

Welcome to MCMI-III: Clinical Application and Updates Webinar

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MCMI-III™
MILLON™ CLINICAL
MULTIAXIAL INVENTORY-III

by Theodore Millon, PhD, DSc, with Carrie Millon, PhD,
Roger Davis, PhD, and Seth Grossman, PsyD

Conference Call Details
Call-in Number: 866.740.1260
Access Code: 6813431

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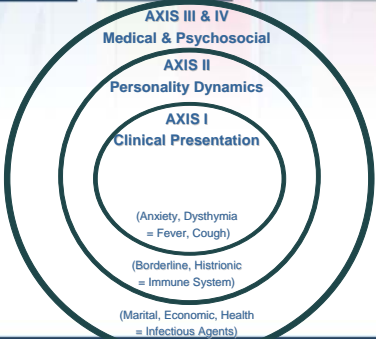
TOPICS FOR THIS MCMI-III WEBINAR:

- Using MCMI-III's theory for in-depth clinical application
- 2006 update: Grossman Facet Scales
- 2009 update: New validity scale & new norms

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Interactive Nature of the DSM-IV System



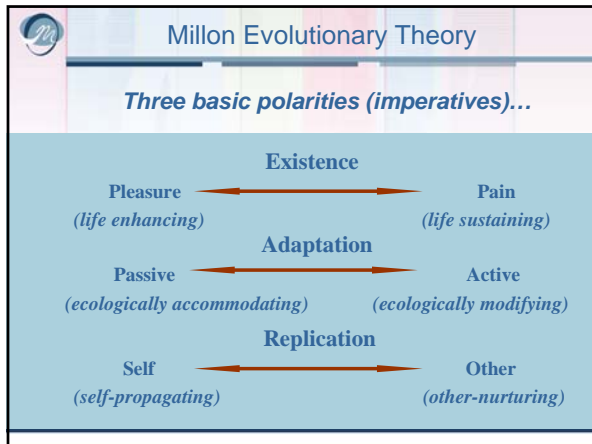
AXIS III & IV
Medical & Psychosocial

AXIS II
Personality Dynamics

AXIS I
Clinical Presentation

(Anxiety, Dysthymia = Fever, Cough)
(Borderline, Histrionic = Immune System)
(Marital, Economic, Health = Infectious Agents)

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3 Polarities create "Prototypal" system...

Combining elements of categorical and dimensional approaches

- ◆ Deduce and name a categorical "prototype" ("textbook model") from the polarities to which real-life examples can be compared.
- ◆ Very few "pure" prototypes – They are usually *blends* of 2 or more prototypes, then referred to as *subtypes*, more reflective of the individual.
- ◆ Assessing persons: Prototypes represented by a single primary personality scale; combinations of these are closer reflections of the person.

Some examples of personality prototypes...

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Introversive → Schizoid Prototype

Millon Evolutionary Model

The diagram shows the intensity of each polarity for the Introversive → Schizoid Prototype:

- Pleasure:** Weak on Polarity (white box)
- Pain:** Average on Polarity (grey box)
- Passive:** Strong on Polarity (black box)
- Active:** Average on Polarity (grey box)
- Self:** Average on Polarity (grey box)
- Other:** Average on Polarity (grey box)

Legend:

- Weak on Polarity
- Average on Polarity
- Strong on Polarity

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Inhibited → Avoidant Prototype

Millon Evolutionary Model

Pleasure **Pain**
Passive **Active**

□ Weak on Polarity
 ◻ Average on Polarity
 ◼ Strong on Polarity

Self **Other**

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The Person in Personalized Assessment and Treatment...

- Consider:
 - Same Axis I complaint (e.g., marked D: "Dysthymic" combined with moderate A: "Anxiety")
 - Fairly common combination: What do we expect to see? (No 2 alike but we can make some very general statements)
 - What happens when personality dynamics come into picture?

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Personality's influence on Axis I issues...

