



MCMI®-IV

MILLON® CLINICAL
MULTIAXIAL INVENTORY-IV

Enhancing the Therapeutic Alliance with the MCMI-IV

Virginia Academy of Clinical Psychologists:
2020 VACP Virtual Conference, September 12, 2020

Seth Grossman, PsyD

Licensed Psychologist

Lead Psychologist: The Millon Personality Group

Seth Grossman, Psy.D.



FL Licensed Psychologist: 2006

- PsyD: Carlos Albizu University, Miami, FL, 2004
 - MS: Carlos Albizu University, Miami, FL, 2002
 - MA: Kutztown University of PA, 1997
-
- 2018: Lead Psychologist for Millon Personality Group
 - Assigned primary co-authorship of MCMI-IV, 2014-2015; supportive co-authorship of MACI-II, 2017-2020
 - Worked with Dr. Theodore Millon, 1998-2014
 - Private Practice since 2007
 - Former Assistant Professor, FIU College of Medicine, Dept. of Humanities, Health, and Society 2010-2018 (Clinical faculty: Counseling and Wellness)

*Disclosure of Relevant financial relationships:

- Minor royalty recipient for the MCMI-IV and other Millon instruments
- Employee/shareholder for Dicandrien, Inc., parent corporation of the Millon Personality Group (MPG).

What Clinicians Believe About the MCMI...

Just diagnoses personality disorders

- Assists in incremental validity of these diagnoses – but this is only its most basic use.

Same as DSM criteria

- There's overlap – covers DSM PDs plus 5 more patterns, BUT criteria are coordinated with DSM though NOT identical.

Only applicable to people with personality disorders

- Applicable for *clinical populations* – a larger bandwidth than usually suggested.

Overpathologizes/Labels

- SG: The labels are probably the least valuable part.

Categorical like the DSM

- Prototypal: Converges aspects of categorical *and* dimensional models.

You don't need to know the theory, the labels tell you all you need to know . . .

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

Dr. Theodore Millon, PhD, DSc



MILLON CLINICAL MULTIAXIAL INVENTORY-IV PROFILE SUMMARY

HIGH-POINT CODE = S 2A 2B

INVALIDITY (V) = 1
INCONSISTENCY (W) = 5

VALIDITY	Score			Profile of BR Scores			
	Raw	PR	BR	0	35	75	100
Modifying Indices				Low	Average	High	
Disclosure	X	97	62				
Desirability	Y	8	45				
Debasement	Z	18	85				

PERSONALITY	Score			Profile of BR Scores				
	Raw	PR	BR	0	60	75	85	115
Clinical Personality Patterns					Style	Type	Disorder	
Schizoid	1	10	70	72				
Avoidant	2A	16	73	79				
Melancholic	2B	14	71	75				
Dependent	3	6	62	65				
Histrionic	4A	3	3	30				
Turbulent	4B	1	4	14				
Narcissistic	5	5	25	30				
Antisocial	6A	2	6	25				
Sadistic	6B	5	39	40				
Compulsive	7	6	42	40				
Negativistic	8A	9	62	55				
Masochistic	8B	13	79	72				
Severe Personality Pathology								
Schizotypal	S	22	92	95				
Borderline	C	12	71	64				
Paranoid	P	14	74	72				

PSYCHOPATHOLOGY	Score			Profile of BR Scores				
	Raw	PR	BR	0	60	75	85	115
Clinical Syndromes						Present	Prominent	
Generalized Anxiety	A	14	85	81				
Somatic Symptom	H	7	48	45				
Bipolar Spectrum	N	6	29	32				
Persistent Depression	D	24	94	96				
Alcohol Use	B	8	47	56				
Drug Use	T	5	39	38				
Post-Traumatic Stress	R	18	90	81				
Severe Clinical Syndromes								
Schizophrenic Spectrum	SS	20	95	93				
Major Depression	CC	17	89	85				
Delusional	PP	14	72	75				

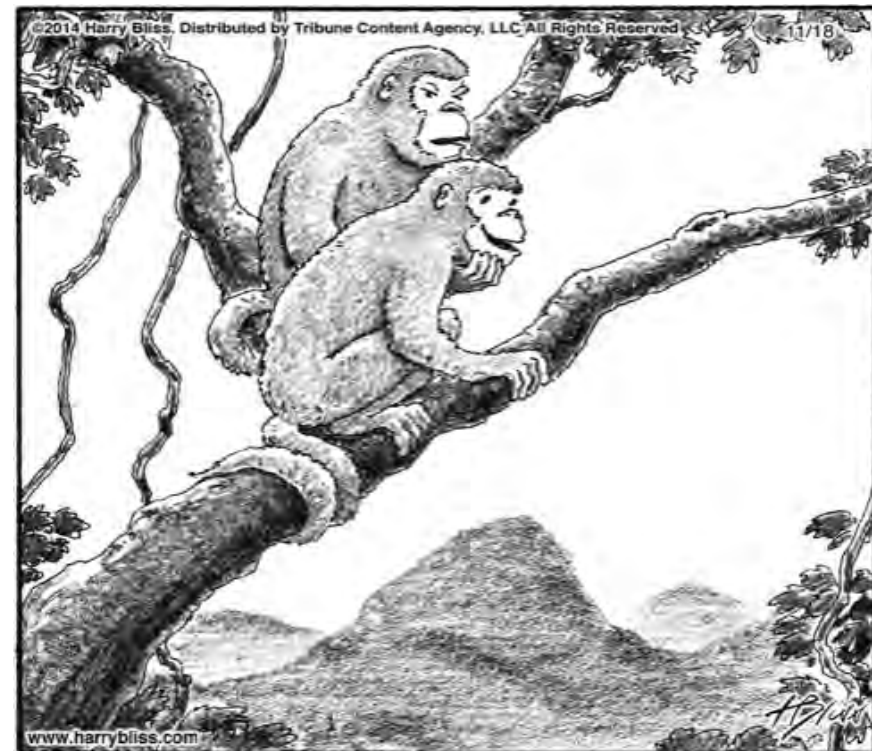
Learning Objectives

- **Operationalize Millon's evolutionary theory for clinical interaction**
- Use the primary personality scales and Grossman facet scales of the MCMI-IV to enhance the therapeutic alliance
- Apply clinical hypotheses drawn from the theory to various assessment challenges



Operationalizing **Millon's** Evolutionary Theory

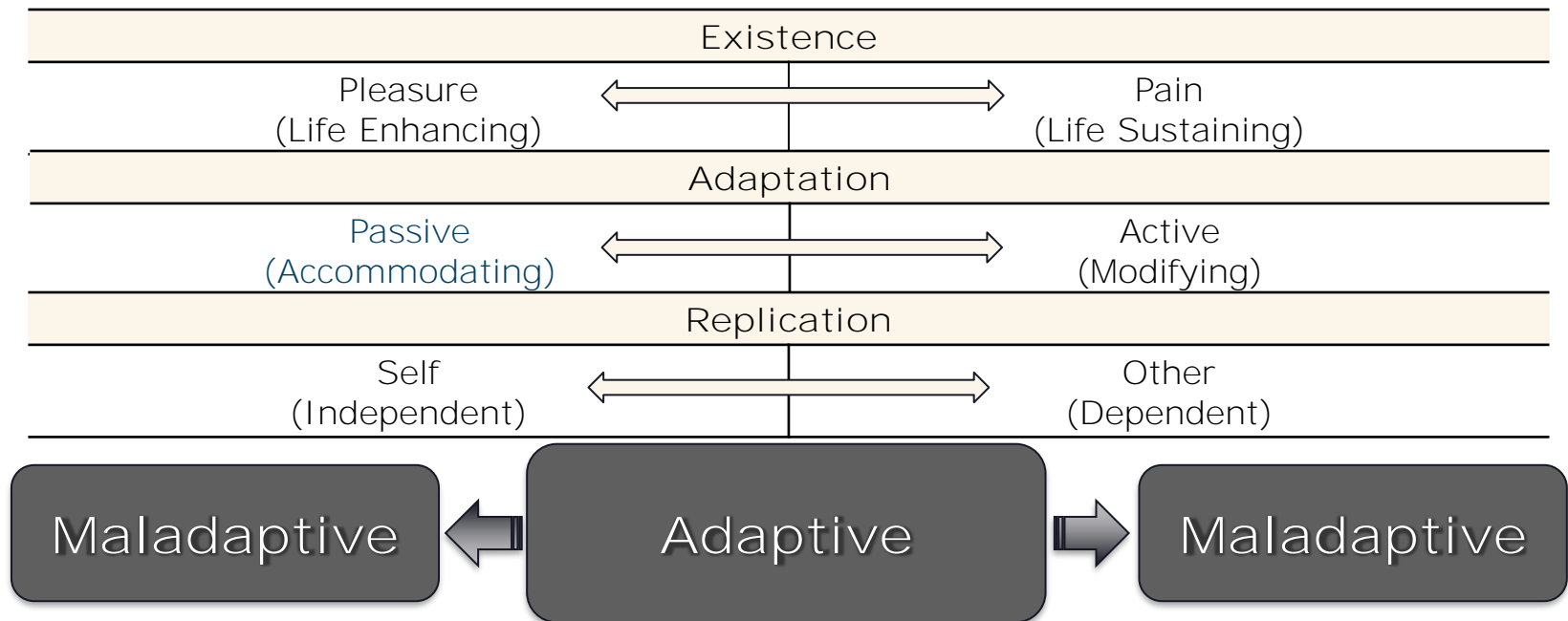
- Moving beyond the intellectual exercise:
 - Evolutionary Polarities: A guide to a person's core motivations: Underlies Personality Scales
 - Functional and Structural Domains: Systemic view of the personality: Underlies Grossman Facet Scales



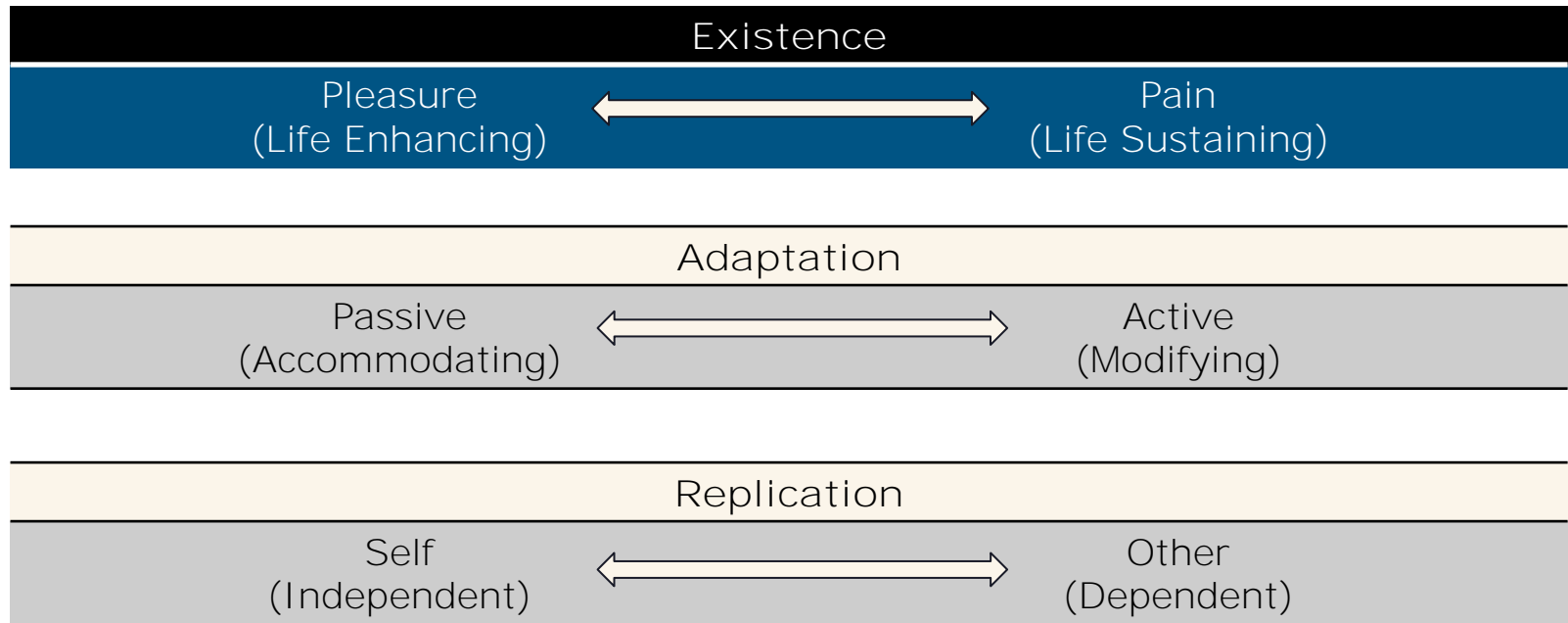
"I disagree – I think humans are funny."

