SUNDAY, APRIL 29, 2012

8:30 a.m.  CONTINENTAL BREAKFAST

9:00-9:20  Personality and Preference: Using the PSY-5-RF to Predict Desired Mate Qualities - Jordan Heroux, John McNulty, & Allan Harkness (University of Tulsa)

9:20-9:40  Examining the MMPI-2-RF PSY-5 Scales for the Assessment of DSM-5 Personality Trait Dimensions - Jaime Anderson, Martin Sellbom (University of Alabama), Michael Bagby (University of Toronto), Lena Quilty (Center for Addiction and Mental Health), Carlo Veltri (Kent State University), Kristian Markon (University of Iowa), Robert Krueger (University of Minnesota)

9:40-10:00  Predicting Pre-Surgical Expectancies and Post-surgical Outcome in Spine Surgery Candidates with the MMPI-2-RF - Ryan Marek (Kent State University), Andrew Block (Texas Back Institute), Yossef Ben-Porath (Kent State University)

10:00-10:20  MMPI-2 and MMPI-2-RF Predictors of College Student Attrition – Timothy Osberg, Catherine Serianni (Niagara University)

10:20-10:40  BREAK

10:40-11:00  Examining the Effectiveness of the MMPI-2-RF Over-reporting Indicators as a Function of Referral Type - Jesica L. Rapier (Kent State University), Yossef Ben-Porath (Kent State University, Roger O. Gervais (The University of Alberta)

11:00-11:20  Diagnostic and Empirical Correlates of the MMPI-2-RF in a Non-Litigating Pain Patient Setting - Jennifer Stanley, Dustin Wygant (Eastern Kentucky University)

11:20-11:40  Assessing Suicidal Risk with the MMPI-2-RF - Linda Baum, Mathias Sourcek (Regent University)

11:40-12:00  External Correlates and Psychometric Properties of the MMPI-2 Clinical, Content Component, and Supplementary Scales in a Clinical Sample of Sexually Addicted Patients - Bradley Green, R. Eileen Todd, Nicole Blazek, Randolph Arnau, Elizabeth Weinman (The University of Southern Mississippi), Patrick Carnes (Pine Grove Behavioral Health and Addiction Services)

12:00-12:20  Scale-Level and Item-Level Factor Structure of the MMPI-A Content Scales in a Forensic Sample – Megan Brokenbourgh (Virginia Consortium Program in Clinical Psychology), Richard Handel, Robert Archer (Eastern Virginia Medical School)

12:20-12:40  Diagnostic Validity of MMPI-2 Computer Based Test Interpretations - Hina Pant, Mark Deskovitz, Nathan Weed (Central Michigan University)

12:40  ADJOURN
The emotions theory of personality states that the behavioral patterns of human beings are influenced by adaptive internal biological systems (Harkness, 2007). Thus, specific behavioral inclinations, like those concerning mate selection, should correlate with personality traits. However, research suggests that the relationship between personality and assortative mating is not as predictable as anticipated (Lykken & Tellegen, 1993). This discrepancy calls for further investigation of individual differences in the context of mate selection.

Using The Factors in Choosing a Mate Questionnaire (Buss, 1989), this study examines desired mate qualities as predicted by the Revised Personality and Psychopathology Five (PSY-5-RF, Harkness & McNulty, 2007). While data collection for this study is ongoing in a larger longitudinal study, the current sample consists of 49 participants (81.63% female, 85.42% Caucasian, M_age = 20.98 years) from a private Midwestern university.

