# MMPI 2 RF®

## Minnesota Multiphasic Personality Inventory-2 Restructured Form®

## User's Guide for the Police Candidate Interpretive Report

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MMPI-2-RF (Minnesota Multiphasic Personality Inventory-2-Restructured Form) User's Guide for the Police Candidate Interpretive Report (PCIR)

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# Chapter 1
# Introduction

The Minnesota Multiphasic Personality Inventory-2-Restructured Form® (MMPI-2-RF®) Police Candidate Interpretive Report (PCIR) is intended for use by professionals qualified to interpret the MMPI-2-RF in the context of preemployment psychological evaluations of police and other law enforcement officer candidates. **It focuses on identifying problems; it does not convey potential strengths.** The information it contains should be considered in the context of the test taker's background, the demands of the position under consideration, the clinical interview, findings from supplemental tests, and other relevant information.

This user's guide provides information about the validity of the Minnesota Multiphasic Personality Inventory® (MMPI®) and MMPI®-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989; Chapter 2), and the MMPI-2-RF (Chapter 3) in police candidate evaluations. It is a companion to the *MMPI-2-RF (Minnesota Multiphasic Personality Inventory-2-Restructured Form) User's Guide for Reports, Second Edition* (Ben-Porath & Tellegen, 2008/2011b), which provides information about and directions for using the MMPI-2-RF Score Report and the MMPI-2-RF Interpretive Report: Clinical Settings. The MMPI-2-RF PCIR contains all the information provided in the Score Report (raw and standard T scores for the 51 scales of the instrument, unscorable and critical responses at the item level), as well as all information contained in the Clinical Settings interpretive report other than the Treatment Considerations section. The option to generate User-Designated Item-Level Information (described in Chapters 4 and 5 of this document) is also available for the PCIR. An important feature of the report is the use of data from a large, geographically diverse Police Officer Candidate comparison group.

The PCIR is distinguished from the Score Report and the clinically oriented Interpretive Report by its focus on the implications of MMPI-2-RF findings for the assessment of police candidates. The report provides guidance on how to interpret test protocols marked by significant under-reporting, identification of scales on which a test taker's scores deviate substantially from those of the Police Officer Candidate comparison group, and a description of job-related empirical correlates of such findings. The correlates included in the PCIR are based on a comprehensive series of six empirical investigations conducted to guide development of the report. These studies (described in detail in Chapter 3) provide cross-sectional correlations between MMPI-2-RF scores and results on commonly used personality and specialized tests or scales designed for assessing police candidates, as well as extensive findings of prospective prediction of post-hire outcomes for individuals who were selected, hired, and trained as police officers.

Detailed information about the structure and content of the PCIR is included in Chapter 4. Chapter 5 provides instructions for interfacing with Pearson scoring software to generate the PCIR. This current chapter continues with a description of the structure and process of preemployment psychological evaluations of

police candidates, followed by a review of the benefits and proper use of interpretive reports in personnel selection and a discussion of user qualifications, and ends with a brief overview of the MMPI-2-RF.

## The Structure and Process of Police Candidate Evaluations

The "basic model" for preemployment psychological evaluations of police officer candidates consists of the administration of two broadband personality measures, one assessing abnormal behavior and functioning and the other assessing normal personality, followed by a clinical interview and consideration of personal history information (Serafino, 2010). This model is adopted by a large proportion of state and federal regulations governing the selection and hiring of police officers (Corey & Borum, 2013; Spilberg & Corey, 2014).

Title I of the Americans with Disabilities Act of 1990 imposes strict limits on an employer's ability to make disability-related inquiries and to require medical examinations of job candidates (ADA, 1990). These prohibitions also extend to professionals retained or employed by the hiring agency to conduct these examinations. As defined by this statute, an examination is medical if, among other factors, it seeks information about an individual's physical or mental impairments or health, or provides evidence that would lead to identifying a mental disorder or impairment as broadly defined by the ADA *et seq.* All versions of the MMPI contain items that address such topics, thus rendering these tests medical examinations for the purpose of the ADA.

