clinical scales; 5 validity scales; & 45 "facet scales"	Brief administration time (25-20 minutes); aligned with the DSM-5; ages 18+; published 2015	Not a standalone tool; should be used in more comprehensive assessment; normed on those seeking mental health services (not for general or adolescent populations)

16 Personality Factor Questionnaire (16 PF) *	True-false; self-report format; 16 personality dimensions	Sophisticated psychometric instrument with considerable research conducted on nonclinical populations	Limited usefulness with clinical populations
Personality Assessment Inventory (PAI) *	344 items; Likert-type format; self-report; 22 scales	Includes measures of psychopathology, personality dimensions, validity scales, and specific concerns to psychotherapeutic treatment	Inventory is new and has not yet generated a supportive research base
California Personality Inventory (CPI) *	True-false; self-report format; 17 scales	Well-accepted method of assessing patients who do not exhibit major psychopathology	Limited usefulness with clinical populations

* Sadock, B.J., & Sadock, V. A. (2007). *Kaplan & Sadock's synopsis of psychiatry: Behavioral sciences/clinical psychiatry* (10th ed.). Baltimore, MD: Lippincott Williams & Wilkins.

Minnesota Multiphasic Personality Inventory (MMPI)

- Originally developed in the late 1930s at the University of Minnesota by Starke Hathaway & J. D. McKinley.
- Developed on an "a-theoretical" **empirical criterion keying approach**. This means that only items which differentiated "normal" from "psychiatric" populations were included on the test. Did NOT use Freudian/psychoanalytic or any other school of thought to select items.
- The original MMPI sought to identify eight types of psychopathology:

  Hypochondriasis (excessive worry about health), **Depression** (poor morale, general dissatisfaction with life, and lack of hope for the future; often seen as an acute state), **Hysteria** (experiencing distressing medical symptoms without any clear physical cause), **Psychopathic Deviate** (a lack of empathy and remorse, a disregard for social norms and authority, and a tendency toward manipulative, antisocial, and impulsive behavior), **Paranoia** (being overly suspicious and thinking others are out to harm you), **Psychasthenia** (a chronic psychological disorder consisting of phobias, obsessions, compulsions, or excessive anxiety), **Schizophrenia** (confused and disorganized thinking, hallucinations, delusions, social alienation, and impaired reality contact), and **Hypomania** (elevated mood and increased energy that is less severe than mania but still significantly impacts daily functioning).

- The most widely researched personality instrument in clinical use.
- MMPI-2 was released in 1989 after extensive revision and restandardization. For use with adults 18 years old+
- MMPI-2-RF (Restructured Form) published 2008. 338 items (of original 567). Contains 51 "Higher Order" (H-O) "restructured" clinical (RC) scales. (Ben-Porath, 2012).
- MMPI-A (Adolescent form) was released in 1992 and can be used with 14-18 year olds.
- MMPI-3 published 2020 in substantially shorter form. Standardized on representative US population (ethnicity, age, & education level). Can be administered by computer or on paper.

Original Clinical Scales (in boldface; expanded)

#	Abbr.	Description	What is measured in general
1	**Hs**	**Hypochondriasis**	**Concern with bodily symptoms**
2	**D**	**Depression**	**Depressive Symptoms**
3	**Hy**	**Hysteria**	**Awareness of problems and vulnerabilities**
4	**Pd**	**Psychopathic Deviate**	**Conflict, struggle, anger, respect for society's rules**
5	MF	Masculinity/Femininity	Stereotypical masculine or feminine interests/behaviors
6	**Pa**	**Paranoia**	**Level of trust, suspiciousness, sensitivity**
7	**Pt**	**Psychasthenia**	**Worry, Anxiety, tension, doubts, obsessiveness**
8	**Sc**	**Schizophrenia**	**Odd thinking and social alienation**
9	**Ma**	**Hypomania**	**Level of excitability**
0	Si	Social Introversion	People orientation

In the early 1940s shortly after the first version of the MMPI was published with 8 clinical scales, Scale 5 (MF) and 0 (Si) were added to create the original 10-scale instrument.

RC (Reconstructed Clinical) Scales in MMPI-2

- Developed by Auke Tellegen & assisted by Yossi Ben-Porath (Ben-Porath, 2012)
- "My goal in developing the Restructured Clinical Scales was to preserve the valuable predictive features of the existing Clinical Scales while attempting to improve their distinctiveness. As a first step I constructed a ***demoralization scale***, extracting the general complaint or malaise factor represented to some degree in each of the Clinical Scales and in virtually all other MMPI-2 scales. I then identified the major dimensions of eight of the ten Clinical Scales, excepting scales 5 and 0. Based on these analyses and using the entire MMPI-2 item pool, I developed a set of scales representing these dimensions" (https://www.pearsonassessments.com/campaign/mmpi-2-rc-scales.html)
- **"Demoralization is a complex construct. Frank (1961) introduced the term to identify a state of persistent feeling of subjective incompetence, as loss of a sense of agency, or failure to meet expectations, inability to cope and solve problems. Schmalev Jr and Engel (1967) identified the so called 'giving up–given up' complex, that is a psychological state characterized by helplessness or hopelessness, feeling of being at a loss and unable to cope.** Klein and Davis (1969) viewed demoralization as pervasive change in self-image. De Figueiredo and Frank (1982) elaborated the concept referring to personal distress and subjective incompetence. … Clarke and Kissane (2002) attempted to operationalize existential distress in the medical context, elaborating a definition of demoralization characterized by hopelessness, helplessness, meaninglessness" (Woźniewicza & Cosci, 2023).