Pearson correlations were computed between PSY-5-RF traits (i.e., Aggressiveness, Psychoticism, Disconstraint, Negative Emotionality/Neuroticism, and Introversion/Low Positive Emotionality) and various qualities possibly preferred in the ideal mate (e.g., age, attractiveness, educational background, chastity, neatness, religious affiliation, etc.). Notable correlations between PSY-5-RF traits and ideal mate qualities include dependable character and Psychoticism (r = -.33, p < .05), favorable social status and Negative Emotionality/Neuroticism (r = .33, p < .05), and attractiveness and Disconstraint (r = .28, p < .05). Regression analyses were then conducted between variable relationships that demonstrated statistically significant correlations. Preliminary results reveal several interesting findings, including a statistically significant amount of variance explained in mate dependability by Psychoticism (R^2 = .11, F(1, 48) = 5.80, p < .05) and in mate emotional stability by Introversion/Low Positive Emotionality (R^2 = .10, F(1, 48) = 5.04, p < .05).
Examining the MMPI-2-RF PSY-5 Scales for the Assessment of DSM-5 Personality Trait Dimensions

Jaime L. Anderson,1 Martin Sellbom,1 Michael Bagby,2 Lena C. Quilty,3 Carlo O.C. Veltri,4 Kristian E. Markon,5 & Robert F. Krueger6

1 University of Alabama, 2 University of Toronto, 3 Center for Addiction and Mental Health, 4 Kent State University, 5 University of Iowa, 6 University of Minnesota

It has long been recognized that the current DSM-IV-TR model for personality disorders is inadequate (e.g., Widiger & Mullens-Sweatt, 2010). In response, the DSM-5 Personality and Personality Disorders (P&PD) workgroup has proposed a set of dimensional trait domains better grounded in empirical literature; these include negative affectivity, detachment, antagonism, disinhibition vs. compulsivity, and psychoticism, with 3-7 trait facets for each. The P&PD workgroup developed the Personality Inventory for the DSM-5 (PID-5; Krueger, et al., 2011) for direct assessment of this trait system; however, most clinicians rely, and will likely continue to rely, upon separate omnibus measures to estimate symptoms and traits associated with various forms of personality and psychopathology. The MMPI-2-RF (Ben Porath & Tellegen, 2008) is one such measure, and assesses the Personality Psychopathology Five model (Harkness and McNulty, 1994), which the PD&D committee has acknowledged are conceptual cognates of the proposed DSM-5 domains (APA, 2011).

The current study aimed to directly examine the associations between the MMPI-2-RF PSY-5 scales and the DSM-5 trait domains and facets indexed by the PID-5. Using a sample of 397 undergraduate students, we found a clear pattern of correlations indicating that each of the PSY-5 scales were most highly correlated with their conceptually expected PID-5 counterpart ($r$s= .44-.67; mdn r= .53), but less so with conceptually non-relevant domains ($r$s= .06-.44; mdn r= .22), and facet correlations generally showed the same pattern. Similarly, when each of the PSY-5 scales were regressed onto the PID-5 domains, the conceptually expected pattern of associations emerged even more clearly. Finally, a joint exploratory factor analysis with the PSY-5 and PID-5 trait facet scales indicated a five-factor solution that clearly resembled both of the PSY-5/DSM-5 trait domains. These results show clear evidence that the MMPI-2-RF has utility in the assessment of dimensional personality traits proposed for the upcoming DSM-5.
Predicting Pre-Surgical Expectancies and Post-surgical Outcome in Spine Surgery Candidates with the MMPI-2-RF

Ryan J. Marek, Andrew R. Block, & Yossef S. Ben-Porath

Spine surgery is a last resort for patients with chronic back pain, but it is not always effective in providing pain relief and functioning to chronic pain patients. Psychosocial factors as well as pre-surgical expectancies are frequently found to be associated with poor outcome (e.g., Block et al., 2012). The most common mental health concerns related to this population are: depression, anger, anxiety, substance abuse/dependence, and personality disorders (Block et al., 1993). Depression has previously been found to negatively impact spine surgery outcome. Additionally, anxiety has been found to contribute negatively to recovery.

A previous study led by Block and colleagues (2012) found MMPI-2-RF scales Demoralization (RCd), Dysfunctional Negative Emotions (RC7), Self-Doubt (SFD), and Inefficacy (NFC) were associated with poor post-surgical outcome. Further, presurgical expectations of greater pain reduction were found to be associated with LESS reported pain reduction and LESS satisfaction surgical outcome at follow-up. The current project sought to further explore associations between pre-surgical expectancies and post-surgical outcome in spine surgery candidates. It was hypothesized that MMPI-2-RF scales that measure constructs previously found to be associated with spine surgery outcome would predict pre-surgical expectancies as well as negative post-surgical outcome and that pre-surgical MMPI-2-RF scores would add incrementally to the prediction of post-surgical outcomes beyond pre-surgical expectancies.