It is important to note that the ADA statute has *procedural* requirements that apply to all job candidates, not only to those with disabilities (Buchanan v. City of San Antonio, 1996; Leonel v. American Airlines, 2005). The statute permits an employer to require a job candidate to submit to a medical examination (and related testing) only when (1) all solicited and reasonably available non-medical information has been obtained and analyzed, (2) the candidate is subsequently given an offer of employment conditioned on the results of the examination, and (3) all job candidates applying for the same job category are required to take the examination, not just those suspected of or with a history of having a medical condition. Thus, the MMPI-2-RF, like all other personality tests assessing psychopathology or facets of it, is sequenced in the order of selection procedures to a "post-conditional offer" position, namely, after successful completion of the non-medical assessment phase and the tendering of a conditional offer of employment.[1]

As noted, the basic model is a well-established standard of practice. This standard stipulates that, when conducting preemployment psychological evaluations of police candidates, the MMPI-2-RF should always be used in concert with one or more other psychological tests (at least one of which measures normal personality), a clinical interview, and a review of personal history (background) information.

In a survey of police agencies of all sizes, Cochrane, Tett, and Vandecreek (2003) found that nearly 90% of the responding agencies used psychological testing in their preemployment selection processes. This was not always the case. Almost 50 years earlier, Oglesby (1957) surveyed U.S. police agencies serving populations of 100,000 or more and reported that only 16% were using any type of psychological screening of police applicants. In 1967, the President's Commission on Law Enforcement and Administration of Justice recommended psychological screening of all police candidates, followed several years later by the recommendation of the National Advisory Commission on Criminal Justice Standards and Goals (1973) that the basic model be used in evaluating police candidates.

Perhaps as a result of these recommendations, and following court decisions that held police employers civilly liable for damages arising from failure to ensure the psychological suitability of their officers (Bonsignore v. City of New York, 1982; Hild v. Bruner, 1980), the use of psychological evaluations by police

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1   It is for this reason that this guide and the PCIR refer to police "candidate" rather than "applicant," reflecting a common convention that distinguishes the former as having received a conditional offer of employment and the latter as still in the pre-offer stage of selection.

employers grew rapidly over the next three decades. Forty years after the recommendation by the President's Commission (1967), a 2007 survey by the Bureau of Justice Statistics found that a psychological evaluation to screen police candidates was required by 72% of all police agencies and by more than 98% of law enforcement agencies serving a population of 25,000 or more residents (Bureau of Justice Statistics, 2010). Among the written tests commonly administered in the basic model to evaluate the suitability of police candidates, the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher et al., 2001) is regularly reported to be the most frequently used (Cochrane et al., 2003; Dantzker, 2011).

## Using Interpretive Reports in Personnel Selection

Psychological evaluations conducted for the purpose of aiding personnel selection are a high-stakes undertaking for candidates and employers alike. This is especially true for positions involving public safety, for which the use of psychological tests is a standard of practice and legally mandated in many, if not most, jurisdictions (Ben-Porath, Fico, Hibler, Inwald, Kruml, & Roberts, 2011; Corey & Borum, 2013). Comparison of police candidates' broadband personality test scores with general population norms alone provides limited utility owing to the significantly reduced variability of the relatively homogeneous and comparatively healthy individuals referred for preemployment psychological evaluations (Sellbom, Fischler, & Ben-Porath, 2007). This is in large part a result of police candidates having undergone extensive pre-selection procedures (background investigations, civil service testing, panel interviews) that function to identify and remove from the candidate pool individuals who exhibit obvious deficits in self-control, norm-compliance, interpersonal adjustment, and emotional regulation.

The MMPI-2-RF Score Report provides the innovative option of including comparison group data in the report output, which can be used to compare the test taker's scores with those of individuals tested in a similar setting and under similar circumstances. This option can be particularly helpful when interpreting test scores of public safety candidates whose test scores, for reasons just discussed, seldom reach the traditional benchmark for clinically significant elevations (≥ 65T) on most scales. The PCIR includes comparison group data for a large police candidate sample (described in Chapter 4). Comparison group data include means and standard deviations for the sample on the 51 MMPI-2-RF scales, the percentage of individuals who score at or below the test taker on each scale, and item response frequencies for any item printed in the report. The comparison group is made up of 2,074 male and female candidates from multiple agencies throughout the United States and Canada, and is ethnically and geographically diverse. As helpful as the setting-specific comparison group data available in the Score Report are in detecting deviant (but not clinically elevated) scores, unless the test user is thoroughly familiar with the police candidate literature and has a detailed knowledge of the particular empirical studies that report zero-order correlations and Relative Risk Ratios (RRRs) associated with MMPI-2-RF scales at levels below 65T, the meaning of these subclinical deviations from police candidate norms will not be self-evident.

