

The MMPI-2 and MMPI-2-RF are valuable aids to psychiatric *diagnosis, treatment planning and the assessment of treatment progress.*

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Medical analogies are used with the psychological “review of systems-(ROS)” concept, to explain the PSY-5 scales using the model described by Harkness, et al. (2014)¹

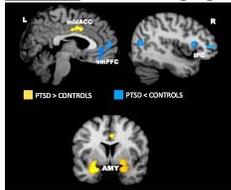
“Generative power derives from theories that describe the composition of systems...” Harkness, et al. (2014)

Example: MRI knee structural damage- “bone on bone”



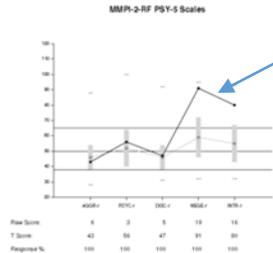
Knee replacement recommended

Example: Neuroimaging of healthy brain and PTSD patient



Hyperactivation PTSD shown yellow.
Hypoactivation PTSD shown blue.
Hayes et al. (2012)²

Example: MMPI-2-RF PSY-5 profile of a patient 1-27-2016



Case #1: The NEGE and INTR elevations showing elevated threat perception, pessimism, and withdrawal in 60 y.o. WF who works as a retail store manager for a national chain. She has a history of PTSD from childhood abuse, bulimia, alcohol dependence, and major depression with prominent suicidal ideation.

Psychiatric IME’s and Treatment Consultations

A new patient contact or psychiatric IME challenges the psychiatrist to formulate a diagnosis and treatment plan that integrates medical-psychiatric diagnoses (depression, anxiety, somatic symptom, etc.) with personality traits and disorders. **Subjective** impressions often play a large role in psychiatric assessment. The MMPI-2/MMPI-2-RF provide an **objective** qualitative and dimensional psychometric measure of psychological functioning. Psychiatric diagnoses are *layered on* the “psychological systems of functioning” and are explained with reference to the PSY-5 scales.^{1,2}

The MMPI-2/RF is administered to all examinees, using a relevant *comparison* group for context—e.g. *forensic disability, outpatient independent practice, spine or bariatric surgery*. The purpose of the MMPI-2/RF is explained to the test taker. Test results obtained prior to the interview are used to guide the 90- minute interview.

The MMPI-2-RF test results are reviewed with all examinees (except IME’s) and the findings are presented integrating the record review, the clinical interview and the MMPI-2-RF. With patient participation, a tentative diagnosis and treatment plan is developed.

Patients appreciate an explanation of their problems in graphical terms when given in a professional partnering manner— “Here’s what I think the testing shows; does it make sense to you? Here is how we might approach it.”

¹Harkness, et al. (2014)

³Williams CD. (2015)

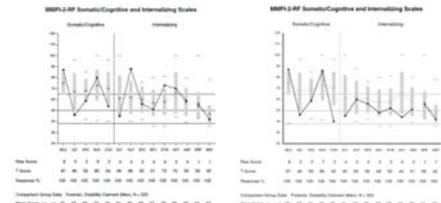
¹Harkness et al. (2014) *J Pers Assess*

²Hayes et al. (2012) *Biol Mood Anxiety Disord*

³Williams CD (2015) in *Psychiatric Care of the Medical Patient*

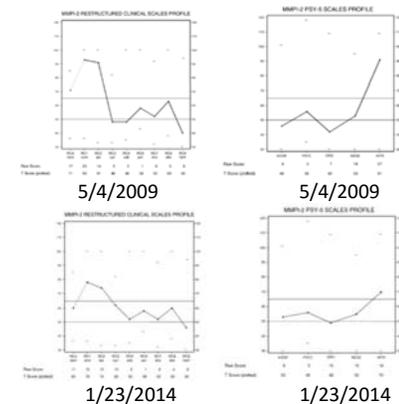
Measuring treatment progress over 5 months: Internalizing scales

8-19-2015 2-2-2016



Case 2: Significant reduction in HLP, STW and AXY. **No changes in PSY-5 scales** in 62 y.o. DWM patient with back surgery in 2012, injured in 2009.

Measuring treatment progress over 5 years: RC and PSY-5 profiles



Case #3: A 47 y.o. MWF patient first presents *out of work 8 years* with overuse injuries and chronic pain. 5 years’ treatment including group and individual therapy + meds result in a *return to work 30 hours per week*. A comparison of the RC scales show reduction in RCd, RC1 and RC2. The PSY-5 INTR scale T score dropped from T=91 to T=70 suggesting *reset of attachment system*.