- Client with marked dysthymic disorder, moderate generalized anxiety...
- Different personality patterns:

Pleasure **Pain** **Pleasure** **Pain**
Passive **Active** **Passive** **Active**
Self **Other** **Self** **Other**

7 Respectful-Compulsive 3 Cooperative-Dependent

□ Weak ◻ Average ◼ Strong ↔ Conflict ↻ Reversal

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Personality's influence on Axis I issues...

- Client with marked dysthymic disorder, moderate generalized anxiety...
- Different personality patterns:

Pleasure	Pain	Pleasure	Pain
Passive	Active	Passive	Active
Self	Other	Self	Other

1 Introversive-Schizoid 2B Dejected-Depressive

Weak Conflict
Average Reversal
Strong

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Personality's influence on Axis I issues...

- Client with marked dysthymic disorder, moderate generalized anxiety...
- Different personality patterns:

Pleasure	Pain	Pleasure	Pain
Passive	Active	Passive	Active
Self	Other	Self	Other

5 Confident-Narcissistic 2A Inhibited-Avoidant

Weak Conflict
Average Reversal
Strong

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PTSD: A Neuropersonologic Phenomena

- From perspective of personality – PTSD brought on by *psychologic* and *neurologic* hypersensitivity as a result of event
- Psychologic component: insult/injury to assumptive explanatory worldview & therefore, the functional and structural integrity of the personality

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PTSD & Personality

- Personality-Specific Beliefs/Imperatives, based on:
 - Pleasure vs. Pain
 - Passive vs. Active
 - Self vs. Other
 - *Intellective vs. Affective*
- Explanatory Worldviews
 - Belief in fairness, attachment/trust needs, physical safety needs, self-esteem/efficacy, and need for meaning
 - Similar: Maslow's hierarchy: Physiologic, safety, affiliation, esteem, actualization

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True value: Knowing how to approach the person w/ PTSD...

- Clinical Alliance: VITAL
 - Need for perceived sense of **safety**, first in assessment or therapeutic relationship, next in self, with long-term goals
 - functional independence
 - restoring assumptive worldview
 - integrating traumatic event
 - Accomplished via clinician's adaptation to person's style...
 - 3 polarities, *plus* intellect/affect continuum
 - Understanding and relating to 8 functional/structural domains plus personality-specific belief

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PTSD: Personalized Approach

Aggregate 1/2A/8A:
Withdrawing/flight profile

Pleasure	Pain	Pleasure	Pain
Passive	Active	Passive	Active
Self	Other	Self	Other

1: Introversive—Schizoid 2A: Inhibited—Avoidant

Pleasure	Pain
Passive	Active
Self	Other

8A: Oppositional—Negativistic

Weak
 Average
 Strong
 ↔ Conflict

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PTSD: Personalized Approach

Aggregate 5/6B/6A:
Aggressive/fight profile

Pleasure	Pain	Pleasure	Pain
Passive	Active	Passive	Active
Self	Other	Self	Other

5: Confident—Narcissistic 6A: Nonconforming—Antisocial

Pleasure	Pain
Passive	Active
Self	Other

6B: Aggressive—Sadistic

Weak
 Average
 Strong
 Reversal

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PTSD: Personalized Approach

Aggregate 8A/8B/1/2A/6B/C: Affectively Labile
("Complex PTSD") profile
(essentially, admixing either or both of these patterns
to the 2 prior profiles)

Pleasure	Pain	Pleasure	Pain
Passive	Active	Passive	Active
Self	Other	Self	Other

8B: Denigrated—Masochistic C: Capricious—Borderline

Weak
 Average
 Strong
 Reversal

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PTSD: Personalized Approach

An atypical combo: 6A/8B/2A:

Pleasure	Pain	Pleasure	Pain
Passive	Active	Passive	Active
Self	Other	Self	Other

6A: Nonconforming—Antisocial 2A: Inhibited—Avoidant

Pleasure	Pain
Passive	Active
Self	Other

8B: Denigrated—Masochistic

Weak
 Average
 Strong
 Reversal

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Recent Advances in MCMI-III Assessment...

