


Agenda

Analyze MCMI-IV report to

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



MCMII-IV
MILLON® CLINICAL
MULTIAXIAL INVENTORY-IV

Scores and Interpretation

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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	<ul style="list-style-type: none">• Normal Style• Likely presence of traits; some may be problematic, still in "style" range
75-84	<ul style="list-style-type: none">• Abnormal Type• Abnormal trait level, more defined dysfunction possible
85+	<ul style="list-style-type: none">• Clinical Disorder• Clinical disorder range, likely at an impairing level

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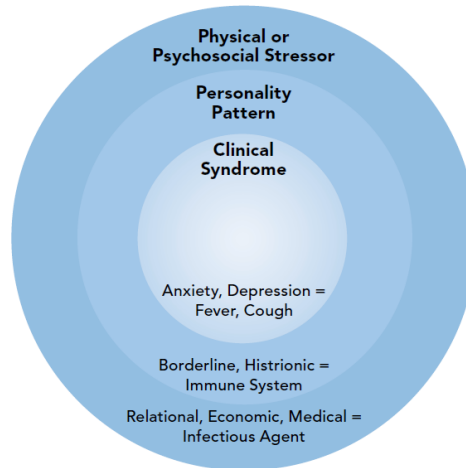
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**Making the Connections from
Assessment to Psychotherapy**

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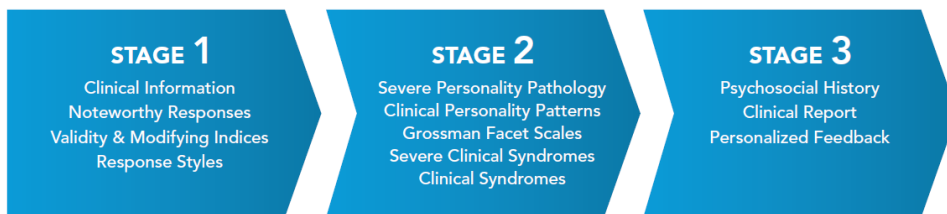
The Role of Personality in Mental Wellness



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Interpretive Stages

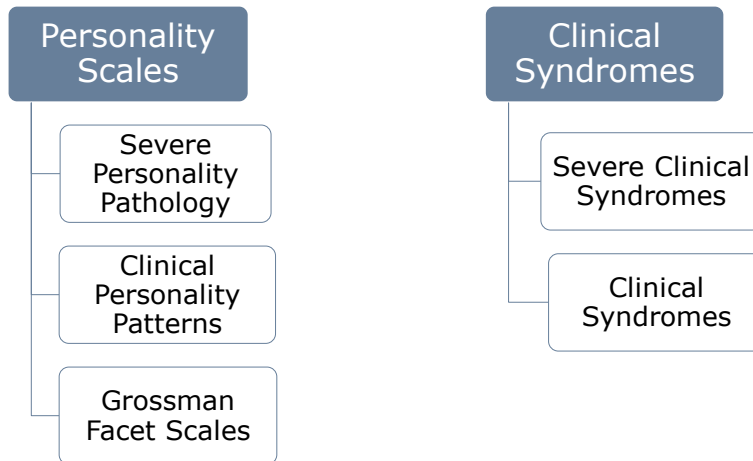


Millon, T., Grossman, S., & Millon, C. (2015). Millon Clinical Multiaxial Inventory, Fourth Edition: Manual. Minneapolis, MN: Pearson.

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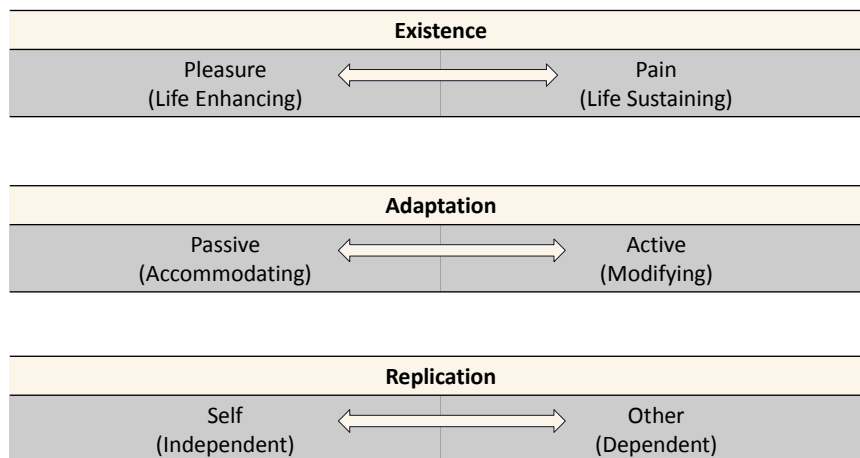
Scale Elevations and Configurations



