

Externalizing, Interpersonal, and Thought Dysfunction Scales of the MMPI-A-RF Related to Adolescent Trauma and PTSD

Kelsey O'Brien, Taylor Gamble, David McCord

Department of Psychology, School of Education and Allied Professions, Western Carolina University

INTRODUCTION

Unfortunately, it is not uncommon for adolescents to experience a potentially traumatic experience. A study conducted by McLaughlin et al. (2013) showed that 61.8% of adolescents 13-17 years old in the United States had been exposed to a potentially traumatic experience (PTE). Darnell et al. (2018) reported that exposure to trauma during childhood and adolescence is associated with significant emotional and behavioral problems such as depression, delinquency, substance abuse, suicidality, and post-traumatic stress disorder (PTSD). The Minnesota Multiphasic Personality Inventory – Adolescent – Restructured Form (MMPI-A-RF) is a common clinical measure used to assess for a variety of psychopathological symptoms that adolescents may be currently experiencing (Archer et al., 2016). Additionally, the UCLA Child/Adolescent PTSD Reaction Index for the Diagnostic and Statistical Manual – Fifth edition (DSM-5) (Kaplow et al., 2020) is a common semi-structured interview used to inquire about various types of trauma exposure a child/adolescent may have previously experienced and whether they currently are experiencing common symptoms associated with the diagnostic criteria for PTSD as stated by the DSM-5. The goal of the current study is to explore scales of the MMPI-A-RF capture psychopathology as related to the UCLA PTSD Reaction Index.

OBJECTIVES OF THE CURRENT STUDY

1. Examine the associations between report of trauma symptoms via the MMPI-A-RF and the UCLA Child/Adolescent PTSD Reaction Index semi-structured interview.
2. Examine the prevalence of psychopathological symptoms for adolescents who have been exposed to trauma.
3. Compare the MMPI-A-RF and UCLA-PTSD Reaction Index regarding the prominence of psychopathological symptoms in the presence of PTSD.

METHODS

This study was developed as a result from a larger study that is ongoing. Participants are from a clinical sample from a rural community mental health facility. IRB has been approved.

Each client and their parent provided assent and consent respectively for participation in this study.

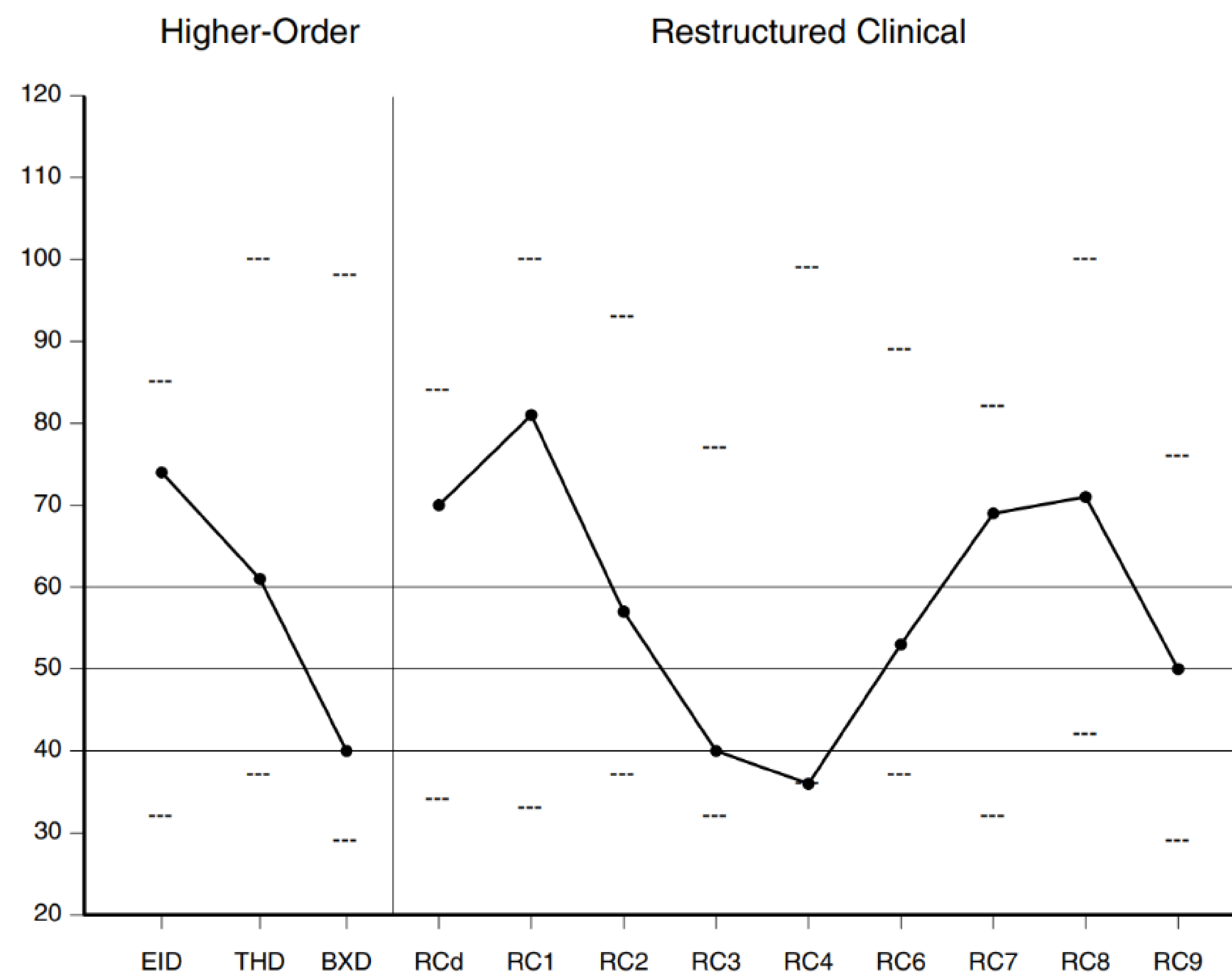
- Each client responded to a variety of measures necessary for the evaluation. Client's who completed a valid MMPI-A-RF and a UCLA PTSD semi-structured interview during their clinical evaluation are to be included in this study.

