

## **Butcher and Williams’s (This Issue) Critique of the MMPI–2–RF Is Slanted and Misleading**

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*Under the guise of a commentary that purports to “point out many of the criticisms of the MMPI–2–RF and provide the reader with some of the empirical literature detailing the weaknesses of this new test” (p. 2), Butcher and Williams (this issue) instead deliver a systematically slanted and misleading critique of the instrument. They ignore over 160 peer-reviewed publications; cherry pick a miniscule fraction of the data included in the MMPI–2–RF Technical Manual and ignore the rest; and mischaracterize the positions of MMPI textbook authors. They also mischaracterize the findings of two doctoral dissertations and resort to citing Frequently Asked Questions that appear on Butcher’s webpage to support their criticisms of the MMPI–2–RF. They conclude their missive with an expression of hope that they have “provided enough cautionary information for the wise child custody evaluator to consider” (p. 8). In fact, their commentary falls well short of expectations for a scholarly critique.*

*KEYWORDS* MMPI-2-RF, forensic assessment, empirically-validated test

It is our goal in this commentary to correct a slanted and misleading critique of the MMPI–2–RF authored by Butcher and Williams (this issue). Following a brief discussion of the challenges that forensic practitioners face when

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updated versions of psychological tests are released, we address each criticism in the order it appears in their comment.

In a recent detailed review, Ben-Porath (2012a) noted that:

Forensic practitioners face unique challenges when a new version of a psychological test is released. An expert who uses the newer version of the test may be challenged for relying on a “new, unproven device.” On the other hand, a psychologist who uses the older version may be challenged for using an “old, antiquated instrument.” Thus, at least for a period of time, forensic users of an updated measure encounter a “damned if you do and damned if you don’t” situation that may be accentuated by the adversarial nature of the legal system. (p. 691)

This dilemma can only be avoided entirely by not updating psychological tests. Alternatively, when a test is revised, forensic users of the measure need to (a) become familiar with the updated instrument, including the rationale for, methods used in, and outcome of the revision; (b) make an informed decision about whether to use the revised test in their forensic assessments; and (c) be prepared to defend their decision. Ben-Porath (2012a) goes on to provide a detailed account of the empirical foundations and general acceptance of the MMPI–2–RF following the framework of the Daubert criteria (*Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 509 U.S. 579 [1993]) and Frye test (*Frye v. United States*, 293 F. 1013 [1923]), standards with which forensic practitioners are familiar. He concludes (we inserted the parenthetical number of the five standards in the original text):

Consideration of the MMPI–2–RF in light of the Daubert factors indicates that the five questions that can be framed by these factors can be answered affirmatively. (1) The instrument has been subjected to extensive empirical testing. Internal correlations with MMPI–2 scales in several mental health samples, extra-test correlations with a broad range of criteria in mental health, medical, forensic, and non-clinical samples, and descriptive MMPI–2–RF findings in an even broader range of samples are reported in the MMPI–2–RF Technical Manual (Tellegen & Ben-Porath, 2008). The breadth and depth of the empirical data reported in this manual are unparalleled in the documentation of other psychological tests, including previous versions of the MMPI. (2) Availability of a broad and growing body of peer-reviewed MMPI–2–RF research, all conducted within the past decade, addresses the second Daubert Factor. (3) Reliability estimates and their associated SEMs reported in the Technical Manual, and classification accuracy statistics found in the peer-reviewed literature provide information about the known and potential rate of error associated with MMPI–2–RF scores. (4) Standard procedures for administration, scoring, and interpretation of the inventory are detailed in the test administration manual; and adherence to these procedures facilitates cross-interpreter reliability in a manner that cannot readily be

accomplished with the MMPI-2. (5) In jurisdictions where case law identifies Daubert-like Factors as the means for gauging general acceptance, the attributes just listed are relevant to consideration of this Daubert Factor. In the absence of survey data, several indirect indicators of MMPI-2-RF acceptance can also be cited. Published criticisms of the MMPI-2-RF can be addressed with information provided in the Technical Manual and available in an extensive, modern, and actively growing peer-reviewed literature. (p. 702)

To support their own markedly discrepant conclusion about the MMPI-2-RF, Butcher and Williams systematically mischaracterize the literature and the instrument. They begin by asserting that “several recent textbooks challenge the notion that the MMPI-2-RF is the instrument of choice for forensic evaluations (Butcher, 2011; Graham, 2012; Greene, 2011; Nichols, 2011)” (p. 3). Two of the four textbook authors cited, namely, Butcher himself and Nichols, have indeed steadfastly opposed efforts to modernize the MMPI-2, beginning a decade ago with the addition to the instrument of the Restructured Clinical (RC) Scales (Tellegen et al., 2003). However, the other two authors, Graham and Greene, provide in their textbooks very detailed guidelines for MMPI-2-RF interpretation, presumably for the purpose of informing readers about how to use the inventory. Graham (2012) does indeed express his own preference for the MMPI-2. However, contrary to Butcher and Williams’s contention, he does not recommend against use of the test in forensic assessments. Like Ben-Porath (2012a), Graham (2012) notes that “the professional who uses the MMPI-2-RF in forensic settings should be prepared to address challenges based on the instrument’s novelty” (p. 415).

