

## AN OVERVIEW OF MALE STALKERS' PERSONALITY PROFILES USING THE MMPI-2

Todd Pizitz, Ph.D. and Joseph McCullaugh, MA

*A review of the stalking literature is presented, as well as the use of the Minnesota Multiphasic Personality Inventory-Second Edition (MMPI-2) (1) with a stalker population. To date, few empirical studies have focused on a population of stalkers and the MMPI-2 (2-4). The present study will examine the origins of stalking, associated laws and the MMPI-2 profiles of stalkers, and discuss the correlates of the MMPI-2 scales to describe the psychological characteristics of stalking behavior. Included is a sample of 38 males convicted of stalking-related offenses, stalking, terrorist threats, and restraining order violations whose victims are prior intimates, acquaintances, public figures, and strangers. Implications for understanding this unique sample of offenders and treatment utility are discussed.*

Stalking is not a new phenomenon. Shakespeare wrote about spurned love and many movies depict the angry, revengeful behaviors aimed at winning their target's affection or attention, such as *Play Misty for Me*, *Fatal Attraction*, and *Fear*. Songs such as "Every Breath You Take" by the Police further illustrate stalking behaviors. Stalking is an old behavior; however, the laws addressing stalking behaviors are relatively new.

The dangerousness of stalking gained national attention in 1989 when actress Rebecca Schaeffer was murdered by Robert John Bardo, an individual who had been stalking Schaeffer for the two years preceding her death. Though there were no anti-stalking laws at the time of the crime, within five years all 50 states and the District of Columbia had established anti-stalking legislation (5). The magnitude of stalking was substantiated by two nationwide prevalence studies that found over one million Americans annually were victims of stalking (6, 7). Further underscoring the importance of addressing the issue, a strong link between stalking and physical violence has been established (8-10).

Researchers have found that a significant numbers of stalkers threaten and physically attack their victims (8, 11). A meta-analysis by Rosenfeld (12) revealed that 38.7% of stalkers were physically violent toward their vic-

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tims. There appear to be many factors related to the likelihood that a stalker will act violently toward the victim, including a link between prior sexual intimacy and acts of violence (12-15). The absence of an Axis I diagnosis may represent another important factor in violent stalking. Meloy et al. (15) determined that risk factors for such violence included prior intimacy, the lack of a major mental disorder and an explicit threat made by the perpetrator toward the victim. Research conducted by Kienlen and colleagues (16) indicated that non-psychotic stalkers uttered more verbal threats and acted more violently than psychotic stalkers. Farnham et al. (17) produced similar results, concluding that violent stalkers were less likely to have a psychotic illness. According to Rosenfeld (12), stalkers who refrain from violent behavior often possess a higher IQ and do not suffer from any psychotic disorders, suggesting that cognitive capacity mediates the use of violence when engaging in stalking behavior. Stalkers who made threats toward their victims were also more likely to then act out violently toward them (18).

Victims of stalking are diverse, consisting of former intimate partners, strangers, acquaintances or famous persons. A review of demographics revealed that stalking perpetrators are typically White males in their mid-thirties (19). Most of them are underemployed or unemployed. The employment finding appears to be related to the fact that the stalker cannot be tied down with consistent work-related responsibilities that will interfere with their campaign of harassment or the pursuit of their victims. Additionally, a large percentage of stalking perpetrators have drug and alcohol problems that tend to exacerbate their already poor and faulty judgment. Meloy and Gothard (10), for example, indicated that 70% of their sample of stalking perpetrators had substance abuse or dependence disorders. Additionally, in an unpublished study conducted by the San Diego County Probation Department (20), stalking defendants had higher probation revocation rates when compared to other probationers. This research provided initial evidence that returning to custody was not a strong deterrent from continued stalking behaviors.