- Grossman Facet Scales
- New Normative Sample
- Inconsistency Scale

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The Domain/Facet Level of Personality...

Evolutionary polarities

Pleasure ↔ Pain
 Active ↔ Passive
 Self ↔ Other

Functional/Structural Domains

<i>Behavioral...</i>	<i>Intrapsychic...</i>
• Expressive Acts (F)	• Regulatory Mechanisms (S)
• Interpersonal Conduct (F)	• Morphologic Organization (S)
<i>Phenomenological...</i>	<i>Biophysical...</i>
• Cognitive Style (F)	• Mood/Temperament (S)
• Self-Image (S)	
• Object Representations (S)	

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Different Personalities = Different Domains

Person #1 Person #2

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Confident → Narcissistic Prototype

Millon Evolutionary Model

Pleasure	Pain	<input type="checkbox"/> Weak on Polarity <input checked="" type="checkbox"/> Average on Polarity <input checked="" type="checkbox"/> Strong on Polarity
Passive	Active	
Self	Other	

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Saliency of Personologic Domains: Narcissistic

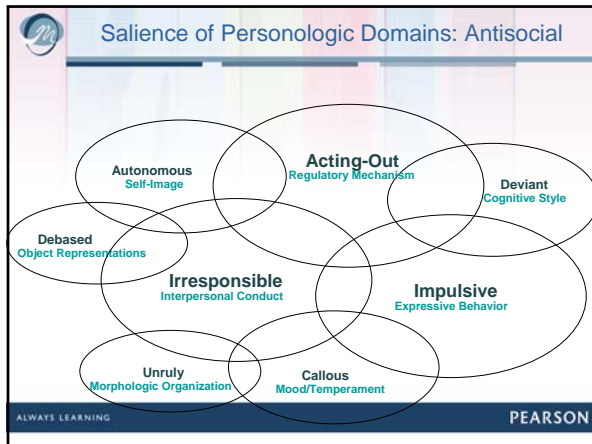
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Nonconforming → Antisocial Prototype

Millon Evolutionary Model

Pleasure	Pain	<input type="checkbox"/> Weak on Polarity <input checked="" type="checkbox"/> Average on Polarity <input checked="" type="checkbox"/> Strong on Polarity
Passive	Active	
Self	Other	

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Domain by Disorder Matrix

	Behavioral Acts	Interpersonal Conduct	Cognitive Style	Self-Image	Object Representations	Regulatory Mechanisms	Morphologic Organization	Mood/Temperament
Schizoid	Impassive	Unengaged	Impoverished	Complacent	Meager	Intellectualization	Undifferentiated	Apathetic
Avoidant	Fretful	Aversive	Distracted	Alienated	Vexatious	Fantasy	Fragile	Anguished
Depressive	Disconsolate	Defenseless	Pessimistic	Worthless	Forsaken	Asceticism	Depleted	Melancholic
Dependent	Incompetent	Submissive	Naïve	Inept	Immature	Introjection	Inchoate	Pacific
Histrionic	Dramatic	Attention-seeking	Flighty	Gregrarious	Shallow	Dissoaiation	Disjointed	Fickle
Narcissistic	Haughty	Exploitive	Expansive	Admirable	Contrived	Rationalization	Spurious	Inouciant
Antisocial	Impulsive	Irresponsible	Deviant	Autonomous	Debased	Acting-Out	Unruly	Callous
Sadistic	Precipitate	Abrasive	Dogmatic	Combative	Percious	Isolation	Eruptive	Hostile
Compulsive	Disciplined	Respectful	Constricted	Conscientious	Concealed	Reaction Formation	Compartmentalized	Solemn
Negativistic	Resentful	Contrary	Skeptical	Discontented	Vacillating	Displacement	Divergent	Irritable
Masochistic	Abstinent	Deferential	Diffident	Underserving	Discredited	Exaggeration	Inverted	Dysphoric
Schizotypal	Eccentric	Secretive	Autistic	Estranged	Chaotic	Undoing	Fragmented	Distraught or Incoherent
Borderline	Spasmodic	Paradoxical	Capricious	Uncertain	Incompatible	Regression	Split	Labile
Paranoid	Defensive	Provocative	Suspicious	Inviolable	Unalterable	Projection	Inelastic	Irrascible

Grossman Subscale Domains are highlighted

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Grossman Facet Scales of the MCMI-III...