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Evolutionary Theory of Personality Disorders



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.

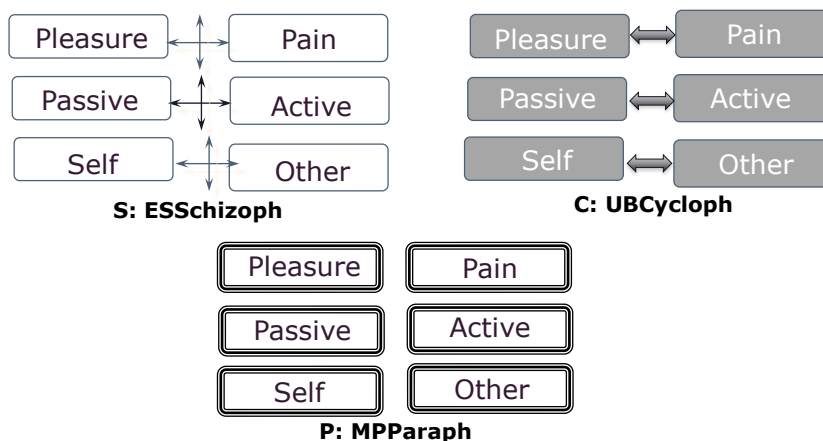
BR of 85 may be further level of pathology indicating the likelihood of a severely impairing personality disorder.

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Personality Scales

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



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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..."

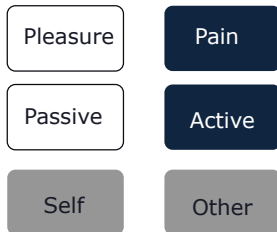
- Developed to correspond with different personologic functions and structures
- Aligned with modalities of treatment, e.g., cognitive, experiential, dynamic, etc.– begins to suggest therapeutic goals

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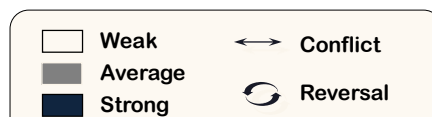
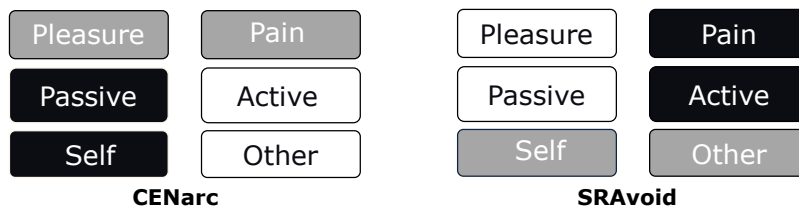
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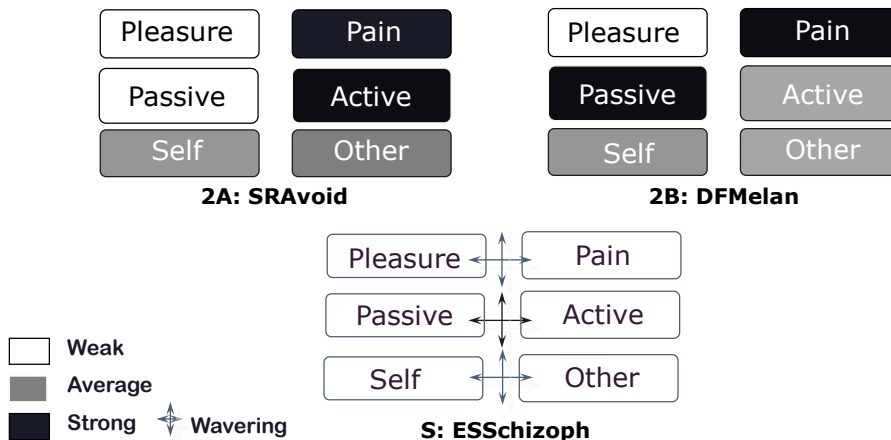
Multiple elevations: Bringing us closer to an accurate reflection of the person . . .