RCd	dem	Demoralization
RC1	som	Somatic Complaints
RC2	lpe	Low Positive Emotions
RC3	cyn	Cynicism
RC4	asb	Antisocial Behavior
RC6	per	Ideas of Persecution

RC7	dne	Dysfunctional Negative Emotions
RC8	abx	Aberrant Experiences
RC9	hpm	Hypomanic Activation

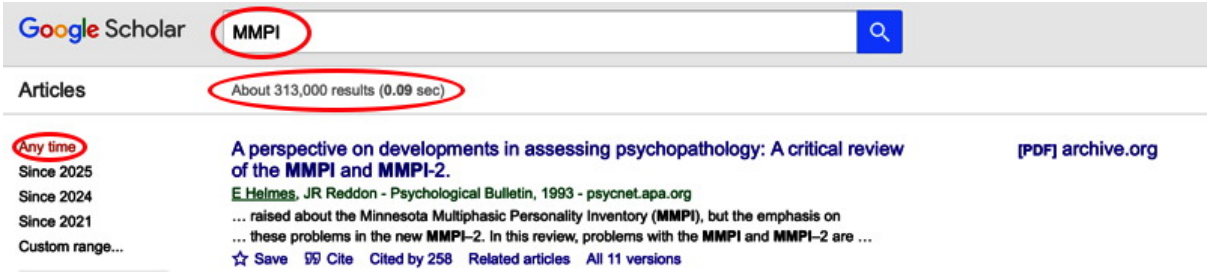
Validity Scales MMPI-2-RC

Abbr.	1st appeared	Description	Assesses
?	1	"Cannot Say"	Questions not answered
L	1	Lie	Client "faking good"
F	1	Infrequency	Client "faking bad" (in first half of test)
K	1	Defensiveness	Denial/Evasiveness
Fb	2	Back F	Client "faking bad" (in last half of test)
VRIN	2	Variable Response Inconsistency	answering similar/opposite question pairs inconsistently
TRIN	2	True Response Inconsistency	answering questions all true/all false
F-K	2	F minus K	honesty of test responses/not faking good or bad
S	2	Superlative Self-Presentation	improving upon K scale, "appearing excessively good"
Fp	2	Psychiatric Infrequency	Frequency of presentation in clinical setting
Fs	2 RF	Infrequent Somatic Response	Overreporting of somatic symptoms

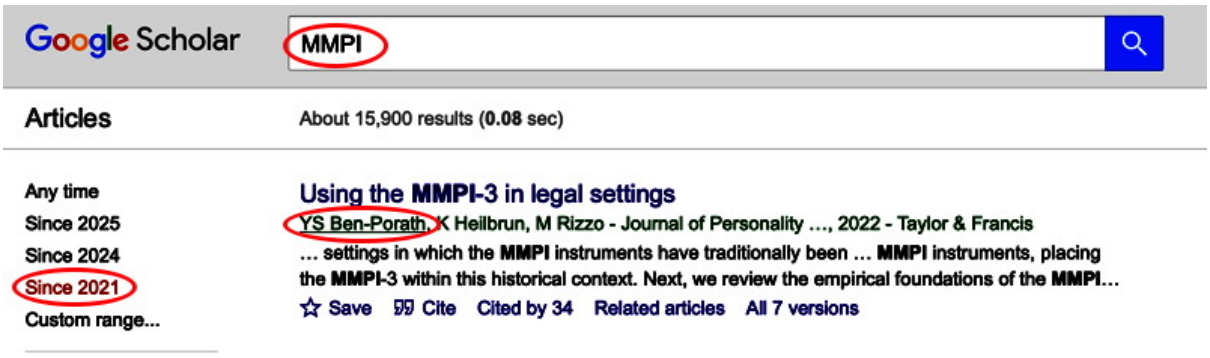
See the next page for summary of the scales in the MMPI-3

