



# MCMI®-IV


MILLON® CLINICAL  
MULTIAXIAL INVENTORY-IV

Theodore Millon, PhD, DSc, Seth Grossman, PsyD, Carrie Millon, PhD

## MCMI®-IV

**The most widely-used theory-driven  
and empirically guided adult clinical  
personality instrument**

The MCMI-IV assessment delivers Dr. Millon's time-tested theories on personality patterns in an all-new spectrum.



“The MCMI®-IV was specifically designed,  
as are all of the Millon® Inventories,  
to facilitate the therapeutic plans of the clinician.”

—Theodore Millon, PhD, DSc

Grounded in both theoretically guided principles and sound empirical research, the MCMI-IV helps to diagnose personality disorders, identify underlying clinical issues, and capture a broader range of personality functioning. Used in multiple settings including clinical and counselling, medical, government, and forensic, the MCMI-IV can help:

- » Identify deeper pervasive clinical issues
- » Facilitate treatment decisions
- » Assess disorders based on *DSM-5*® and ICD-10 classification systems

## A Theoretical Change—Introducing a ‘Spectrum’

Dr. Millon’s *Disorders of Personality, Third Edition* (Wiley: 2011) more fully explicated a range of personality dysfunction AND function.

The MCMI-IV conceptualizes personality patterns on a new spectrum. Each behaviour is now described with 3 levels of personality functioning:

- » **Normal Style:** Generally adaptive personality patterns
- » **Abnormal Traits/Type:** Moderately maladaptive personality attributes
- » **Clinical Disorder:** Likelihood of greater personality dysfunction

**Example:** CENarc spectrum: **C**onfident–**E**gotistic–**N**arcissistic

The major goal of the MCMI-IV is to more adequately capture this broader range of personality—adaptive to maladaptive.

## Advantages of Dr. Millon's Theory

The MCMI-IV is uniquely equipped to provide clinical insights that are grounded in both theoretically-guided principles and sound empirical research. Rather than starting with statistical methodology, the MCMI-IV and all the Millon inventories begin with explanatory principles. This allows the clinician to grasp the how and why from the data to truly understand the person behind the numbers. It then blends together theory and statistics to form a cohesive understanding of a person's personality.

## The MCMI-IV at a Glance

### New Features

- » **Full normative update**—Based on a combined gender sample of 1,547 adults from inpatient and outpatient clinical settings
- » **New Turbulent scale**—Uses a modern formulation of the Turbulent personality pattern to provide deeper understanding of those patients presenting with this unbridled personality type
- » **DSM-5® and ICD-10**—Aligns with *DSM-5*; includes ICD-10 code sets
- » **New and updated test items**—Characterize the evolution of Dr. Millon's personality theory, increase clarity and clinical relevance
- » **Enhanced Therapeutic Focus**—New and improved narrative content that better integrates results with therapeutic practice
- » **Updated Grossman Facet Scales**—Designed to help interpret elevations on the Clinical Personality Patterns Scales and Severe Personality Pathology Scales
- » **Digital**—New digital end-to-end workflow via Q-global®

### Overview

**Administer to:**

Adults aged 18 and older

**Administration Time:**

25–30 minutes

**Scoring and Reporting:**

Q-global, Q Local™ and Mail-in


**Qualification Level:**

C

**Reading level:**

Fifth grade





Grounded in both theoretically guided principles and sound empirical research.

## Turbulent Scale—New!

### MCMI®-IV Scale 4B: Ebullient-Exuberant-Turbulent Spectrum

The Turbulent scale on the MCMI-IV will provide clinicians with a deeper understanding of the levels of severity found in clinical adult patients who may be presenting with abnormal personality traits, such as a lost sense of reality or unwavering optimism. “Turbulent” refers to the more severe (disorder) end of that spectrum. The MCMI-IV can help you identify how adaptive/maladaptive it is, how it differentiates itself by virtue of different personality mixtures, and gives you a solid place to begin to intervene.

Dr. Millon conceptualized the Ebullient–Exuberant–Turbulent personality pattern as typically energetic and buoyant in manner and prone to vigorous pursuits of happiness. The high energy and generally positive attitude of moderated variants of this pattern can show considerable characterologic strengths. Patients with less integrated variations of this pattern may be prone to scatteredness, overstimulation, over-animation, and an inability to maintain balance within their environment, which can adversely affect their relationships with others.