Millon Evolutionary Model

Motivating Aims (3 Polarities)

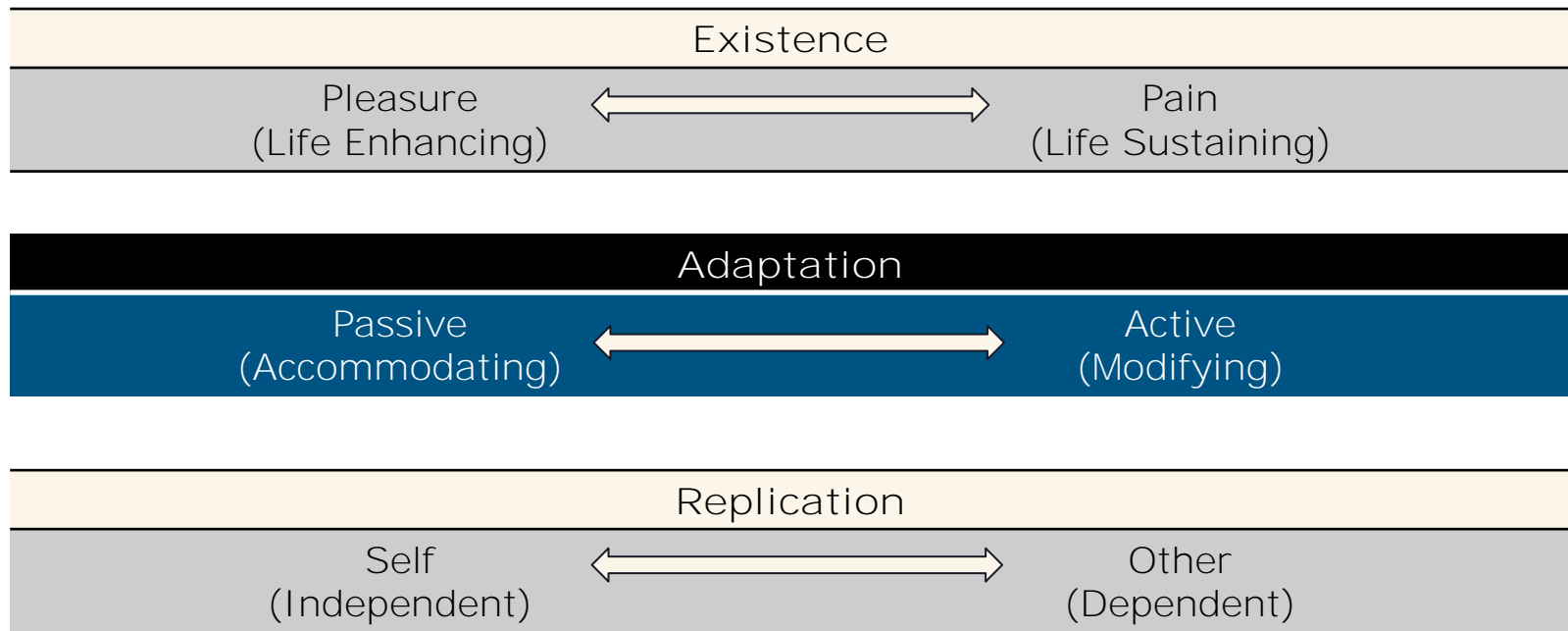


Evolutionary Theory of Personality



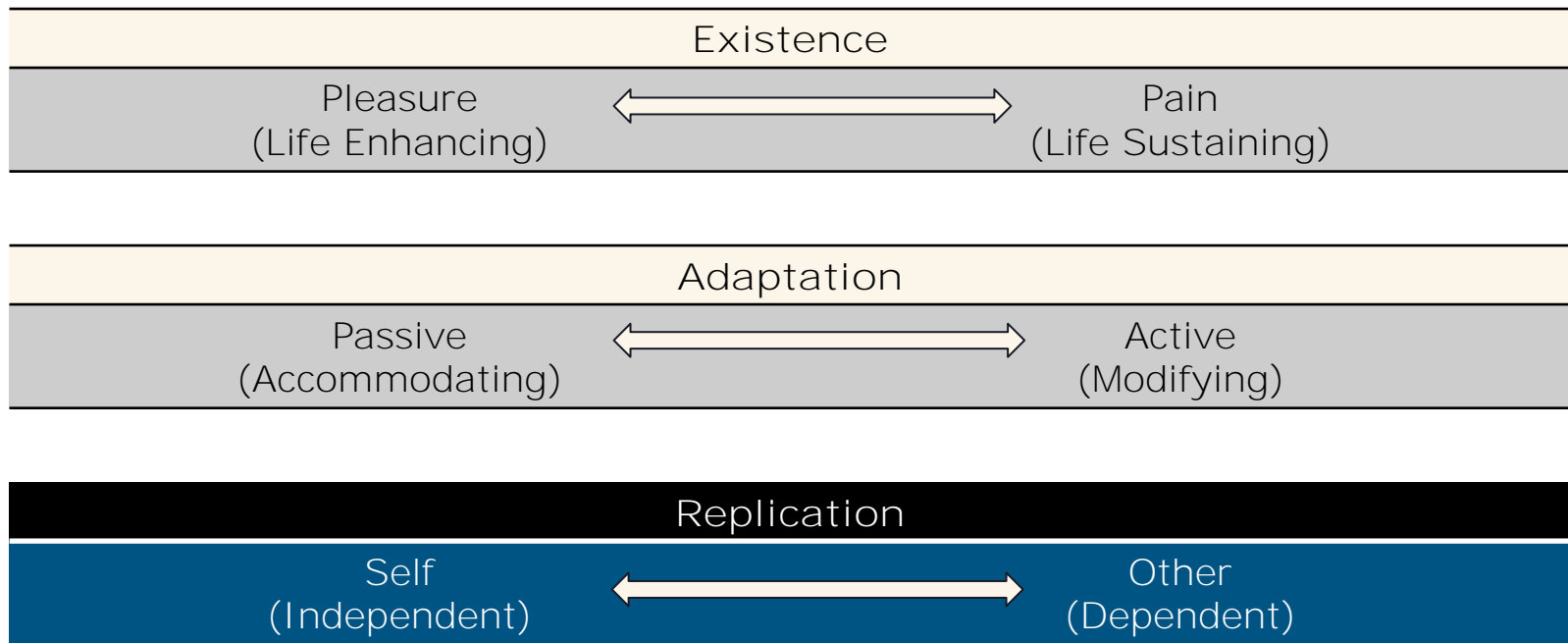
The EXISTENCE Polarity

Evolutionary Theory of Personality



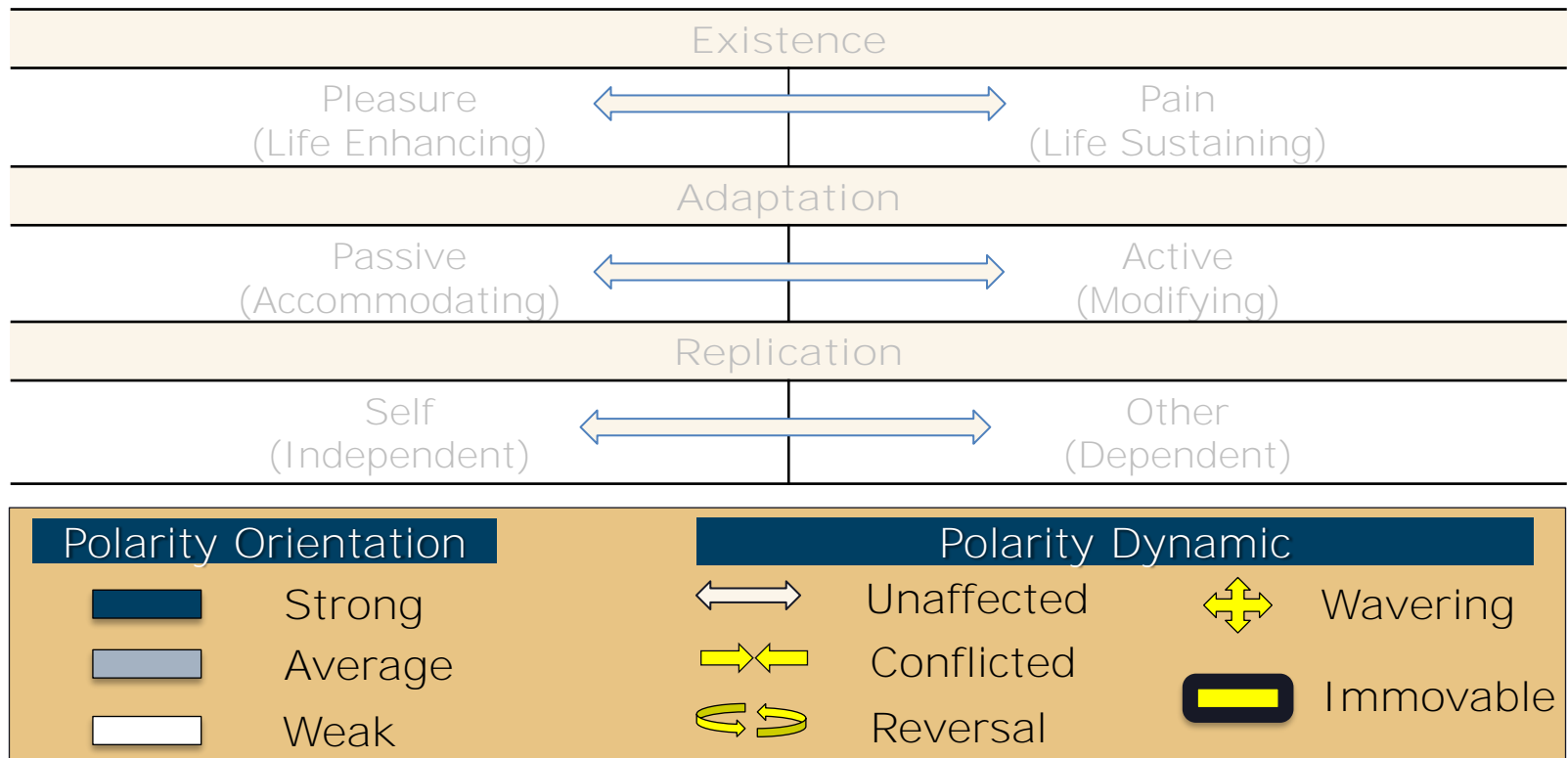
The ADAPTATION Polarity

Evolutionary Theory of Personality



The REPLICATION Polarity

Evolutionary Theory of Personality



Aberrations in Motivation

Emotionally Extreme Spectra

Passive: Accommodation	Schizoid Low Pleasure Low Pain	Melancholic Low Pleasure High Pain
Active: Modification	Turbulent High Pleasure Low Pain	Avoidant Low Pleasure High Pain

Defined in prototype primarily by relationship to pleasure/pain (existence) continuum.



Interpersonally Imbalanced Spectra

	Self (low) Other (high)	Self (high) Other (low)
Passive: Accommodation	Dependent	Narcissistic
Active: Modification	Histrionic	Antisocial

Defined in prototype primarily by relationship to self/other (replication) continuum.



Intrapsychically Conflicted Spectra

	Pleasure- Pain Reversal	Self-Other Discordance
Passive: Accommodation	Masochistic	Compulsive
Active: Modification	Sadistic	Negativistic

Defined in prototype primarily by intra-continuum dynamics (conflict or reversal on a singular continuum)



Structurally Compromised Spectra

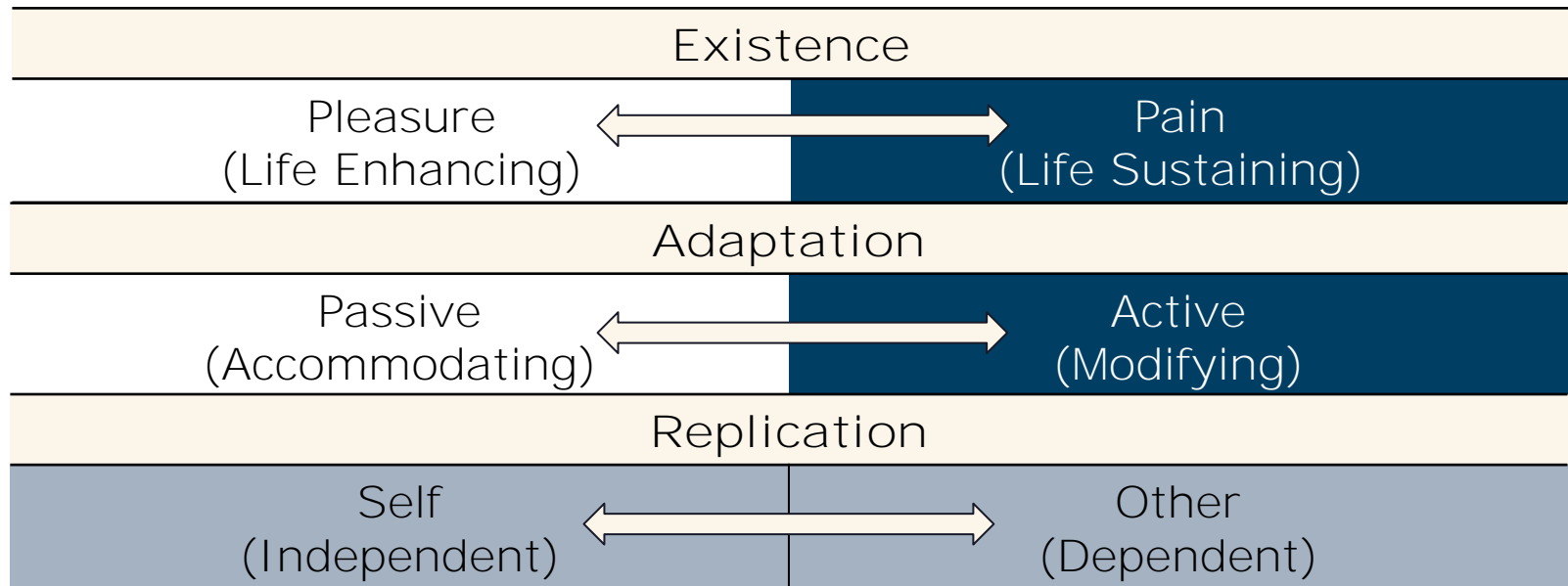
*Typical Derivative Spectrum	Resultant Spectrum	Dynamic
Schizoid Avoidant	Schizotypal	Wavering
Histrionic Negativistic	Borderline	Conflictual
Narcissistic Antisocial Sadistic	Paranoid	Immovable

Patterns defined primarily by dynamic across all polarities, colored by derivative spectra

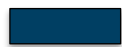
** List is typical, not exhaustive*



SRAvoid (Avoidant) Spectrum (MCMI-IV Scale 2A)



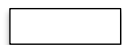
Polarity Orientation



Strong



Average



Weak

Polarity Dynamic



Unaffected



Conflicted



Reversal

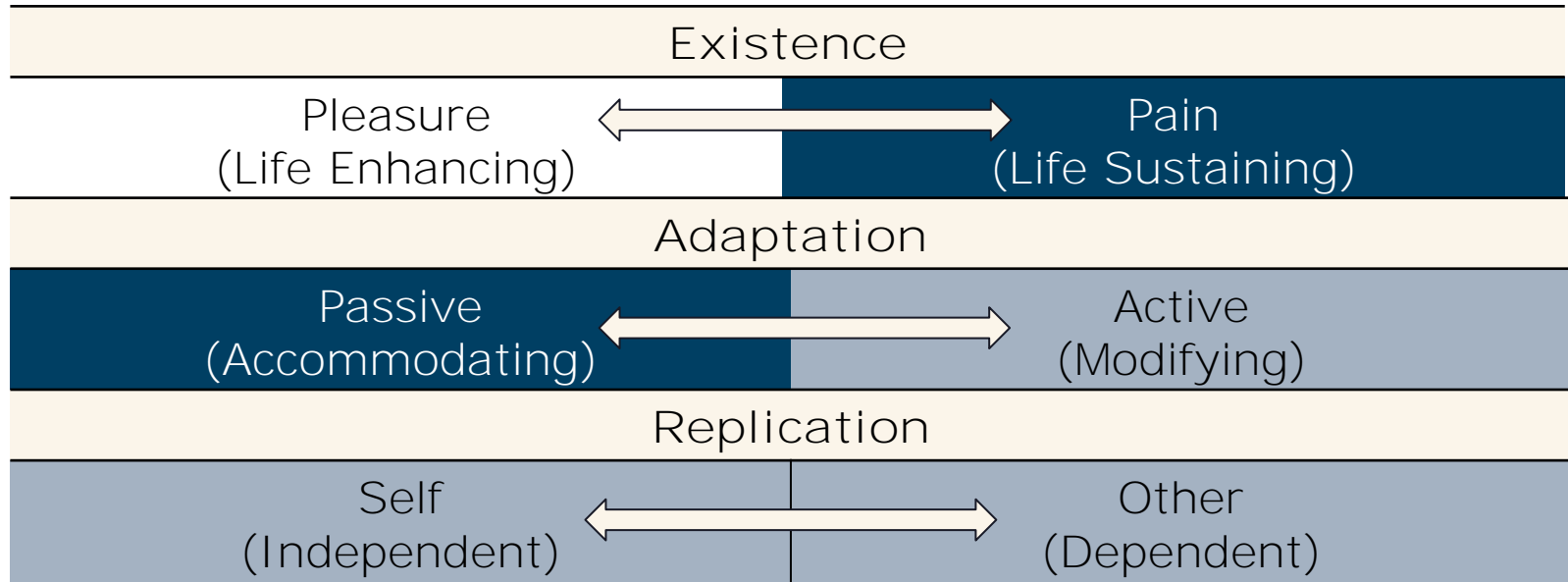


Wavering

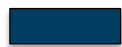


Immovable

DFMelan (Melancholic) Spectrum (MCMI-IV Scale 2B)



