MACI®

MILLON® ADOLESCENT CLINICAL INVENTORY

MACI®
Millon® Adolescent Clinical Inventory
Interpretive Report with Grossman Facet Scales
Theodore Millon, PhD, DSc

Name:	Samantha J. Sample
ID Number:	79457
Age:	16
Gender:	Female
Education:	High School Sophomore
Date Assessed:	03/02/2014

PsychCorp

[5.2 / 1 / QG]

9588

PERSONALITY CODE: 8A**6B6A*48B2B5//G**F*B//DD**CCBBFF*-//

RELIABILITY (SCALE VV) SCORE = 0

CATEGORY		SCORE RAW	SCORE BR	PROFILE OF BR SCORES (0 / 60 / 75 / 85 / 115)	DIAGNOSTIC SCALES
MODIFYING INDICES	X	465	83		DISCLOSURE
	Y	16	95		DESIRABILITY
	Z	8	64		DEBASEMENT
PERSONALITY PATTERNS	1	24	37		INTROVERSIVE
	2A	21	38		INHIBITED
	2B	24	66		DOLEFUL
	3	45	48		SUBMISSIVE
	4	52	73		DRAMATIZING
	5	44	64		EGOTISTIC
	6A	48	76		UNRULY
	6B	27	80		FORCEFUL
	7	37	35		CONFORMING
	8A	45	85		OPPOSITIONAL
	8B	38	68		SELF-DEMEANING
	9	17	47		BORDERLINE TENDENCY
EXPRESSED CONCERNS	A	15	45		IDENTITY DIFFUSION
	B	37	73		SELF-DEVALUATION
	C	15	48		BODY DISAPPROVAL
	D	20	38		SEXUAL DISCOMFORT
	E	4	25		PEER INSECURITY
	F	37	82		SOCIAL INSENSITIVITY
	G	23	90		FAMILY DISCORD
	H	10	37		CHILDHOOD ABUSE
CLINICAL SYNDROMES	AA	26	58		EATING DYSFUNCTIONS
	BB	39	82		SUBSTANCE-ABUSE PRONENESS
	CC	35	83		DELINQUENT PREDISPOSITION
	DD	29	85		IMPULSIVE PROPENSITY
	EE	28	59		ANXIOUS FEELINGS
	FF	19	80		DEPRESSIVE AFFECT
	GG	11	35		SUICIDAL TENDENCY

FACET SCORES FOR HIGHEST PERSONALITY SCALES BR 65 OR HIGHER

HIGHEST PERSONALITY SCALE BR 65 OR HIGHER: SCALE 8A Oppositional

SCALE	SCORE RAW	SCORE BR	PROFILE OF BR SCORES 0 60 70 80 90 100	FACET SCALES
8A.1	2	47		Discontented Self-Image
8A.2	7	83		Expressively Resentful
8A.3	8	88		Interpersonally Contrary

SECOND-HIGHEST PERSONALITY SCALE BR 65 OR HIGHER: SCALE 6B Forceful

SCALE	SCORE RAW	SCORE BR	PROFILE OF BR SCORES 0 60 70 80 90 100	FACET SCALES
6B.1	4	82		Interpersonally Abrasive
6B.2	6	88		Expressively Precipitate
6B.3	3	79		Isolation Mechanism

THIRD-HIGHEST PERSONALITY SCALE BR 65 OR HIGHER: SCALE 6A Unruly

SCALE	SCORE RAW	SCORE BR	PROFILE OF BR SCORES 0 60 70 80 90 100	FACET SCALES
6A.1	7	86		Expressively Impulsive
6A.2	6	66		Acting-Out Mechanism
6A.3	5	69		Interpersonally Irresponsible

COMPLETE LISTING OF MACI GROSSMAN FACET SCALE SCORES

		RAW	BR
1	**Introversive**		
1.1	Expressively Impassive	1	28
1.2	Temperamentally Apathetic	3	78
1.3	Interpersonally Unengaged	0	0
2A	**Inhibited**		
2A.1	Expressively Fretful	5	62
2A.2	Interpersonally Aversive	2	39
2A.3	Alienated Self-Image	5	60
2B	**Doleful**		
2B.1	Temperamentally Woeful	5	61
2B.2	Expressively Disconsolate	2	53
2B.3	Cognitively Pessimistic	5	75
3	**Submissive**		
3.1	Interpersonally Docile	5	84
3.2	Temperamentally Pacific	4	8
3.3	Expressively Incompetent	6	75
4	**Dramatizing**		
4.1	Interpersonally Attention-Seeking	9	99
4.2	Gregarious Self-Image	8	70
4.3	Cognitively Flighty	4	71
5	**Egotistic**		
5.1	Admirable Self-Image	6	47
5.2	Cognitively Expansive	7	97
5.3	Interpersonally Exploitive	6	89