After engaging in violent and harassing stalking behaviors, interventions from the criminal justice system routinely include a forensic psychological evaluation. The Minnesota Multiphasic Personality Inventory-Second Edition (MMPI-2) (1) is often part of forensic assessments, as an abundance of

research on the utility of the MMPI-2 in forensic settings exists (1, 21). While many studies highlight the application of the MMPI-2 in various forensic settings, to date, only two empirical studies have focused on utilizing the MMPI-2 with a stalking population. Spencer (2) analyzed the MMPI-2 scores of 102 male and female stalking perpetrators referred for forensic assessment. The results indicated that felony, misdemeanor and recidivist male and female stalkers produced a mean 6-4-8 profile on the MMPI-2. The mean profile for male stalkers generated 6-4 profiles, while female stalker means produced 8-6-4 profile elevations. The elevations were slight, for example, as males obtained T scores of 66.41 on Scale 4 and 68.56 on Scale 6. Making the profile picture less definitive, Scales 1, 2, 3, 7, and F were also all above 60. Spencer (2) asserted that stalker profiles differed from “a typical forensic patient” with a 4-9/9-4 code-type (22).

Ryan and colleagues (3) compared the MMPI-2 and Rorschach scores of individuals who stalked celebrities, strangers, acquaintances, or former intimate partners<sup>1</sup>, to individuals who stalked judges<sup>2</sup> to address if judicial stalkers could be considered their own distinct stalking subgroup. While the groups did differ on various Rorschach scores, on the MMPI-2 there were no significant differences between groups on any of the clinical or content scales. However, both stalking groups had elevations on Scale 4 (Amorous Stalkers Mean T-Score = 66.8; Judicial Stalkers Mean T-Score = 67.4) and Scale 6 (Amorous Stalkers Mean T-Score = 67.0; Judicial Stalkers Mean T-Score = 65.6) (3). Elevations above a T-score of 65 on the Over-Controlled Hostility Scale (O-H), which may indicate increased mental energy utilized to control anger, were found in 43% of judicial stalkers and 42% of amorous stalkers. Again, differences between groups were insignificant, and overall suggested that the MMPI-2 does not differentiate well among various types of stalkers, although it may be useful in assessing for pathology within this population.

Pizitz et al. (4) compared the MMPI-2 profiles of male stalkers to a matched sample of normal participants and the results revealed significant differences on several MMPI-2 scales, with the stalking group exhibiting significantly higher scores on scales assessing anti-social thinking and both

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<sup>1</sup> Ryan, et al. (3) termed this group Amorous Stalkers.

<sup>2</sup> This second group was referred to as Judicial Stalkers (3).

resentment and sensitivity. The stalking group's scores were significantly lower than the non-stalking group on Scale K at the  $p < .05$  level, suggesting more vulnerability compared to the normal sample. These results indicated that male stalkers may experience more interpersonal distress and, in times of stress, become more irritated, aggressive and manipulative than the matched sample. They may dread being found unacceptable or rejected, externalizing blame for these unpleasant emotions toward the individual(s) they believe wronged them. The diversity observed in these results indicates a diverse group of individuals with some common personality traits and, consistent with previous research, relative elevations on Scales 4 and 6 reliably emerge for stalkers when using the MMPI-2.

Given the overall lack of research focusing on MMPI-2 profiles of stalkers and the frequent use of the instrument in these evaluations, further research is needed to help clarify and validate the personality structures of these individuals. While the MMPI-2 was never developed to predict behavior, forensic psychologists are often asked for their opinion based on the data derived from this inventory. Since psychologists often rely heavily on the results of the MMPI-2 and other assessment measures to elucidate underpinnings of psychopathology and offer mitigating and aggravating factors to officers of the court, empirical evidence that captures the nuance particular to stalkers' psychological functioning is needed.