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



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Language of the Theory > Language of Interpretation

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Contextual Interpretation of MCMI-IV: Using a Case Study

Seth Grossman, Psy.D.

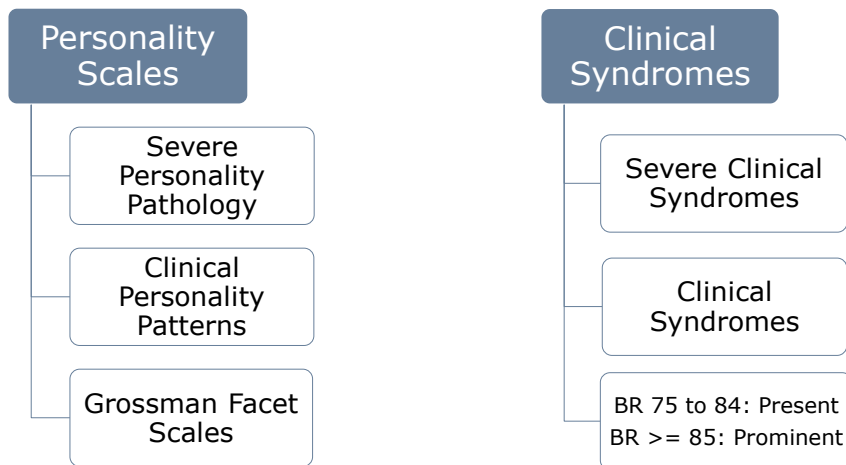
Grossman Facet Scales

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1 Schizoid</p> <ul style="list-style-type: none"> 1.1 Interpersonally Unengaged 1.2 Meager Content 1.3 Temperamentally Apathetic <p>2A Avoidant</p> <ul style="list-style-type: none"> 2A.1 Interpersonally Aversive 2A.2 Alienated Self-Image 2A.3 Vexatious Content <p>2B Melancholic</p> <ul style="list-style-type: none"> 2B.1 Cognitively Fatalistic 2B.2 Worthless Self-Image 2B.3 Temperamentally Woeful <p>3 Dependent</p> <ul style="list-style-type: none"> 3.1 Expressively Puerile 3.2 Interpersonally Submissive 3.3 Inept Self-Image <p>4A Histrionic</p> <ul style="list-style-type: none"> 4.1 Expressively Dramatic 4.2 Interpersonally Attention-Seeking 4.3 Temperamentally Fickle | <p>4B Turbulent</p> <ul style="list-style-type: none"> 4B.1 Expressively Impetuous 4B.2 Interpersonally High-Spirited 4B.3 Exalted Self-Image <p>5 Narcissistic</p> <ul style="list-style-type: none"> 5.1 Interpersonally Exploitive 5.2 Cognitively Expansive 5.3 Admirable Self-Image <p>6A