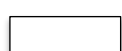
Polarity Orientation



Strong



Average



Weak

Polarity Dynamic



Unaffected



Conflicted



Reversal

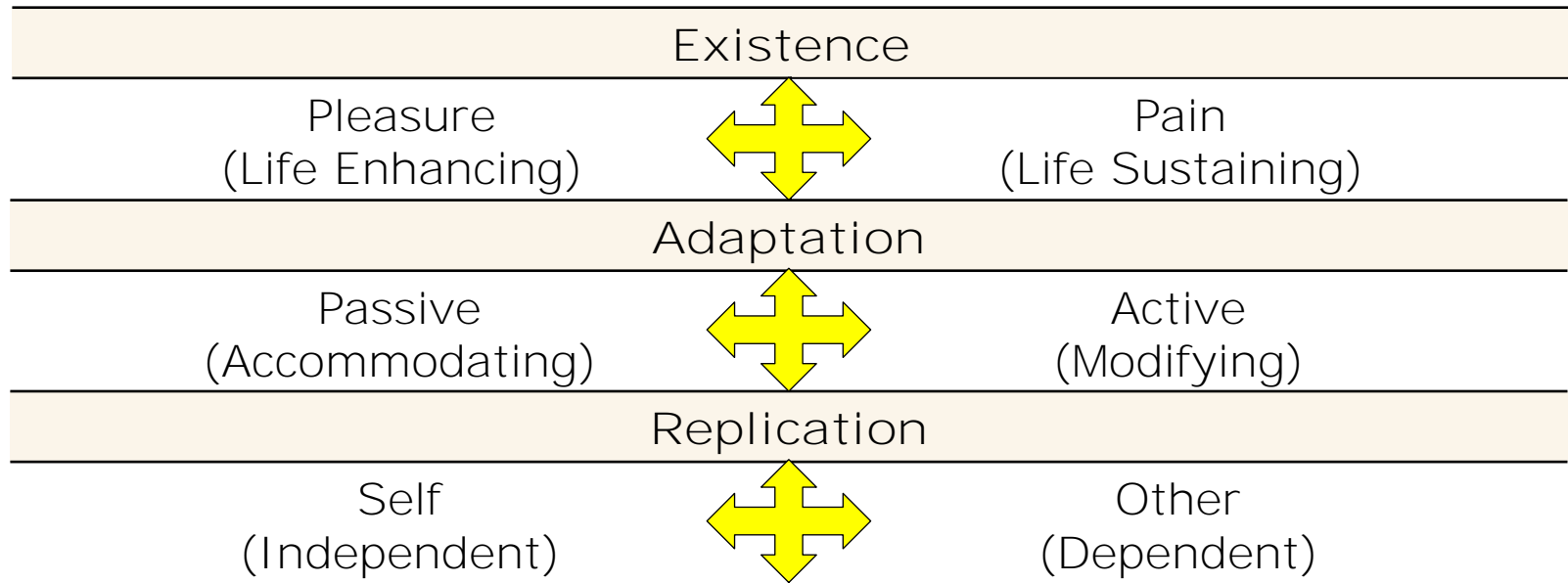


Wavering



Immovable

ESSchizoph (Schizotypal) Spectrum (MCMI-IV Scale S)



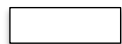
Polarity Orientation



Strong



Average



Weak

Polarity Dynamic



Unaffected



Conflicted



Reversal



Wavering



Immovable

Addressing Severity: The Personality “Spectrum”

Because degree matters.



- *Normal Style: Generally adaptive personality patterns (MCMI-IV BR 60-74)*
- *Abnormal Traits/Type: Moderately maladaptive personality attributes (MCMI-IV BR 75-84)*
- *Clinical Disorder: Likelihood of greater personality dysfunction (MCMI-IV BR 85+)*



Disorders of Personality: 3rd Ed. (Millon, 2011). List of Personality Patterns:

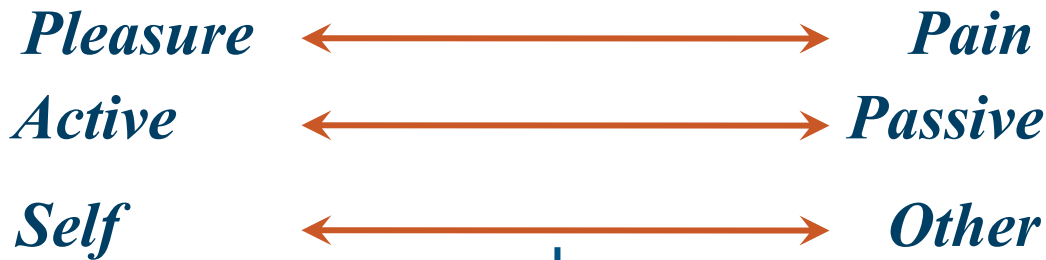
Spectrum Acronym	Scale No. (MCMI-IV)	Normal Style	Abnormal Type	Clinical Disorder
AASchd	1	Apathetic	Asocial	Schizoid
SRAvoid	2A	Shy	Reticent	Avoidant
DFMelan	2B	Dejected	Forlorn	Melancholic
DADepn	3	Deferential	Attached	Dependent
SPHistr	4A	Sociable	Pleasuring	Histrionic
EETurbu	4B	Ebullient	Exuberant	Turbulent
CENarc	5	Confident	Egotistical	Narcissistic
ADAntis	6A	Aggrandizing	Devious	Antisocial
ADSadis	6B	Assertive	Denigrating	Sadistic
RCComp	7	Reliable	Constricted	Compulsive
DRNegat	8A	Discontented	Resentful	Negativistic
AAMasoc	8B	Abused	Aggrieved	Masochistic
ESSchizoph	S	Eccentric	Schizotypal	Schizophrenic
UBCycloph	C	Unstable	Borderline	Cyclophrenic
MPParaph	P	Mistrustful	Paranoid	Paraphrenic

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Spectra on a more molecular level...

Evolutionary polarities



Functional/Structural Domains

Behavioral...

- Expressive Emotion (F)
- Interpersonal Conduct (F)

Phenomenological...

- Cognitive Style (F)
- Self-Image (S)

Intrapsychic...

- Intrapsychic Content (S)
- Intrapsychic Dynamics (F)
- Intrapsychic Architecture (S)

Biophysical...

- Mood/Temperament (S)



Functional Domains:

Expressive Emotion (*Behavioral*, formerly "Expressive Acts")

- Observable behaviors, inferring affect
- Interpersonal Conduct (*Behavioral*)
 - Observable actions in social exchanges
- Cognitive Style (*Phenomenologic*)
 - **The person's mindset, decision-base**, focus of attention, cognitive process
- Intrapsychic Dynamics (*Intrapsychic*, formerly "Regulatory Mechanisms")
 - Defenses, repeatable mechanisms, usually preconscious

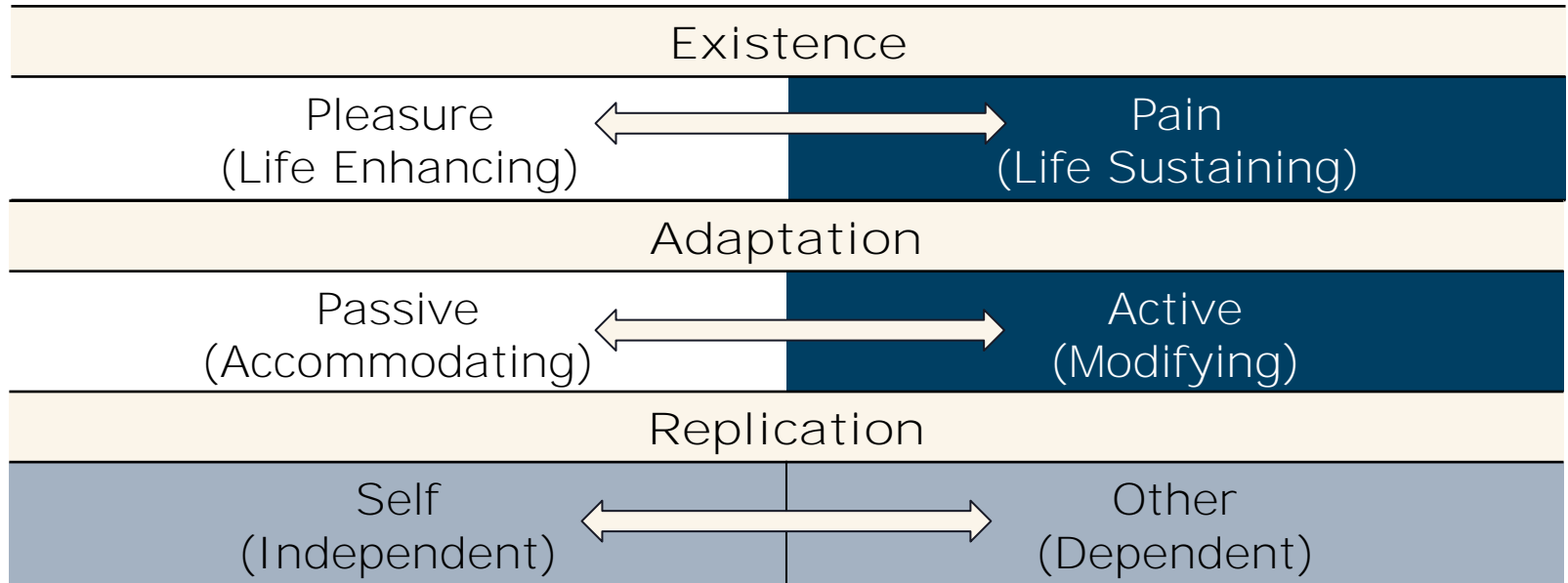
Structural Domains:

- Self-I mage (*Phenomenologic*)
 - Self-beliefs, established self-narratives
- Intrapsychic Content (*Intrapsychic*: Formerly "Object Representations")
 - Imprinted early experience with others
- Intrapsychic Architecture (*Intrapsychic*, formerly "Morphologic Organization")
 - Framework for inner cohesion, pressure, conflict
- Mood/Temperament (*Biophysical*)
 - Level of activity, speech quality, physical appearance, mind/body

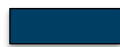
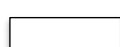
Millon Evolutionary Theory: Domain by Disorder Matrix

Spectrum Disorders	Trait Domains							
	Expressive Emotion	Interpersonal Conduct	Cognitive Style	Self-Image	Intrapsychic			Mood/ Temperament
					Content	Dynamics	Architecture	
AASchd	Impassive	Unengaged	Impoverished	Complacent	Meager	Intellectualization	Undifferentiated	Apathetic
SRAvoid	Fretful	Aversive	Distracted	Alienated	Vexatious	Fantasy	Fragile	Anguished
DFMelan	Disconsolate	Defenseless	Fatalistic	Worthless	Forsaken	Asceticism	Depleted	Woeful
DADepn	Puerile	Submissive	Naive	Inept	Immature	Introjection	Inchoate	Pacific
SPHistr	Dramatic	Attention-Seeking	Flighty	Gregarious	Shallow	Dissociation	Disjointed	Fickle
EETurbu	Impetuous	High-Spirited	Scattered	Exalted	Piecemeal	Magnification	Unsteady	Mercurial
CENarc	Haughty	Exploitive	Expansive	Admirable	Contrived	Rationalization	Spurious	Insouciant
ADAntis	Impulsive	Irresponsible	Deviant	Autonomous	Debased	Acting Out	Unruly	Callous
ADSadis	Precipitate	Abrasive	Dogmatic	Combative	Pernicious	Isolation	Eruptive	Hostile
RCComp	Disciplined	Respectful	Constricted	Conscientious	Concealed	Reaction Formation	Compartmentalized	Solemn
DRNegat	Embittered	Contrary	Skeptical	Discontented	Vacillating	Displacement	Divergent	Irritable
AAMasoc	Abstinent	Deferential	Diffident	Undeserving	Discredited	Exaggeration	Inverted	Dysphoric
ESSchizoph	Eccentric	Secretive	Circumstantial	Estranged	Chaotic	Undoing	Fragmented	Distraught or Insentient
UBCycloph	Spasmodic	Paradoxical	Capricious	Uncertain	Incompatible	Regression	Split	Labile
MPParaph	Defensive	Provocative	Suspicious	Inviolable	Unalterable	Projection	Inelastic	Irascible






SRAvoid (Avoidant) Spectrum (MCMI-IV Scale 2A)