## METHOD

### Participants

Participants in this study included 39 males convicted of stalking related crimes with a mean age of 33.7 (range from 20 to 55 years old). Table 1 includes data with regard to ethnicity, educational achievement, employment status and relationship to victim. Victim relationship was defined using terms identified by Meloy et al. (15). While all participants had been convicted of stalking-related offenses, 65.8% were actually convicted of stalking ( $n = 25$ ), while 7.9% were convicted of making criminal threats ( $n = 3$ ) and 26.3% were convicted of violating a restraining order or other stalking-related

**Table 1. Demographic Data and Descriptives with Regard to Ethnicity, Educational Achievement, Employment Status, and Relationship to Victim (N = 38)**

Demographic Variable	Frequency (Overall percentages)
<b>Ethnicity</b>	
African-American	2 (5.3%)
Asian-American	3 (7.9%)
Caucasian	21 (55.3%)
Hispanic	10 (26.3%)
Native American	2 (5.3%)
<b>Educational Achievement</b>	
Less than 12 years	5 (13.2%)
Completed high school	16 (42.1%)
Completed some secondary schooling	11 (28.9%)
Completed college	4 (10.5%)
Unknown	2 (5.3%)
<b>Employment Status</b>	
Full time employed	21 (55.3%)
Part time employed	7 (18.4%)
Unemployed	9 (23.7 %)
Other	1 (2.6%)
<b>Relationship to Victim</b>	
Prior Intimate	26 (68.4%)
Acquaintance	6 (115.8%)
Public Figure	2 (5.3%)
Private Stranger	3 (7.9%)
Other	1 (2.6%)

offenses (n = 10). After being convicted, all participants had been ordered to court-mandated outpatient treatment in the coastal United States. As part of the intake process, all participants were administered the MMPI-2 to aid in clinical treatment decisions. All participants spoke English as their first language and consented to the evaluation. Similar to Meloy and Gothard (10), 82%% of participants had a history of substance abuse problems (n=31).

**Table 2. Descriptives and t-test comparisons for Validity, K-Corrected Clinical, and Restructured Clinical (RC) Scales (N = 33)**

Scale	Mean	Standard Deviation	t value	p (2-tailed)
VRIN	48.74	10.95		
TRIN	56.53	8.37		
L	63.24	12.94		
F	51.82	9.65		
Fb	51.66	11.91		
Fp	52.66	10.12		
K	58.32	11.00		
S	58.55	11.03		
RC-d	49.21	11.00		
Scale 1	55.76	10.77	2.30	<.05
RC 1	49.89	11.45		
Scale 2	56.53	10.17	3.91	<.001
RC 2	47.66	9.63		
Scale 3	56.87	11.03	3.77	<.001
RC 3	47.11	11.53		
Scale 4	60.84	11.36	3.96	<.001
RC 4	51.66	8.69		
Scale 6	58.58	13.16	2.70	<.01
RC 6	50.79	11.95		
Scale 7	53.76	9.17	4.22	<.001
RC 7	44.53	9.90		
Scale 8	53.71	8.85	3.05	<.01
RC 8	47.21	9.71		
Scale 9	49.39	10.00	2.84	<.01
RC 9	43.58	7.67		
Scale 0	45.95	7.74		

### Procedure and Measures

All participants were administered the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2) (1) at intake. Participants were given the MMPI-2 in standard booklet form and administered all 567 items, which was then scored using a Q-Local Pearson computerized scoring program. Only T-scores were used for analysis; raw scores were not addressed in this analysis. Prior to data analysis being conducted, reliability and validity variables of the MMPI-2 (VRIN, TRIN, L, F, Fb, Fp, K) were reviewed for any cases that may be invalid, according to Greene (23). It was determined that one case was likely invalid (F = 110) and removed due to likely over-endorsement of symptoms. Therefore, the final sample used for data analysis included 38 participants.

**Table 3. Means and Standard Deviations for Non-K Corrected Clinical Scales (N = 36<sup>a</sup>)**

Scale	Mean	Standard Deviation
Scale 1	51.03	12.21
Scale 4	58.68	11.52
Scale 7	47.71	11.31
Scale 8	48.06	10.80
Scale 9	48.68	10.48

