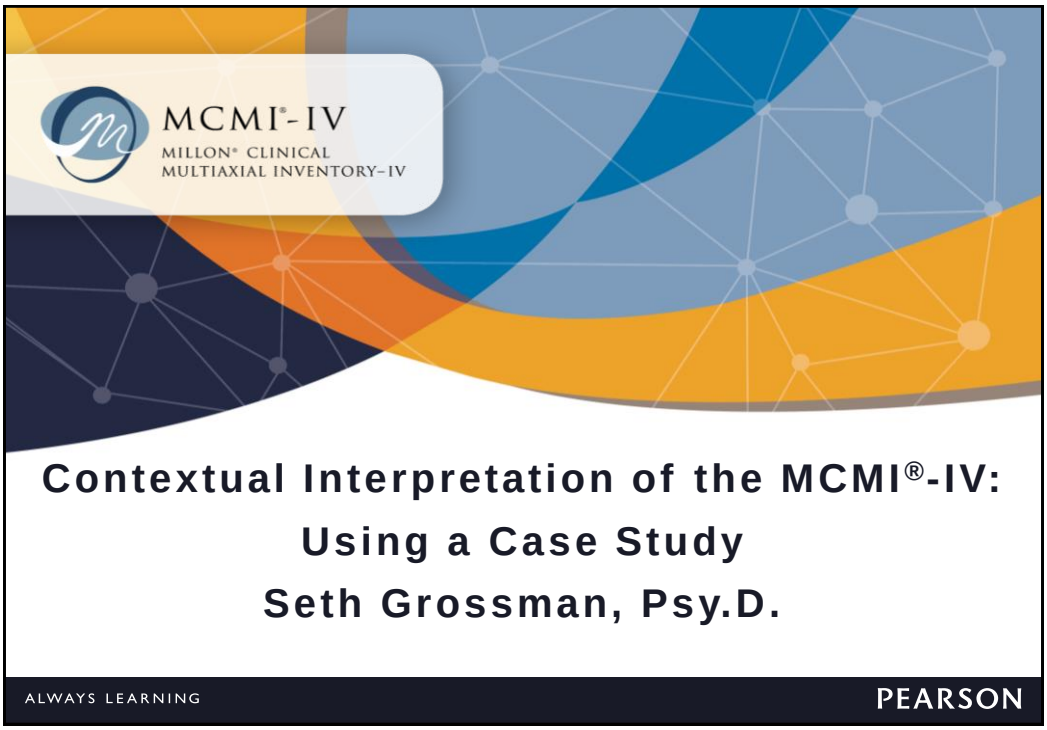

Agenda

Analyze MCMI-IV report to

- Describe patient's personality patterns;
- Describe clinical syndromes; and
- Identify therapeutic needs.

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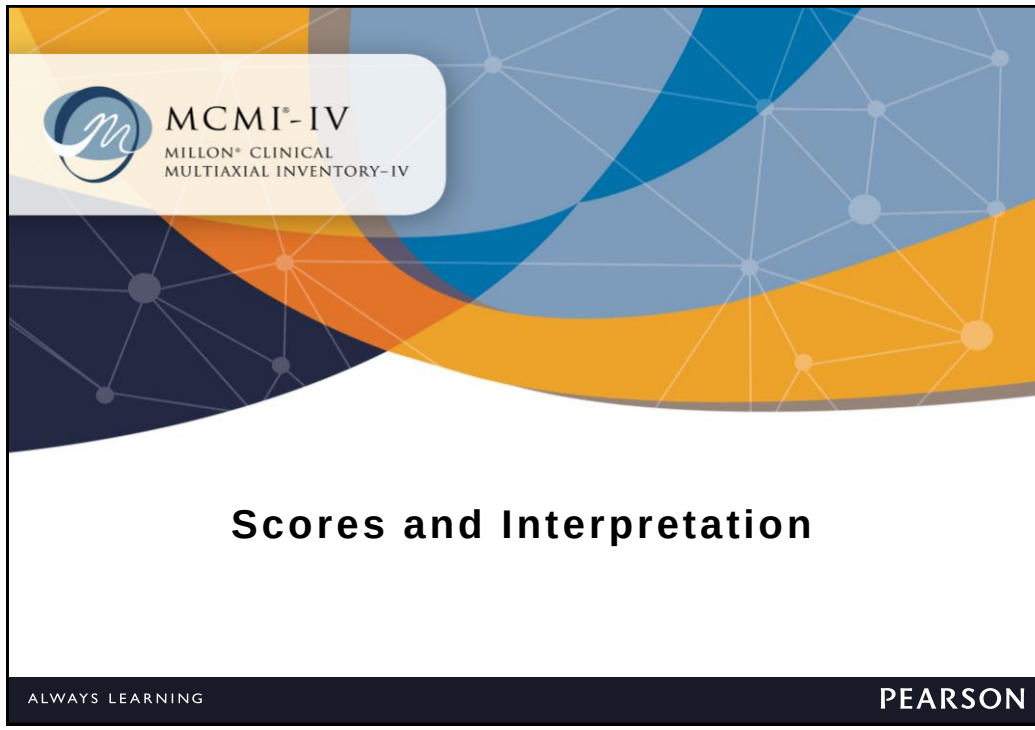

