

# MMPI<sup>®</sup>-2

## MMPI<sup>®</sup>-2; FBS (Symptom Validity) Scale Bibliography

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Response to The Wall Street Journal story on the FBS (Symptom Validity) Scale.  
Press Release: FBS added to the MMPI-2 standard scoring materials

The MMPI-2 FBS (Symptom Validity) Scale, introduced by Lees-Haley, English, and Glenn (1991), has been the subject of extensive empirical scrutiny. This substantial body of research and indications that the scale, although not included in the standard scoring materials for the MMPI-2, was being used widely in neuropsychological assessments, led the University of Minnesota Press, publisher of the MMPI-2, to seek input from a panel of experts on the advisability of adding the FBS to the standard MMPI-2 test materials. Eight experts were asked to review two recent publications that summarize the FBS research base conceptually (Greiffenstein, Fox, & Lees-Haley, in press), and empirically (Nelson, Sweet, & Demakis, 2006), and to indicate to the Press whether, in their opinion, the FBS should be added to the MMPI-2 materials. They were invited to take into account any other information they cared to in preparing their recommendation.

A strong majority of the experts recommended that the FBS be added to the standard scoring materials for the MMPI-2. These experts concluded that empirical research has established the utility of the scale in identifying potentially exaggerated claims of disability, primarily in the context of forensic neuropsychological evaluations. They agreed that, as is the case with all other MMPI-2 validity scales, scores on the FBS should be considered in the context of scores on the other validity scales, the circumstances of the assessment, and any conditions such as significant physical injury or disease that could artificially elevate scores on the FBS.

With these caveats in mind, the experts supporting addition of the FBS to the standard set of MMPI-2 validity scales recommended that raw scores above 22 should raise concerns about the validity of self-reported symptoms and that raw scores above 28 should raise very significant concerns about the validity of self-reported symptoms, particularly with individuals for whom relevant physical injury or medical problems have been ruled out. More specific recommendations and possible moderators of the interpretation of scores on the FBS, which indicate the need for higher cut-offs, are provided by Greiffenstein, Fox, and Lees-Haley (in press).

Experts who opposed adding the FBS to the standard MMPI-2 validity scales cited concerns about “false positives,” that is, the identification as possibly invalid of protocols from individuals who were reporting genuine health problems. The existing literature indicates that raw scores above 28 on the FBS are associated with a very low false positive rate, which is consistent with the false positive rate of other standard MMPI-2 validity scales.

### **Following is a list of publications on the FBS that can provide users additional context for interpreting scores on the FBS:**

Arbisi, P. A., Ben-Porath, Y. S., & McNulty, J. (2006). The ability of the MMPI-2 to detect feigned PTSD within the context of compensation seeking. *Psychological Services*, 3, 249-261.

Arbisi, P. A., & Butcher, J. N. (2004). Failure of the FBS to predict malingering of somatic symptoms: Response to critiques by Greve and Bianchini and Lees-Haley and Fox. *Archives of Clinical Neuropsychology*, 19, 341-345.

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