The sample consists of 179 patients who gave consent to participate, produced valid MMPI-2-RF protocols, and had follow-up data (mean follow-up = 140 days). Expectancy variables include: Self-reported odds that surgery will be successful, expected pain post-surgery, and expected pain interference with lifestyle post-surgery. Outcome variables include self-reported pain and lifestyle interference, emotional state (i.e., depressed, nervousness, worry, etc), and the Oswestry Disability Index.

Correlational and multiple regression analyses supported the predictions outlined above.
Successfully completing a college degree is an important life outcome. On average, college graduates earn approximately $1 million more in their lifetimes than do those who do not obtain a college degree (Bureau of Labor Statistics, 2011; College Board, 2005) and having a college degree is associated with better subsequent health status (Winkleby, Jatulis, Frank, & Fortmann, 1992). Yet, only about half of students who enter college will obtain a bachelor’s degree within 5 years (ACT, 2010). Given the findings of Benton, Robertson, Tseng, Newton, and Benton (2003), which revealed that mental health problems among college students are increasing in frequency and severity, the role of psychological adjustment in attrition from college deserves attention. The proposed presentation will report on the MMPI-2 and MMPI-2-RF predictors of college student attrition across three cohorts of college students (2002-2004). Predictors of both an early exit from college (first to second year) and five year graduation are reported.

Method: A total of more than 1100 freshman students from these cohorts responded to the MMPI-2 within the first few weeks of the fall semester. After applying profile validity cutoffs and eliminating protocols that could not be matched to subsequent enrollment data provided by the University’s office of institutional research, 675 protocols (217 men, 458 women) remained for analysis.

Results: Among women, scores on the MMPI-2 DEP and MMPI-2-RF BXD and MLS scales predicted early attrition. MMPI-2 Hy and Pd scale scores, as well as MMPI-2-RF BXD, MLS, and JCP scale scores predicted a failure to graduate within 5 years. Effect sizes (Cohen’s $d$) ranged from .25 to .39. Among men, early attrition was predicted by MMPI-2 ASP scales scores ($d = .66$) and several MMPI-2-RF scales (Fr, Kr, EID, BXD, RC8, JCP, MEC, and DISC; $d$ ranged from .39-.55). Numerous MMPI-2 and MMPI-2-RF scales predicted a failure to graduate within 5 years for men and will be fully recounted in the presentation ($d$ ranged from .37-.75). Incremental validity analyses were conducted via hierarchical logistic regression. Several MMPI-2 and MMPI-2-RF scales provided incremental validity in predicting both early and later attrition after controlling for traditional academic predictors (high school average and SAT scores). These findings reveal the importance of psychological adjustment in college completion and demonstrate the predictive validity of MMPI-2 and MMPI-2-RF variables in relation to this important life outcome.
Examining the Effectiveness of the MMPI-2-RF Over-reporting Indicators as a Function of Referral Type

Jesica L. Rapier, Yossef S. Ben-Porath
Kent State University

Roger O. Gervais,
The University of Alberta

Disability claimants and personal injury litigants are often referred by attorneys, through workers compensation claims, their insurance, physicians, or other sources for psychological evaluations related to their claims. The possibility of monetary gain provides a potential incentive for individuals to over-report symptoms in these assessments.

The MMPI-2-RF validity scales have been found to be effective in the detection of over-reporting, including in forensic contexts such as disability claims (c.f., Sellbom, Wygant, & Bagby, 2011; Wygant et al., 2011). However, little research has been reported to date on the effectiveness of the MMPI-2-RF over-reporting indicators in identifying over-reporting in disability benefit claimants as a function of the referring source requesting the disability evaluation of the claimant.

This study examines the ability of the validity scales to identify over-reporting as a function of referral type, comparing their effectiveness in workers compensation, legal, insurance, privately, and other (including physicians) referred cases. Results, implications, and future directions will be discussed.
The current study examined the construct validity of the MMPI-2-RF in a non-litigating pain patient setting.

