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ORIGINAL ARTICLE

Analysis of response patterns on the MMPI-2 in psychiatric prison inmates



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Abstract In order to assess mental health status, and the classification of both the overreporting and underreporting scales and indexes, 102 psychiatric prison inmates deemed mentally incompetent to stand trial completed the Spanish adaptation of the MMPI-2 under standard instructions (honest responding). The results showed patterns of consistent, non-random, nor extremely acquiescent responses. Moreover, no-outlier responses were detected. In line with the psychiatric diagnosis, all the psychiatric prison inmates were classified by the basic clinical scales as clinical cases of the psychotic dyad i.e., schizophrenia and paranoid ideation. The overreporting scales and indexes (i.e., F, K, Fb, F-K, Fp, Ds and FBS) classified the participants as malingerers, whereas the L, Wsd, and Od underreporting scales as good feigners. These scales assessing impression management i.e., consciously faking good biased responses, did not classify overreporters. Thus, they are robust indicators of honest responding among psychiatric prison inmates. The implications of these results for the practice of forensic psychology are discussed.

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PALABRAS CLAVE

MMPI-2;
simulación;
disimulación;

Estudio del estilo de respuesta en el MMPI-2 de penados psiquiátricos

Resumen Se ha realizado un estudio ex post facto en una población de 102 penados psiquiátricos que respondieron bajo instrucciones estándar a la adaptación española del MMPI-2, con el objetivo de conocer el estado mental informado en el MMPI-2, así como el comportamiento de los indicadores de simulación y de disimulación. En los protocolos de respuesta no se

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penados no
imputables;
estudio ex post facto

observaron casos de outliers, patrones de respuestas totalmente azarosos o extremadamente aquiescentes, al tiempo que eran consistentes. Todos los penados psiquiátricos fueron clasificados, en consonancia con el diagnóstico psiquiátrico, en las escalas clínicas básicas como casos clínicos en la díada psicótica (i.e., esquizofrenia e ideación paranoide). Las escalas e índices de simulación utilizados (i.e., F, K, Fb, F-K, Fp, Ds y FBS) los clasificaron como simuladores, en tanto las escalas de medida de la disimulación L, Wsd y Od los clasificaron como disimuladores. Estas escalas, que forman parte del manejo de la impresión, esto es, de la manipulación favorable y consciente de la imagen, no informan de casos en poblaciones de simuladores. Así, éstas escalas serían indicadores robustos de no simulación. Finalmente, se discuten las implicaciones de estos resultados para la práctica forense.

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One of the most crucial and complex tasks for forensic psychology and psychiatry is to establish psychological causal relations between people and their actions. The normative principle of culpability implies individuals deemed mentally incompetent cannot be held criminally responsible nor liable to punishment i.e., they lack guilt and cannot act criminally. In clinical terms, individuals who cannot be held criminally responsible on the grounds of mental incompetence are readily diagnosed, but translating this diagnosis to the field of forensics is unsustainable given that malingering is not suspected in clinical contexts, and thus remains undiagnosed (Rogers, 2008). In contrast, in forensic settings a differential diagnosis of malingering is a crucial requirement that should be based, not on clinical impressions or judgements, but on the exigencies of a reliable technique grounded on replicable empirical findings, and a known error rate ending in a tail (i.e., it is inadmissible for an honest subject to be identified as a malingerer) (American Psychiatric & Association, 2013; Graham, 2011; Greene, 2011).

As the goal of forensic evaluation is twofold i.e., to assess mental health, and to establish a differential diagnosis of malingering, a multimethod approach is required combining clinical interviews and psychometric instruments, of which the MMPI is the most extensively used (Graham, 2011; Greene, 2011; McDermott, 2012; Rogers, Sewell, Martin, & Vitacco, 2003). Thus, the aim of this field study was to assess self-reported mental health on the MMPI-2, as well as the response patterns of the over- and under-reporting markers, under honest response evaluation conditions i.e., standard instructions in a sample of psychiatric prison inmates.

Method

Participants

The sample consisted of a 102 Spanish psychiatric prison inmates, 93 men (91.2%), and 9 women (8.8%); age range 22 to 77 years ($M = 39.28$, $SEM = 1.04$). All subjects freely volunteered to participate and gave their informed consent. Though normally people with psychiatric disorders can be subject to evaluation (Greene, 2011), 58 were excluded due to a lack of cognitive competence or willingness to be evaluated. The main psychiatric diagnosis (51.0%) was schizophrenia and other psychotic disorders; followed by

personality disorders (24.5%), and disorders related to illicit substance abuse (16.7%). In the remaining 7.8%, the main diagnosis was depressive disorder or infancy, childhood, and adolescent disorders.

This sample was contrasted with a second sample of 100 second degree prison inmates, convicted for offences against people, consisting of 90 males and 10 women aged 20 to 73 years ($M = 41.09$, $SEM = 1.08$).

Experimental design

A quasi-experimental ex post facto study was designed with field data from psychiatric prison inmates, non-psychiatric prison inmates, the normative population, and the clinical population. Thus, the mental health of psychiatric prison inmates was measured on the MMPI-2, the consistency of responses and the validity of the protocols of psychiatric prison inmates were evaluated, taking as contrastive criterion normative and clinical populations, and a standard prison sample. The design sensitivity analysis, showed that for the comparison of the means of a sample of 102 participants with a given value, the probability of detecting ($1-\beta$) significant differences ($\alpha < .05$) for a medium effect size, was 99%; and 100% for the comparison of proportions with a given value (.05 and .02), and 99% for the analysis of the association between variables.

Instruments

The psychometric instrument employed in this study was the adapted Spanish version of the MMPI-2 (Hathaway & McKinley, 1999). In order to measure the mental health of participants, the standard clinical scales were used, but on ethical and legal grounds, the Masculinity-Femininity scales were excluded. To analyse distortions in the responses, the standard validity scales, the Cannot Say (?), K, F, and L scales, and the additional validity markers were used since they are more useful than the original ones for the design of forensic practice (Fariña, Arce, Vilarinho, & Novo, 2014), in relation to overreporting and underreporting (Baer & Miller, 2002; Rogers et al., 2003): the Back Infrequency Scales (Fb), Gough Dissimulation (Ds) (Gough, 1954), which was preferred to the revised version (Ds-r) since the Ds outperforms the Ds-r in the consistency of cut scores, and

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