

Association Between MMPI-2-RF Somatic/Cognitive Scales and Medical Diagnoses Among Forensic Psychiatric Inpatients

Ethan Mach^{1,2}, Sebastian C. Lopez^{1,2}, Lauren E. Lopez¹, Lea Carrasco^{3*}, Zaida Lopez^{3*}, Danielle Burchett³, & David M. Glassmire¹

¹Patton State Hospital • ²University of California, Riverside • ³California State University, Monterey Bay

Introduction

- The MMPI-2-RF includes five Somatic/Cognitive Scales: Malaise (MLS), Gastrointestinal Complaints (GIC), Head Pain Complaints (HPC), Neurological Complaints (NUC), and Cognitive Complaints (COG) (Ben-Porath, 2012)
- These scales are associated with changes in pain levels following spine surgery, poor health orientation and bodily complaints, and self-reported cognitive and emotional complaints in medical and civil forensic settings (Gervais et al., 2009; Marek et al., 2015, 2018)
- However, to date, their associations with relevant medical diagnoses or pain-related diagnoses have not been examined in a criminal forensic inpatient setting

Research Question

Are there associations between the MMPI-2-RF Somatic/Cognitive Scales and medical diagnoses classified by a physician as:

- having symptoms consistent with scale content?
- having symptoms consistent with pain?

Method

- Sample: 907 forensic inpatients with valid MMPI-2-RF profiles (CNS < 15, VRIN-r < 80, TRIN-r < 80, F-r < 120, Fp-r < 100, Fs < 100)
- Medical diagnoses present at the time of testing were categorized by a general practice physician
- Five medical diagnostic categories: gastrointestinal diagnosis, head pain diagnosis, neurological diagnosis, cognitive diagnosis, & pain diagnosis

Independent Samples *t*-test Results

Table 1: Target Diagnosis Present vs. Absent

	Target Diagnosis Present			Target Diagnosis Not Present			<i>p</i>	<i>g</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>		
MLS	---	---	---	---	---	---	---	---
GIC	112	52.6	11.1	795	50.5	9.9	.07	0.20
HPC	45	55.3	12.9	862	50.6	9.9	.02	0.46
NUC	89	63.8	14.0	818	56.4	12.4	<.01	0.59
COG	159	52.0	11.2	748	51.9	12.3	.93	0.01

Table 3: Pain Diagnosis Present vs. Absent

	Pain Diagnosis Present			Pain Diagnosis Not Present			<i>p</i>	<i>g</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>		
MLS	267	54.0	12.2	640	52.7	11.1	.15	0.11
GIC	267	52.0	11.4	640	50.3	9.4	.03	0.17
HPC	267	51.6	10.2	640	50.6	10.0	.14	0.11
NUC	267	58.6	12.1	640	56.5	13.0	.02	0.17
COG	267	53.1	12.6	640	51.4	11.8	.045	0.15

Table 2: Target Diagnosis Present vs. No Medical Diagnosis

	Target Diagnosis Present			No Medical Diagnosis			<i>p</i>	<i>g</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>		
MLS	---	---	---	---	---	---	---	---
GIC	112	52.6	11.1	552	49.9	9.0	.02	0.28
HPC	45	55.3	12.9	552	50.3	9.9	.01	0.50
NUC	89	63.8	14.0	552	56.2	12.7	<.01	0.59
COG	159	52.0	11.2	552	51.3	11.7	.49	0.06

Table 4: Pain Diagnosis Present vs. No Medical Diagnosis

	Pain Diagnosis Present			No Medical Diagnosis			<i>p</i>	<i>g</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>		
MLS	267	54.0	12.2	552	52.7	11.2	.14	0.11
GIC	267	52.0	11.4	552	49.9	9.0	<.01	0.20
HPC	267	51.6	10.2	552	50.3	9.9	.06	0.14
NUC	267	58.6	12.1	552	56.2	12.7	<.01	0.19
COG	267	53.1	12.6	552	51.3	11.7	.04	0.16

Acknowledgements & Disclosures

This research was made possible by support from a grant from the University of Minnesota Press, Test Division—which supported data collection—and the California State University, Monterey Bay Undergraduate Research Opportunity Center (UROC)—which provided additional financial, logistical, and mentorship support (HSI grant, U.S. Department of Education Hispanic Serving Institution Grant #P031C160221).

This research was approved by the California Human Services Agency Committee for the Protection of Human Subjects. The findings and conclusions in this study are those of the authors and do not necessarily represent the view or opinions of the California Department of State Hospitals or the California Health and Human Services Agency.

References

- Ben-Porath, Y.S. (2012). *Interpreting the MMPI-2-RF*. University of Minnesota Press: Minneapolis.
- Gervais, R. O., Ben-Porath, Y. S., & Wygant, D. B. (2009). Empirical correlates and interpretation of the MMPI-2-RF Cognitive Complaints Scale. *The Clinical Neuropsychologist*, 23, 996-1015. doi: 10.1080/13854040902748249
- Marek, R. J., Block, A. R., & Ben-Porath, Y. S. (2015). The Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF): Incremental validity in predicting early post-operative outcomes in spine surgery candidates. *Psychological Assessment*, 27, 114-124. doi: 10.1037/pas0000035
- Marek, R. J., Ben-Porath, Y. S., Epker, J. T., Kreyman, J. K., & Block, A. R. (2018). Reliability and validity of the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) in spine surgery and spinal cord stimulator samples. *Journal of Personality Assessment*, 102(1), 22-35. doi: 10.1080/00223891.2018.1488719

Results

- Those with head pain and neurological diagnoses had statistically significantly higher scores on HPC & NUC, respectively, than those without these diagnoses
- Comparing patients with a target diagnosis to those with no medical diagnoses, a similar pattern emerged, although GIC was also significant
- Comparing patients with versus without pain-related diagnoses, statistically significant differences were found for GIC, NUC, & COG, but effect sizes were negligible
- Comparing patients with pain to those with no medical diagnoses, GIC, NUC, and COG were again statistically significant, but only GIC had a small effect

Discussion

- Head Pain Complaints and Neurological Complaints—and to a lesser degree, Gastrointestinal Complaints—were particularly associated with conceptually relevant medical conditions in a forensic inpatient setting
- However, all five scales had negligible associations with pain-related diagnoses

Limitations & Future Directions:

- One limitation was the use of only one physician coder; we've recruited 2 more coders and are planning to re-examine our findings after exploring the reliability of their coding
- With three coders, we are also hoping to code for malaise-related diagnoses