Types of Normative Scores

Base Rate	Percentile Rank
Scaled to reflect the differing prevalence rates of characteristics measured by MCMI-IV.	Signifies percentage of normative population that scored at or below a given BR score.
BR transformation tables are available for Personality Pattern, Clinical Syndrome, validity, and facet scales.	Because MCMI-IV scales have varying distribution shapes, the relationship between BR scores and percentile ranks varies across scales.

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Base Rate Scores . . .

- Are based on prevalence rate of disorder.
- Describe where a person is on a spectrum of personality.

Base Rate	Interpretation/Interpretive Benchmarks
60-74	• Normal Style • Likely presence of traits; some may be problematic, still in "style" range
75-84	• Abnormal Type • Abnormal trait level, more defined dysfunction possible
85+	• Clinical Disorder • Clinical disorder range, likely at an impairing level

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Making the Connections from Assessment to Psychotherapy

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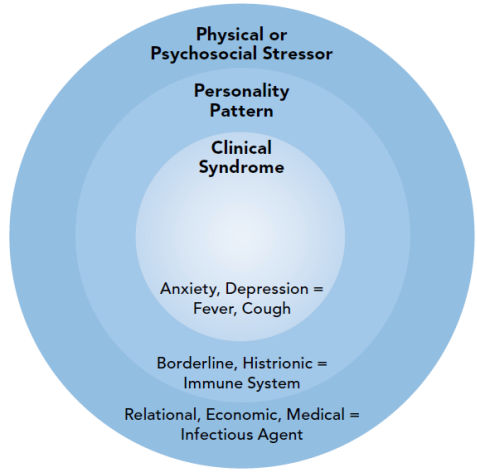
The Role of Personality in Mental Wellness



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Interpretive Stages

STAGE 1
Clinical Information
Noteworthy Responses
Validity & Modifying Indices
Response Styles

STAGE 2
Severe Personality Pathology
Clinical Personality Patterns
Grossman Facet Scales
Severe Clinical Syndromes
Clinical Syndromes

STAGE 3
Psychosocial History
Clinical Report
Personalized Feedback

Millon, T., Grossman, S., & Millon, C. (2015). Millon Clinical Multiaxial Inventory, Fourth Edition: Manual. Minneapolis, MN: Pearson.

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Scale Elevations and Configurations

- Personality Scales
  - Severe Personality Pathology
  - Clinical Personality Patterns
  - Grossman Facet Scales
- Clinical Syndromes
  - Severe Clinical Syndromes
  - Clinical Syndromes

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Evolutionary Theory of Personality Disorders

Existence		
Pleasure (Life Enhancing)	⟺	Pain (Life Sustaining)

Adaptation		
Passive (Accommodating)	⟺	Active (Modifying)

Replication		
Self (Independent)	⟺	Other (Dependent)

Three basic polarities (dimensions)

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Severe Personality Pathology Scales

Examine the following scales:

- Schizotypal (Scale S)
- Borderline (Scale C)
- Paranoid (Scale P)

Benchmark BR of 75 may be indicative of the personality types that approximate DSM-5 diagnoses.

BR of 85 may be further level of pathology indicating the likelihood of a severely impairing personality disorder.