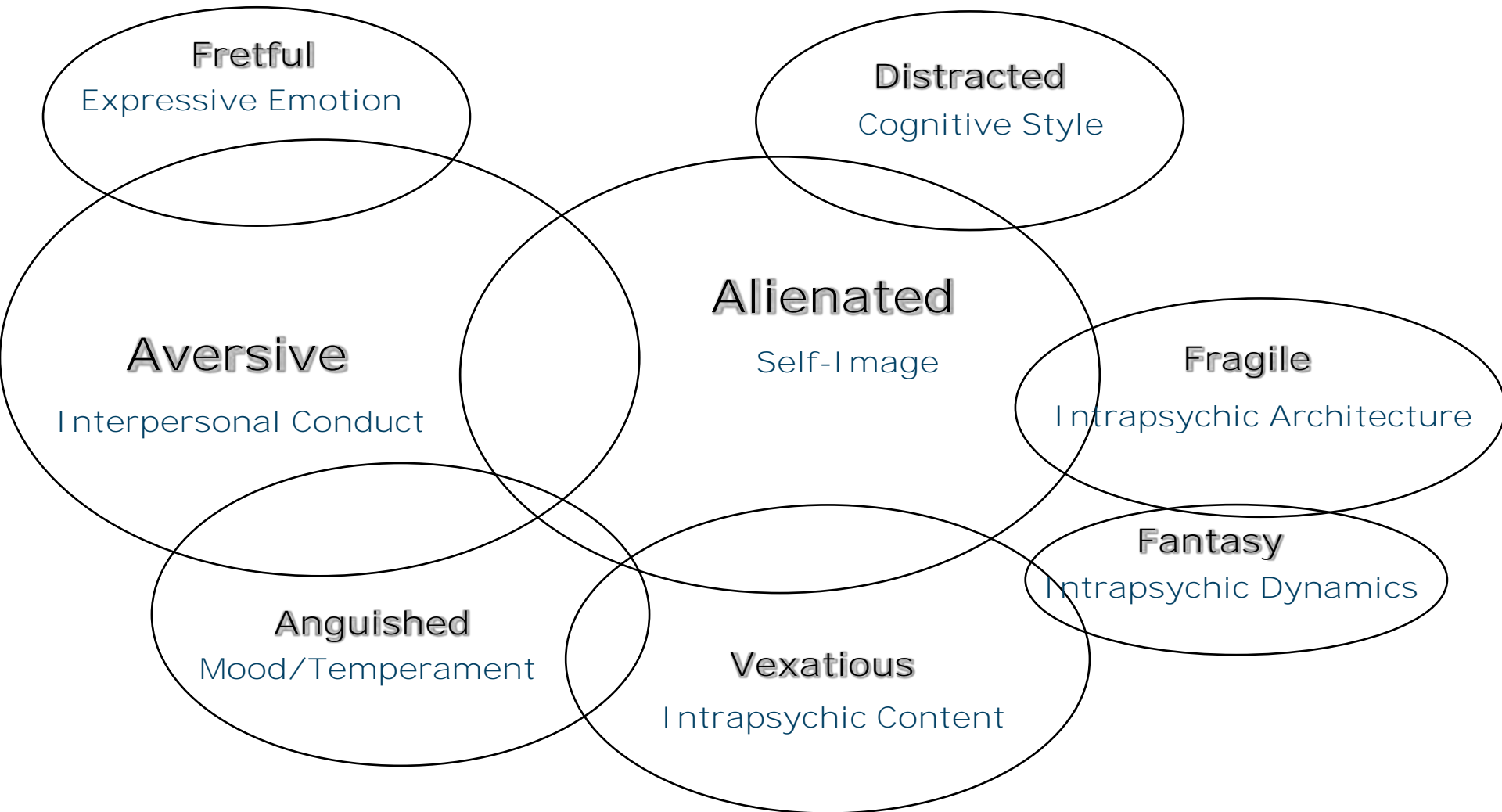
Polarity Orientation

	Strong
	Average
	Weak

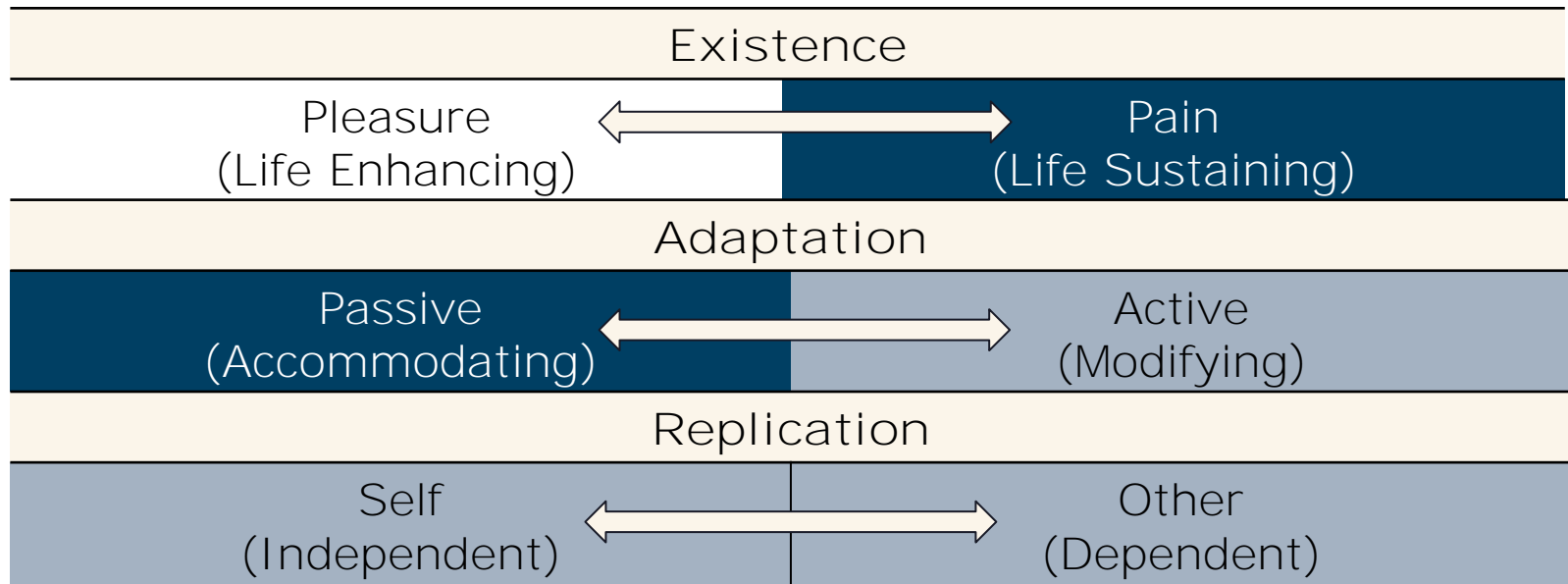
Polarity Dynamic

	Unaffected		Wavering
	Conflicted		Immovable
	Reversal		

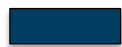
Personologic Domains: SRAvoid Spectrum



DFMelan (Melancholic) Spectrum (MCMI-IV Scale 2B)



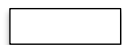
Polarity Orientation



Strong



Average



Weak

Polarity Dynamic



Unaffected



Conflicted



Reversal

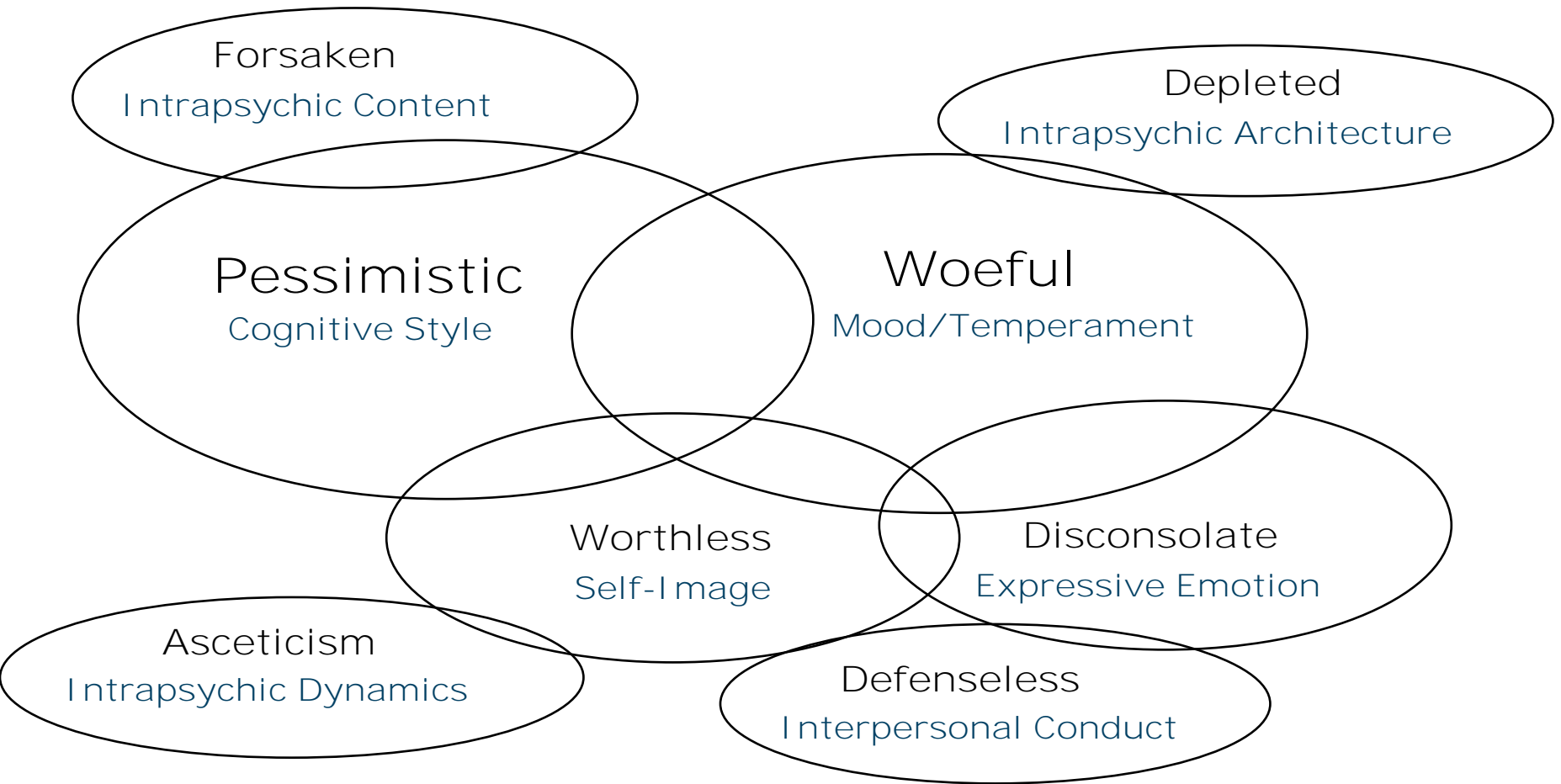


Wavering

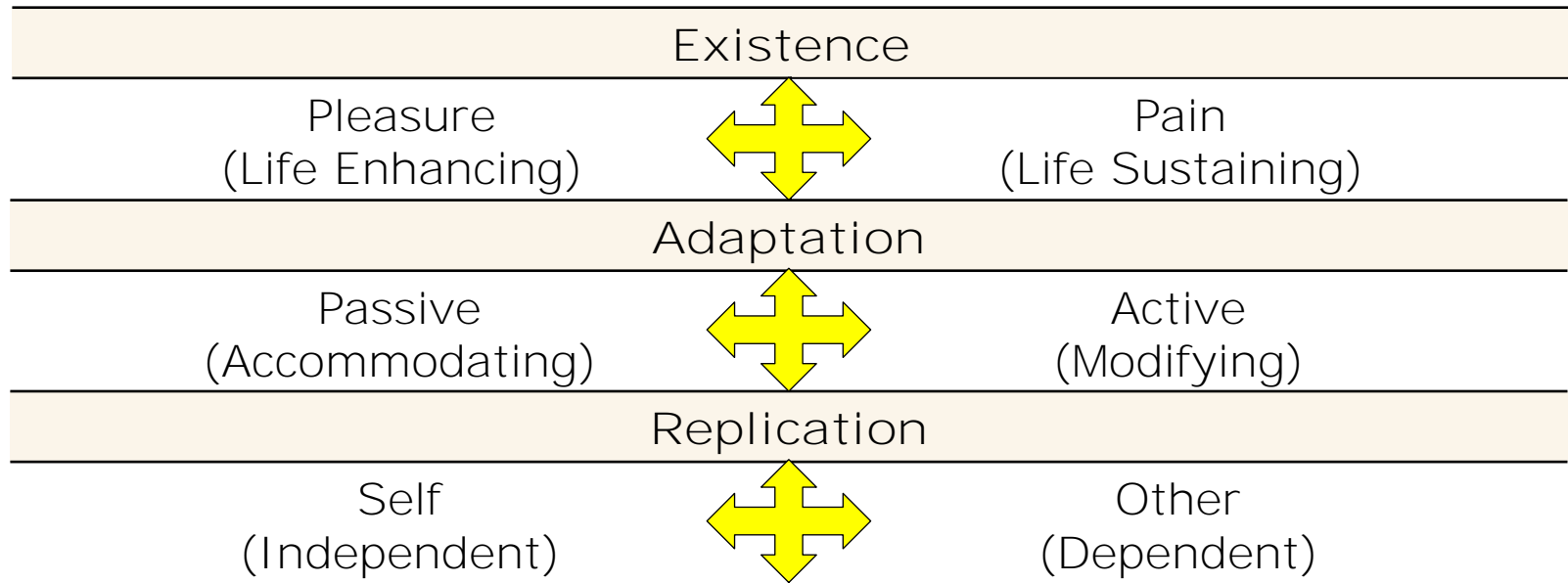


Immovable

Personologic Domains: DFMelan Spectrum



ESSchizoph (Schizotypal) Spectrum (MCMI-IV Scale S)