		RAW	BR
6A	**Unruly**		
6A.1	Expressively Impulsive	7	86
6A.2	Acting-Out Mechanism	6	66
6A.3	Interpersonally Irresponsible	5	69
6B	**Forceful**		
6B.1	Interpersonally Abrasive	4	82
6B.2	Expressively Precipitate	6	88
6B.3	Isolation Mechanism	3	79
7	**Conforming**		
7.1	Expressively Disciplined	3	27
7.2	Interpersonally Respectful	7	55
7.3	Conscientious Self-Image	5	61
8A	**Oppositional**		
8A.1	Discontented Self-Image	2	47
8A.2	Expressively Resentful	7	83
8A.3	Interpersonally Contrary	8	88
8B	**Self-Demeaning**		
8B.1	Cognitively Diffident	5	47
8B.2	Undeserving Self-Image	4	51
8B.3	Temperamentally Dysphoric	6	83
9	**Borderline Tendency**		
9.1	Temperamentally Labile	4	50
9.2	Cognitively Capricious	8	79
9.3	Uncertain Self-Image	2	36

For each of the Personality Patterns scales (the scale names shown in **bold**), scores on the three facet scales are shown beneath the scale name.

The MACI report narratives have been normed on adolescent patients seen in professional treatment settings for either genuine emotional discomforts or social difficulties and are applicable primarily during the early phases of assessment or psychotherapy. Distortions such as exaggerated severity may occur among respondents who have inappropriately taken the MACI for essentially educational or self-exploratory purposes. Inferential and probabilistic, this report must be viewed as only one aspect of a thorough diagnostic study. Moreover, these inferences should be reevaluated periodically in light of the pattern of attitude change and emotional growth that typifies the adolescent period. For these reasons, it should not be shown to patients or their relatives.

INTERPRETIVE CONSIDERATIONS

In addition to the preceding considerations, the interpretive narrative should be evaluated in light of the following demographic and situational factors. This 16-year-old female is currently in the tenth grade. In the demographic portion of the test, she did not identify any specific problems that are troubling her. Unless this adolescent is a demonstrably well-functioning individual who is currently facing minor life stressors, her responses suggest (1) a need for social approval and commendation, evident in tendencies to present herself in a favorable light, or (2) a marked naivete about psychological matters, including a deficit in self-insight. This interpretive report should be read with these characteristics in mind.

The BR scores reported for this adolescent have been modified to account for the high raw X (Disclosure) scale score, which reflects high self-revealing inclinations and the self-enhancing response tendencies shown by the extreme elevation of Scale Y (Desirability) over Scale Z (Debasement).

PERSONALITY PATTERNS

This section of the interpretive report pertains to those relatively enduring and pervasive characterological traits that underlie the personal and interpersonal difficulties of this adolescent. Rather than focus on specific complaints and problem areas, to be discussed in later paragraphs, this section concentrates on the more habitual, maladaptive methods of relating, behaving, thinking, and feeling.

Most prominent in the MACI profile of this troubled adolescent is the conflict between dependency and self-assertion. She exhibits deep and variable moods, prolonged periods of dejection, and self-deprecation that are intermingled with impulsive and angry outbursts. She anxiously seeks reassurance from her family and peers and is especially vulnerable to separation fears concerning those who have occasionally provided support. These fears push her to be overly compliant one time, profoundly gloomy the next, and irrationally argumentative and negativistic another. Although she strives to be submissive and self-sacrificing, her behavior has become increasingly unpredictable, irritable, and pessimistic. Repeatedly struggling to express attitudes contrary to her inner feelings, she often exhibits conflicting emotions simultaneously toward others and herself, most notably those of love, rage, and guilt. Also notable are her confusion over her self-image, her highly variable energy levels, easy fatigability, and her irregular sleep-wake cycle.