Patients (n=115) at a pain clinic completed a battery of interview and self-report measures as part of a psychological evaluation in conjunction with treatment for chronic pain. The battery included the SCID-I Somatoform Disorders Module (First et al., 2002), Modified Somatic Perception Questionnaire (MSPQ; Main, 1983), Pain Disability Index (PDI; Pollard, 1984), and a pain rating. Whereas RC1 was related to all of the somatically-oriented criteria, rs ranged from .45 (pain rating) to .69 (Total SCID Somatization symptoms), the Somatic/Cognitive Specific Problems scales afforded more discriminant prediction of conceptually-relevant criteria. For instance, SCID-based gastrointestinal symptoms was preferentially associated with GIC (r = .50), NUC with pseudoneurological symptoms (r = .65), pain-rating with HPC (r = .34). Pain ratings were also significantly associated with markers of emotional dysfunction (e.g., RC7, AXY, STW, NFC). Scores on the MSPQ were most strongly associated with RC1 (r = .63) and internalizing dysfunction (RCd & RC7 rs = .35). The PDI was also strongly associated with RC1 (r = .49) and specifically HPC (r = .43), as well as indicators of anxiety (RC7 r = .36, AXY/STW rs = .38). We utilized t-tests to differentiate which of the pain patients met criteria for SCID Pain Disorder versus those without the diagnosis on the MMPI-2-RF. Whereas RC1 was approximately equal between the two groups (M ≈ 66), the Pain Disorder patients exhibited significantly higher scores on markers of internalizing dysfunction (e.g., EID, RCd, RC2, RC7, SFD, STW, MSF).

Generally speaking, this suggests that emotional difficulties seems to be the distinguishing characteristic between patients with/without a diagnosis of Pain Disorder. Implications of these findings, as well as recommendations for using the MMPI-2-RF with pain patients will be discussed.
Assessing Suicidal Risk with the MMPI-2-RF

Linda J. Baum and Mathias Soucek
Regent University

The assessment of suicide risk is a significant task for the clinical psychologist. The MMPI-2 has been explored as a means to assess such risk (Friedman, Archer, & Handel, 2005). MMPI-2 measurement of suicide risk has even been used as the criterion for suicidal risk in previous research (Pompili et al., 2009). However, little research has examined the utility of the MMPI-2-RF in the assessment of suicide risk.

The current study was designed to identify MMPI-2-RF scales related to an increased risk for suicide. Archival data were collected from the case files of individuals completing an MMPI-2 at a university psychological services center between the years 2001 and 2010. The full sample consisted of 236 outpatient clients evaluated during this period. MMPI-2 data were used to calculate MMPI-2-RF scale scores, and individuals with an invalid profile (using the following criteria: CNS-r > 18, TRIN-r and VRIN-r > 80, F-r > 120, and Fp-r > 100) were excluded from analyses.

Of the 212 individuals providing a valid MMPI-2-RF protocol, 19 reported suicidal ideation at the time of their intake. When compared with the 160 individuals who denied suicidal ideation, significant differences were found on the following scales: EID, RCd, RC2, SUI, SFD, NFC, and NEGE (at the .01 level). Suicidal ideation was most highly correlated with the Demoralization Scale. Results support the utility of the MMPI-2-RF in assessing suicidal ideation. Findings regarding the utility of the MMPI-2-RF in a comprehensive evaluation of suicidal risk are discussed.
External Correlates and Psychometric Properties of the MMPI-2 Clinical, Content Component, and Supplementary Scales in a Clinical Sample of Sexually Addicted Patients

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Patrick J. Carnes
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In this presentation we will give an overview of findings related to a large-scale study of correlates and psychometric properties of the MMPI-2 (Butcher, Graham, Ben-Porath, Tellegen, Dahlstrom, & Kaemmer, 2001) in a large sample of inpatients and outpatients receiving treatment for sexual addiction. At the time of the presentation we will have increased our dataset to between 500 and 600 cases. Although we are still short of our 1,000 case target we will have enough to draw conclusions regarding the relationships between the scales of the Sexual Dependency Inventory-Revised and the MMPI-2 Clinical, Content Component, and Supplementary scales. This presentation will complement our series of presentations from the 2011 MMPI-2 Conference, which was limited to analyses involving the MMPI-2-Restructured Form (MMPI-2-RF; Tellegen & Ben-Porath, 2008).