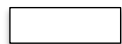
Polarity Orientation



Strong



Average



Weak

Polarity Dynamic



Unaffected



Conflicted



Reversal

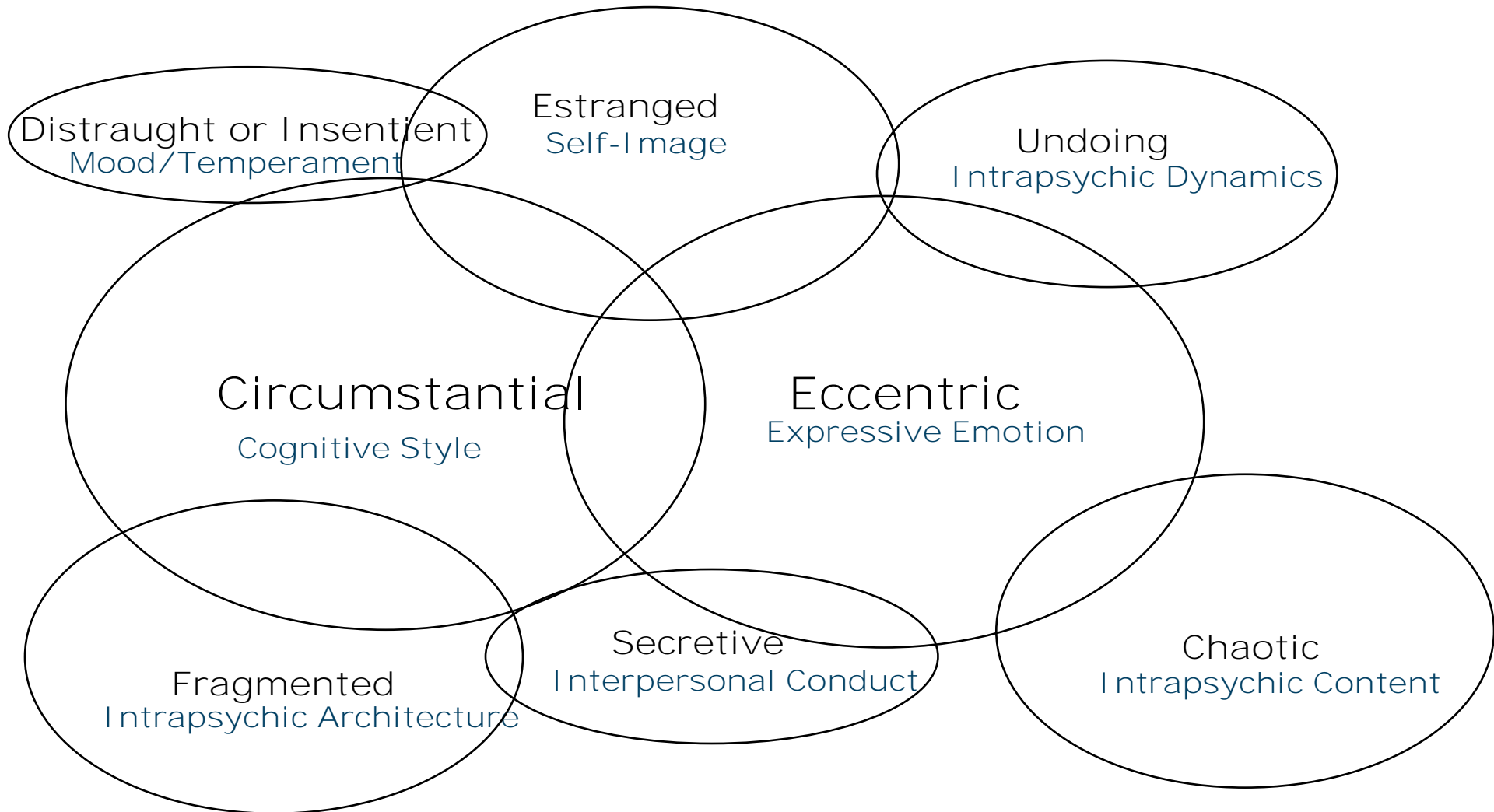


Wavering



Immovable

Personologic Domains: ESSchizoph Spectrum

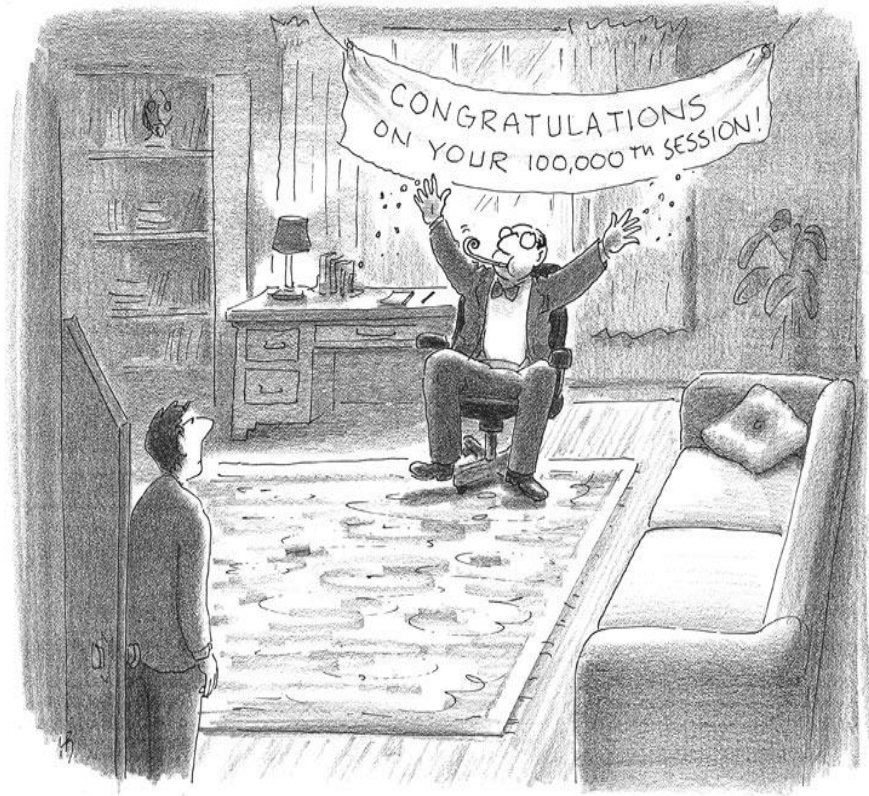


Using MCMI -I V Scales for Therapeutic Alliance

- Blending scales by theory attributes
- Identifying conflicts, disbalances, anomalies that lead to *vulnerability*
- Generate language and connection based on enhanced understanding



"OK, fine. Perhaps 'sower of discord in the lower depths of hell' was overstating it."



"Necessity is the Mother of Invention!"

Meet my very first true clinical
MCMI-III case

MILLON CLINICAL MULTIAXIAL INVENTORY - III
CONFIDENTIAL INFORMATION FOR PROFESSIONAL USE ONLY

VALIDITY (SCALE V) SCORE = 0

PERSONALITY CODE: - ** 2A 6A 8B * 5 1 8A 2B 6B + 3 7 4 " - ' ' // - ** - * //

SYNDROME CODE: - ** B * // - ** - * //

DEMOGRAPHIC CODE: 07210501/OP/M/33/W/N/14/JO/AN/-----/4/-----/

CATEGORY		SCORE		PROFILE OF BR SCORES				DIAGNOSTIC SCALES
		RAW	BR	0	60	75	85	115
MODIFYING INDICES	X	104	65					DISCLOSURE
	Y	13	59					DESIRABILITY
	Z	3	42					DEBASEMENT
CLINICAL PERSONALITY PATTERNS	1	7	68					SCHIZOID
	2A	12	82					AVOIDANT
	2B	4	64					DEPRESSIVE
	3	5	50					DEPENDENT
	4	9	36					HISTRIONIC
	5	17	71					NARCISSISTIC
	6A	15	82					ANTISOCIAL
	6B	11	64					SADISTIC
	7	11	41					COMPULSIVE
	8A	9	66					NEGATIVISTIC
	8B	10	80					MASOCHISTIC
SEVERE PERSONALITY PATHOLOGY	S	7	67					SCHIZOTYPAL
	C	10	70					BORDERLINE
	P	6	62					PARANOID
CLINICAL SYNDROMES	A	3	60					ANXIETY
	H	0	0					SOMATOFORM
	N	10	69					BIPOLAR: MANIC
	D	2	40					DYSTHYMIA
	B	10	81					ALCOHOL DEPENDENCE
	T	9	68					DRUG DEPENDENCE
	R	2	30					POST-TRAUMATIC STRESS
SEVERE CLINICAL SYNDROMES	SS	5	61					THOUGHT DISORDER
	CC	0	0					MAJOR DEPRESSION
	PP	2	60					DELUSIONAL DISORDER

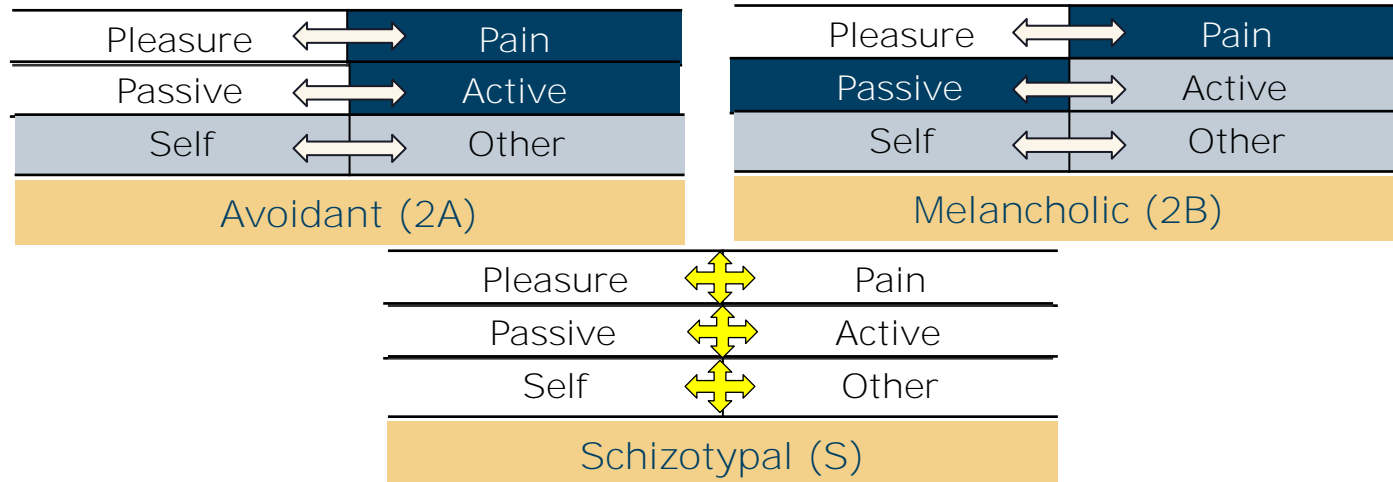
Beyond prototypes: How MCMI-IV co-elevations are DESIGNED to work...





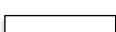





People don't really exist in categories:

- ◆ Less useful to think of elevations as multiple personality diagnoses
- ◆ Most protocols will produce *blends* of 2 or more scale elevations, more reflective of the individual.
- ◆ Individual scales analogous to primary color wheel, but with 15 colors
 - ◆ Orange: Not red or yellow.
 - ◆ Similarly... Blending of prototypes yields a unique personality.

Multiple Elevations: Closer Reflection of the Person



Polarity Orientation		Polarity Dynamic	
	Strong		Unaffected
	Average		Conflicted
	Weak		Reversal
			Wavering
			Immovable

Current Domain Delineation: MCMI-IV Grossman Facet Scales

Facet Scale System:

- Emphasizes 3 of each 8 trait construct set for each personality spectra
- Using this system allows inference to other traits
- Examining spectra combinations allows individualized set of facets for individual
- Enabled by consistency of trait constructs



MCMI-IV: Domain/Disorder; Grossman Facet Scales Highlighted

Spectrum Disorders	Trait Domains							
	Expressive Emotion	Interpersonal Conduct	Cognitive Style	Self-Image	Intrapsychic			Mood/Temperament
					Content	Dynamics	Architecture	
AASchd	Impassive	Unengaged	Impoverished	Complacent	Meager	Intellectualization	Undifferentiated	Apathetic
SRAvoid	Fretful	Aversive	Distracted	Alienated	Vexatious	Fantasy	Fragile	Anguished
DFMelan	Disconsolate	Defenseless	Fatalistic	Worthless	Forsaken	Asceticism	Depleted	Woeful
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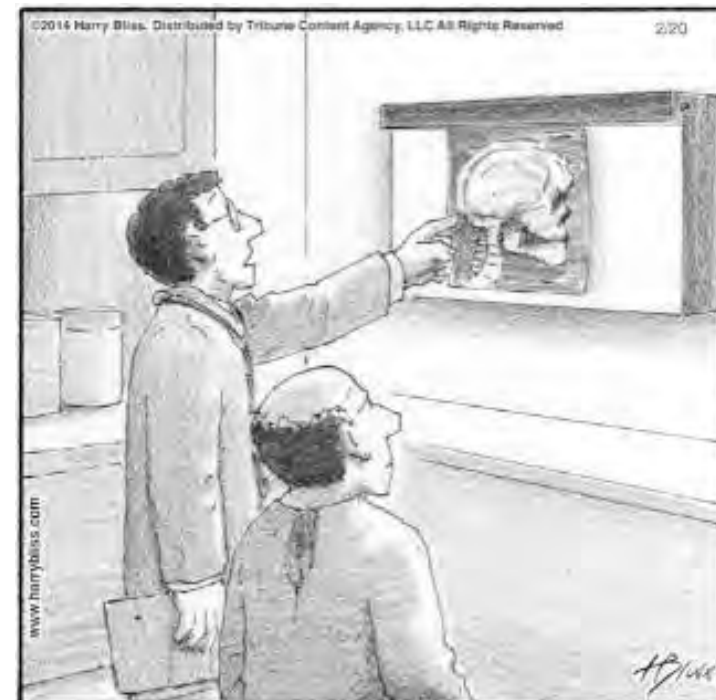
MCMI-IV: Domain/Disorder; 2A/2B/S Facets

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DFMelan	Disconsolate	Defenseless	Fatalistic	Worthless	Forsaken	Asceticism	Depleted	Woeful
DADepn	Puerile	Submissive	Naive	Inept	Immature	Introjection	Inchoate	Pacific
SPHistr	Dramatic	Attention-Seeking	Flighty	Gregarious	Shallow	Dissociation	Disjointed	Fickle
EETurbu	Impetuous	High-Spirited	Scattered	Exalted	Piecemeal	Magnification	Unsteady	Mercurial
CENarc	Haughty	Exploitive	Expansive	Admirable	Contrived	Rationalization	Spurious	Insouciant
ADAntis	Impulsive	Irresponsible	Deviant	Autonomous	Debased	Acting Out	Unruly	Callous
ADSadis	Precipitate	Abrasive	Dogmatic	Combative	Pernicious	Isolation	Eruptive	Hostile
RCComp	Disciplined	Respectful	Constricted	Conscientious	Concealed	Reaction Formation	Compartmentalized	Solemn
DRNegat	Embittered	Contrary	Skeptical	Discontented	Vacillating	Displacement	Divergent	Irritable
AAMasoc	Abstinent	Deferential	Diffident	Undeserving	Discredited	Exaggeration	Inverted	Dysphoric
ESSchizoph	Eccentric	Secretive	Circumstantial	Estranged	Chaotic	Undoing	Fragmented	Distraught or Insentient
UBCycloph	Spasmodic	Paradoxical	Capricious	Uncertain	Incompatible	Regression	Split	Labile
MPParaph	Defensive	Provocative	Suspicious	Inviolable	Unalterable	Projection	Inelastic	Irascible

Building the Therapeutic Dialogue; Building the Clinical Alliance

(Grossman & Amendolace, 2017)

- Motivating aims (polarities) as catalysts of therapeutic relationship
- Dynamic personality scale interpretation as guide to case conceptualization
- Facet scales as guide to focused intervention
- Syndrome scale elevation as treatment goal guide



Language of the Theory = Language of the Therapy: Personality patterns

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

- e.g., traditional, "This shows you are an avoidant."
- more effective to describe, via theory: "It seems crucial to you to make sure you fly under the radar. I imagine it takes a lot of mental energy..."

