Welcome to MCMI-III: Clinical Application and Updates Webinar
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Private Practice, Center for Psychological Fitness, Cooper City, FL.

MCMI-III™
MILLON™ CLINICAL MULTIAXIAL INVENTORY-III
by Theodore Millon, PhD, JSE, with Jamie Winer, PhD,
Roger Succo, PhD, and Seth Grossman, PsyD.

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

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

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)
**MCMI-III Personality Scales**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Schizoid</td>
</tr>
<tr>
<td>1.1</td>
<td>Temperamentally Apathetic</td>
</tr>
<tr>
<td>1.2</td>
<td>Interpersonally Unengaged</td>
</tr>
<tr>
<td>1.3</td>
<td>Expressively Impassive</td>
</tr>
<tr>
<td>2A</td>
<td>Avoidant</td>
</tr>
<tr>
<td>2A.1</td>
<td>Interpersonally Aversive</td>
</tr>
<tr>
<td>2A.2</td>
<td>Alienated Self-Image</td>
</tr>
<tr>
<td>2A.3</td>
<td>Vexatious Representations</td>
</tr>
<tr>
<td>2B</td>
<td>Depressive</td>
</tr>
<tr>
<td>2B.1</td>
<td>Temperamentally Woeful</td>
</tr>
<tr>
<td>2B.2</td>
<td>Worthless Self-Image</td>
</tr>
<tr>
<td>2B.3</td>
<td>Cognitively Fatalistic</td>
</tr>
<tr>
<td>3</td>
<td>Dependent</td>
</tr>
<tr>
<td>3.1</td>
<td>Inept Self-Image</td>
</tr>
<tr>
<td>3.2</td>
<td>Interpersonally Submissive</td>
</tr>
<tr>
<td>3.3</td>
<td>Immature Representations</td>
</tr>
<tr>
<td>4</td>
<td>Histrionic</td>
</tr>
<tr>
<td>4.1</td>
<td>Gregarious Self-Image</td>
</tr>
<tr>
<td>4.2</td>
<td>Interpersonally Attention-Seeking</td>
</tr>
<tr>
<td>4.3</td>
<td>Expressively Dramatic</td>
</tr>
<tr>
<td>5</td>
<td>Narcissistic</td>
</tr>
<tr>
<td>5.1</td>
<td>Admirable Self-Image</td>
</tr>
<tr>
<td>5.2</td>
<td>Cognitively Expansive</td>
</tr>
<tr>
<td>5.3</td>
<td>Interpersonally Exploitive</td>
</tr>
<tr>
<td>6A</td>
<td>Antisocial</td>
</tr>
<tr>
<td>6A.1</td>
<td>Expressively Impulsive</td>
</tr>
<tr>
<td>6A.2</td>
<td>Acting-Out Mechanism</td>
</tr>
<tr>
<td>6A.3</td>
<td>Interpersonally Irresponsible</td>
</tr>
<tr>
<td>6B</td>
<td>Sadistic</td>
</tr>
<tr>
<td>6B.1</td>
<td>Temperamentally Hostile</td>
</tr>
<tr>
<td>6B.2</td>
<td>Eruptive Organization</td>
</tr>
<tr>
<td>6B.3</td>
<td>Pernicious Representations</td>
</tr>
<tr>
<td>7</td>
<td>Compulsive</td>
</tr>
<tr>
<td>7.1</td>
<td>Cognitively Constricted</td>
</tr>
<tr>
<td>7.2</td>
<td>Interpersonally Respectful</td>
</tr>
<tr>
<td>7.3</td>
<td>Reliable Self-Image</td>
</tr>
<tr>
<td>8A</td>
<td>Negativistic</td>
</tr>
<tr>
<td>8A.1</td>
<td>Temperamentally Irritable</td>
</tr>
<tr>
<td>8A.2</td>
<td>Expressively Resentful</td>
</tr>
<tr>
<td>8A.3</td>
<td>Discontented Self-Image</td>
</tr>
<tr>
<td>8B</td>
<td>Masochistic</td>
</tr>
<tr>
<td>8B.1</td>
<td>Discredited Representations</td>
</tr>
<tr>
<td>8B.2</td>
<td>Cognitively Diffident</td>
</tr>
<tr>
<td>8B.3</td>
<td>Undeserving Self-Image</td>
</tr>
<tr>
<td>S</td>
<td>Schizotypal</td>
</tr>
<tr>
<td>S.1</td>
<td>Estranged Self-Image</td>
</tr>
<tr>
<td>S.2</td>
<td>Cognitively Autistic</td>
</tr>
<tr>
<td>S.3</td>
<td>Chaotic Representations</td>
</tr>
<tr>
<td>C</td>
<td>Borderline</td>
</tr>
<tr>
<td>C.1</td>
<td>Temperamentally Labile</td>
</tr>
<tr>
<td>C.2</td>
<td>Interpersonally Paradoxical</td>
</tr>
<tr>
<td>C.3</td>
<td>Uncertain Self-Image</td>
</tr>
<tr>
<td>P</td>
<td>Paranoid</td>
</tr>
<tr>
<td>P.1</td>
<td>Cognitively Mistrustful</td>
</tr>
<tr>
<td>P.2</td>
<td>Expressively Defensive</td>
</tr>
<tr>
<td>P.3</td>
<td>Projection Mechanism</td>
</tr>
</tbody>
</table>

**MCMI-III Clinical Syndrome Scales**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Anxiety</td>
</tr>
<tr>
<td>G</td>
<td>Somatoform</td>
</tr>
<tr>
<td>N</td>
<td>Bipolar</td>
</tr>
<tr>
<td>D</td>
<td>Manic</td>
</tr>
<tr>
<td>H</td>
<td>Hysthymia</td>
</tr>
<tr>
<td>R</td>
<td>Alcohol Dependence</td>
</tr>
<tr>
<td>B</td>
<td>Drug Dependence</td>
</tr>
<tr>
<td>T</td>
<td>Post-Traumatic Stress</td>
</tr>
</tbody>
</table>

**MILLON CLINICAL MULTIAXIAL INVENTORY-III COMPLETE LISTING OF GROSSMAN FACET SCALE SCORES**
Three basic polarities (imperatives)...