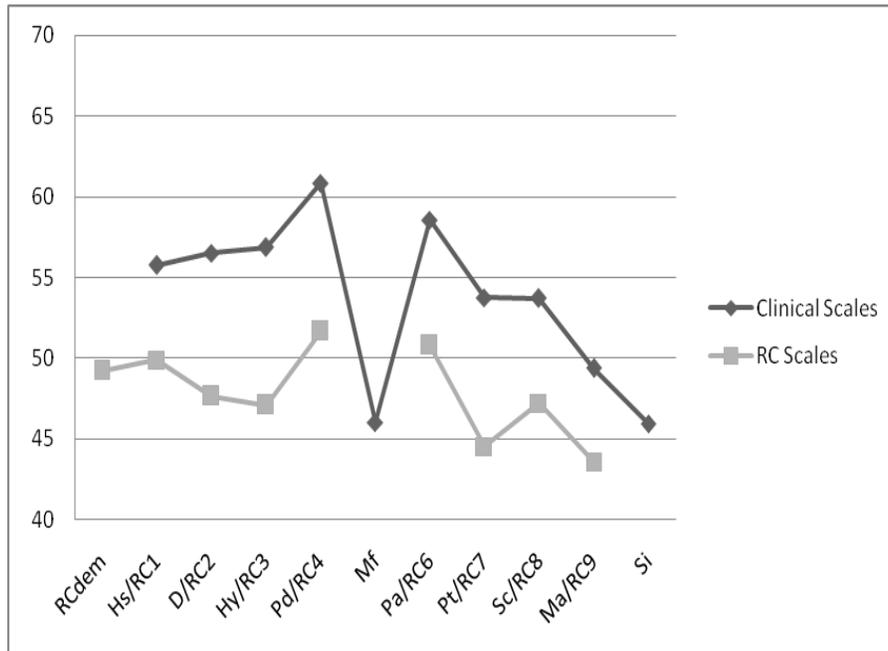
<sup>a</sup> Two subjects from original sample of 38 were missing Non-K Scores, resulting in an overall sample of 36 here.

### RESULTS

Means and standard deviations were calculated for all Validity, Clinical and Restructured Clinical (RC) scales and are summarized in Table 2, along with mean Clinical and corresponding RC scales for all participants that were included in analysis (N = 38). Figure 1 depicts a visual comparison between the “stalking” sample and normative comparison group. It is of note that Tellegen et al. (24) have argued that the RC Scales measure different psychological constructs than the MMPI-2 Clinical Scales. As a result, comparison between the Clinical and corresponding RC Scales is not an

exact comparison as the scales measure slightly different constructs. Regardless, the RC Scales were designed to be a “purer” version of the Clinical Scales (24), so that addressing differences between these scales is suitable. T-tests were used to compare the K-Corrected Clinical Scales to the

**Figure 1. Mean K-Corrected Clinical and RC Profiles for Stalkers (N = 38)**



corresponding RC Scales and are reported in Table 2. While a definitive “clinical” picture is not discernible from the sample, the author argues the context of the evaluation for the participants included in this study elevated the potential for defensiveness. Accordingly, K-corrected scales were assessed (For Scale Means and Standard Deviations, See Table 3 for Non-K Corrected Scales and Tables 4a and 4b for Content and Supplementary Scales). Significant differences were found for all t-test comparisons (Table 2). Overall, the Clinical Scales maintained higher mean T scores than the corresponding RC Scales; Scale 4 (Pd) was slightly elevated (Mean T-Score = 60.84), followed by Scale 6 (Pa; Mean T-Score = 58.58), Scale 3 (Hy; Mean T-Score = 56.87), and Scale 2 (D; Mean T-Score = 56.53). With the RC Scales, only RC 4 and RC 6 achieved a T-score above 50 (RC4 Mean T-

Score = 51.66; RC6 Mean T Score = 50.79), while all other RC Scales were found to be at a T-score of 50 or below.

**Table 4a. Means and Standard Deviations forMMPI-2 Content Scales (N = 37<sup>a</sup>)**

Scale	Mean	Standard Deviation
ANX	51.32	10.18
FRS	49.30	10.87
OBS	45.32	10.09
DEP	50.68	13.14
HEA	51.35	12.20
BIZ	47.90	10.63
ANG	44.46	10.07
CYN	46.84	11.85
ASP	49.14	9.84
TPA	40.95	6.13
LSE	45.86	10.29
SOD	43.54	6.89
FAM	47.35	10.06
WRK	44.57	10.08
TRT	47.49	13.41

<sup>a</sup>One subjects from original sample of 38 was missing Content Scale Scores, resulting in an overall sample of 37 here.