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

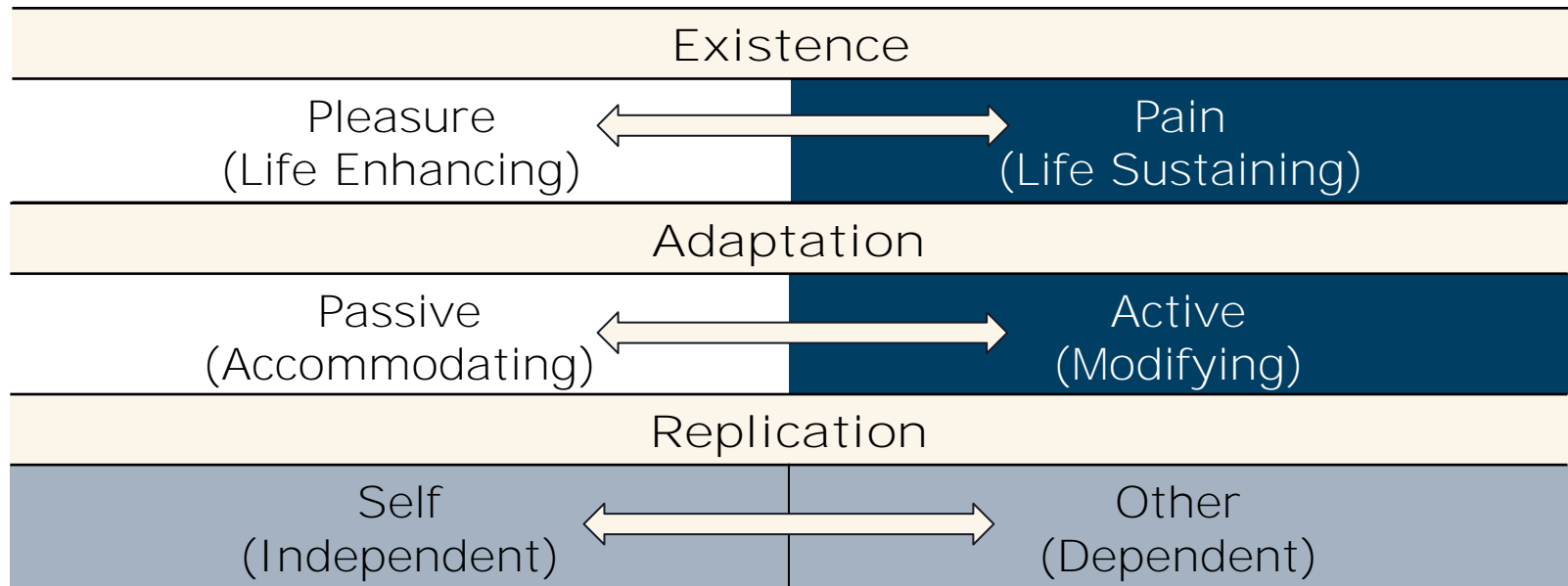
- Use of "if this were everything about you..." but it's not.
- Note where evolutionary polarities may align, complement, or conflict, e.g., "at times these tendencies may balance, but other times they may get you 'stuck'".

Facets: Move toward descriptions of specific "domains..."

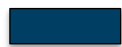
- Developed to correspond with different personologic functions and structures
- Aligned with modalities of treatment, e.g., cognitive, experiential, dynamic, etc . – begins to suggest therapeutic goals



SRAvoid (Avoidant) Spectrum (MCMI-IV Scale 2A)



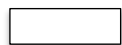
Polarity Orientation



Strong



Average



Weak

Polarity Dynamic



Unaffected



Conflicted



Reversal

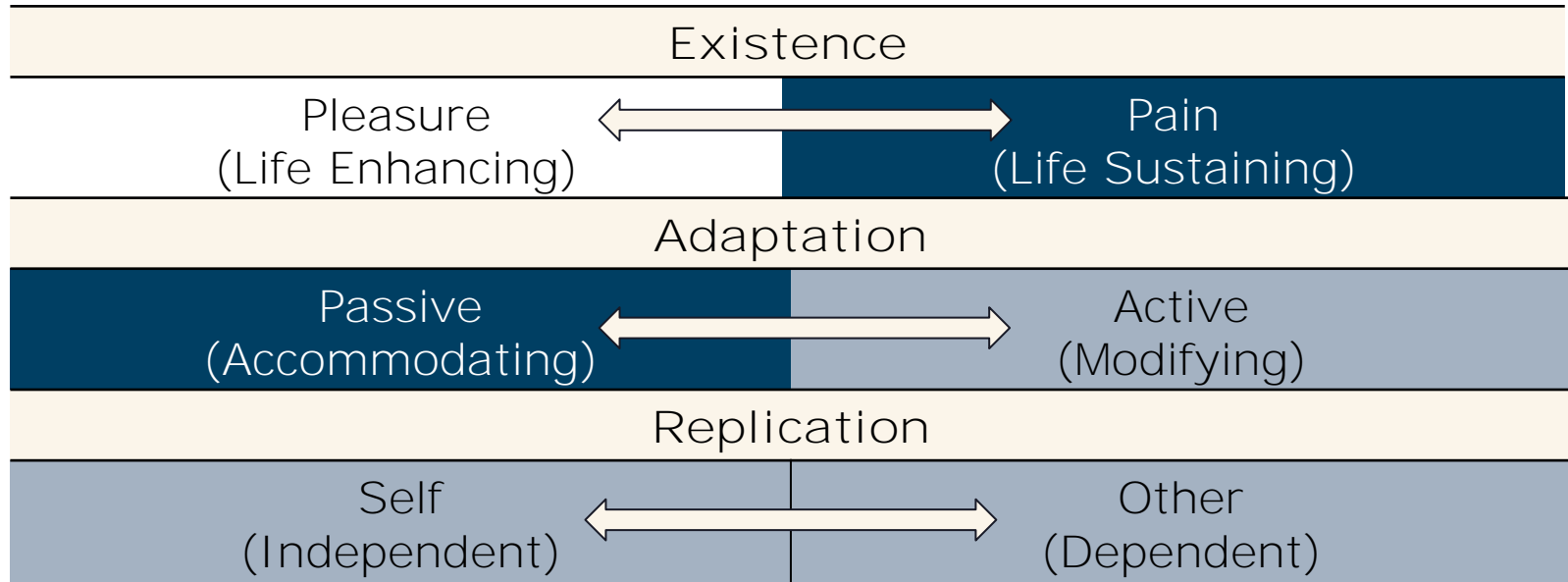


Wavering

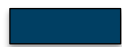


Immovable

DFMelan (Melancholic) Spectrum (MCMI-IV Scale 2B)



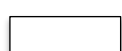
Polarity Orientation



Strong



Average



Weak

Polarity Dynamic



Unaffected



Conflicted



Reversal

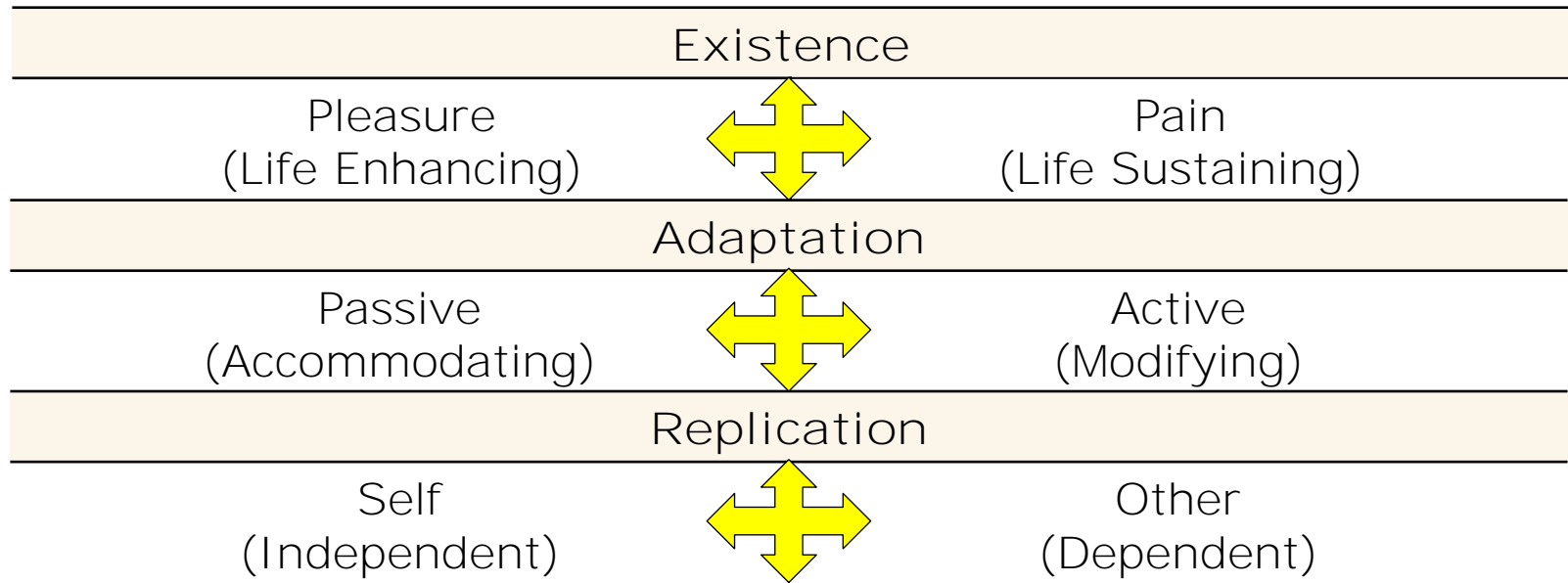


Wavering



Immovable

ESSchizoph (Schizotypal) Spectrum (MCMI-IV Scale S)



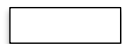
Polarity Orientation



Strong

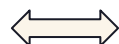


Average



Weak

Polarity Dynamic



Unaffected



Conflicted



Reversal



Wavering



Immovable

Language of the Theory = Language of the Therapy: Personality Patterns

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

- e.g., traditional, “This shows you are an avoidant.”
- more effective to describe, via theory: “It seems crucial to you to make sure you fly under the radar. I imagine it takes a lot of mental energy...”

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

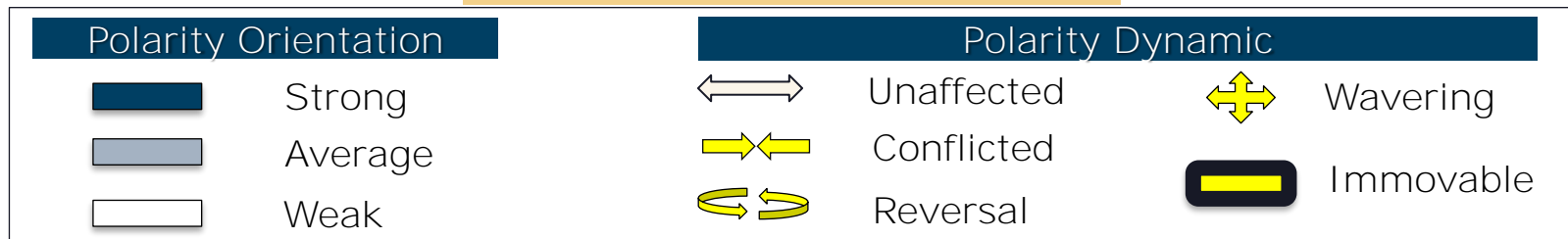
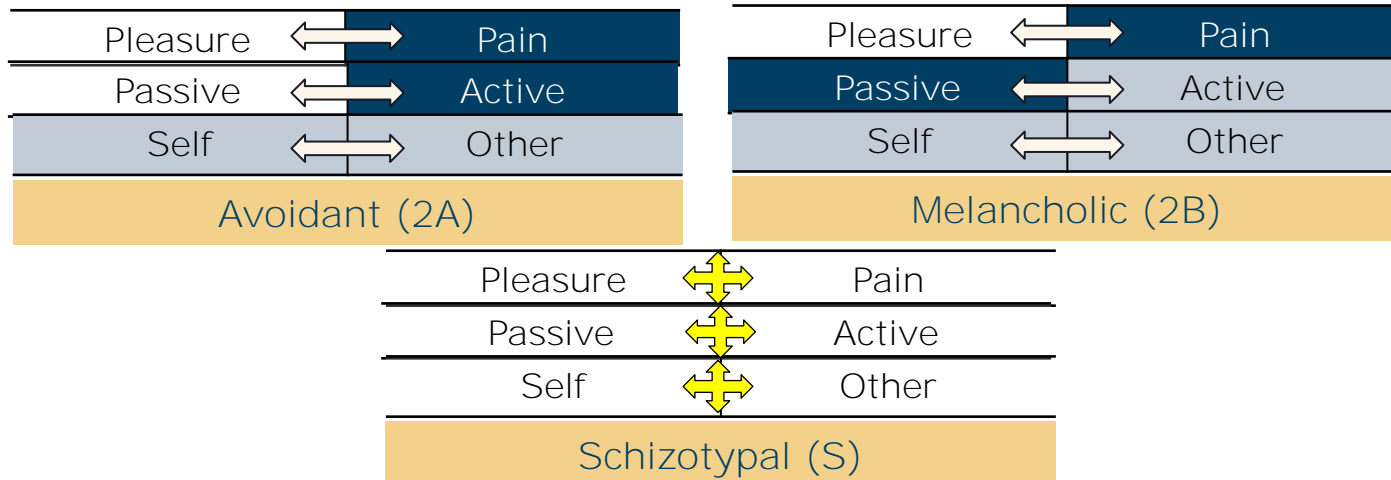
- Use of “if this were everything about you...” but it’s not.
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Facets: Move toward descriptions of specific “domains...”

- 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



Multiple Elevations: Closer Reflection of the Person



Language of the Theory > Language of the Therapy: Personality Patterns

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

- e.g., traditional, **"This shows you are an avoidant."**
- more effective to describe, via theory: **"It seems crucial to you to make sure you fly under the radar. I imagine it takes a lot of mental energy..."**

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'"**.