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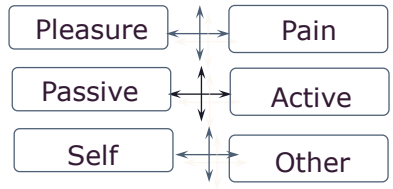
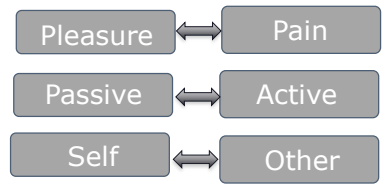
Personality Scales

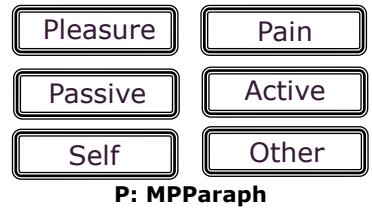
"Severe" scales: Any elevation above BR 60 can *colorize* interpretation of scales 1-8B



S: ESSchizoph



C: UBCycloph



P: MPParaph

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Clinical Personality Patterns Scales

- Examine Scales 1 through 8B.
- Identify clinically elevated scales (base rate 60 and above).
- Identify as high-point code the three scales with highest clinical elevations.

Benchmark BR of 60 – generally adaptive personality styles with moderate or occasional difficulties in specific areas.

Higher base rate benchmarks of 75 or 85 are indicative of less adaptive personality types or clinical personality disorders, respectively.

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Language of the Theory > Language of Interpretation

Motivating Aims: Develop facility for translating categorical/clinical, to dimensional/descriptive

- e.g., traditional, "This shows you are a dependent."
- more effective to describe, via theory: "You may prefer holding back, maybe wait for approval before you're sure of your actions."

Dynamic Interpretation: Develop facility in describing several scales in context with one another, with this method.

- Use of "if this were everything about you…" but it's not.
- Note where evolutionary polarities may align, complement, or conflict, e.g., "at times these tendencies may balance, but other times they may get you 'stuck'".

Facets: Move toward descriptions of specific "domains…"

- Developed to correspond with different personologic functions and structures
- Aligned with modalities of treatment, e.g., cognitive, experiential, dynamic, etc.– begins to suggest therapeutic goals

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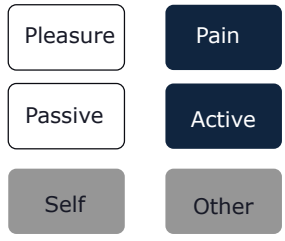
Ex: 2A-5 (Avoidant/Narcissistic) Admixture

Scale 2A: Avoidant



Language feedback cues:

1. Intense focus on safety
2. High energy in self-protection
3. Little room to relax
4. Little room for enhancement/fulfillment
5. Self/other variables likely will be clarified by other scale elevations

Weak on Polarity Dimension

Average on Polarity Dimension

Strong on Polarity Dimension

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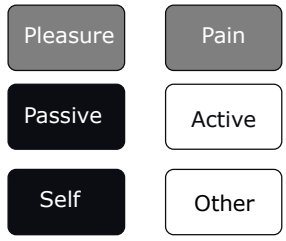
Ex: 2A-5 (Avoidant/Narcissistic) Admixture

Scale 5: Narcissistic



Language feedback cues:

1. Unremarkable fulfillment/safety engagement
2. "Environment will be there for me"
3. No perceived need to act on pursuits
4. Major focus on self
5. Others important only as extension of self

Weak on Polarity Dimension

Average on Polarity Dimension

Strong on Polarity Dimension

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Language of the Theory > Language of Interpretation

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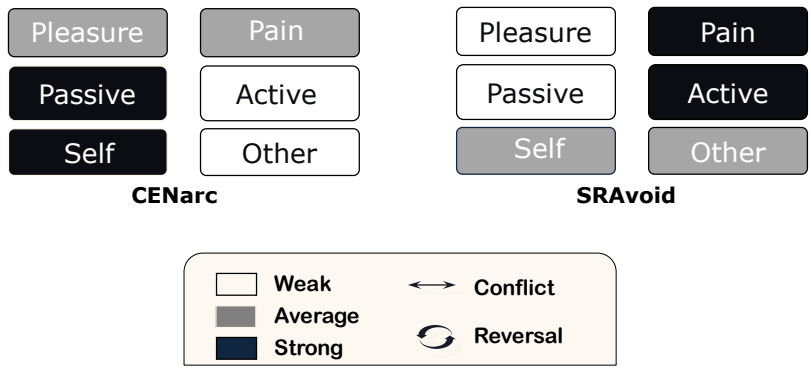
Multiple elevations: Bringing us closer to an accurate reflection of the person . . .