**Learn more about the Turbulent personality pattern and new Turbulent scale at [PearsonClinical.ca/MCMI-IV](https://PearsonClinical.ca/MCMI-IV).**

# Updated Grossman Facet Scales

The Grossman Facet Scales enhance the clinical interpretation of the MCMI-IV by further elaborating on the different personality dimensions, making connections between the primary scales.

Clinical Personality Patterns and the Corresponding Grossman Facet Scales	
<b>1</b>	<b>Schizoid (AASchd)</b>
1.1	Interpersonally Unengaged
1.2	Meager Content
1.3	Temperamentally Apathetic
<b>2A</b>	<b>Avoidant (SRAvoid)</b>
2A.1	Interpersonally Aversive
2A.2	Alienated Self-Image
2A.3	Vexatious Content
<b>2B</b>	<b>Melancholic (DFMelan)</b>
2B.1	Cognitively Fatalistic
2B.2	Worthless Self-Image
2B.3	Temperamentally Woeful
<b>3</b>	<b>Dependent (DADepn)</b>
3.1	Expressively Puerile
3.2	Interpersonally Submissive
3.3	Inept Self-Image
<b>4A</b>	<b>Histrionic (SPHistr)</b>
4A.1	Expressively Dramatic
4A.2	Interpersonally Attention-Seeking
4A.3	Temperamentally Fickle
<b>4B</b>	<b>Turbulent (EETurbu)</b>
4B.1	Expressively Impetuous
4B.2	Interpersonally High-Spirited
4B.3	Exalted Self-Image
<b>5</b>	<b>Narcissistic (CENarc)</b>
5.1	Interpersonally Exploitive
5.2	Cognitively Expansive
5.3	Admirable Self-Image

<b>6A</b>	<b>Antisocial (ADAntis)</b>
6A.1	Interpersonally Irresponsible
6A.2	Autonomous Self-Image
6A.3	Acting-Out Dynamics
<b>6B</b>	<b>Sadistic (ADSadis)</b>
6B.1	Expressively Precipitate
6B.2	Interpersonally Abrasive
6B.3	Eruptive Architecture
<b>7</b>	<b>Compulsive (RCComp)</b>
7.1	Expressively Disciplined
7.2	Cognitively Constricted
7.3	Reliable Self-Image
<b>8A</b>	<b>Negativistic (DRNegat)</b>
8A.1	Expressively Embittered
8A.2	Discontented Self-Image
8A.3	Temperamentally Irritable
<b>8B</b>	<b>Masochistic (AAMasoc)</b>
8B.1	Undeserving Self-Image
8B.2	Inverted Architecture
8B.3	Temperamentally Dysphoric
Severe Personality Pathology and Corresponding Grossman Facet Scales	
<b>S</b>	<b>Schizotypal (ESSchizoph)</b>
S.1	Cognitively Circumstantial
S.2	Estranged Self-Image
S.3	Chaotic Content
<b>C</b>	<b>Borderline (UBCycloph)</b>
C.1	Uncertain Self-Image
C.2	Split Architecture
C.3	Temperamentally Labile
<b>P</b>	<b>Paranoid (MPParaph)</b>
P.1	Expressively Defensive
P.2	Cognitively Mistrustful
P.3	Projection Dynamics

New!

Enjoy a digital end-to-end workflow  
with the digital manual via Q-global®

## Scoring and Reporting



Q-global®

Administration, scoring, and reporting for the MCMI®-IV is available on Q-global®, Pearson's web-based scoring and reporting platform.

### Q-global features:

- » 24/7 secure, web-based access
- » Portable use on mobile devices, laptops, and tablets
- » On-demand, reliable scoring and comprehensive reporting solutions

For information about Q-global, please visit **HelloQ.ca**.

Mail-in and Q-Local™ scoring and reporting options also available.

## Sample Reports

### Profile Report

The Profile Report provides base rate scores for all 28 scales in an easy-to-read graph. This report can help clinicians quickly identify clients who may require more intensive evaluation.

### Customizable Reporting

This section presents the new scale abbreviations, a customizable reporting option available in the MCMI-IV.