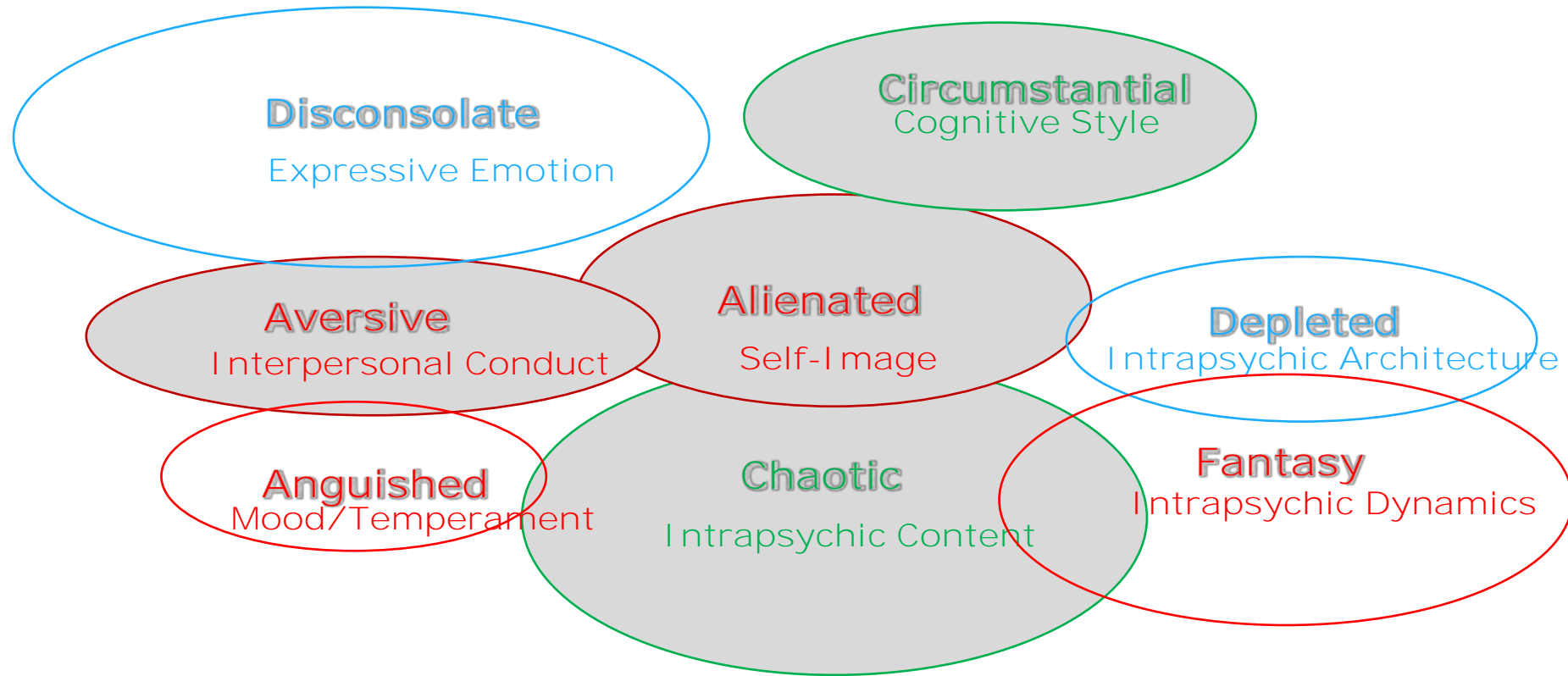
Facets: Move toward descriptions of specific "domains..."

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- Aligned with modalities of treatment, e.g., cognitive, experiential, dynamic, etc . – begins to suggest therapeutic goals



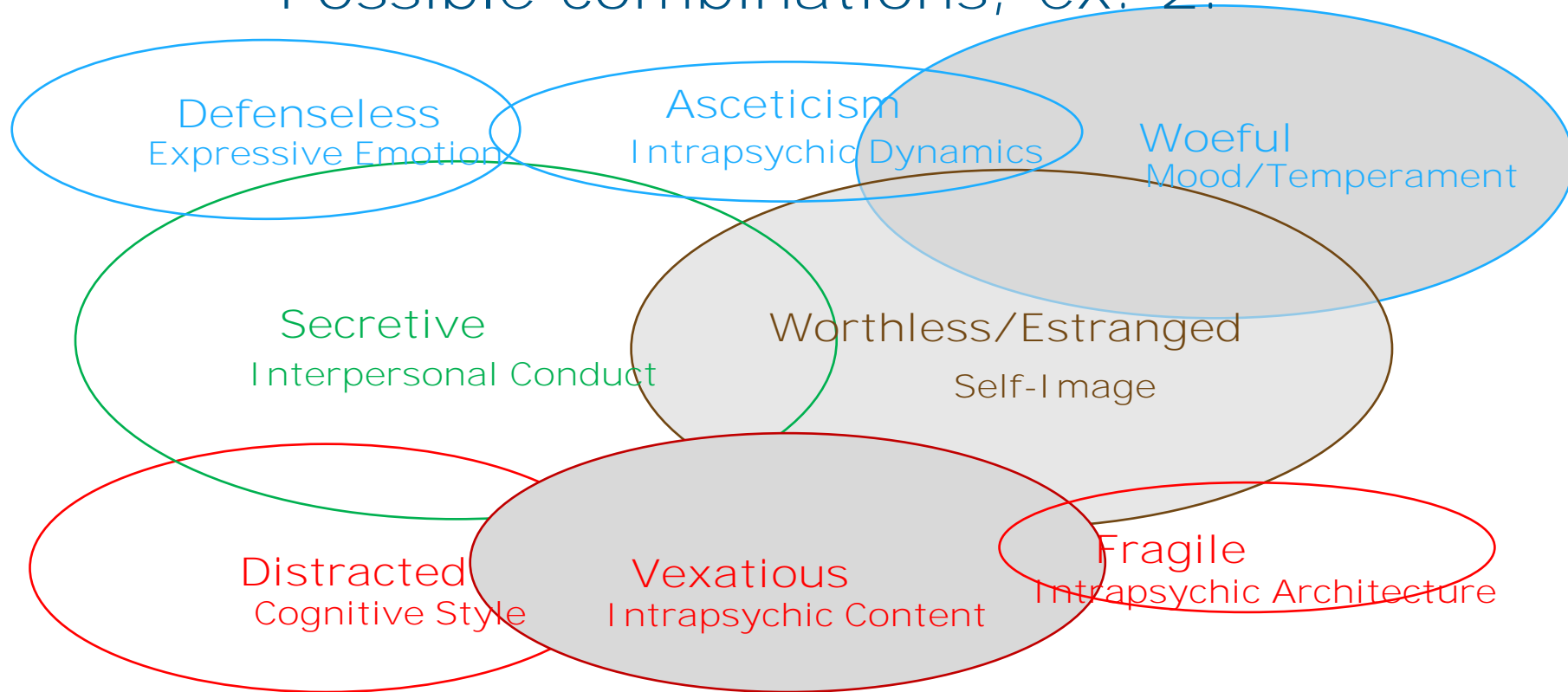
Personologic Domains, 2A2BS

Possible combinations, ex. 1:



Personologic Domains, 2A2BS:

Possible combinations, ex. 2:

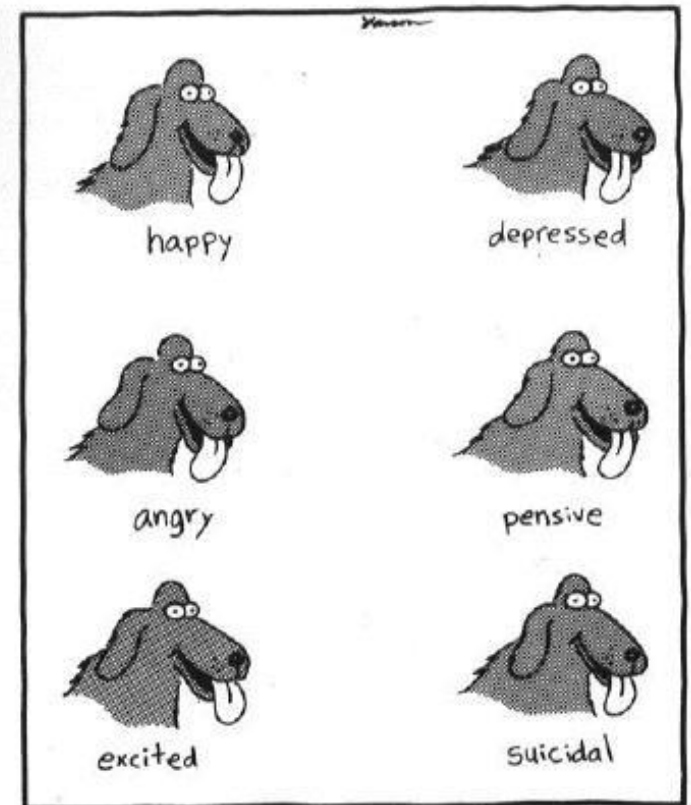


Shaded circle denotes
Grossman Facet Scale

Assessment Challenges: Getting the Nuances Right

-A recent example from the field-

- A “quasi” forensic case
- ER Physician (and his atty) asking for 2nd opinion and compelled tx following medical review
- Board complaint: Practicing outside scope of his hire
- Original dx hypothesis: “...possibly narcissistic.”
- Required tx to help develop “theory of mind”



How to recognize the moods of an Irish setter

Prior Fitness for Duty Assessment by State Medical Board (not FL)

Virtually all measures WNL

- Physical/Neurological, Psychiatric, Hearing, OT Exams: NO anomalies
- Neuropsychological:
 - Speech/language may indicate loss of words under significant stress
 - Average mathematics, lower than expected given other scores (high overall intelligence)
 - Executive function: Average ability to perceive emotion, difficulty detecting anger in others.
- Personality (as part of neuropsychological):
 - Interactions indicated high need to be perceived as blameless
 - PAI: Indicated elevations in PIM (T=72), RxR (T=60), WRM (T=68)



My Assessment: Other than MCMI...

Social Responsiveness Scales-2

- No anomalies/elevations

MMPI-2 RF

Scale K: T=66

Scale IPP: T=56

Scale 2: T=50 (notable ONLY bc only clinical scale elevation)

Scale INT: T=54

Rorschach (Exner)

- MY PERSONAL RECORD for longest protocol! (R=50)
- DEPI and CDI both positive
- Chronic stimulus overload, plus situation-related distress (but **DOESN'T show this**)
- Single Fr but poor self-reflection (-Human responses)
- More a feeler than a thinker (but split off)
- Intrusive ideation



MILLON CLINICAL MULTIAXIAL INVENTORY-IV

PROFILE SUMMARY

HIGH-POINT CODE = 4B T
BR ADJUSTMENTS = X

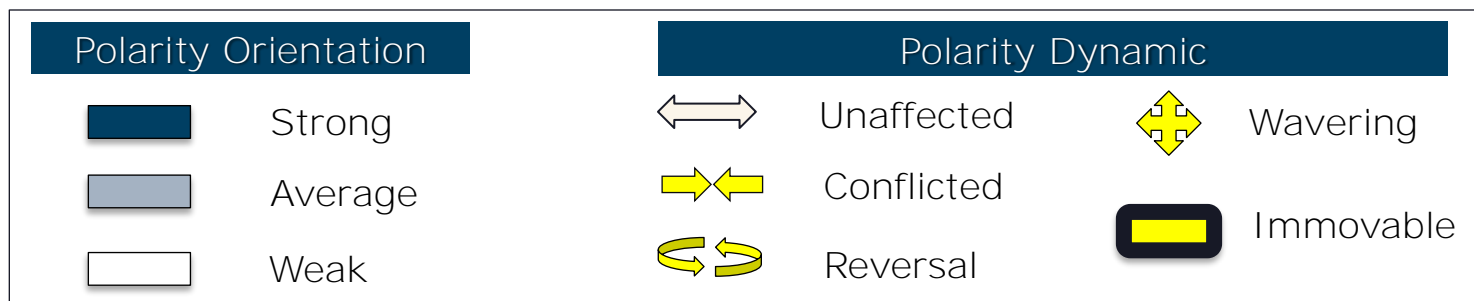
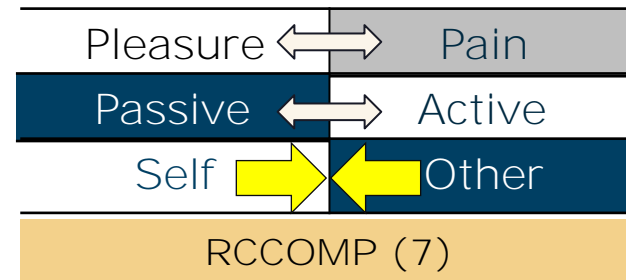
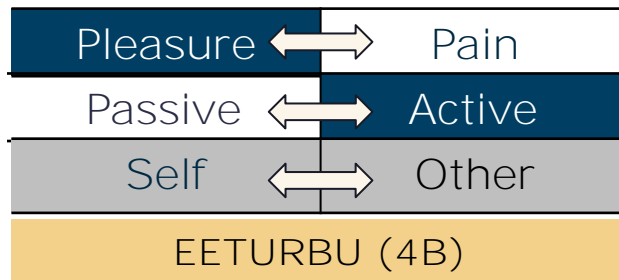
INVALIDITY (V) = 0
INCONSISTENCY (W) = 0

VALIDITY		Score		Profile of BR Scores			
		Raw	BR	0	35	75	100
Modifying Indices				Low	Average	High	
Disclosure	X	13	15	<div></div>			
Desirability	Y	15	69	<div></div>			
Debasement	Z	1	35	<div></div>			

PERSONALITY		Score			Profile of BR Scores				
		Raw	PR	BR	0	60	75	85	115
Clinical Personality Patterns					Style		Type	Disorder	
AASchd	I	1	12	13	<div></div>				
SRAvoid	2A	3	29	29	<div></div>				
DFMelan	2B	0	8	4	<div></div>				
DADepn	3	5	46	54	<div></div>				
SPHistr	4A	10	45	58	<div></div>				
EETurbu	4B	12	63	67	<div></div>				
CENarc	5	0	9	4	<div></div>				
ADAntis	6A	1	26	24	<div></div>				
ADSadis	6B	0	15	4	<div></div>				
RCComp	7	15	61	66	<div></div>				
DRNegat	8A	0	11	4	<div></div>				
AAMasoc	8B	0	11	4	<div></div>				
Severe Personality Pathology									
ESSchizop	S	1	21	14	<div></div>				
UBCycloph	C	2	31	22	<div></div>				
MPParaph	P	0	19	2	<div></div>				

PSYCHOPATHOLOGY		Score			Profile of BR Scores				
		Raw	PR	BR	0	60	75	85	115
Clinical Syndromes					PresentProminent				
GENanx	A	0	12	2					
SOMsym	H	0	16	2					
BIPspe	N	0	4	2					
PERdep	D	0	9	2					
ALCuse	B	0	32	2					
DRGuse	T	1	56	62					
P-Tstr	R	0	19	2					
Severe Clinical Syndromes									
SCHspe	SS	1	17	11					
MAJdep	CC	0	17	2					
DELdis	PP	0	31	2					

Turbulent (EETurbu, Scale 4B) and Compulsive (RCComp, Scale 7)