Research on the MMPI

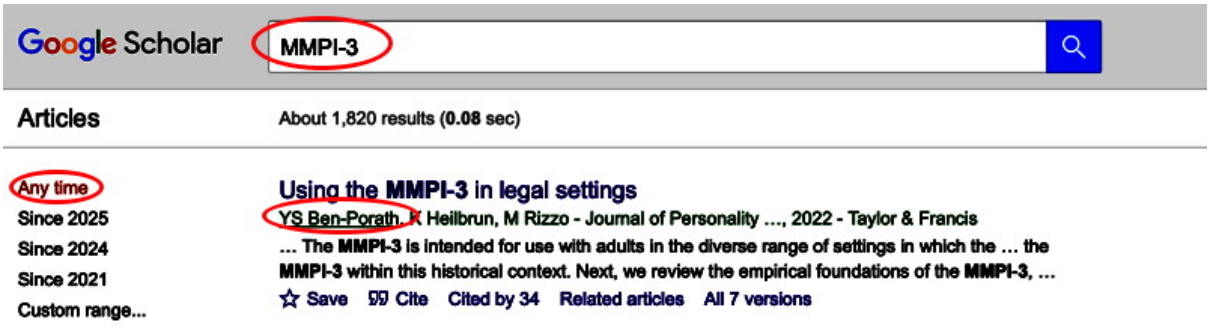
Any scholarly article mentioning the MMPI (N = ~313.000)



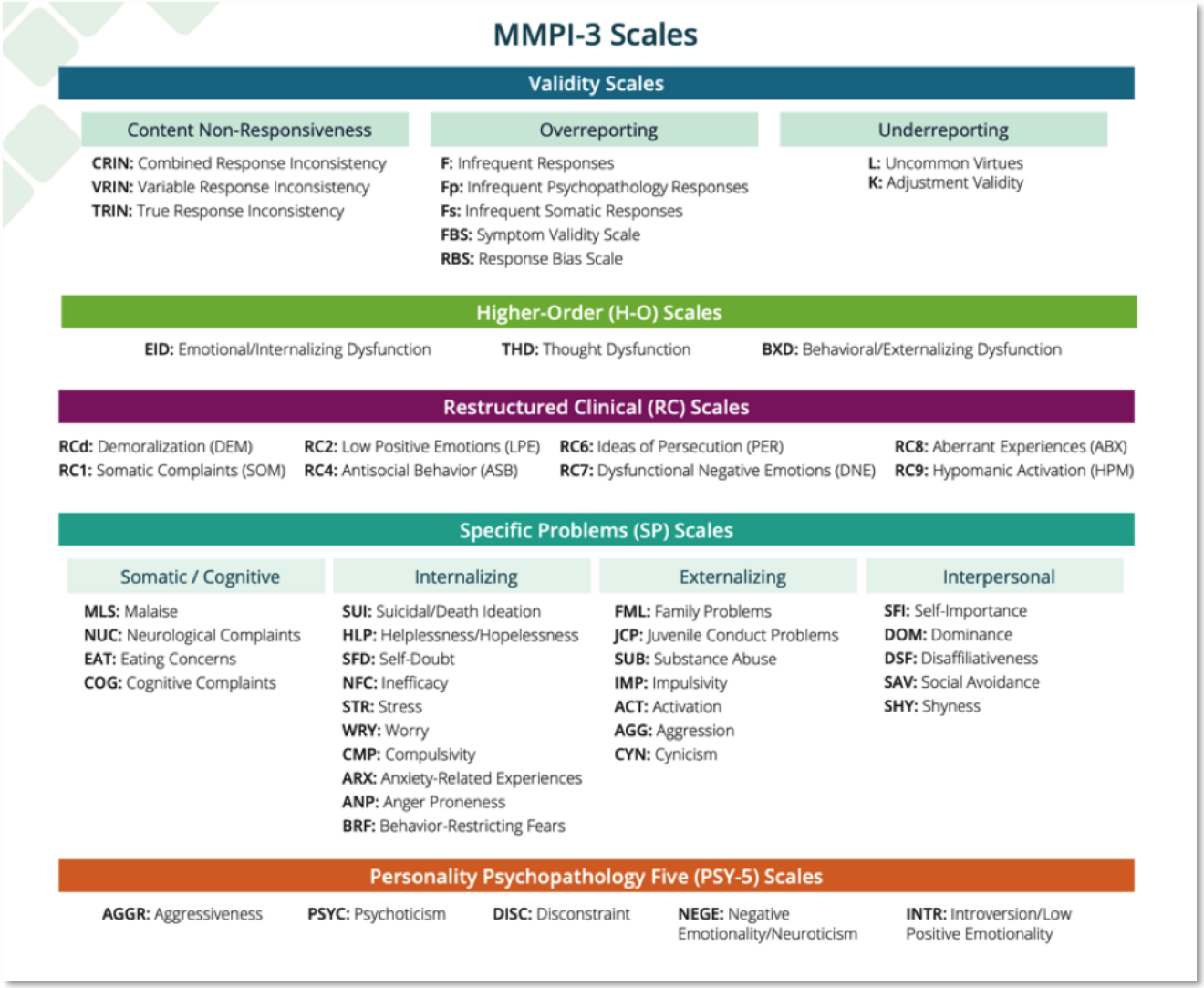
Any scholarly article mentioning the MMPI since 2021 (N = ~15,900)



Any scholarly article mentioning the MMPI-3 (N = ~1,820)



MMPI-3 Scales (Pearson Assessments, nd,).



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