Butcher and Williams cite criticisms by Greene (2011)—the absence of the MMPI-2 Clinical, Content, and Supplementary Scales from the MMPI-2-RF and the puzzling notion that the MMPI-2-RF is not a restructured version of the MMPI-2 (rebutted by Ben-Porath, 2012b)—to support their assertion that he too opposes using the instrument in forensic assessments. However, as just noted, Greene (2011) provides detailed interpretive guidelines for the MMPI-2-RF, consisting of over a quarter of the text of the most recent edition of his book, now titled “*An MMPI-2/MMPI-2-RF Interpretive Manual*.” Greene has also authored a commercially distributed computer-based interpretation of the MMPI-2-RF—hardly an indication that he opposes use of the instrument.

Butcher and Williams next discuss “problems with possible gender bias resulting from the decision to use non-gendered norms instead of specific norms for men and women” (p. 4), as another problem they see with the MMPI-2-RF. Citing an essay attributed to Frequently Asked Questions (FAQs) on Butcher’s website, the authors assert that “the research literature shows gender differences in some mental health symptoms, as well as in personality traits or characteristics” (pp. 4–5). However, as noted by Ben-Porath

(2012a), this criticism reflects a fundamental and potentially harmful misunderstanding of group-specific norms. Contrary to Butcher and Williams's assertion, gender-based norms create different standards for men and women, which can mask meaningful gender differences (cf., Reynolds & Kamphaus, 2002, 2004; Reynolds & Livingston, 2012; Samuel et al. 2010). Non-gendered norms apply the same standard to the test scores of men and women and reflect rather than mask actual gender differences. Moreover, means and standard deviations of scores on the 51 MMPI-2-RF scales are reported in the *MMPI-2-RF Technical Manual* by gender for a wide range of samples, including the normative sample and a sample of child custody litigants. This information, also incorporated in the scoring software for the instrument (Ben-Porath & Tellegen, 2011), does in fact facilitate comparison of a litigant's MMPI-2-RF results with gender-specific findings, should such an analysis be warranted.

On the basis of the reduction in items from 567 to 338, Butcher and Williams opine that "the test coverage in the MMPI-2 is not found in the MMPI-2-RF" (p. 5) because many of the items dropped from the MMPI-2-RF "address personality problems and mental health symptoms important in forensic evaluations like child custody" (p. 5) and assert that "the MMPI-2-RF has little relationship with its namesake" (p. 5). As detailed by Ben-Porath (2012b), it was the MMPI-2-RF developers' goal to represent the clinically rich and informative constructs assessable with the MMPI-2 item pool with a comprehensive set of psychometrically adequate scales. Questions about the success of this endeavor cannot be addressed by counting items. They are addressed empirically in the *MMPI-2-RF Technical Manual* and in the peer-reviewed literature.

Correlations between the 42 MMPI-2-RF substantive scales and the 103 substantive scales and subscales presently scored on the MMPI-2 (including the MMPI-2 Clinical, Harris-Lingoes, Content, Content Component, Supplementary, and PSY-5 scales and subscales), a total of 4,326 correlations per sample are reported in the Technical Manual for seven samples: the 1,138 men and 1,138 women of the MMPI-2-RF normative sample, 410 men and 610 women tested at a community mental health center, 709 men and 473 women tested at a psychiatric inpatient unit of a community hospital, and 1,128 men assessed in a psychiatric inpatient unit of a Veterans Administration (VA) hospital. These data provide abundant information on associations between scales scored on the two versions of the inventory. Moreover, after claiming incorrectly that the MMPI-2-RF lacks information assessed by the MMPI-2 Content and Supplementary scales, Butcher and Williams go on to contradict themselves by criticizing the RC Scales for being "substantially correlated with an existing MMPI-2 supplementary, content, or PSY-5 scale" (p. 6).