MILLON CLINICAL MULTIAXIAL INVENTORY-IV

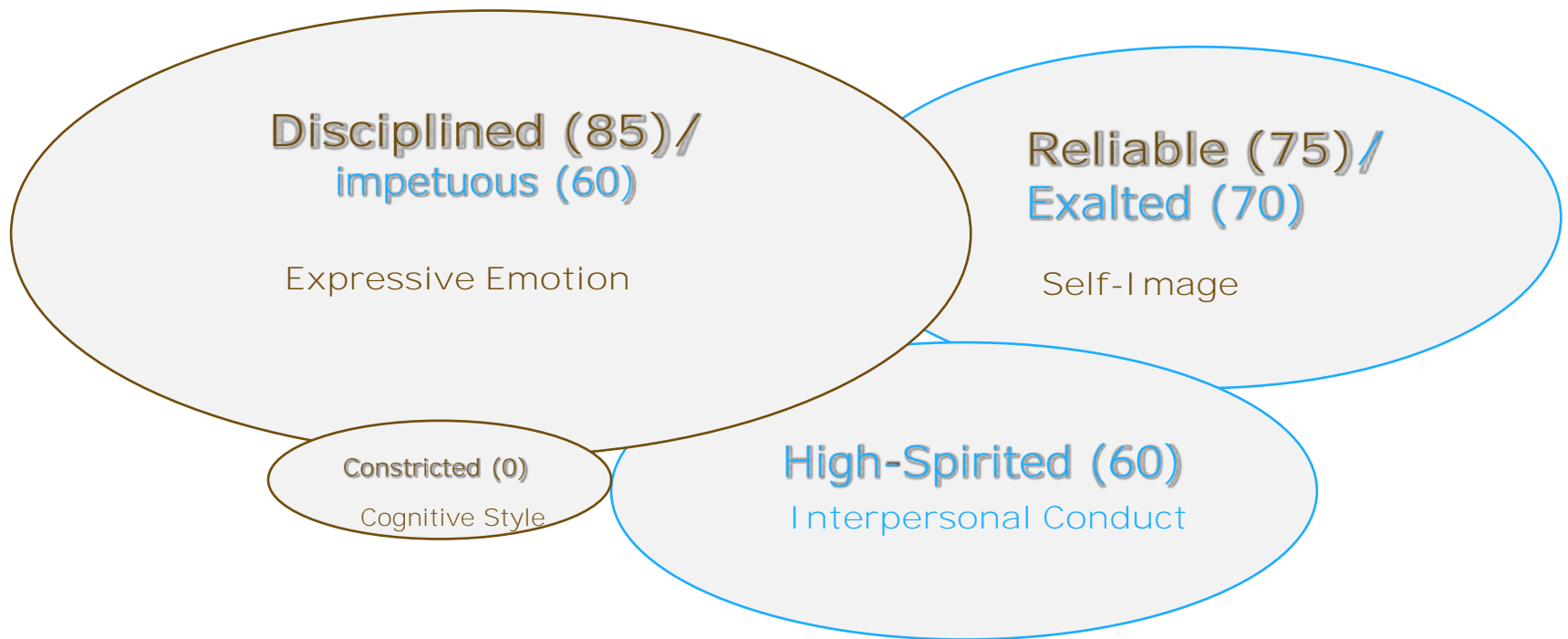
FACET SCALES FOR PROMINENT PERSONALITY SCALES

FACET SCALES		Score			Profile of BR Scores			
		Raw	PR	BR	0	35	75	100
EETurbu	4B				Interpretable			
Expressively Impetuous	4B.1	4	59	65				
Interpersonally High-Spirited	4B.2	4	45	60				
Exalted Self-Image	4B.3	6	68	70				
RCComp	7							
Expressively Disciplined	7.1	8	96	85				
Cognitively Constricted	7.2	0	2	0				
Reliable Self-Image	7.3	8	72	75				

GROSSMAN FACET SCALE SCORES

	Raw	PR	BR		Raw	PR	BR
1 Schizoid				6B Sadistic			
1.1 Interpersonally Unengaged	2	38	60	6B.1 Expressively Precipitate	0	10	0
1.2 Meager Content	2	33	40	6B.2 Interpersonally Abrasive	0	13	0
1.3 Temperamentally Apathetic	0	10	0	6B.3 Eruptive Architecture	0	19	0
2A Avoidant				7 Compulsive			
2A.1 Interpersonally Aversive	3	41	60	7.1 Expressively Disciplined	8	96	85
2A.2 Alienated Self-Image	1	24	30	7.2 Cognitively Constricted	0	2	0
2A.3 Vexatious Content	0	12	0	7.3 Reliable Self-Image	8	72	75
2B Melancholic				8A Negativistic			
2B.1 Cognitively Fatalistic	0	6	0	8A.1 Expressively Embittered	0	12	0
2B.2 Worthless Self-Image	0	16	0	8A.2 Discontented Self-Image	0	7	0
2B.3 Temperamentally Woeful	0	9	0	8A.3 Temperamentally Irritable	0	13	0
3 Dependent				8B Masochistic			
3.1 Expressively Puerile	0	8	0	8B.1 Undeserving Self-Image	0	9	0
3.2 Interpersonally Submissive	3	70	70	8B.2 Inverted Architecture	0	13	0
3.3 Inept Self-Image	1	22	30	8B.3 Temperamentally Dysphoric	3	32	48
4A Histrionic				S Schizotypal			
4A.1 Expressively Dramatic	0	12	0	S.1 Cognitively Circumstantial	1	24	20
4A.2 Interpersonally Attention-Seeking	7	64	70	S.2 Estranged Self-Image	1	29	30
4A.3 Temperamentally Fickle	7	61	68	S.3 Chaotic Content	0	17	0
4B Turbulent				C Borderline			
4B.1 Expressively Impetuous	4	59	65	C.1 Uncertain Self-Image	0	14	0
4B.2 Interpersonally High-Spirited	4	45	60	C.2 Split Architecture	0	13	0
4B.3 Exalted Self-Image	6	68	70	C.3 Temperamentally Labile	1	33	30
5 Narcissistic				P Paranoid			
5.1 Interpersonally Exploitive	0	10	0	P.1 Expressively Defensive	0	9	0
5.2 Cognitively Expansive	4	40	48	P.2 Cognitively Mistrustful	0	14	0
5.3 Admirable Self-Image	0	18	0	P.3 Projection Dynamics	0	17	0
6A Antisocial							
6A.1 Interpersonally Irresponsible	0	7	0				
6A.2 Autonomous Self-Image	1	27	30				
6A.3 Acting-Out Dynamics	0	13	0				

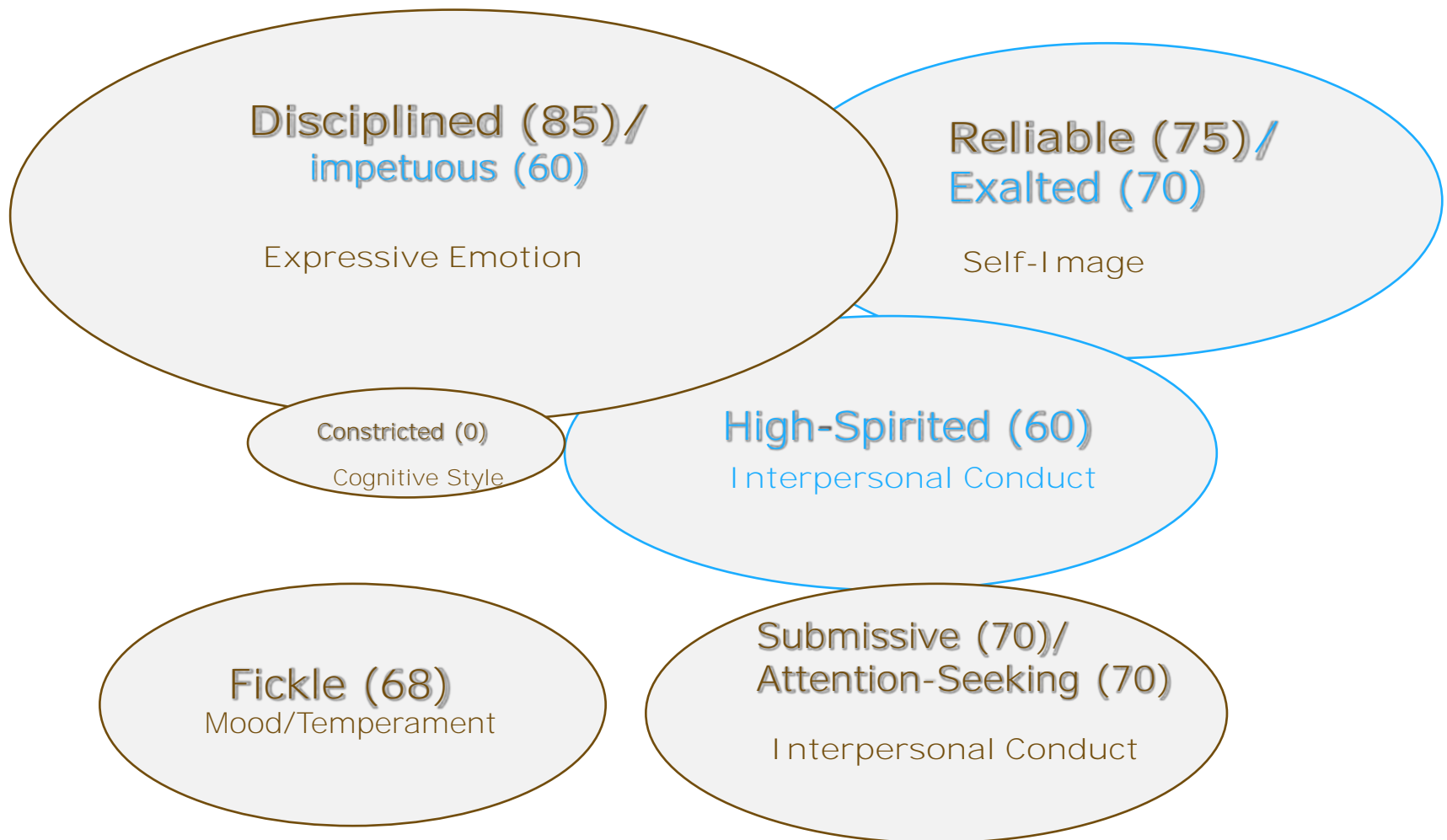
Personologic Domains, 4B7 (EETurbu/RCComp)



MCMI-IV: Domain/Disorder; 4B7 Facets

Spectrum Disorders	Trait Domains							
	Expressive Emotion	Interpersonal Conduct	Cognitive Style	Self-Image	Intrapsychic			Mood/Temperament
					Content	Dynamics	Architecture	
AASchd	Impassive	Unengaged	Impoverished	Complacent	Meager	Intellectualization	Undifferentiated	Apathetic
SRAvoid	Fretful	Aversive	Distracted	Alienated	Vexatious	Fantasy	Fragile	Anguished
DFMelan	Disconsolate	Defenseless	Fatalistic	Worthless	Forsaken	Asceticism	Depleted	Woeful
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CENarc	Haughty	Exploitive	Expansive	Admirable	Contrived	Rationalization	Spurious	Insouciant
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UBCycloph	Spasmodic	Paradoxical	Capricious	Uncertain	Incompatible	Regression	Split	Labile
MPParaph	Defensive	Provocative	Suspicious	Inviolable	Unalterable	Projection	Inelastic	Irascible

Personologic Domains, 4B7 (EETurbu/RCComp)





MCMI®-IV

MILLON® CLINICAL
MULTIAXIAL INVENTORY-IV

Thank you for attending!

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The Millon Personality Group: www.millonpersonality.com; info@millonpersonality.com

References (1)

- Burisch, M. (1984). Approaches to personality inventory construction: A comparison of merits. *American Psychologist*. 39. 214-227. 10.1037/0003-066X.39.3.214.
- Choca, J., & Grossman, S. (2015) Evolutiona of the Millon Clinical Multiaxial Inventory. *Journal of Personality Assessment*. Special series in honor of Theodore Millon.
- Finn, S. E. (2007). *In our client's shoes: Theory and technique of Therapeutic Assessment*. New York: Routledge (Taylor & Francis Group).
- Grossman, S. (2008). The MCMI-III and MACI facet scales. In T. Millon, & C. Bloom, (Eds.), *Personalized assessment with the Millon Inventories*. New York: Guilford.
- Grossman, S., & Amendolace, B. (2017). *Essentials of MCMI-IV Assessment*. Hoboken, NJ: Wiley.
- Grossman, S. (2015). Millon's evolutionary model of personality assessment: A case for categorical/dimensional prototypes. *Journal of Personality Assessment*. Special series on the future of personality assessment.
- Loevinger, J. (1957). Objective tests as instruments of psychological theory. *Psychological Reports*, 3, 635-694.
- Millon, T. (1969). *Modern psychopathology. A biosocial approach to maladaptive learning and functioning*. Philadelphia, PA: Saunders.
- Millon, T. (1990). *Toward a new personology: An evolutionary model*. New York: Wiley.
- Millon, T. (2003). *Millon Index of Personality Styles – Revised*. Minneapolis, MN: Pearson Assessments.
- Millon, T. (2011). *Disorders of personality: Introducing a DSM-ICD spectrum from normal to abnormal*. Hoboken, NJ: Wiley.



References (2)

Millon, T., Antoni, M., Millon, C., Minor, S., & Grossman, S. (2001). *Millon Behavioral Medicine Diagnostic manual*. Minneapolis, MN: NCS Pearson Assessments.

Millon, T., & Bloom, C. (Eds.). (2008). *Personalized assessment with the Millon Inventories*. New York: Guilford.

Millon, T., Davis, R., Millon, C., & Grossman, S. (2009). *Millon Clinical Multiaxial Inventory-III manual (4th ed.)*. Minneapolis, MN: NCS Pearson Assessments.

Millon, T. & Grossman, S. D. (2007). *Resolving difficult clinical syndromes: A personalized psychotherapy approach*. Hoboken, NJ: Wiley.

Millon, T., & Grossman, S.D. (2007). *Overcoming resistant personality disorders: A personalized psychotherapy approach*. New York: Wiley.

Millon, T., & Grossman, S.D. (2007). *Moderating severe personality disorders: A personalized psychotherapy approach*. New York: Wiley.

Millon, T., Grossman, S., & Millon, C. (2015). *Millon Clinical Multiaxial Inventory-IV manual*. Minneapolis, MN: Pearson Assessments.

Millon, T., Millon, C. Davis, R. & Grossman, S. (2006). *Millon Adolescent Clinical Inventory manual (3rd ed.)*. Minneapolis, MN: Pearson Assessments.