Automated interpretation can reliably link setting-specific findings to a candidate's test scores at levels warranted by empirical findings. This aids test users by ensuring that they are able to identify all scale scores known to be associated with job-relevant outcomes and by providing an empirically supported, comprehensive list of negative outcomes associated with a given test taker's scores. Snyder, Widiger, and Hoover (1990) observed that computerized interpretive narratives, when developed on a broad actuarial foundation of empirical findings relating test scores to relevant external criteria, offer several distinct advantages that include (1) economy of processing and more effective use of professional resources; (2) accuracy and consistency of scoring and implementation of interpretive decision rules; and (3) virtually unlimited capacity for storage, indexing, and retrieval of relevant information from the clinical and research literature regarding test-behavior relationships.

Bow, Flens, and Gould (2010) recommended that six questions guide a psychologist's decision of whether to rely on computer-generated test interpretations for use in high-stakes evaluations: (1) Is the program an actuarial interpretation program (or simply an automated interpretation)? (2) Does the program consider response style when offering the statements? (3) Is the level of significance used for cutoff scores known? (4) Are different statements used depending on the degree of elevation? (5) Does the program consider the profile configuration or combination of elevated scales (versus single-scale elevations)? (6) Does the program use context-specific normative data? Responses to each of these questions as they apply to the PCIR are provided in Chapter 4.

Even empirically supported automated interpretive reports require that users exercise clinical judgment. As noted in the opening paragraph of this chapter (and stated in the report), the PCIR "focuses on identifying problems; it does not convey potential strengths. The information it contains should be considered in the context of the test taker's background, the demands of the position under consideration, the clinical interview, findings from supplemental tests, and other available information." Test users are encouraged to examine other sources of data about the candidate to ascertain whether, and to what extent, propensities of one type may be balanced by compensatory characteristics of another, or the degree to which interpretive statements contained in the report are consistent with findings from other sources. Such collection and use of data from multiple sources is the defining characteristic of psychological assessment (Meyer et al., 2001). Any single source may provide a partial or incomplete representation of the construct it intends to measure. As Harwood, Beutler, and Groth-Marnat (2011) advised,

> In undertaking a comprehensive assessment . . . it is important to collect and utilize a variety of sources and types of information, including psychological testing data, observation, interviews, and collateral reports. It is even more important to integrate that information accurately to render a clear and comprehensive picture of the individual with respect to [the] current context (p. xiii).

## PCIR User Qualifications

Users of the PCIR must first be qualified to use the MMPI-2-RF test. As described in the *MMPI-2-RF User's Guide for Reports, Second Edition* (Ben-Porath & Tellegen, 2008/2011b), the requirements for use of the MMPI instruments adopted by the publisher, the University of Minnesota Press, and the distributor, Pearson, are:

> User has a licensure to practice psychology independently, or user has completed a doctoral (or in some cases master's) degree program in one of the fields of study indicated for the test that included training (through coursework and supervised practical experience) in the administration and interpretation of clinical instruments, or completion of an APA-approved workshop or other approved course. If neither of these qualifications is met, users must provide proof that they have been granted the right to administer tests at this level in their jurisdiction (p. 2).

Ben-Porath and Tellegen (2008/2011a) note that in addition to these minimal qualifications, competent use of the MMPI-2-RF requires graduate-level training in psychological testing and assessment with a specific emphasis on basic psychometrics; graduate-level training in the areas of personality and psychopathology; graduate and/or continuing education training in the use of the MMPI instruments; supervised experience in the administration, scoring, and interpretation of the test; and familiarity with the current professional literature concerning the instrument. Competent use of the computer-generated MMPI-2-RF reports requires similar knowledge and experience.