Antisocial</p> <ul style="list-style-type: none"> 6A.1 Interpersonally Irresponsible 6A.2 Autonomous Self-Image 6A.3 Acting-Out Dynamics <p>6B Sadistic</p> <ul style="list-style-type: none"> 6B.1 Expressively Precipitate 6B.2 Interpersonally Abrasive 6B.3 Eruptive Architecture <p>7 Compulsive</p> <ul style="list-style-type: none"> 7.1 Expressively Disciplined 7.2 Cognitively Constricted 7.3 Reliable Self-Image | <p>8A Negativistic</p> <ul style="list-style-type: none"> 8A.1 Expressively Embittered 8A.2 Discontented Self-Image 8A.3 Temperamentally Irritable <p>8B Masochistic</p> <ul style="list-style-type: none"> 8B.1 Undeserving Self-Image 8B.2 Inverted Architecture 8B.3 Temperamentally Dysphoric <p>S Schizotypal</p> <ul style="list-style-type: none"> S.1 Cognitively Circumstantial S.2 Estranged Self-Image S.3 Chaotic Content <p>C Borderline</p> <ul style="list-style-type: none"> C.1 Uncertain Self-Image C.2 Split Architecture C.3 Temporally Labile <p>P Paranoid</p> <ul style="list-style-type: none"> P.1 Expressively Defensive P.2 Cognitively Mistrustful P.3 Projection Dynamics |
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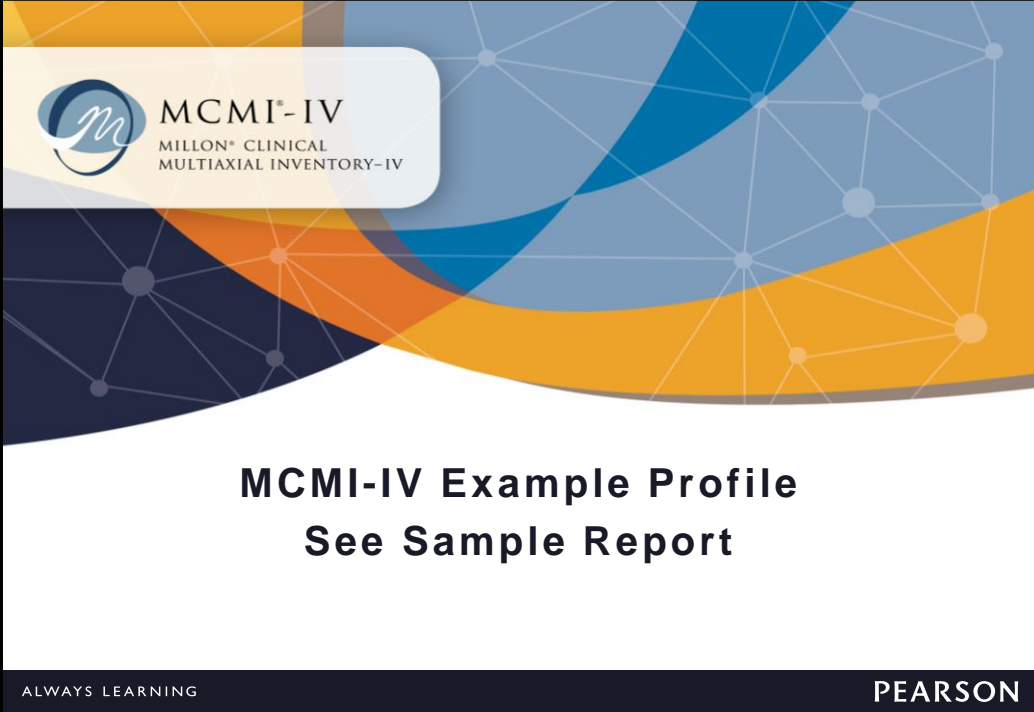
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Scale Elevations and Configurations



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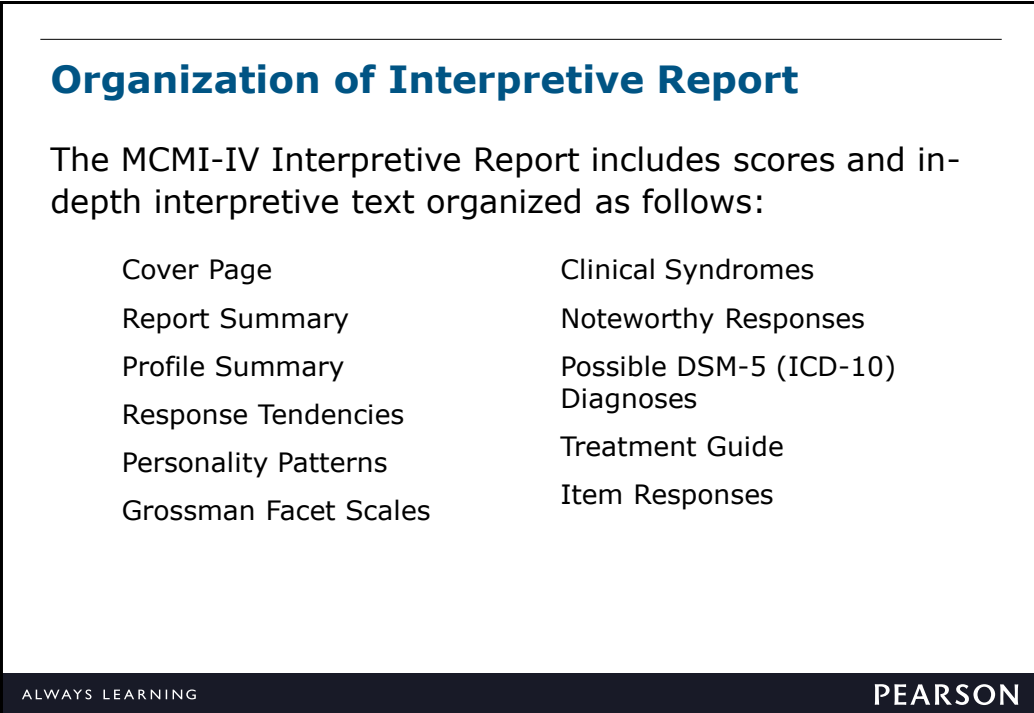