PERSONALITY		Score		Profile of BR Scores			
		Raw	PH	BR	0	65	115
Clinical Personality Patterns							
					Style	Type	Disorder
AASchd	1	11	64	66			
SRAvoid	2A	10	58	70			
DFMelan	2B	22	84	78			
QADepn	3	11	71	73			
SPHidr	4A	13	53	62			
EETurbo	4B	15	59	65			
CENarc	5	10	74	69			
ADAnis	6A	17	99	92			
ADSadis	6B	10	75	68			
RCComp	7	10	16	40			
DRNegat	8A	24	99	95			
AAMasoc	8B	13	72	71			
Severe Personality Pathology							
ESSchroph	9	12	65	65			
UBCycloph	C	24	99	97			
MPParaph	P	10	75	71			

Customizable  
Reporting

# Interpretive Report

This report provides an in-depth analysis of personality and symptom dynamics. Written with a therapeutic focus, the interpretive report provides the clinician with a foundation upon which treatment plans can readily be made and includes action-oriented suggestions for therapeutic management.

## Interpretive Report Features

### Aligns to *DSM-5*<sup>®</sup> and Includes ICD-10 Code Sets

This section provides possible *DSM-5* diagnoses that parallel with diagnostic criteria and items from the MCMI-IV.

### Therapeutic Focus

This section provides major considerations and recommendations for treatment options based on individual results.

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ID: 123456789  
Joan Sample

**Self-Destructive Potential**  
14. Item Content Omitted (True)  
32. Item Content Omitted (True)  
34. Item Content Omitted (True)  
39. Item Content Omitted (True)  
101. Item Content Omitted (True)  
114. Item Content Omitted (True)  
151. Item Content Omitted (True)  
164. Item Content Omitted (True)

**Childhood Abuse**  
47. Item Content Omitted (True)

**Vengefully Prone**  
22. Item Content Omitted (True)  
37. Item Content Omitted (True)  
111. Item Content Omitted (True)  
167. Item Content Omitted (True)  
178. Item Content Omitted (True)  
192. Item Content Omitted (True)

**Explosively Angry**  
11. Item Content Omitted (True)  
74. Item Content Omitted (True)  
168. Item Content Omitted (True)  
191. Item Content Omitted (True)

**Autism Spectrum**  
179. Item Content Omitted (True)  
190. Item Content Omitted (True)

**Special Note:**  
The content of the test items is included in the actual reports. To protect the integrity of the measure, the item content does not appear in this sample report.

ITEMS NOT SHOWN

Aligns to the *DSM-5*; includes ICD-10 code sets

**POSSIBLE *DSM-5*<sup>®</sup> DIAGNOSES**  

The following diagnostic assignments should be considered judgments of personality and clinical prototypes that correspond conceptually to formal diagnostic categories. The diagnostic criteria and items used in the MCMI-IV differ somewhat from those in the *DSM-5*, but there are sufficient parallels in the MCMI-IV items to recommend consideration of the following assignments. It should be noted that several *DSM-5* clinical syndromes are not assessed in the MCMI-IV. Definitive diagnoses must draw on biographical, observational, and interview data in addition to self-report inventories such as the MCMI-IV.

Before each disorder name, ICD-9-CM codes are provided, followed by ICD-10-CM codes in parentheses.

**Clinical Syndromes**  

The major complaints and behaviors of the patient parallel the following clinical syndrome diagnoses, listed in order of their clinical significance and salience.

296.33 (F33.2) Major Depression (recurrent, severe)  
305.00 (F10.10) Alcohol Use Disorder  
309.24 (F43.22) Adjustment Disorder with Anxiety

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Course: The clinical syndromes described previously tend to be relatively transient, waxing and waning in their prominence and intensity depending on the presence of environmental stress.

**Personality Disorders**  

Deeply ingrained and pervasive patterns of maladaptive functioning underlie clinical syndromal pictures. The following personality prototypes correspond to the most probable *DSM-5* diagnoses that characterize this patient.

Personality configuration composed of the following:

301.83 (F60.3) Borderline Personality Disorder  
301.9 (F60.9) Unspecified Personality Disorder (Negativistic) Disorder  
with Antisocial Personality Type  
and Unspecified Personality Disorder (Melancholic) Style

Course: The major personality features described previously reflect long-term or chronic traits that are likely to have persisted for several years prior to the present assessment.

**Psychosocial and Environmental Problems**  

In completing the MCMI-IV, this individual identified the following problems that may be complicating or exacerbating her present emotional state. They are listed in order of importance as indicated by the patient. This information should be viewed as a guide for further investigation by the clinician.

