Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)

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INTRODUCTION

The Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A) is the new adolescent-specific version of the original Minnesota Multiphasic Personality Inventory (MMPI). It was developed during the revision and restandardization of the original MMPI, which also yielded the MMPI-A, the revised adult-specific version of the MMPI. The interested reader is referred to the MMPI-2 chapter found in this text for a thorough review and description of the newly revised MMPI form for adults.

The MMPI-A was developed to address concerns about using the MMPI with adolescents. Before describing the MMPI-A, we first provide a review of the history of MMPI use with adolescents. This overview identifies the reasons why separate instruments were eventually developed for use with adolescents and adults.

A BRIEF HISTORY OF THE USE OF THE MMPI WITH ADOLESCENTS

The MMPI was originally intended for use with individuals 16 and older. However, use of MMPI with adolescent populations began at almost the same time the instrument was originally developed. Initial studies demonstrated the test’s ability to differentiate between groups of delinquent and nondelinquent adolescent females based on differences in their scores on specific clinical scales, particularly Clinical Scale 4.

In the late 1940s and early 1950s, two researchers, Starke Hathaway and Elio Monachesi, began an MMPI data collection project targeted specifically at adolescents. Their data collection efforts focused on Minnesota ninth graders, and, over the course of several years, these
investigators accumulated the largest adolescent MMPI data set ever collected, consisting of more than 11,000 ninth graders. In addition, close to 4,000 of these adolescents repeated the MMPI during their senior year of high school. Hathaway and Monachesi collected additional data on all of these adolescents, including school records, teacher ratings, scores on intelligence tests, and results from the Strong Vocational Interest Blank. This extratest data set was collected to compare adolescent MMPI results with external criteria.

Hathaway and Monachesi sought to identify MMPI predictors that could serve as risk indicators for later development of delinquent behaviors. They found that certain MMPI scales (specifically Clinical Scales 4, 8, and 9) seem to serve “excitatory” functions that are related to acting out or delinquent behavior. Their research also indicated that differences exist between adolescent males and females in terms of item endorsement frequencies, and, more importantly, that large differences exist between adolescents and adults in terms of item endorsement patterns. This led to consideration of developing adolescent-specific norms for the instrument.

DEVELOPMENT OF ADOLESCENT NORMS FOR THE ORIGINAL MMPI

The differences noted in item endorsement patterns between adolescents and adults translated into differences in MMPI results for adolescents. When plotted on adult norms, adolescents (both normal and in clinical settings) consistently generated profiles that were much more elevated than their adult counterparts. Several studies found that adolescents typically had higher elevations on MMPI scales F, 4, 6, 7, 8, and 9 when compared to adults. In addition, in clinical settings, adolescents tended to score significantly higher on scales reflective of serious psychopathology (F, 4, 6, and 8) than did their adult counterparts.

Although researchers were aware of the discrepancies in the endorsement frequencies between adults and adolescents, some felt that the development of a separate set of adolescent norms would “erase” or minimize the contrast between adolescents and adults. Nonetheless, several sets of adolescent norms were developed for the MMPI. The first of these was introduced by Marks and Briggs in 1972. These norms were derived from the responses of about 1,800 normal adolescents and were reported separately for males and females. In addition to separating the norms by gender, Marks and Briggs also separated them into four distinct age groups: 17, 16, 15, and 14 or younger. This set of norms was based on a combination of a selected sample of adolescents from the Hathaway and Monachesi adolescent data set collected during the late 1940s and early 1950s and several samples of adolescents collected throughout the United States in the 1960s.

Two other sets of MMPI adolescent norms were introduced after the Marks and Briggs norms were published. Research comparing the three sets of MMPI norms indicated significant differences in profile elevation by norm set. The absence of a clearly agreed upon set of norms for adolescent MMPI interpretation was a major factor leading to the development of the MMPI-A.

Although it had very early beginnings and was pursued throughout the years by numerous investigators, the research on the use of the MMPI with adolescents was far outpaced by research examining the MMPI’s use with adults. As a result, most of the interpretive statements made about adolescents came from research conducted with adults (or a combination of adolescents and adults) and from clinical lore, not from MMPI research done specifically with adolescents. This left unanswered questions about the reliability and validity of interpretations made when using the MMPI with adolescents. As a result of these and other concerns