

BRIDGING THE GAP

A biopsychosocial newsletter for healthcare professionals

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Feature Article, November 2009

MMPI-2-RF® and BBHI™ 2 tests help provide strong support for psychologist’s forensic evaluations

In addition to his responsibilities as a staff clinical psychologist at the Minneapolis VA Medical Center and associate professor in the Department of Psychiatry and Psychology at the University of Minnesota, Paul Arbisi, PhD, ABAP, operates a part-time private medico-legal forensic practice. In this latter role, Arbisi conducts evaluations primarily for Workers’ Compensation and personal injury cases as well as for some insurance defense cases. Arbisi has operated the private practice for 13 years and currently takes three cases a month on average. His referrals come directly from attorneys for insurance companies and through networks that arrange for independent medical or psychological evaluations.

“The referral source presents me with interrogatories to address,” explains Arbisi. “Is there a consequential psychological issue such as a pain disorder, depression, or anxiety following an injury? Has the patient been accurately diagnosed? Is he accurately reporting symptoms? Has he received adequate treatment? Is he responding credibly to the tests I administer?”

As the first step in his process, Arbisi reviews any background data provided on the patient, including medical records and physician reports. He also reviews information from functional capacity exams and depositions if these have been conducted.

Arbisi then holds a clinical interview with the patient. For patients diagnosed with PTSD, he uses a structured interview format. With other individuals, he conducts an unstructured interview, discussing symptoms, developmental history, events leading to the injury, and progress toward recovery.

Objective tests play critical role in evaluation process

Arbisi uses a number of objective, standardized tests as part of his evaluations, including the MMPI-2-RF (Minnesota Multiphasic Personality Inventory-2-Restructured Form®), which is composed of 338 items with the RC (Restructured Clinical) Scales at its core. He also uses the BBHI 2 (Brief Battery for Health Improvement 2) test, which helps quickly assess biopsychosocial factors commonly seen in medical patients. “Many of the factors related to psychological illness are subjective, such as reported symptoms, degree of impairment, functional complaint, and degree of pain,” he says. “These objective tests enable me to compare the individual’s self-report to large groups of individuals reporting similar conditions. The tests also help me assess the individual’s approach to the evaluation: Is this individual responding in a manner that is consistent with other psychiatric patients or medical patients who have been injured?”

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MMPI-2-RF® test helps gain pertinent information

Arbisi administers the MMPI-2-RF in all of his forensic evaluations, a test for which he co-authored several scales, including the RC Scales and the Fs and Fp-r Scales. “One of the advantages of the MMPI-2-RF for the evaluations I am conducting is that it offers comparison groups of medical patients and of civil forensic patients,” he says. “It provides an outstanding broadband measure of psychopathology, with specific scales that are especially useful to me in addressing the questions posed by my referral sources. For example, the MMPI-2-RF includes scales that are excellent for assessing symptoms such as depression, anxiety, interpersonal functioning, and somatic complaints. It also contains special problem scales such as Malaise (MLS) that are associated with an individual’s perception of being debilitated, fatigued, and generally in poor health. In addition, the test provides scales associated with Substance Abuse (SUB) or the potential to engage in substance abuse, which can be particularly helpful when I am evaluating patients in medical settings who may be receiving a drug regimen.”

“The MMPI-2-RF comprises scales that do a fabulous job of identifying individuals who are experiencing psychiatric conditions,” says Arbisi. “It helps me determine whether the patient has difficulty deriving pleasure from activities, has difficulty in engaging with others or being engaged by others, feels overwhelmed, feels demoralized (RCd), feels helpless or hopeless (HLP), or is at risk for suicide (SUI). These are all factors that may be pertinent in helping me gauge whether the individual is experiencing psychiatric issues within the context of a physical injury.”