Users of the PCIR should also be thoroughly familiar with material in the two manuals for the MMPI-2-RF (Ben-Porath & Tellegen, 2008/2011a; Tellegen & Ben-Porath, 2008/2011) and the *MMPI-2-RF User's Guide for Reports, Second Edition* (Ben-Porath & Tellegen, 2008/2011b). The first of the two manuals, the *Manual for Administration, Scoring, and Interpretation* (Ben-Porath & Tellegen, 2008/2011a), provides an overview of the instrument, information about the intended uses of the test and user qualifications (just described), a description of the normative data and the method used to derive standard scores, procedures for administering and scoring the instrument, and detailed guidelines for interpreting scores. The *MMPI-2-RF Technical Manual* (Tellegen & Ben-Porath, 2008/2011) includes discussion of the rationale for developing the test, a description of the methods used to construct the 51 scales of the instrument, and detailed psychometric findings including reliability, validity, and descriptive data on MMPI-2-RF scores obtained in police candidate evaluations and other settings. The *MMPI-2-RF User's Guide for Reports, Second Edition* provides information about the MMPI-2-RF Score Report and the MMPI-2-RF Interpretive Report: Clinical Settings. Elements of both these reports are incorporated in the PCIR.

Finally, PCIR users should have basic competence in the conduct of preemployment psychological evaluations of police candidates. Eight "Peace Officer Psychological Evaluator Competencies" are described by the California Commission on Peace Officer Standards and Training as part of its regulatory framework [California POST Regulation 1955(a)(2)] and provide a useful organization of the foundational competencies required of all practitioners conducting these evaluations. They are:

**Assessment Competence:** Ability to properly gather, analyze, and integrate the full range of pertinent assessment data (personal health records, background investigation and other personal history information, psychological testing, clinical interview and observations) to reach a determination of psychological suitability for exercising the powers of a peace officer.

**Clinical Competence:** Ability to assess the impact of an applicant's emotional or mental condition, and normal and abnormal personality traits and adaptation, on peace officer psychological suitability.

**Communication Competence:** Ability to communicate the necessary and appropriate findings, conclusions, and recommendations in a manner that is clear and useful to the hiring agency and others involved in the candidate screening process, and conform to regulatory requirements.

**Jurisprudence Competence:** Knowledge and application of federal and state statutes, regulations, and case law pertinent to peace officer psychological screening, including but not limited to the federal Americans with Disabilities Act and Genetic Information Nondiscrimination Act, as well as related state laws.

**Occupational Competence:** Knowledge of peace officer essential job functions, working conditions, chain of command, and the psychological demands and stressors inherent in the peace officer position.

**Procedural Competence:** Knowledge and application of peace officer psychological screening procedures and criteria that are in compliance with regulatory requirements and are responsive to the needs and considerations of the hiring authority.

**Psychometric Competence:** Understanding of psychological test properties, including test score validity, reliability, base rates, test norms and group differences, and the ability to select appropriate tests for evaluating peace officer psychological suitability and to make proper, accurate inferences from test score results.

**Standards Competence:** Knowledge and application of ethical principles, standards, and professional guidelines pertinent to peace officer psychological screening (privacy, confidentiality, informed consent, and disclosure).

# The MMPI-2-RF

The MMPI-2-RF (Ben-Porath & Tellegen, 2008/2011a; Tellegen & Ben-Porath, 2008/2011) is a 338-item self-report measure of personality and psychopathology. Its development began with Tellegen's restructuring of the original MMPI Clinical Scales (which had been carried over to the MMPI-2 essentially intact), described in detail by Tellegen et al. (2003), and proceeded with the construction of 33 Substantive Scales intended to complement the Restructured Clinical (RC) Scales as well as 9 measures of threats to protocol validity. The Substantive Scales of the MMPI-2-RF are linked conceptually and empirically to current constructs and models in the areas of personality and psychopathology (see Ben-Porath [2012] for details). The Validity Scales have been subjected to extensive empirical investigation that supports and complements the interpretive guidelines provided in the *MMPI-2-RF Manual for Administration, Scoring, and Interpretation* (Ben-Porath & Tellegen, 2008/2011a). An account of their development and a detailed report of the psychometric properties of the MMPI-2-RF scales are provided by Tellegen and Ben-Porath (2008/2011). A list of the 51 scales and a brief description of what they assess are provided in Table 1-1. An up-to-date reference list with all MMPI-2-RF studies can be found at the websites of the University of Minnesota Press (https://www.upress.umn.edu/test-division/MMPI-2-RF/mmpi-2-rf-references) and Pearson (http://images.pearsonclinical.com/images/Assets/MMPI-2-RF/MMPI-2-RF_Bibliography.pdf).