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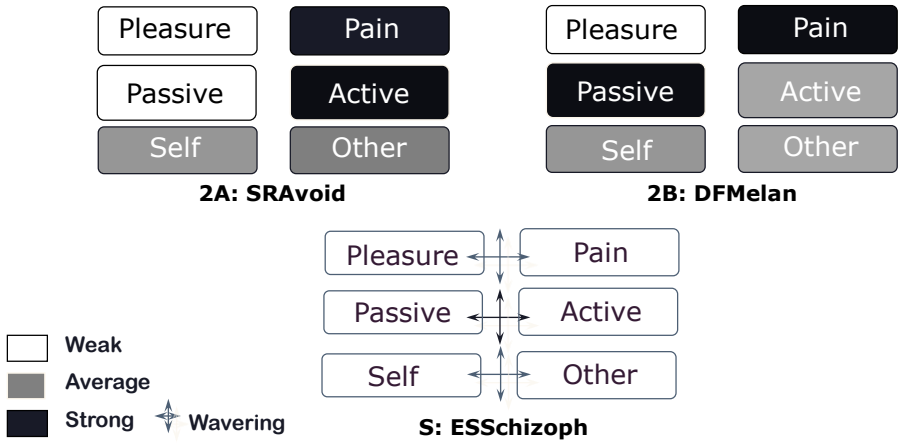
Personality Scales (2): Examine patterns between 2-3 (sometimes more) most elevated scales



Language of the Theory > Language of Interpretation

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Grossman Facet Scales

1 Schizoid
- 1.1 Interpersonally Unengaged
- 1.2 Meager Content
- 1.3 Temperamentally Apathetic

2A Avoidant
- 2A.1 Interpersonally Aversive
- 2A.2 Alienated Self-Image
- 2A.3 Vexatious Content

2B Melancholic
- 2B.1 Cognitively Fatalistic
- 2B.2 Worthless Self-Image
- 2B.3 Temperamentally Woeful

3 Dependent
- 3.1 Expressively Puerile
- 3.2 Interpersonally Submissive
- 3.3 Inept Self-Image

4A Histrionic
- 4.1 Expressively Dramatic
- 4.2 Interpersonally Attention-Seeking
- 4.3 Temperamentally Fickle

4B Turbulent
- 4B.1 Expressively Impetuous
- 4B.2 Interpersonally High-Spirited
- 4B.3 Exalted Self-Image

5 Narcissistic
- 5.1 Interpersonally Exploitive
- 5.2 Cognitively Expansive
- 5.3 Admirable Self-Image

6A Antisocial
- 6A.1 Interpersonally Irresponsible
- 6A.2 Autonomous Self-Image
- 6A.3 Acting-Out Dynamics

6B Sadistic
- 6B.1 Expressively Precipitate
- 6B.2 Interpersonally Abrasive
- 6B.3 Eruptive Architecture

7 Compulsive
- 7.1 Expressively Disciplined
- 7.2 Cognitively Constricted
- 7.3 Reliable Self-Image

8A Negativistic
- 8A.1 Expressively Embittered
- 8A.2 Discontented Self-Image
- 8A.3 Temperamentally Irritable

8B Masochistic
- 8B.1 Undeserving Self-Image
- 8B.2 Inverted Architecture
- 8B.3 Temperamentally Dysphoric

S Schizotypal
- S.1 Cognitively Circumstantial
- S.2 Estranged Self-Image
- S.3 Chaotic Content

C Borderline
- C.1 Uncertain Self-Image
- C.2 Split Architecture
- C.3 Temperamentally Labile

P Paranoid
- P.1 Expressively Defensive
- P.2 Cognitively Mistrustful
- P.3 Projection Dynamics