**Table 4b. Means and Standard Deviations forMMPI-2 Supplementary Scales (N = 37<sup>a</sup>)**

Scale	Mean	Standard Deviation
A	46.92	10.52
R	55.43	9.46
Es	50.27	10.13
Do	47.73	9.14
Re	50.14	9.70
Mt	47.92	11.22
PK	48.65	11.43
Ho	45.05	10.26
O-H	62.14	9.24
MAC-R	52.19	8.63
AAS	51.30	8.38
APS	44.05	10.46
GM	49.16	10.34
GF	49.76	8.86

<sup>a</sup>One subject from original sample of 38 was missing Content Scale Scores, resulting in an overall n of 37.

As discussed above, the RC Scales were designed to measure slightly different constructs, but are considered to be closely related to the Clinical Scales (25). As a secondary analysis, correlations between the K-corrected Clinical Scales and the corresponding RC Scales were calculated to assess the degree to which these scales were statistically related. All of these correlations were found to be significant ( $p \leq .01$ ). The strongest correlations were found between Scale 1 (Hs) and RC 1 ( $r = .69, p < .001$ ), Scale 9 (Ma)

**Table 5. Correlations Between K-Corrected Clinical and Corresponding RC Scale (N = 38)**

Variable	Pearson r	P
Scale 1 RC 1	.69	<.001
Scale 2 RC 2	.59	<.001
Scale 3 RC 3	-.42	<.01
Scale 4 RC 4	.56	<.001
Scale 6 RC 6	.64	<.001
Scale 7 RC 7	.53	.001
Scale 8 RC 8	.57	<.001
Scale 9 RC9	.66	<.001

and RC 9 ( $r = .66$ ,  $p < .001$ ), and Scale 6 (Pa) and RC 6 ( $r = .64$ ,  $p < .001$ ). All but one correlation were in the positive direction, with the relationship between Scale 3 (Hysteria) and RC3 being the exception ( $r = -.371$ ,  $p = .034$ ). This finding was expected given the design of the RC3 Scale, described as “inverse” by MMPI-2-RF authors (25), such that lower scores are indicative of “disavowed cynicism.” A summary of all interscale correlations is presented in Table 5.

#### DISCUSSION

The present study examined the MMPI-2 profiles of male convicted stalkers. This study sought to add to the existent empirical research with an under-researched sample and to continue to examine the utility of the MMPI-2 with forensic populations.

The results from this study offer convergent validity of male stalker MMPI-2 profiles with previous research findings, with mild to moderate elevations on Scales 4 and 6. Resentment, anger, guardedness, suspicion and sensitivity characterize this stalker profile. While mean clinical profiles fail to elevate to clinically significant levels or provide a clear code type, the mean scores on scales 4 and 6 for this stalking sample are both nearly one standard deviation above non-clinical, normative comparative groups. As such, when one considers the standard deviation values of these two scales, a substantial percentage of this sample (approximately 35%) would statistically elevate these scales creating a clinically significant 4-6 code type. Accordingly, stalkers exhibit a fundamental disregard for social values and norms, through violation of their victims' rights, engagement in harassing and intrusive behaviors, and impulsive, violent and destructive actions. In addition, stalkers in this study revealed sensitivity to criticism and tendency to internalize events in their world to their own characteristics and personality qualities. The inability to fully detach from previous relationships, plausibly, is an unwillingness to acknowledge character deficits that led to rejection by the previous partner. Maintaining the relationship by any means possible (negative attention, making explicit threats, harassing behaviors) prevents a loss of that connection altogether and delays self-reflection through primary defenses such as avoidance and denial. Furthermore, the 4-6 code type as proposed by Greene (23) fits the stalker quite well, as a distressed, argumentative and blaming individual who struggles to maintain interpersonal relationships due to feelings of resentment, suspiciousness and frustration.