Butcher and Williams next claim that "the majority of scales incorporated in the MMPI-2-RF are insufficiently validated to provide the

practitioner with confidence in assessment” (p. 6). In fact, Appendix A of the Technical Manual presents correlations between scores on the MMPI-2-RF substantive scales and extra-test data collected with large samples representing settings for which the test is intended. All told, 53,970 correlations with 605 different external criteria from data provided by 4,336 men and 2,337 women collected in mental health, medical, forensic, and non-clinical settings are provided. These validity findings served as the primary source for identifying the empirical correlates of substantive scale scores listed in the interpretive guidelines provided in chapter 5 of the *MMPI-2-RF Manual for Administration, Scoring, and Interpretation* (Ben-Porath & Tellegen, 2008). Correlates were listed if they replicated across setting, gender, and criterion source. These empirical correlates, reported in the Technical Manual, are now complemented by a growing peer-reviewed literature reviewed in detail by Ben-Porath (2012b).

In a similar vein, Butcher and Williams assert that “the well-established Clinical Scales were replaced with the controversial RC Scales on the MMPI-2-RF. The MMPI-2 and MMPI-2-RF are not psychometrically equivalent—indeed, an individual’s item responses to the two measures can result in very different clinical picture” (p. 6). This misleading contention was refuted by Sellbom, Ben-Porath, McNulty, Arbisi, and Graham (2006), who concluded that in clinical settings, the two sets of scales in fact yield largely congruent findings. If a Clinical Scale is clinically elevated (i.e., the  $T$  score is  $>65$ ), in the majority of cases, its restructured counterpart is likely to be elevated as well, and vice versa. Sellbom et al. (2006) found that in the relatively uncommon cases when they are incongruent with the Clinical Scales, RC Scale scores are likely to be more consistent with extra-test findings. Along the same lines, Butcher and Williams’s premise that the Clinical Scales are “well-established” is contradicted by a voluminous literature on the psychometric weaknesses of these measures (c.f., chapters by Loevinger, 1972; Meehl, 1972; and Norman, 1972, in Butcher, 1972; and Jackson, 1971), all of which are reviewed by Ben-Porath (2012b).

Next, Butcher and Williams state that “the RC Scales of the MMPI-2-RF have been shown to have extremely different profiles than the MMPI-2 Clinical Scales” (p. 6) and go on to assert incorrectly that the RC Scales underpredict psychopathology. In support of this claim they cite an unpublished doctoral dissertation in which “Kauffman (2011) found that mean  $T$  scores for the RC Scales demonstrate lower elevations than have been shown by the MMPI-2 Clinical Scales in samples of child custody litigants.” (p. 6). Contrary to Butcher and Williams’ grossly misleading assertion that her results indicate that the RC Scales underpredict psychopathology, Kauffman (2011) in fact concludes: “Results indicated that factoring out the demoralization component from the original Clinical Scales resulted in lower  $T$  scores on the RC Scales for a sample of child custody litigants. This

suggested that the MMPI-2-RF does not appear to overpathologize samples of underreporters” (p. 106).

In addition to mischaracterizing Kauffman (2011), Butcher and Williams chose to ignore a published, peer-reviewed study of the MMPI-2-RF with child custody litigants. Based on their study of 344 litigants, Archer, Hagan, Mason, Handel (2002) and Archer (2012) concluded:

The most striking aspect of the current study is the substantial consistency between elevations previously found on MMPI-2 Validity scales L and K, and our results for the Validity scales L-r and K-r on the MMPI-2-RF. These results are also consistent with the MMPI-2-RF Validity scale findings for L-r and K-r reported by Sellbom and Bagby (2008). Secondly, there also appears to be evidence that moderate mean *T*-score elevations on MMPI-2 scale Pa and MMPI-2-RF RC6 are both relatively common among child custody litigants when evaluated with these instruments. Thus, findings from this current evaluation of the MMPI-2-RF with child custody litigants suggest that much of what we have learned about the validity scales and basic scales with this population with the MMPI-2 may also prove to be characteristic of these individuals when evaluated with the MMPI-2-RF. (p. 19)

Butcher and Williams’s next claim is that RC Scale scores of a sample of women who had been sexually assaulted did not detect psychopathology as the Clinical Scales did because these women produced higher scores on the Clinical Scales. This assertion cannot be examined because they cite only an unpublished conference presentation in its support.

Next, Butcher and Williams misrepresent the findings of another doctoral dissertation, claiming that Khouri (2011) “found the RC Scales did not detect depression among Latino clients” (pp. 6–7). In fact, Khouri found in a sample of 74 Latinos with clinical diagnoses of depression mean *T* scores in the 70 to 74 range on Clinical Scales 1, 2, 3, 7, and 8 with secondary elevations on Scales 4 (69) and 6 (68), a diffuse non-discriminating profile that is by no means specific to depression. In contrast, on the MMPI-2-RF, this sample produced clinically elevated *T* scores ( $\geq 65$ ) on Demoralization (65), RC1 (69), Malaise (70), Neurological Complaints (66), Cognitive Complaints (68), Anxiety (68), and Behavior-Restricting Fears (65). Thus, the MMPI-2-RF produced a much more discriminating clinical picture indicating somatization, demoralization, and anxiety in this sample of Latinos diagnosed with depression. Commenting on these findings, Khouri observed: “This is consistent with previous research that suggests that Latinos are more likely than Caucasians to express symptoms of depression as physical (Butcher, Cabiya, Lucio, & Garrido, 2007, Garrido & Velasques, 2006)” (p. 88).