MEASURES

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY-ADOLESCENTS-RESTRUCTURED FORM (MMPI-A-RF)

The MMPI-A-RF is a self-report measure that consists of 241 true-false questions. It includes 6 validity scales, 3 higher-order scales, and 9 restructured clinical scales. Higher-Order Scales provide the broadest level of assessment, followed by the Restructured Clinical (RC) Scales, a separate Demoralization (RCd) scale, and Specific Problems Scales. Scales are scored as T-scores with higher scores generally indicating greater difficulty.

Figure 1. Example MMPI-A-RF Clinical Data with Higher-Order and Restructured Scales



Note. EID = Emotional/Internalizing Dysfunctions; THD = Thought Dysfunction; BXD = Behavioral Problems; RCd = Demoralization; RC1 = Somatic Complaints; RC2 = Low Positive Emotions; RC3 = Cynicism; RC4 = Antisocial Behavior; RC6 = Ideas of Persecution; RC7 = Dysfunctional Negative Emotions; RC8 = Aberrant Experiences; RC9 = Hypomanic Activation.

UCLA CHILD/ADOLESCENT PTSD REACTION INDEX FOR DSM-5

The UCLA Child/Adolescent PTSD Reaction Index for DSM5 is a semi-structured interview that assesses a child's trauma history along with the full range of DSM-5 PTSD symptoms and diagnostic criteria designed to be used for evaluation.

- *Part One:* semi-structured interview consists of assessing for a complete history of the adolescent's potential exposure to previous trauma.
- *Part Two:* semi-structured interview that asks clients to identify their most significant trauma that is impacting them currently and inquires about the presence of symptoms, and their severity, that they may have experienced in the past month.

PROPOSED ANALYSIS

- Data collection is ongoing and is planned to be completed by next January.
- A potential limitation of this study depends on the number of participants which may be low and could end up influencing the power of this study.
- Analysis will include a correlational analysis using Pearson's correlation (r) to explore the associations between scales on the MMPI-A-RF and the UCLA PTSD Reaction Index regarding the presence of psychopathological symptoms
- A linear regression analysis will be used to explore the prediction of effects of trauma in comparison between the two measures and an outcome of a PTSD diagnosis.

DISCUSSION

- We hope that this study will provide further information for clinicians regarding the need for mental health support for adolescents who have experienced trauma.
- Additionally, we hope that this study will provide valuable information on the utility of the MMPI-A-RF in the context of trauma in comparison to a well-known trauma assessment.

REFERENCES

1. Archer, R. P., Handel, R. W., Ben-Porath, Y. S., & Tellegen, A. (2016). *MMPI-A-RF (Minnesota Multiphasic Personality Inventory-Adolescent-Restructured Form) administration, scoring, interpretation, and technical manual*. Minneapolis: University of Minnesota Press.
2. Darnell, D., Flaster, A., Hendricks, K., Kerbrat, A., & Comtois, K. A. (2019). Adolescent clinical populations and associations between trauma and behavioral and emotional problems. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(3), 266-273. <https://doi.org/10.1037/tra0000371>
3. Kaplow, J. B., Rolon-Arroyo, B., Layne, C. M., Oosterhoff, B., Hill, R., Steinberg, A. M., & Pynoos, R. S. (2020). Validation of the UCLA PTSD Reaction Index for DSM-5: A developmentally informed assessment tool for trauma-exposed youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, 59(1), 186-194. <https://doi.org/10.1016/j.jaac.2018.10.019>
4. McLaughlin, K. A., Koenen, K. C., Hill, E. D., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2013). Trauma exposure and posttraumatic stress disorder in a national sample of adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(8). <https://doi.org/10.1016/j.jaac.2013.05.011>

ACKNOWLEDGEMENTS

I would like to thank Taylor Gamble and Dr. David McCord. I would like to thank Western Carolina Graduate School for funding my research to complete research. I also would like to thank Kent State, the Minnesota Press and Blue Ridge Behavioral Health for their support through this research.