Arbisi finds the validity scales on the MMPI-2-RF to be very useful in determining whether a patient’s self-report is non-credible. “There are many ways that patients may try to mislead examiners,” he says. “The MMPI-2-RF is very sophisticated in helping to detect different strategies for non-credible responding. For example, the Fs Scale, which contains 16 items related to physical or somatic problems that are infrequently endorsed by people in medical settings, is a huge advantage to me. Elevations on this scale suggest that the patient’s self-report of pain and somatic symptoms may be non-credible and not associated with a pain disorder. The Fp-r Scale, which measures infrequent psychopathology responses, is particularly helpful in assessing PTSD to help determine whether the patient is feigning psychiatric illness.”

BBHI™ 2 test serves as valuable component of forensic test battery

For the past 6 years, Arbisi has been using the BBHI 2 test as a complement to the MMPI-2-RF with patients who have an alleged pain disorder, somatic complaint, or consequential depression that has resulted from a physical injury and is related to the pain.

“A great advantage of the BBHI 2 is that it provides dual norms: a community sample plus a norm group of medical patients that includes chronic pain and physical rehabilitation patients,” says Arbisi. “This allows me to evaluate whether a patient’s pain, somatic, or functional complaints scores are elevated, as compared to other medical or pain patients with a similar condition. I also will review physician reports and medical reports to see whether they contain notations that this individual has reported complaints beyond what might be expected based on the injury.”

Arbisi cites the case of an individual who claimed to have a pain disorder that impaired him from working. “The patient’s BBHI 2 scores for functional complaints—his perception of being disabled—was in the high 90’s percentile as compared to other medical patients. Yet his score on the BBHI 2 pain scale was lower than the sample group. These results suggest that there is a psychological component to this individual’s situation—that he is prone to embrace the disabled role.”

Like the MMPI-2-RF, the BBHI 2 contains validity scales that help Arbisi determine whether the patient is minimizing or exaggerating somatic symptoms, cognitive problems, emotional distress, or psychiatric issues. In addition, both instruments help assess the individual’s coping skills. “Especially with Workers’ Compensation cases, I am often evaluating an individual who has suffered a physical injury, so it’s important to assess how well the patient is able to cope with the condition.”

Q Local™ software provides efficient test administration

Arbisi administers both the MMPI-2-RF and the BBHI 2 tests using Q Local software. “The computer administration is a real time saver; patients often complete both tests in less than an hour,” he says. “Sometimes, I have patients who have taken tests in paper-and-pencil format from another evaluator; they groan when I first mention testing, but when they have finished the computerized testing at my office, they’ll say, “Gosh, that was a lot easier!” And, for patients who have poor vision or a reading disability, Arbisi appreciates that he can enable a software feature to present the questions in audio format for the MMPI-2-RF.

Additional tests contribute to expanded battery

If a patient exhibits signs of a neurological disorder, Arbisi makes a referral to a neuropsychologist for further evaluation. However, with patients who report that they are impaired and can’t perform principal job duties based on psychiatric conditions, Arbisi will administer tests to help assess memory, concentration, and intellectual functioning. These include the TOMM (Test of Memory Malingering) and the VIP® (Validity Indicator Profile), which are effort measures, plus the WAIS®-III (Wechsler Adult Intelligence Scale®, Third Edition), and the WMS®-III (Wechsler Memory Scale®, Third Edition). This extended battery typically takes a day, so Arbisi often breaks the testing into two sessions.

Integrating information from multiple sources

Once he has completed the interview, reviewed test results, and studied any additional background information that has been provided, Arbisi integrates all of the information and drafts a comprehensive report for the referral source. He points out that his role is to provide an interpretation of test results; he does not send actual test results to the referral source, although he will send the raw data upon request to another psychologist. Arbisi rarely make an appearance to give expert testimony. “That’s a costly option for everyone involved,” he says.

Arbisi emphasizes the value that objective tests add to his assessments. “Respected measures such as the MMPI-2-RF and the BBHI 2 provide me with strong support for the expert opinions detailed in my reports,” he says. “I would not consider conducting an evaluation without using standardized instruments as a component of the process.”

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