Sensitive to external pressure and demands, she vacillates between being sullen, passively aggressive, and contrite. There are irrational and bitter complaints about being victimized, feeling that she deserves to be blamed, being treated unfairly by her peers, a series of behaviors that keep others constantly on edge, never knowing if she will react in a cooperative or sulky manner. Although still making efforts to be obliging, she has learned to anticipate disillusionment and often creates the expected disappointment by provocative questioning and by doubting the interest and support that is shown by others. Self-damaging acts and suicidal gestures may be employed also to gain attention. These irritable testing maneuvers may very well exasperate and alienate those upon whom she depends. When threatened by separation and disapproval, she may express guilt, remorse, and self-condemnation in the hope of regaining support, reassurance, and sympathy.

Although she has begun to recognize that others may have grown weary of her erratic behavior, she cannot stop herself from alternating between voicing gloomy self-deprecation and being petulant and bitter. Her struggle between dependent acquiescence and obstructive independence constantly intrudes into most relationships. The inability to regulate her emotional controls, the feeling of being misunderstood, and her erratic moodiness all contribute to innumerable wrangles and conflicts with family and peers, as well as to her persistent tensions, resentment, and depression.

GROSSMAN PERSONALITY FACET SCALES

The Grossman facet scales are designed to facilitate interpretation of elevations on the Personality Patterns scales by helping to pinpoint the specific personality processes (e.g., self-image, interpersonal relations) that underlie overall scale elevations. A careful analysis of this adolescent's facet scale scores suggests that the following characteristics are among her most prominent personality features.

Most notable is the presence of surging inner energies of an aggressive or sexual nature, which result in impulsive and unpredictable outbursts that periodically overwhelm weakened efforts at restraint. Her immature psychic organization may give way to intense emotions traceable to painful early life experiences. Rather than backing off and restraining these primitive internalized experiences, she may quickly discharge negative feelings in overt action. Beneath the surface, she may be in a constant state of dread at the possibility of again being deceived and humiliated.

Also salient is her tendency to be petulant, obstinate, and resentful. She is easily annoyed or frustrated by others, often responding with overt cruelty or withdrawal into sulky, grumpy moods. She is easily nettled, offended by trifles, and readily provoked into being fractious or sullen. She typically has a low tolerance for frustration. She may act in a chronically impatient manner, becoming irritable and fidgety unless things go her way. There are periods when she vacillates between being distraught and despondent one moment and petty, spiteful, stubborn, and contentious the next. At other times she may act enthusiastic and cheerful, but this mood is usually short-lived. Soon, she is again disgruntled, negative, or mean-spirited.

Also worthy of attention is her inclination to act thoughtlessly and irresponsibly in peer and family matters and to be generally careless and imprudent, failing to plan ahead or to consider the consequences of her behavior. She becomes easily bored and restless, unable to endure the tedium of school routines or to persist at day-to-day peer or family responsibilities. She may be prone to taking undue chances and

seeking thrills, acting as if she were immune from danger. She tends to jump from one risky and momentarily gratifying escapade to another with little or no care for potentially detrimental consequences.

Early management and treatment efforts are likely to produce optimal results if they are oriented toward modifying the personality features just described.

EXPRESSED CONCERNS

The scales in this section pertain to the personal perceptions of this adolescent concerning several issues of psychological development, actualization, and concern. Because experiences at this age are notably subjective, it is important to record how this teenager sees events and reports feelings, not just how others may objectively report them to be. For comparative purposes, her attitudes regarding a wide range of personal, social, and familial matters are contrasted with those expressed by a broad cross section of teenagers of the same sex and age with psychological problems.

This young woman is not concerned about the welfare of those in need. In fact, she finds their frailties intolerable. She finds it far easier to be rejecting than helpful, and she is willing to override the rights of others in the service of her personal ends.

Serious family problems complicate her other difficulties. Tension and a lack of support appear to be typical. Depending on the personality style described earlier in this report, these problems reflect either persistent parental rejection or, conversely, a sharp break on her part as she asserts her independence from traditional family values.

CLINICAL SYNDROMES

The features and dynamics of the following distinctive clinical syndromes are worthy of description and analysis. They may arise in response to external precipitants, but are likely to reflect and accentuate enduring and pervasive aspects of this young woman's basic personality makeup.

At times, this young woman has periods of unconstrained energy, hyperdistractibility, and flights of ideas in which intense and contrary thoughts and energies are discharged recklessly. She exhibits restlessness and impulsivity in an erratic sequence characterized by both exploitive and hostile facets. One moment she may present a saucy and seductive manner; minutes later, incited by either an inner stimulus or an outer provocation, she may become thoughtlessly enraged and heedlessly belligerent. These quickly discharged impulses intensify her difficulties in an ever-increasing spiral of vicious circles within family and other social settings.