- Subsets of each personality scale of the MCMI-III – 3 facets for each of the 14 personality scales
- Construction follows logic for deductive test development: Rationally constituted, statistically substantiated
- Each scale centered around a facet or component of the prototypal personality, primarily composed of items from the "parent" MCMI-III scale

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New Norms: Demographic Highlights

	#	Percent
Gender		
Female	397	52.8
Male	355	47.2
Age		
18-20	62	8.2
21-29	173	23.0
30-39	180	23.9
40-49	163	21.7
50-59	113	15.0
60-69	46	6.1
70-79	15	2.0
Race/Ethnicity		
African American	83	11.1
American Indian	4	0.5
Asian American	11	1.5
Hispanic/Latino	70	9.3
White	571	76.0
Other	12	1.6
Not reported*	1	

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- New Norms: Major changes since 1992...**
- **INCREASED prevalence:**
 - Major Depression (Scale CC) **
 - Bipolar: Manic (Scale N)
 - Drug Dependence (Scale T)
 - **DECREASED prevalence:**
 - Masochistic (Personality Scale 8B)
- ** Most prominent change seen**
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- New Norms: Gender Comparison by Mean score**
- General trend toward higher *internalizing* scale elevations for women
 - Personality: Depressive, Dependent
 - Clinical: Somatoform, PTSD, Dysthymia, MDD
 - General trend toward higher *externalizing* scale elevations for men
 - Personality: Antisocial, Narcissistic
 - Clinical: Alcohol Dependence, Drug Dependence
 - Accounted for no more than 3% of variance on any scale
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New Norms: Inpatient vs. Outpatient Status

- As anticipated, more severe in inpatient
- 12 of 24 primary scales showed significant difference
 - Personality: Schizoid, Depressive, Histrionic*, Schizotypal, Borderline
 - Clinical: Anxiety, Dysthymia, Drug Dpd., ETOH Dpd., PTSD, Thought Disorder, MDD

**Histrionic, along with Narcissistic and Compulsive, showed less prominent means in inpatient.*




MCMI-III: New Scale

- **Inconsistency**
 - Joins “Modifying Indices” (Validity, Disclosure, Desirability, Debasement)
 - Conceptually similar to scales on MMPI, MPQ, and others
 - Drawn from sample of >5400 protocols sent to Pearson for scoring in 2007
 - 44 item pairs statistically/semantically shown to evidence inconsistency:
 - e.g., “I’m alone most of the time and prefer it that way,” and “When I have a choice, I prefer to do things alone”.



W. Inconsistency Scale


- **Cutoff Levels for significant scores:**
 - Conservative approach: Minimize number of flagged nonrandom protocols
 - Puts more faith in clinician’s judgment to recognize protocols that just “don’t make sense.”
 - Follows similar pattern to V (Invalidity) scale of *questionable* and *invalid* protocols:
 - 1st cutoff (invalid): Raw score from sample’s top 0.5% (raw>10)
 - 2nd cutoff (questionable): Raw score from sample’s top 1.9% (raw=8 or 9)



MCI: Validity Scales

Scale	N of items	Alpha
V. Invalidity	3	n/a
W. Inconsistency	44 (x2)	n/a
X. Disclosure	n/a	n/a
Y. Desirability	21	.85
Z. Debasement	33	.95

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MCI-III Information / Ordering

- Sample Profile and Interpretive Reports for the MCI-III and other Millon Inventories
 - PsychCorp.com/MillonInventories
- Complimentary MCI-III Trial Package
 - Includes an overview of the instrument and materials to score and report one complimentary assessment
 - Call 800.627.7271 and request item [P013TP-1](#)
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