The graphic features a stylized background with overlapping blue and orange curved shapes and a network of white dots connected by thin lines. In the top left, there is a logo for MCMI-IV (MILLON® CLINICAL MULTIAXIAL INVENTORY-IV) inside a white rounded rectangle. Below the logo, the text 'MCMI-IV Example Profile' and 'See Sample Report' is centered in a bold, black font. At the bottom, a black bar contains the text 'ALWAYS LEARNING' on the left and 'PEARSON' on the right.

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MCMI-IV Example Profile
See Sample Report

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The graphic has a white background with a thin horizontal line at the top. Below the line, the title 'Organization of Interpretive Report' is written in a bold, blue font. Underneath, a paragraph explains that the MCMI-IV Interpretive Report includes scores and in-depth interpretive text organized as follows. A list of report components is presented in two columns. At the bottom, a black bar contains the text 'ALWAYS LEARNING' on the left and 'PEARSON' on the right.

Organization of Interpretive Report

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

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

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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		Profile of BR Scores			
	Raw	BR	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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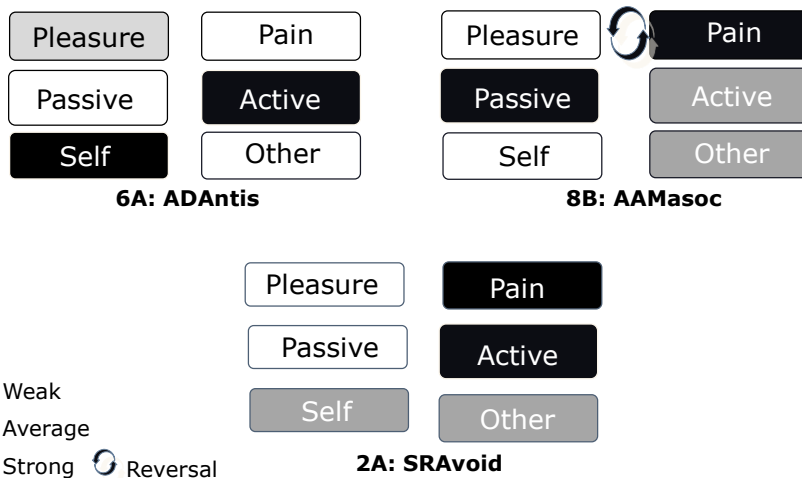
Personality Patterns

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

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3 highest elevated personality patterns:



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Contextual Interpretation of MCMI-IV: Using a Case Study

Seth Grossman, Psy.D.

Facet Scores

FACET SCALES FOR HIGHEST ELEVATED PERSONALITY SCALES

FACET SCALES		Score			Profile of BR Scores			
		Raw	PR	BR	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			Profile of BR Scores				
		Raw	PR	BR	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.

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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.

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MCMI-IV and DSM-5 Personality Disorders

PERSONALITY		Score			Profile of BR Scores					
		Raw	PR	BR	0	60	75	85	115	
Clinical Personality Patterns					Style Type Disorder					
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					
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Compulsive	DSM-5 Cluster C	7	11	24	47					
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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					

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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.

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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.


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Questions

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866-335-8418 (Canada)

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