Rebellious acts and social noncompliance or both are indicated in the protocol of this young woman, who is highly erratic, irritable, and negativistic in mood. Her delinquent tendencies are a statement of resentful independence from the constraints of conventional life and a means of disjoining her conflicts and liberating her uncharitable impulses toward others. Likely to be brought to the attention of

authorities, her acts of assertive defiance have undertones of self-destruction, and her angry noncompliance is displayed with a careless indifference to its consequences.

Her MACI results suggest that this adolescent may be subject to periods of drug use and alcoholism, probably provoked by frustration and resentment. Generally disposed to vent her brittle emotions, she is apt to create stormy scenes with destructive consequences when she is drinking or using drugs heavily. Although her discontent and dissatisfaction may be entwined with moments of guilt and contrition, her anger and reproach rarely subside. They are aired frequently in accusatory statements, irrational jealousy, and recriminations that intimidate members of her family. Added to these denunciations is a self-destructive element that compels her to undermine her good fortune as well as those she sees as having frustrated and disillusioned her.

Although not disposed to a major depression, this irritable and conflicted young woman appears to be suffering an extended dysthymic disorder that is marked by agitated and erratic qualities. She is likely to exhibit sequential periods of self-deprecation and despair, anxiety and futility, bitter discontent and demanding irritability. Upset by external constraints on her manipulative style and thrown off balance by an upsurge of moods and conflicts that she can neither understand nor control, she periodically turns against herself, voicing anger and self-loathing. Such actions may induce guilt in others, providing her with a measure of retribution for resentments she cannot voice without further jeopardizing her precarious state.

NOTEWORTHY RESPONSES

The client answered the following statements in the direction noted in parentheses. These items suggest specific problem areas that the clinician may wish to investigate.

Acute Distress
43. Item Content Omitted (True)
64. Item Content Omitted (True)
109. Item Content Omitted (True)
133. Item Content Omitted (True)

Dangerous Ideation
76. Item Content Omitted (True)
78. Item Content Omitted (True)
157. Item Content Omitted (True)

Emotional Isolation
20. Item Content Omitted (True)
158. Item Content Omitted (True)

Anorexic Tendency
48. Item Content Omitted (True)
65. Item Content Omitted (True)

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

105. Item Content Omitted (True)
144. Item Content Omitted (True)

Bulimic Tendency
11. Item Content Omitted (True)
82. Item Content Omitted (True)
124. Item Content Omitted (True)

Drug-Abuse Inclination
40. Item Content Omitted (True)

Alcohol-Abuse Inclination
22. Item Content Omitted (True)
30. Item Content Omitted (True)
57. Item Content Omitted (True)
90. Item Content Omitted (True)
152. Item Content Omitted (True)

Childhood Abuse
No items.

ITEMS NOT SHOWN

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

DIAGNOSTIC HYPOTHESES

Although the diagnostic criteria used in the MACI differ somewhat from those in the *DSM-IV-TR®*, there are sufficient parallels to recommend consideration of the following assignments. More definitive judgments should draw upon biographical, observational, and interview data in addition to self-report inventories such as the MACI.

Axis II: Personality Disorders, Traits, and Features
Although traits and features of personality disorders are often observable in adolescents, the data from the MACI should not be used to assign diagnostic labels without additional clinical information. Even when assigned, diagnostic labels tend to be less stable for adolescents than for adults. The traits listed below are suggested by the MACI results and may be important adjuncts to the diagnostic process.

Negativistic and Aggressive/Sadistic Personality Traits
with Antisocial and Histrionic Features

Axis I: Clinical Syndromes
The following list contains suggested clinical syndromes and other conditions relating to the *DSM-IV-TR®* that may be a focus of clinical attention.

312.9 Disruptive Behavior Disorder NOS

312.8 Conduct Disorder
Also consider: 313.81 Oppositional Defiant Disorder
or V71.02 Childhood or Adolescent Antisocial Behavior

305.90 Other (or Unknown) Substance Abuse

V61.20 Parent-Child Relational Problem

PROGNOSTIC AND THERAPEUTIC IMPLICATIONS

The possibility of an acute alcohol- or drug-abuse problem should be carefully considered for this teenager. If verified, appropriate behavioral management or group therapeutic programs should be implemented. Once this adolescent has been adequately stabilized, attention may be directed toward the more fundamental goals suggested in the following paragraphs.