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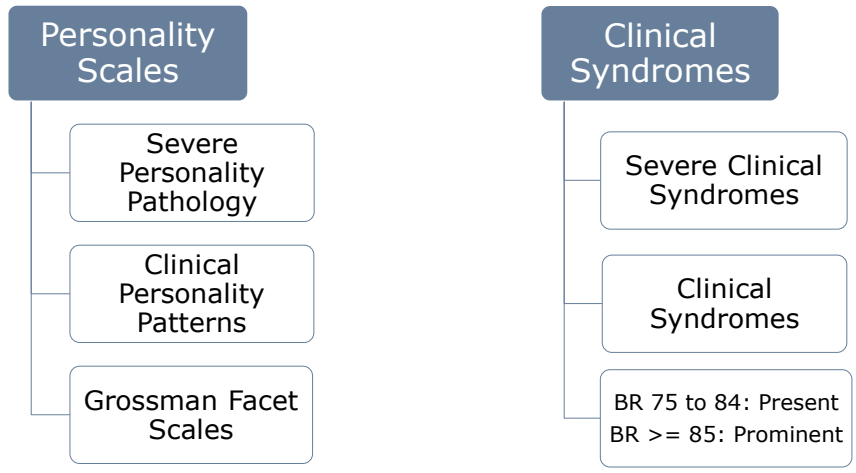
Scale Elevations and Configurations



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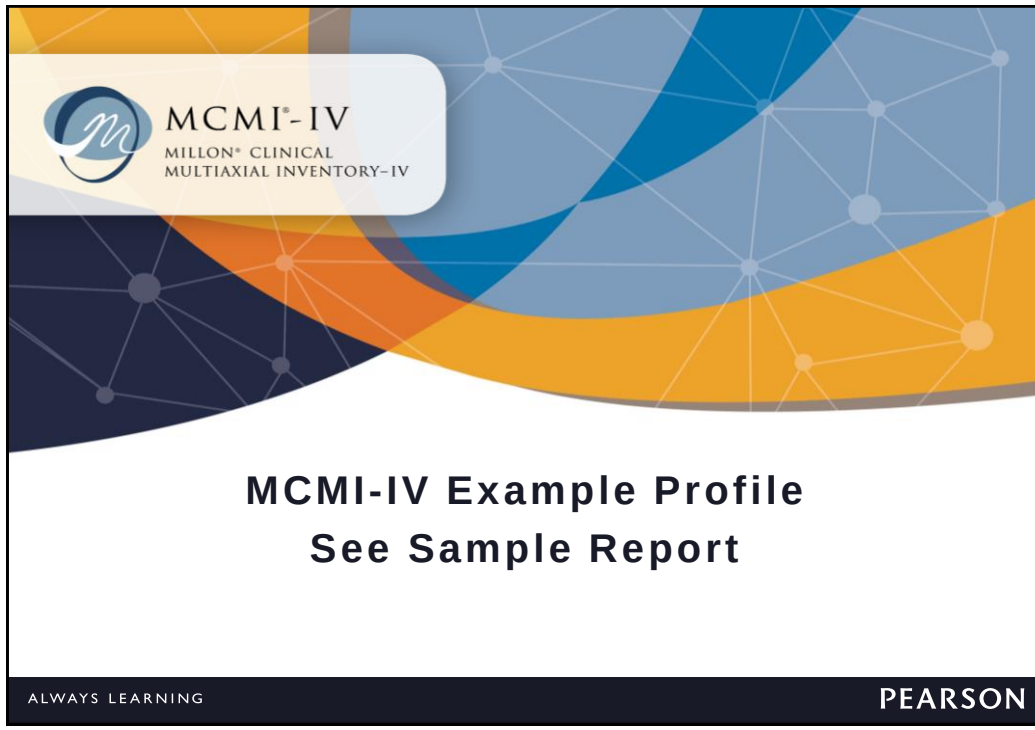

Organization of Interpretive Report

The MCMI-IV Interpretive Report includes scores and in-depth interpretive text organized as follows:

- Cover Page
- Report Summary
- Profile Summary
- Response Tendencies
- Personality Patterns
- Grossman Facet Scales
- Clinical Syndromes
- Noteworthy Responses
- Possible DSM-5 (ICD-10) Diagnoses
- Treatment Guide
- Item Responses

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Demographic Information

Name:	Robert Sample
ID Number:	111222
Age:	33
Gender:	Male
Setting:	Outpatient never hospitalized
Education:	High school diploma or equivalent
Race:	White
Marital Status:	Never Married
Date Assessed:	10/13/2015

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Report Summary

MCMI-IV reports are normed on patients who were in the early phases of assessment or psychotherapy for emotional discomfort or social difficulties. Respondents who do not fit this normative population or who have inappropriately taken the MCMI-IV for nonclinical purposes may have inaccurate reports. The MCMI-IV report cannot be considered definitive. It should be evaluated in conjunction with additional clinical data. The report should be evaluated by a mental health clinician trained in the use of psychological tests.