- Existence
  - Pleasure (life enhancing)
  - Pain (life sustaining)
- Adaptation
  - Passive (ecologically accommodating)
  - Active (ecologically modifying)
- Replication
  - Self (self-propagating)
  - Other (other-nurturing)

Three basic polarities create “Prototypal” system...

- 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...

Introersive → Schizoid Prototype

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

Millon Evolutionary Model

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

Æ Schizoid Prototype
Millon Evolutionary Model

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

Pleasure

Passive

Active

Self

Other

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?

Personality’s influence on Axis I issues…

- Client with marked dysthymic disorder, moderate generalized anxiety…
- Different personality patterns:
  - Pleasure Pain
    - Active
    - Passive
  - Self Other
  - 7 Respectful–Compulsive
  - 3 Cooperative–Dependent
Personality’s influence on Axis I issues…

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

1. Introverted—Schizoid
   - Pleasure: Passive
   - Pain: Active
   - Other: Weak

2. B Dejected—Depressive
   - Pleasure: Passive
   - Pain: Active
   - Self: Weak

3. Passive
   - Pleasure: Passive
   - Other: Weak

4. Active
   - Self: Strong

Personality’s influence on Axis I issues…

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

5. Confident—Narcissistic
   - Pleasure: Passive
   - Pain: Active
   - Self: Weak

2A. Inhibited—Avoidant
   - Pleasure: Passive
   - Active: Other

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
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

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

PTSD: Personalized Approach

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

1: Introversive—Schizoid
- Passive
- Self
- Pain
- Weak

2A: Inhibited—Avoidant
- Active
- Other
- Strong

8A: Oppositional—Negativistic
- Passive
- Self
- Pain
- Conflict
Recent Advances in MCMI-III Assessment...

- Grossman Facet Scales
- New Normative Sample
- Inconsistency Scale

The Domain/Facet Level of Personality...

Evolutionary polarities
- Pleasure: Active, Self
- Pain: Passive, Other

Functional/Structural Domains
- Behavioral...
  - Expressive Acts (F)
  - Interpersonal Conduct (F)
- Phenomenological...
  - Cognitive Style (F)
  - Self-Image (S)
  - Object Representations (S)

Intrapsychic...
- Regulatory Mechanisms (S)
- Morphologic Organization (S)

Biophysical...
- Mood/Temperament (S)

Different Personalities = Different Domains
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
MILLON CLINICAL MULTIAXIAL INVENTORY – III

FACTOR SCHEMES FOR THREE HIGHEST PERSONALITY SCALES BR65 OR HIGHER

COMPLETE LISTING OF MCMI-III
GROSSMAN FACET SCALES

MCMI-III: Recent Normative Sample

- Renormed (2008) with mixed gender pool of 752
  - Previous normative set: 1992
  - Correspond to trend for mixed gender norms (MPACI, MCCI, MMPI-2-RF)
  - Answers prior test bias concerns
    - Average raw scores still differ between men and women
    - Decisions need to be made on decision class comparisons, not gender, age, race, etc. (true for many instances, but especially for custody and employment concerns).
New Norms: Demographic Highlights

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female</th>
<th>Male</th>
</tr>
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<tbody>
<tr>
<td>N</td>
<td>507</td>
<td>396</td>
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</table>

** Age distribution **

<table>
<thead>
<tr>
<th>Age Group</th>
<th>N</th>
<th>1992</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>16-20</td>
<td>102</td>
<td>87</td>
<td></td>
</tr>
<tr>
<td>21-30</td>
<td>172</td>
<td>216</td>
<td></td>
</tr>
<tr>
<td>31-40</td>
<td>164</td>
<td>236</td>
<td></td>
</tr>
<tr>
<td>41-50</td>
<td>133</td>
<td>183</td>
<td></td>
</tr>
<tr>
<td>51-60</td>
<td>126</td>
<td>93</td>
<td></td>
</tr>
<tr>
<td>&gt;60</td>
<td>15</td>
<td>2.0</td>
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** Ethnicity distribution **

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>1992</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>85</td>
<td>11.3</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>11</td>
<td>5.5</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>6</td>
<td>1.1</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>79</td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>47</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>

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 **

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
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)
MCMI: Validity Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>N of items</th>
<th>Alpha</th>
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</thead>
<tbody>
<tr>
<td>V. Invalidity</td>
<td>3</td>
<td>n/a</td>
</tr>
<tr>
<td>W. Inconsistency</td>
<td>44 (x2)</td>
<td>n/a</td>
</tr>
<tr>
<td>X. Disclosure</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Y. Desirability</td>
<td>21</td>
<td>.85</td>
</tr>
<tr>
<td>Z. Debasement</td>
<td>33</td>
<td>.95</td>
</tr>
</tbody>
</table>

MCMI-III Information / Ordering

- Sample Profile and Interpretive Reports for the MCMI-III and other Millon Inventories
  - PsychCorp.com/MillonInventories
- Complimentary MCMI-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
- To order or for more information on the MCMI-III and other Millon Inventories
  - 800.627.7271 (7 AM – 6 PM Central Time)
  - PsychCorp.com/MCMI-III
  - PsychCorp.com/MillonInventories