Personality assessment instrument or inventory critique psychology essay

Food & Diet

The Minnesota Multiphasic Personality Inventory was developed by psychiatrist J. C, McKinley and psychologist Starke R. Hathaway at the University of Minnesota in the late 1930s. The MMPI-2 is one of the most widely used personality test in the practice of psychology. The test was developed in the United States in the middle of the lat century. Today it is however used in the entire world. It is also the most used instrument for clinical testing in addition to being one of the most researched on psychological test ever developed. Given the test's strong empirical tradition as well as many innovations MMPI-2 offers a robust measure. This standard of psychological assessment has seen several controversial changes in recent years. In 2003, new scales were added to the MMPI-2, that is, the RC or Restructured Clinical Scales, with the Fake Bad Scale (FBS) being included in 2007. 2008 saw a new instrument referred to as the MMPI-2 Restructured Form was introduced with thee RC Scales being included to replace the well-validated MMPI-2 Clinical Scales. Up to 40 percent if the items in the former instrument were eliminates; a shortened FBS was included; and most of the test's 50 scales introduced (Butcher & Williams 2009).

The MMPI has been touted as being a valuable tool for diagnosis as well as the treatment of mental illness although many still agree that it is not a perfect test. The assessment instrument is commonly used by professionals in mental health provision to assess and diagnose mental illness. In addition, the instrument is also used in fields other than mental health such as in criminal defense and in custody disputes. It has also been used as a screening instrument in several professions especially in high risk occupations such as policing, fire fighting and piloting. However, the use of

the MMPI-2 in this manner has been deemed controversial. The test is also utilized in the evaluation of the effectiveness of treatment programs. This includes programs meant to assist those suffering from substance abuse. The instrument has been successfully used to assess the personality of individuals in other cultures apart from the United States with remarkable success. However, one thing that the test has so far failed to test is intelligence of individuals (Butcher & Williams 2009, p. 2).

In essence, the Minnesota multiphasic Personality Inventory is to assess characteristics that reflect the personal and social maladjustment of an individual. The new version replaced the 30 year older version of the study as it had outdated language and would often be used to assess characteristics for which it had no questions. As such the MMPI-2 was developed to be used as aid to determine an individual's health status and the need for hospitalization (Butcher & Williams 2009, p. 3).

The revised version published in 1989 was constructed by J. N. Butcher, J. R. Graham, W. G. Dahlstrom, A. Tellegan and B. Kaemer all working for the University of Minneapolis, Minnesota. The University of Minnesota has the assessment test under copyright, as such, clinicians have to pay in order to administer and utilize it. The test is written at the eighth grade level and to complete it takes 60-90 minutes. The personality test is made up of 567 items. These items are comprised if the original version's first 70 that are edited, 4 items from the original that are rewritten and omission of a total of 90 items from the original item. The test has a rating of 10 clinical scales and 4 scales of validity. The scoring of this test is done by a scoring key or a

computer and uniform T-scores as opposed to the more conventional T-scores used in the original test version so as to ensure that the scores have roughly the same distributions. The administration, scoring and interpretation of the test should be conducted preferably by a clinical psychiatrist or psychologist with prior specific training in using the MMPI. It is also advisable to use the tool in conjunction with other assessment instruments as diagnosis should not be placed solely in the results of the test. The tool offers the advantage of being capable of assessing a group or individual (Butcher & Williams 2009).

The MMPI-2 is designed in order to test individuals of above 18 years of age to assess a variety of personality and emotional disorders. The test is comprised of several scales, 4 validity scale and 10 clinical scales. The validity scales include the L (lie) scales which encompasses 15 items that common faults in every human that a majority are likely/willing to admit to. If a person fails or does not admit to these faults, then they are likely to be exaggerating on their virtues and as such the individual lays claims to being of unrealistically high standards of morals. The second one is the F (infrequency) scale which is comprised of 60 items that ask questions meant to determine any inconsistency whereby a client is contradictory in his/her responses. The K (correction) scale is comprised 30 items that are designed to reveal an individual’s attempt to present a picture of themselves that is exception in all ways. The last validity scale, cannot say/? Scale, is referred and reported as raw score and is comprised of the items that the individual being tested leaves unanswered (Faulhaber 2005).

In addition to these traditional scales, the latest version of the MMPI-2 has additional validity scales. The Back Page Inferency (Fb) is used to detect an individual's tendency to exaggerate their problems. These aspects are endorsed frequently during the assessment. The Variable Response Inconsistency (VRIN) detects the truthfulness of an individual's response. It uses opposite question sets with lower high scores determining the results. True Response Inconsistency (TRIN) utilizes pairs of opposite that have high endorsements to suggest a tendency toward true responses that is not discriminatory on the exam (Friedman, Lewak & Nicholas 2001, p. 185).

