COMPARATIVE ANALYSIS OF THE PSY-5 AND MCMII-III IN ASSESSING PERSONALITY DISORDERS

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INTRODUCTION AND PURPOSE

According to Harkness and MeNulty (1994) the Personality Psychopathology-Five (PSY-5) including in the MMPI-2-RF is a dimensional model developed to conceptualize the traits underlying personality pathology. Personality disorder-related diagnostic considerations listed by Ben-Porath & Tellegen (2008) are, for the most part, inferential. Research with the PSY-5 scales has mainly focused on correlational data and comparisons between the scales and other self-report instruments such as the NEO-PI-R, MPQ and SCL-90-R (Wygant, Selbom, Graham and Schenk, 2006). However, we found no studies that have examined the relationship between PSY-5 scales and MCMII-III personality disorder scales. The present study examines the correspondence between PSY-5 scales and personality disorder scales based on the DSM-IV-TR criteria and measured with MCMII-III Personality Disorder (PD) scales.

PROCEDURE

The MCMII-III and MMPI-2-RF were administered to the clinical sample of 377 outpatients as part of their psychological assessment process.

Reliability estimates (Cronbach’s alpha) in the present study ranged from 0.88 for CC to 0.65 for scale 7 for the MCMII-III and from 0.92 for RC to 0.68 (AGGR and INTR scales) for the MMPI-2-RF.

The MMPI-2-RF scales used in this study were the five PSY-5 scales and personality disorders scales from MCMII-III.

RESULTS

We performed a zero-order correlations between PSY-5 scales and MCMII-III Personality Disorder scales. Given the significance of product moment correlations is an effect size measure (Meyer et al., 2008), the interpretation of relationships was made not only on the basis of statistical significance but also in terms of magnitude. We therefore chose to emphasize only those correlations that reached or exceeded a large effect size (r > 0.50; Cohen, 1988).

Regression analyses. We performed several multiple regression analyses to determine which MCMII-III PD scales contribute to explain the variance of each PSY-5 scale. To find the best regression model, we calculated all-possible-subset regression in conjunction with stepwise methods and we selected the Adjusted R squared value as criterion to choosing the best subset of predictor effects. The percentage of variance of each of PSY-5 scales explained by MCMII-III PD scales ranged between 40% and 50.8%. In general, results did not support proposed hypothesis. For example, the MCMII-III Antisocial PD scale did not contribute in the prediction of PSY-5 AGGR scale. However, this one is more related to interpersonal characteristics, and it may not be directly related to antisocial personality, which is a more behavioral symptom constellation (Wygant et al., 2006; Harkness et al., 2011). Also, the results confirm NEO-PIR as a general marker of psychopathology encompassing traits such as reactive aggression, worry proneness, mood shifts, etc. Therefore, this scale is associated with several personality disorders but not from cluster C.

CONCLUSIONS

All PSY-5 scales are predicted by several MCMII-III PD scales with a moderate percentage of variance and its association are in line of results obtained by different authors (Wygant et al., 2006; Arnaud et al., 2005; Harkness et al., 2011). This variability of personality disorders scales associated with PSY-5, make them less effective to identify a single disorder but guide toward a group of disorders.

All PSY-5 scales combine various personality disorders belonging to different clusters. It is necessary more research to examine PSY-5 scales in relation to abnormal personality using approaches other than objective self-report.
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According to Harkness and McNulty (1994) the Personality Psychopathology-Five (PSY-5) including in the MMPI-2-RF is a dimensional model developed to conceptualize the traits underlying personality psychopathology. The present study examines the correspondence between PSY-5 scales and MCMI-III Personality Disorder (PD) scales. The current sample includes 377 clients (167 men and 210 women) from private practice settings who completed the MMPI-2-RF and MCMI-III. Besides correlation analysis, we performed several multiple regression analyses taking the PSY-5 scales as dependent variables and the MCMI-III PD scales as predictor variables to study the shared variance between both groups of scales. The analysis was performed using the stepwise method and the tolerance level was set at 0.60. The percentage of variance of each of PSY-5 scales explained by MCMI-III PD scales ranged between 40% and 50.8%, and several MCMI-III PD scales were significant in predicting the PSY-5 scales. Implications of the results will be discussed.