



Cross-Validation of the MMPI-3 Dissimulation ADHD (Ds-ADHD) Scale

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Introduction

The Minnesota Multiphasic Personality Inventory-3 (MMPI-3) is a 335-item true/false psychological test revision of the MMPI instrument. This assessment is used in various settings to measure personality traits that could indicate mental health issues, personality disorders, differential diagnoses, and more (Ben-Porath & Tellegen, 2020; Brown & Sellbom, 2021). In forensic settings, the MMPI-3 is commonly used to provide information about psychological functioning and includes 10 validity scales to evaluate feigned responses, such as overreporting and underreporting of symptoms (Ben-Porath & Heilbrun, 2022; Reeves et al., 2022). Rogers & Robinson (2018) introduced the ADHD Dissimulation Scale (Ds-ADHD) as an experimental validity scale to identify noncredible or exaggerated reporting of ADHD symptoms. Notably, ADHD diagnoses have historically flown under the radar for females (Attoe & Climie, 2023). This study seeks to examine the ability of the experimental MMPI Ds-ADHD scale in circumventing feigning attempts for ADHD; particularly, when compared to SAD and mixed diagnoses, when controlling for gender.

Research Questions:

1. Are there between-group differences on feigning scales within the MMPI based on assigned disorders (e.g., ADHD, SAD, mixed)?
2. Is the Ds-ADHD scale sensitive to feigning across participants, regardless of gender identity?

Methodology & Procedure

Participants were recruited via Prolific in January of 2026. Inclusion criteria included being over 18 years of age, residency in the U.S., fluency in conversational English, and falling within the racial categories of White, Black, or Latine.

Participants previously diagnosed with ADHD and SAD were excluded from the study. After screening, the total number of participants recorded was $N = 257$. Participants were then randomly assigned to experimental and control conditions.

The experimental condition requested that participants feign ADHD, SAD, or mixed diagnoses, whereas the control served as an honest condition. Next, participants were tasked to complete the MMPI-3 and PDSQ based on their assigned condition. After, participants completed several self-report assessments: the ADHD self-report scale (ADHD ASRS), Liebowitz Social Anxiety Scale for Adults (LSAS), and the Cross Ethnic-Racial Identity Scale-Adult (CERIS-A). After cleaning the data, the researchers analyzed the results with SPSS.

Results

A two-way factorial ANOVA was conducted to evaluate the effects of diagnostic condition (genuine, inattentive ADHD, combined type ADHD, social anxiety disorder, mixed diagnoses, nonclinical control) and gender identity on Ds-ADHD scale scores)

The results showed a significant main effect of condition on Ds-ADHD, gender identity, and an interaction effect of condition x gender. Each main effect indicated a medium effect size, indicating Ds-ADHD scores differed between gender identities.

Using Tukey's HSD, a post hoc comparison was conducted testing across the six condition levels examining specific group differences in Ds-ADHD scores. These findings indicate significant differences were found between conditions, but were limited to comparisons of feigned combined type adhd group. Individuals simulating Combined-Type ADHD produced lower feigning scores on the Ds-ADHD scale than the social anxiety disorder or genuine group.

Results Continued; Tables

Condition and Gender on Ds-ADHD Scores					
Effect	<i>F</i>	<i>df</i>	<i>p</i>	η^2	Interpretation
Condition	3.58	(5,237)	.004	.070	Medium Effect
Gender Identity	3.59	(5, 237)	.004	.070	Medium Effect
Condition x Gender identity	1.95	(9, 237)	.046	.069	Medium Effect

Assigned Condition on Ds-ADHD Scores			
Group	<i>n</i>	<i>M</i>	<i>SD</i>
Nonclinical Controls	5	14.80	2.17
Social Anxiety Disorder	25	13.56	2.43
Genuine group	142	13.11	1.99
Inattentive ADHD	29	12.83	2.09
Mixed Diagnoses	23	12.39	2.44
Combined Type ADHD	33	11.30	2.57

Discussion/Conclusion

Our findings provide an opportunity for exploration on the intersection of gender identity and the MMPI-3 Ds-ADHD scale while expanding the empirical foundation for detecting feigned responding. Results indicate gender identity independently was significantly associated with Ds-ADHD Scores. This suggests feigning can not be interpreted uniformly across genders. For the main effect of condition, the Ds-ADHD scale was not able to statistically distinguish the remaining feigned groups from the genuine group in this sample.

This study does hold some limitations. One such limitation is the racial sampling being limited to only three categories. It is also key to remember that this is an experimental study, and that real-world environments may hold different outcomes. In the future, this study could be replicated to analyze for differences across a greater number of racial categories, such as Indigenous people and Asian and Pacific Islanders. Future research could analyze impact of various sexual or gender orientations, to examine whether queer identities must be examined through a differing lens.

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