The current study found that all Clinical and RC scales were significantly related to one another with the exception of Scale 3 and RC 3. This finding is consistent with other studies that have demonstrated a relationship between the RC Scales and various Clinical, Content and Supplementary Scales (26). While the RC Scales may have been developed to measure constructs of personality and psychopathology with less shared variance, the correlations between the Clinical and RC Scales demonstrated with this sample suggested that the RC Scales are measuring similar constructs to their Clinical Scale counterparts. Yet, even though the RC Scales do correlate strongly with their Clinical counterparts in this stalking sample, by isolating the shared component of demoralization and eliminating item-sharing within

scales, the RC scales were consistently and statistically lower than Clinical Scales. In doing so, RC Scales could potentially under pathologize personality structures, failing to alert evaluators to problems that this group may be having. While the alternative argument could be made that the Clinical Scales of the MMPI-2 over pathologize respondents, the observed connection between personality characteristic and behaviors exhibited by this sample would suggest otherwise.

The current findings present an area of concern to forensic evaluators. In completing a forensic evaluation, one must continuously assess the validity of the existent measures and test data in order to make accurate clinical inferences. In the pursuit of forming accurate clinical inferences and opinions, evaluators must have supportive evidence from various sources to make determinations and conclusions. To date, multiple research studies have cautioned about the RC Scales' redundancy and problems with test validity; thus, forensic evaluators should be cautious in using the RC Scales with a stalker population until more empirical research has been conducted on this special sample, as well as in an effort to meet evidence admissibility standards such as Frye and Daubert. Moreover, the RC Scales may cause an evaluator to lose valuable bits of information and perhaps lessen the ability to make a fully informed clinical opinion.

As with all research, this study is not without limitations. Due to the small sample size, limited statistical inferences can be made. Thus, it is important to continue collecting MMPI-2 profile data from this special population in order to aid in further research. The sample was also limited in that it only included males in coastal California and is not an adequate distribution of the stalking population. In addition to problems with the sampling, other personality measures were not assessed for this study so the role of psychopathology is not completely clear. One reason why psychopathology may be difficult to assess with the MMPI-2 with this population is that this measure is still susceptible to some amount of examinee bias. As other studies have shown, non-self report measures, such as the Rorschach, demonstrate greater differences between stalker types (3). Accordingly, these forms of assessment may be more effective with this population. However, this finding was limited to a single study that needs to be replicated in order to increase generalizability to stalking populations. Furthermore, provided a larger sample

size is obtained, examination of various subtypes of stalking (e.g., violent versus non-violent stalking behaviors, relationship to victim, delusional stranger infatuation versus prior intimate victim, and concurrent psychopathology) will provide researchers with rich information about different stalking subgroups.

Ultimately, this study contributes to the limited empirical information that is known about personality factors of stalkers and evaluation using the MMPI-2. As research continues to emerge about the differences between the Clinical and RC Scales, the utility of the RC Scales can continue to be assessed. Moreover, this study will encourage researchers and forensic evaluators to continue to evaluate test validity with special forensic populations.

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#### **ABOUT THE AUTHORS**

Todd Pizitz, Ph.D. is a clinical and forensic psychologist practicing in Vista, California. He evaluates and treats defendants prior to sentencing and once convicted of drug and alcohol related offenses, stalking and terrorist threats, sexual offenses and violent offenders. He is an adjunct faculty at Alliant International University, California School of Professional Psychology—San Diego, teaching assessment courses in the Ph.D. and Psy.D. Departments. He can be reached at [tpizitz@alliant.edu](mailto:tpizitz@alliant.edu).

Joseph McCullaugh, MA, is a doctoral student at the California School of Professional Psychology—San Diego, currently researching the validation of an array of assessment measures with diverse forensic populations. His research interests include forensic assessment, psychological evaluations, and malingering. He can be reached at [joseph.m.mccullaugh@gmail.com](mailto:joseph.m.mccullaugh@gmail.com).