The current study will explore the relation between personality and psychopathology and sexual addiction, as well as the psychometric properties of the MMPI-2 Clinical, Content Component, and Supplementary scales in a clinical sample of sexually addicted patients. Various criterion measures related to sexual addiction have been collected including the Sexual Addiction Screening Test (SAST; Carnes, 1989), Sexual Dependency Inventory-Revised (SDI-R; Carnes & Delmonico, 1997) and consequences of sexual acting out. Zero-order correlations between theoretically relevant sexual addiction criterion measures and scales of the MMPI-2 will be conducted and the highlights will be discussed. Further, Cronbach’s alphas for the MMPI-2 scales will be conducted and their ranges will be reported. Where appropriate, results for related MMPI-2-Restructured Form scales will presented in parallel (e.g., Clinical scales in parallel with RC scales) so the alphas and correlations may be compared across MMPI-2 forms.

In the present study, we investigated the item and scale-level factor structure of the MMPI-A (Butcher et al., 1992) Content Scales (Williams, Butcher, Ben-Porath, & Graham, 1992) in a large forensic sample.

The sample consists of 761 adolescents (470 boys, 290 girls, and 1 missing gender) who were court ordered to undergo psychological evaluations for disposition planning. These data were recently published in a study that explored the internal psychometric properties and external correlates of a wide range of MMPI-A scales (Handel, Archer, Elkins, Mason, & Simonds-Bisbee, 2011). MMPI-A validity criteria consisted of the following: CNS raw score < 30, VRIN, TRIN, L, and K (T-scores) < 80; F, F1, and F2 (T-scores) < 90. After the removal of invalid protocols, the final data set consisted of 496 adolescents (315 boys and 181 girls). In terms of offenses, 212 adolescents were charged with violent offenses and 284 adolescents were charged with nonviolent offenses.

The results of the present study were compared and contrasted to those reported by McCarthy and Archer (1998). For scale and item-level analyses, we used Mplus version 6.12 (Muthen & Muthen, 2011). For item-level data, we analyzed tertrachoric correlation matrices with the WLSMV estimator in Mplus and an oblique rotation approach (i.e., geomin).
Diagnostic validity of MMPI-2 Computer based test interpretations

Hina Pant, Mark A. Deskovitz, Nathan C. Weed
Central Michigan University

Most commercially available computer based test interpretations (CBTIs) for the MMPI-2 offer diagnostic suggestions. We examined three important questions about the diagnostic validity of four commercially available MMPI-2 CBTIs (Minnesota Report, PsychScreen, Psychological Assessment Resources [PAR], and Automated Assessment Associates), using a sample of 65 clients treated at an outpatient mental health center.

First, we examined whether the diagnostic suggestions offered by CBTIs are valid with respect to descriptive information provided by treating clinicians. Diagnostic Q sorts completed using information provided by treating clinicians and information provided by CBTI reports were compared to examine the level of similarity between diagnostic judgments. Results indicated that the overall mean Q-correlation between criterion diagnostic sorts based on therapist ratings and those based on CBTI reports was .29.

Second, we examined whether specific diagnostic categories were associated with higher diagnostic validity coefficients. Results indicated that profiles characterized by raters as indicating Histrionic Personality Disorder and Generalized Anxiety Disorder were associated with stronger diagnostic validity.

Third, we examined the relative diagnostic validity of CBTIs between the four programs. Differences between programs were minimal, but of the four, the PAR CBTI had the lowest mean correlation (.23) with criterion sorts and the CBTI by PsychScreen had the highest overall mean correlation (.28).

Overall, results suggest that MMPI-2 CBTIs provide moderately valid diagnostic information, as compared to diagnostic information provided by treating clinicians.