Based on a study by Pizitz and McCullaugh (2011), Butcher and Williams next contend that “the RC Scales were insensitive to psychopathology, failing to alert evaluators to problems” (p. 7) in a study of convicted stalkers.

However, they do not mention that the small sample available for this study produced, on average, quite guarded and defensive protocols, and that although higher than scores on the RC Scales, mean Clinical Scale scores were also not clinically elevated. In fact, this sample of underreporting test-takers also produced normal scores on the MMPI-2 substance-abuse measures, although the authors reported that 82% had a history of substance abuse.

Next, Butcher and Williams express concern that because of the inclusion of the Symptom Validity scale (FBS-r) in the MMPI-2-RF “the suggestion of a ‘malingering’ response style is more likely than if the practitioner relies on the traditional MMPI-2 infrequency measures” (p. 7). To support this contention, Butcher and Williams cite only their own publications, while failing to cite multiple rebuttals that refuted their claims about this scale (e.g., Ben-Porath, Greve, Bianchini, & Kaufmann, 2009, 2010; Greve & Bianchini, 2004; Lees-Haley & Fox, 2004). They fail to indicate the MMPI-2 version of the Symptom Validity Scale is in fact also one of the standard MMPI-2 validity indicators (Ben-Porath, Tellegen, & Graham, 2009). Finally, Butcher and Williams’s concern about an overreporting scale is puzzling and appears gratuitous in the context of child custody evaluations, which pull for underreporting, not overreporting.

Butcher and Williams argue next that “a number of the new scales on the MMPI-2-RF, as acknowledged by Tellegen and Ben-Porath, show very low reliability coefficients for personality measures, perhaps in part, because of their scale length” (p. 7). They single out the Helplessness/Hopelessness (HLP), Behavior-Restricting Fears (FRS), and Suicidal Ideation (SUI) scales as examples. Butcher and Williams note that Tellegen and Ben-Porath discuss this issue in the *MMPI-2-RF Technical Manual* but then fail to convey the essence of this discussion, namely, the need to consider standard error of measurement (SEM) estimates, which incorporate both the reliability estimate and scale score variability in conveying information about scale score accuracy. With respect to the MMPI-2-RF substantive scales, Tellegen and Ben-Porath state: “*SEMs* are predominantly eight T-score points or lower, and a majority are six points or lower. Exceptions are *SEMs* of shorter and/or more highly truncated measures like Suicidal/Death Ideation (SUI), Helplessness/Hopelessness (HLP), Anxiety (AXY), Behavior-Restricting Fears (BRF), and Disaffiliativeness (DSF), which in the clinical samples range from 9 to 11 points. Larger *SEM* values imply that more extreme T scores are needed to justify clinically significant inferences” (p. 26). Moreover, Butcher and Williams misleadingly report only reliability estimates based on alpha coefficients for these scales in the normative sample and fail to report the considerably higher alphas found in clinical samples. For example, although the alpha coefficients for the SUI scale are indeed .41 for men and .34 for women in the normative sample, in clinical samples reported in the same table alpha coefficients for this scale range from .76 to .81.

Along the same lines, Butcher and Williams criticize the MMPI-2-RF Specific Problems externalizing scales Juvenile Conduct Problems (JCP), Substance Abuse (SUB), Aggression (AGG), and Activation (ACT) for having modest alpha coefficients and thus being “relatively low in reliability for forensic decisions. We would not recommend making any predictions about an individual’s propensity to violence based on the available psychometric information about AGG and ACT” (p. 8). Here, too, Butcher and Williams selectively report alpha coefficients based only on the normative sample and neglect to mention that the test-retest reliability estimates for these scales range from .77 (ACT) to .87 (SUB). They also ignore other information that addresses their “concern” directly. Empirical correlates reported in Appendix A of the *MMPI-2-RF Technical Manual* document the validity of the externalizing and other MMPI-2-RF substantive scales in forensic and non-forensic samples.

Butcher and Williams conclude their critique with the admonition that “at the minimum, psychologists must carefully examine the written test manuals and peer-reviewed literature with a critical mind, not just rely on promises of advancements” (p. 8). It is regrettable that rather than follow their own advice, Butcher and Williams opted to systematically slant and distort what they did report, ignore much of the information in the Technical Manual, and completely ignore dozens of peer-reviewed articles that directly refute their contentions.

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