Unlikely to be a willing participant in treatment, this adolescent most probably submitted to therapy under the pressure of family, academic, or legal difficulties. Annoyed, sarcastic, and resentful, she will challenge and seek to outwit the therapist by setting up situations to test the therapist's skills, to catch inconsistencies, to arouse ire, and, if possible, to belittle and humiliate the therapist. For the therapist, restraining the impulse to express a condemning attitude will be no easy task. The therapist must expend great effort to check any hostile feelings, keeping in mind that this adolescent's plight is largely of her own making. The patient may actively impede her progress toward conflict resolution and goal attainment. Thus, she may undo what good she has previously achieved in treatment. Driven by contrary feelings, she may retract her kind words to others and replace them with harshness, undermining achievements that she and the therapist have struggled so hard to attain. In short, her ambivalence often robs her of what few steps she has secured toward progress.

This teenager may actively resist exploring her motives. Because she is not a willing participant in therapy, the submissive and help-seeking role is anathema to her. She only submits to therapy under the press of severe family discord or legal problems. For example, she may be in trouble as a consequence of aggressive or abusive behavior or as a result of incessant quarrels or drug involvement. Rarely does she experience guilt or accept blame for the turmoil she causes. To her, a problem can usually be traced to another person's stupidity, laziness, or hostility. Even when she accepts a measure of responsibility for her difficulties, she may resent the therapist for tricking her into admitting it. In this situation, the therapist must restrain any impulse to react with disapproval and criticism. An important step in building rapport with this youth is to see things from her viewpoint. The therapist must convey a sense of trust and a willingness to develop a constructive treatment alliance. A balance of professional authority and tolerance is necessary to diminish the possibility that this teenager will impulsively withdraw from treatment.

Formal behavior modification methods may be fruitfully explored to achieve greater control and responsibility in social behavior. More directive cognitive techniques may be used to confront the patient with the obstructive and self-destructive character of her interpersonal relations. Because of the difficult-to-modify character of these problems and the probability that resistances will impede the effectiveness of other therapeutic procedures, it may be necessary to explore diverse and multipronged

therapeutic techniques. A thorough reconstruction of personality may be the best means of altering the pattern. Because family treatment methods focus on the complex network of relationships that often sustain this behavioral style, they may prove to be the most useful techniques to help the patient recognize the source of her own hurt and angry feelings as well as to appreciate how she provokes hurt and anger in others.

End of Report

ITEM RESPONSES

1: 2	2: 1	3: 1	4: 1	5: 1	6: 1	7: 2	8: 1	9: 1	10: 1
11: 1	12: 1	13: 2	14: 2	15: 2	16: 2	17: 1	18: 1	19: 2	20: 1
21: 1	22: 1	23: 2	24: 1	25: 1	26: 1	27: 1	28: 1	29: 2	30: 1
31: 2	32: 2	33: 2	34: 2	35: 2	36: 1	37: 1	38: 2	39: 1	40: 1
41: 1	42: 1	43: 1	44: 1	45: 2	46: 1	47: 1	48: 1	49: 2	50: 1
51: 1	52: 2	53: 2	54: 2	55: 1	56: 1	57: 1	58: 2	59: 1	60: 2
61: 2	62: 1	63: 1	64: 1	65: 1	66: 2	67: 1	68: 2	69: 2	70: 1
71: 2	72: 2	73: 1	74: 1	75: 2	76: 1	77: 1	78: 1	79: 1	80: 1
81: 1	82: 1	83: 2	84: 2	85: 2	86: 1	87: 1	88: 2	89: 2	90: 1
91: 2	92: 2	93: 1	94: 1	95: 2	96: 1	97: 2	98: 2	99: 1	100: 2
101: 1	102: 2	103: 1	104: 1	105: 1	106: 2	107: 2	108: 1	109: 1	110: 1
111: 1	112: 2	113: 1	114: 2	115: 2	116: 2	117: 2	118: 1	119: 2	120: 2
121: 2	122: 2	123: 2	124: 1	125: 2	126: 2	127: 1	128: 1	129: 2	130: 1
131: 1	132: 1	133: 1	134: 2	135: 1	136: 1	137: 2	138: 2	139: 2	140: 1
141: 1	142: 2	143: 1	144: 1	145: 1	146: 1	147: 2	148: 1	149: 1	150: 2
151: 1	152: 1	153: 2	154: 2	155: 1	156: 2	157: 1	158: 1	159: 1	160: 2