Low Self-Confidence

**TREATMENT GUIDE**  

The following guide to treatment planning is oriented toward issues and techniques focusing on matters that might call for immediate attention, followed by time-limited reduce the likelihood of repeated relapses.

As a first step, it would appear advisable to implement methods to ameliorate this patient's anxiety, depressive hopelessness, or pathological personality functioning by the rapid supportive psychotherapeutic measures. With appropriate consultation, targeted psychopharmacological medications may also be useful at this initial stage.

Worthy of note is the possibility of a troublesome alcohol and/or substance-abuse disorder. If this is the case, short-term behavioral management or group therapy programs should be rapidly implemented.

Once this patient's more pressing or acute difficulties are adequately stabilized, attention should be directed toward goals that would aid in preventing a recurrence of problems, focusing on circumscribed issues and employing delimited methods such as those discussed in the following paragraphs.

A clear understanding and appreciation of the self-protective nature of this woman's hostilities are necessary to create a therapeutic alliance. She likely has limited experience relating to others on a genuinely empathic level, while having that attitude reciprocated. Her experience of antagonism throughout her lifetime has gone from being absorbed inwardly to being projected outwardly with little deviation between these two extremes. Her initial discomfort with the more equitable dynamic inherent in therapeutic relationships may feel like a failure to connect to the therapist, but it is a necessary intermediate step on the road to a deeper trust. Equally imperative, is to guide this woman to become aware of her unusual emotional state in the immediate. Hostilities are likely to emerge and dissipate, possibly repeatedly, and she may attempt to arouse the therapist's ire through testing or caustic behaviors. A firm but open therapeutic stance, one that withholds judgment, is necessary to gradually build trust. Further, this approach to therapy will bring with it a receptivity to challenge and an understanding that this woman can meet her personal needs with means other than aggression.

Aligns to the *DSM-5*; includes ICD-10 code sets

Therapeutic Focus

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## >> About the Authors



### Theodore Millon, PhD, DSc

After completing his dissertation in 1953, Dr. Millon began his teaching career at Lehigh University in Pennsylvania. It was during his first year in this position that he

began his own evolution from merely teaching psychology to patient advocacy, revolutionizing the assessment treatment continuum, and development of the personality test that would eventually become today's MCMI-IV.

While touring the Allentown State Hospital with his students, he was appalled with the conditions the patients were forced to endure. Following his exposure of the conditions of the hospital, Dr. Millon was voted president of the Board of Trustees. Over the next decade, the hospital's standings improved from 22<sup>nd</sup> out of 22 hospitals in the state to 1<sup>st</sup>, vastly due to the development of clinical research programs, and community mental health centers.

Dr. Millon immersed himself into the lives of the patients, and was rewarded for his efforts with a much deeper understanding of those housed in the chronic wards. He has credited his time there during "unconventional visiting hours" as his inspiration for writing *Modern Psychopathology* (MP) and developing diagnostic tools such as the MCMI. He went on to write, co-author, and edit more than 30 books; held full professor roles at Harvard, University of Illinois in Chicago, and the University of Miami; and developed a number of personality and psychological assessments still widely in use today.

During the development of the MCMI-IV, Dr. Millon shared his ideas on the importance of "understanding theory and assessment and how they coordinate together to give us the central core of the emergence of the field of personality disorders."

>> [Visit PearsonClinical.ca/MCMI-IV](http://PearsonClinical.ca/MCMI-IV) to view the video



### Seth Grossman, PsyD

Seth Grossman, PsyD, is a licensed psychologist in the state of Florida. He is the founder and clinical director of the Center for

Psychological Fitness in the Fort Lauderdale region, as well as a member of the clinical faculty at the Florida International University Herbert Wertheim College of Medicine. For nearly two decades, Dr. Grossman worked under the leadership of the world-renowned personality theorist, Dr. Theodore Millon, co-authoring several books, scientific articles, and personality tests with Dr. Millon. Dr. Grossman has also been a guest lecturer on personality and clinical assessment at universities and professional settings nationally and internationally. Most recently, Dr. Grossman co-authored the MCMI-IV, the latest revision to Dr. Millon's widely used measure of adult psychopathology.

“A lasting imprint of Ted will be the millions of Americans who will be better understood because of his clinical instruments.”

–Hertz Presentation at the  
2015 Annual Society for  
Personality Assessment Convention

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