Interpretive Considerations

The patient is a 33-year-old single white male with a high school diploma or equivalent. He is currently being seen as an outpatient, and he reports that he has recently experienced a problem that involves his job or school. These self-reported difficulties, which have occurred for an unspecified period of time, may take the form of a clinical syndrome disorder.

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MCMI-IV Validity

HIGH-POINT CODE = 6A 8B 2A
BR ADJUSTMENTS = None

INVALIDITY (V) = 0
INCONSISTENCY (W) = 6

VALIDITY		Score Raw	Score BR	Profile of BR Scores 0 35 75 100
Modifying Indices				Low / Average / High
Disclosure	X	51	73	
Desirability	Y	5	25	
Debasement	Z	7	53	

Raw Score Classification Categories for Scales V and W

Classification	Scale V: Invalidity	Scale W: Inconsistency
Acceptable	0	0-8
Questionable	1	9-19
Invalid	2-3	20-25

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Some Noteworthy Responses

Emotional Dyscontrol

27. Item Content Omitted (True)
36. Item Content Omitted (True)
56. Item Content Omitted (True)
177. Item Content Omitted (True)

Self-Destructive Potential

34. Item Content Omitted (True)
39. Item Content Omitted (True)
59. Item Content Omitted (True)
126. Item Content Omitted (True)
164. Item Content Omitted (True)

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Personality Patterns

PERSONALITY		Score Raw	PR	BR	Profile of BR Scores 0 60 75 85 115 Style Type Disorder
Clinical Personality Patterns					
Schizoid	1	11	70	69	
Avoidant	2A	14	81	79	
Melancholic	2B	9	53	65	
Dependent	3	6	50	60	
Histrionic	4A	8	33	43	
Turbulent	4B	10	47	60	
Narcissistic	5	9	74	69	
Antisocial	6A	16	98	90	
Sadistic	6B	7	67	65	
Compulsive	7	11	24	47	
Negativistic	8A	8	55	65	
Masochistic	8B	19	97	82	
Severe Personality Pathology					
Schizotypal	S	10	73	67	
Borderline	C	9	66	69	
Paranoid	P	6	61	64	

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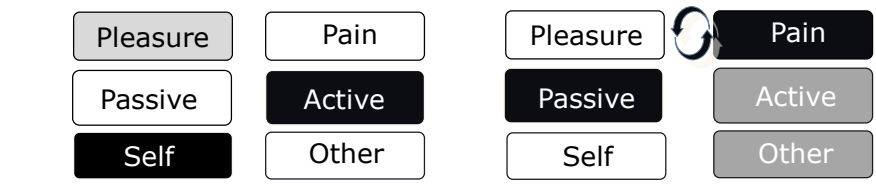
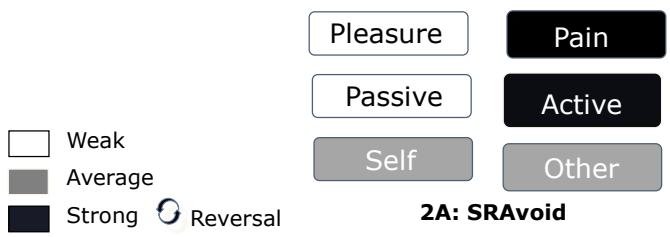
3 highest elevated personality patterns:



6A: ADAntis **8B: AAMasoc**



2A: SRAvoid

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Facet Scores

FACET SCALES FOR HIGHEST ELEVATED PERSONALITY SCALES

FACET SCALES		Score Raw	PR	BR	Profile of BR Scores 0 35 75 100
Antisocial	**6A**				Interpretable
Interpersonally Irresponsible	6A.1	2	48	60	
Autonomous Self-Image	6A.2	8	99	90	
Acting-Out Dynamics	6A.3	6	92	78	
Masochistic	**8B**				
Undeserving Self-Image	8B.1	7	79	72	
Inverted Architecture	8B.2	5	79	72	
Temperamentally Dysphoric	8B.3	5	55	65	
Avoidant	**2A**				
Interpersonally Aversive	2A.1	7	85	82	
Alienated Self-Image	2A.2	3	50	65	
Vexatious Content	2A.3	4	69	75	