The clinical scales are ten in number and are used to indicate the individual's different psychotic conditions. These are not in any way pure measures despite the names that each scale is given; this is because many conditions are bound to have symptoms that are overlapping. This is the reason why most psychologists and psychiatrist refer to each of the scale by a number. Scale 1 is also referred to as hypochondriasis which is designed to assess on the impact of a neurotic concern over the functioning of the body. This scale has 32 items that concern physical wellbeing and somatic symptoms. This scale was developed originally for the purpose of identifying patients who display hypochondria symptoms. Scale 2 or Depression was originally designed to diagnose depression. This characterized by a lack of hope for the future poor morale, and a general dissatisfactions with the life situation of one's self. A very high score in this scale may indicate depression with a moderate score tending to reveal that one is generally depressed with one's life. Scale 3, Hysteria, was designed initially to identify individuals displaying hysteria in situations that are stressful. People in a high social class and

those who are well educated tend to score higher on this scale. Additionally, women also have a tendency to score higher than their male counterparts on this scale. Scale 4, psychopathic deviate, whose original design was to identify psychopathic patients measures amorality, lack of accepting authority and social deviation. In other words, it can be said that this test measures disobedience. People scoring high tend to be disobedient and lower scorers are likely to accept authority more readily. People scoring high on this scale are normally diagnosed with personality disorder and not psychotic disorder as the name would suggest. Scale 5 is the Masculinity/Femininity scale which was used to identity homosexual tendencies by the original author but was discovered to be highly ineffective. High scores on this scale usually related to such factors as socioeconomic status, intelligence and education with women tending to score lowly on the scale. Scale 6 is the paranoia scale which was used originally to diagnose patients with symptoms of paranoia such as feelings of persecution, suspiciousness, excessive sensitivity grandiose-self-concepts and rigid attitudes. Paranoid symptoms are indicted by a high score in the scale. Scale 7 is the psychasthenia scale whose diagnostic label is no longer in use today with the symptoms that are described on the scale being reflective of obsessive-compulsive behavior. The scale measures compulsions, excessive doubts, and obsessions and fears that are unreasonable. Scale 89, schizophrenia was initially developed to diagnose patients with schizophrenia and reflect a variety of areas that include peculiar perceptions, bizarre thought processes, poor familial relationships, social alienation, difficulty in impulse and concentration control, disturbing questions of self-identity and

self-worth, lack of deep interest and sexual difficulties. This scale is usually very difficult to interpret. Scale 9 is the Hypomania scale which was developed so as identity hypomania characteristics in individuals such as accelerated speech and motor activity, elevated mood, flight of ideas, irritability and brief sessions of depression. Scale 0, social introversion was developed much later than the other nine scales so as to define an individual's tendency to withdraw from social responsibilities and contacts (Friedman, Lewak & Nicholas 2001, p. 190).

The original inventory of this test is the basis for its validity and reliability. The test has been found to be effective in diagnosing mental and emotional problems. The validity measures that are reported relate to clinical, validity supplementary as well as content scales to the ratings that are displayed in an adjustment scale. Significant debates in the psychological community as well as evidence from various studies indicate that the MMPI-2 is not a valid test across ethnic, cultural and language barriers. Arguments indicate that the questionnaire is only valid when applied to people who have a European background and are English speaking. Also, the circumstance and attitude of the person taking the test has significant impact on whatever results are generated (Detrick, Chibnall & Rosso 2001).

The test still strikes a higher ranking in validity as is widely implemented in the psychology field in test of personality testing. However, when the test is used for testing what it was not designed to as in the case of using it as a screening tool for high-risk occupations then issues of validity emerge. Personality trait that make a person perform good in these occupations such

as self-esteem, selflessness, good judgment and obedient to authority are all complex qualities. The ability of any tool to measure them is questionable. The MMPI-2 is evidently efficient as a rough screening device in order to eliminate obvious problems because of its reliability in measuring levels of psychopathology. However, a career demands more than freedom from psychopathology. This demands that the MMPI-2 to be used alongside another assignment tool in the candidate selection. Using it solely stretches its validity beyond reason resulting in several mistakes. Candidates who do not have obvious psychopathology but still do have all the essential attributes would be accepted while on the other hand candidates exhibiting elevations in some scales would be eliminated even if they have managed to function effectively in life thus far. It is even common language that moderate elevations on some of the scales have been depicted as being advantageous in certain situations. As such, the entire MMPI-2 profile should be interpreted by a competent psychologist considering it while considering other historical information such as academic performance, job performance, and letter of recommendation and so forth (Caldwell-Andrews 2000).

Conclusion

The invalid MMPI-2 profile is usually as a result of L Scale elevations that are greater to of equal to a T Score of 80 that represent up to 7. 3 percent of the population. Further the L scales in the samples are positively correlated with guardedness and negatively with Candor while showing a positive correlation with the S Scale. Certain applicants have been exposed as attempting impression management in a systematic way. Inevitably some of the laws

enforcement positions who produced invalid MMPI-2 were still selected. Better validity of the protocols of selection would be ascertained by gathering tracking performance of selected officer in the first year or so of being in employment.