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The PID-5 Does Not Contain Validity Scales. Do You Care?

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THE PID-5 DOESN’T HAVE VALIDITY SCALES. DO YOU CARE?

[Research Conducted By: Carisha Kelsey and mentor David Fischer PsyD. Sponsored by: Portland State University, McNair Scholars Program: Jolinda Kwong Caputo MS, EdD; Teutue Faaleava MPA, JD, PhD; Melissa Pirie M.Ed.; Charles Daniel; Kristy Schepker M.S.]

ABSTRACT AND METHODS:
The most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) provides clinicians with a new personality assessment tool, the Personality Inventory for DSM-5. It is one of a number of assessments provided for use “in research and evaluation as potentially useful tools to enhance clinical decision-making.” The PID-5 does not contain validity scales to assist clinicians in assessing personality and making diagnostic decisions. This research project seeks to answer the question, “Can the PID-5 be a useful tool without a set of validity scales provided to assist in the interpretation of results?” A literature review will be followed to document development and use of the MMPI-2 and PID-5, with focus on the use of validity scales.

QUESTION

“Can the PID-5 be a useful tool without a set of validity scales provided to assist in the interpretation of results?”

VALIDITY SCALES

Validity: A measure of a test instrument’s ability to actually measure what it purports to measure. Validity scales help inform an assessor as to the degree a test subject is responding in a forthright manner. This assists in forming more accurate interpretations of results.

Scalability: Usually a series of questions that are designed to detect notable, questionable, patterns of responding. These might include checks for random responding, incoherence between responses to items of similar content, under-reporting or over-reporting of symptoms to consciously influence the interpretation of results etc.

How Validity Scales are used: When present, abnormal scores on validity scales lead the assessor to question the validity of the other (clinical) scales, and thus the value and dependability of the overall test. Interpretations of abnormal scores on validity scales lead to specialization that a test subject may be misleading an assessor, either consciously or unconsciously.

Why are validity scales important to diagnostic testing?

- Personality assessment is often used as an aid to clinical diagnosis. While no test should be used as the sole determinant of diagnosis, when tests are used, clinicians must have a sense of the validity of the results.
- Research suggests that test subjects tend to under-report or over-report symptoms when motivated by potential gain or loss based on test results.
- Research suggests that test subjects can become fatigued during long tests. Careless responding due to fatigue may unduly skew scores and potentially influence the interpretation of results.

CHARACTERISTICS OF THE PID-5

The Personality Inventory for DSM-5 (PID-5)

- A 220-item self-report form is available for adults. Alternative adult forms including a brief form and an informal form. Full-length and brief forms are also available to assess older children and adolescents.
- A series of statements are provided allowing a test subject to characterize their experience on a rating scale. The subject responds to each item with:
  - Very False or Often False
  - Sometimes or Somewhat False
  - Sometimes or Somewhat True
  - Very True or Often True
- Scores on individual items are calculated and summary results are reported for 25 personality facets and five broad domains.
- The PID-5 is intended to inform diagnostic assessment of six of the ten DSM-defined personality disorders.

DEVELOPMENT OF THE MMPI-2

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

And Validity Scales

- The MMPI-2 is the most popular clinical personality assessment. It is widely used in the US and around the world. It is used in inpatient and outpatient mental health settings, medical centers and correctional settings. It is frequently admitted as evidence in civil and criminal legal procedures.
- Development
  - ORK: used for routine diagnostic assessment
  - Originally developed with four validity scales
- How Validity Scales are used:
  - Bounded apparent that test subjects could distort responses in order to present themselves in more positive or negative ways (faking good, faking bad)
- Revision 1989
  - Critics expressed concerns about coordination participants
  - Language viewed as archaic and sexist. Idiomatic expressions were difficult to understand across different education/levels/cultural backgrounds
  - More validity scales were added.
- The Test
  - A true/false format like the PID-5
  - Scoring takes validity scales into account (requires a trained clinician to interpret)
- Clinical Scales
  - 1 (Hypochondriasis), 2 (Depression), 3 (Hysteria), 4 (Psychopathic Deviate), 5 (Masculinity/Femininity), 6 (Paranoia), 7 (Psychopathic Deviate), 8 (Schizophrenia), 9 (Hypomania), 10 (Social Introversion)
- Scoring takes validity scales into account (requires a trained clinician to interpret)

WHERE COULD THIS LEAD US?

It is important to question any tool that works towards labeling individuals. Being diagnosed/labeled with a particular personality disorder could be dangerous if one does not actually possess this disorder (or possesses a different disorder altogether). False diagnoses are a risk of using a test that does not utilize effective means to ensure validity. By questioning this test and finding whether or not validity scales are necessary in the PID-5, we could encourage others to question new diagnostic tools and create a take-control environment for the future of clinical diagnoses. If it is supported that the PID-5 would be a stronger tool with validity scales, then the next step would be to begin developing these scales.

CITATIONS

New York: Oxford University Press.

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