Table 1-1.
**The MMPI-2-RF Scales**

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|---|---|
| **Validity Scales** | |
| VRIN-r | Variable Response Inconsistency—Random responding |
| TRIN-r | True Response Inconsistency—Fixed responding |
| F-r | Infrequent Responses—Responses infrequent in the general population |
| Fp-r | Infrequent Psychopathology Responses—Responses infrequent in psychiatric populations |
| Fs | Infrequent Somatic Responses—Somatic complaints infrequent in medical patient populations |
| FBS-r | Symptom Validity—Somatic and cognitive complaints associated at high levels with over-reporting |
| RBS | Response Bias Scale—Exaggerated memory complaints |
| L-r | Uncommon Virtues—Rarely claimed moral attributes or activities |
| K-r | Adjustment Validity—Avowals of good psychological adjustment associated at high levels with under-reporting |
| **Higher-Order (H-O) Scales** | |
| EID | Emotional/Internalizing Dysfunction—Problems associated with mood and affect |
| THD | Thought Dysfunction—Problems associated with disordered thinking |
| BXD | Behavioral/Externalizing Dysfunction—Problems associated with under-controlled behavior |
| **Restructured Clinical (RC) Scales** | |
| RCd | Demoralization—General unhappiness and dissatisfaction |
| RC1 | Somatic Complaints—Diffuse physical health complaints |
| RC2 | Low Positive Emotions—Lack of positive emotional responsiveness |
| RC3 | Cynicism—Non-self-referential beliefs expressing distrust and a generally low opinion of others |
| RC4 | Antisocial Behavior—Rule breaking and irresponsible behavior |
| RC6 | Ideas of Persecution—Self-referential beliefs that others pose a threat |
| RC7 | Dysfunctional Negative Emotions—Maladaptive anxiety, anger, irritability |
| RC8 | Aberrant Experiences—Unusual perceptions or thoughts |
| RC9 | Hypomanic Activation—Over-activation, aggression, impulsivity, and grandiosity |

Table 1-1. (continued)
**The MMPI-2-RF Scales**

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**Specific Problems (SP) Scales**

*Somatic Scales*

MLS      Malaise—Overall sense of physical debilitation, poor health

GIC      Gastrointestinal Complaints—Nausea, recurring upset stomach, and poor appetite

HPC      Head Pain Complaints—Head and neck pain

NUC      Neurological Complaints—Dizziness, weakness, paralysis, loss of balance, etc.

COG      Cognitive Complaints—Memory problems, difficulties concentrating

*Internalizing Scales*

SUI      Suicidal/Death Ideation—Direct reports of suicidal ideation and recent suicide attempts

HLP      Helplessness/Hopelessness—Belief that goals cannot be reached or problems solved

SFD      Self-Doubt—Lack of confidence, feelings of uselessness

NFC      Inefficacy—Belief that one is indecisive and inefficacious

STW      Stress/Worry—Preoccupation with disappointments, difficulty with time pressure

AXY      Anxiety—Pervasive anxiety, frights, frequent nightmares

ANP      Anger Proneness—Becoming easily angered, impatient with others

BRF      Behavior-Restricting Fears—Fears that significantly inhibit normal activities

MSF      Multiple Specific Fears—Fears of blood, fire, thunder, etc.

*Externalizing Scales*

JCP      Juvenile Conduct Problems—Difficulties at school and at home, stealing

SUB      Substance Abuse—Current and past misuse of alcohol and drugs

AGG      Aggression—Physically aggressive, violent behavior

ACT      Activation—Heightened excitation and energy level

*Interpersonal Scales*

FML      Family Problems—Conflictual family relationships

IPP      Interpersonal Passivity—Being unassertive and submissive

SAV      Social Avoidance—Avoiding or not enjoying social events

SHY      Shyness—Bashful, prone to feel inhibited and anxious around others

DSF      Disaffiliativeness—Disliking people and being around them

*Interest Scales*

AES      Aesthetic-Literary Interests—Literature, music, the theater

MEC      Mechanical-Physical Interests—Fixing and building things, the outdoors, sports

*Personality Psychopathology Five (PSY-5) Scales*

AGGR-r      Aggressiveness-Revised—Instrumental, goal-directed aggression

PSYC-r      Psychoticism-Revised—Disconnection from reality

DISC-r      Disconstraint-Revised—Under-controlled behavior

NEGE-r      Negative Emotionality/Neuroticism-Revised—Anxiety, insecurity, worry, and fear

INTR-r      Introversion/Low Positive Emotionality-Revised—Social disengagement and anhedonia

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