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Clinical Syndromes

PSYCHOPATHOLOGY		Score Raw	PR	BR	Profile of BR Scores 0 60 75 85 115
Clinical Syndromes					Present Prominent
Generalized Anxiety	A	4	40	60	
Somatic Symptom	H	1	19	10	
Bipolar Spectrum	N	7	59	66	
Persistent Depression	D	7	41	47	
Alcohol Use	B	6	93	85	
Drug Use	T	8	85	77	
Post-Traumatic Stress	R	2	38	40	
Severe Clinical Syndromes					
Schizophrenic Spectrum	SS	7	50	60	
Major Depression	CC	1	21	12	
Delusional	PP	1	45	60	

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Interpretive Considerations

The patient is a 33-year-old single white male with a high school diploma or equivalent. He is currently being seen as an outpatient, and he reports that he has recently experienced a problem that involves his job or school. These self-reported difficulties, which have occurred for an unspecified period of time, may take the form of a clinical syndrome disorder.

Profile Severity

On the basis of the test data, it may be reasonable to assume that the patient is experiencing a moderately severe mental disorder; further professional study may be advisable to assess the need for ongoing clinical care. The text of the following interpretive report may need to be modulated only slightly upward or downward given this probable level of severity.

MCMI-IV and DSM-5 Personality Disorders

PERSONALITY			Score Raw	PR	BR	Profile of BR Scores 0 60 75 85 115 Style Type Disorder
Clinical Personality Patterns						
Schizoid	DSM-5 Cluster A	1	11	70	69	
Avoidant	DSM-5 Cluster C	2A	14	81	79	
Melancholic		2B	9	53	65	
Dependent	DSM-5 Cluster C	3	6	50	60	
Histrionic	DSM-5 Cluster B	4A	8	33	43	
Turbulent		4B	10	47	60	
Narcissistic	DSM-5 Cluster B	5	9	74	69	
Antisocial	DSM-5 Cluster B	6A	16	98	90	
Sadistic		6B	7	67	65	
Compulsive	DSM-5 Cluster C	7	11	24	47	
Negativistic		8A	8	55	65	
Masochistic		8B	19	97	82	
Severe Personality Pathology						
Schizotypal	DSM-5 Cluster A	S	10	73	67	
Borderline	DSM-5 Cluster B	C	9	66	69	
Paranoid	DSM-5 Cluster A	P	6	61	64	

Possible Diagnoses

He appears to fit the following personality disorder classifications best: Antisocial Personality Disorder, with Unspecified Personality Disorder (Masochistic) Type, Avoidant Personality Type, and Borderline Personality Style.

Clinical syndromes are suggested by the patient's MCMI-IV profile in the areas of Alcohol Use Disorder and Other (or Unknown) Substance Use Disorder.

Possible DSM5 and ICD-10 Diagnoses

Clinical Syndromes

305.00 (F10.10) Alcohol Use Disorder

305.90 (F19.10) Other (or Unknown) Substance Use Disorder

Personality Disorders

301.7 (F60.2) Antisocial Personality Disorder with Unspecified Personality Disorder (Masochistic Type)

Avoidant Personality Type and

Borderline Personality Style

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Therapeutic Considerations

- Moody and unpredictable, this person may act in a self-demeaning yet angry way in anticipation of condemnation from others.
- Psychological difficulties may leave him feeling unduly vulnerable and contrary. Close attention and a supportive attitude should diminish noncompliance. Any sign of uncooperativeness should be responded to in a firm, no-nonsense manner that is professional rather than punitive in character.
- A brief and focused approach to therapy should be effective in moderating his erratic emotions and behavior.

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Treatment Guide

- Treatment should be oriented toward issues and techniques of a short-term character, focusing on matters that might call for immediate attention, followed by time-limited procedures designed to reduce the likelihood of repeated relapses.
- Worthy of note is the possibility of a troublesome alcohol and/or substance-abuse disorder. If verified, appropriate short-term behavioral management or group therapy programs should be rapidly implemented.

Questions