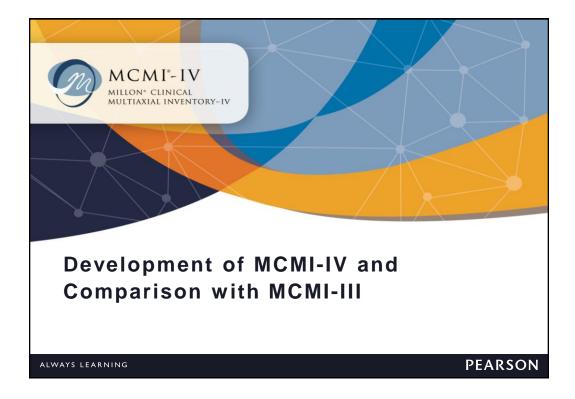


"The MCMI-IV was specifically designed, as are all of the Millon Inventories, to facilitate the therapeutic plans of the clinician."

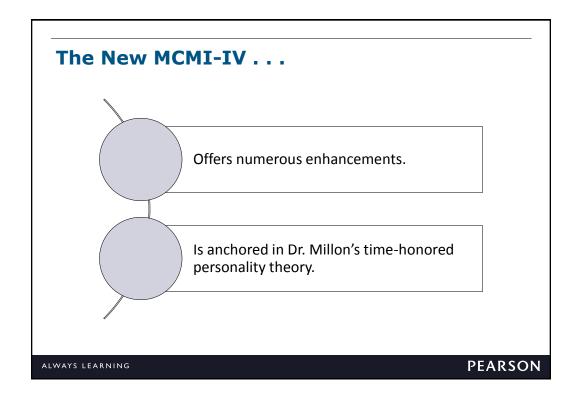
Dr. Theodore Millon, PhD, DSc

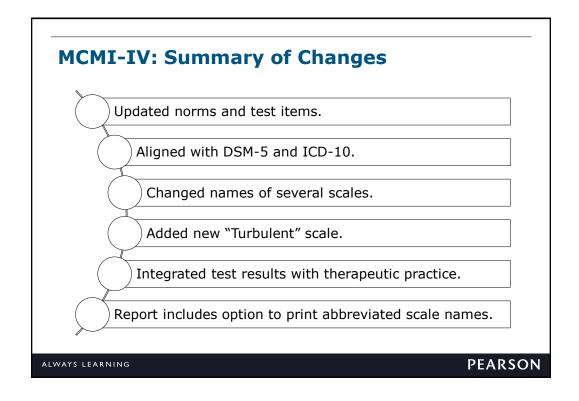
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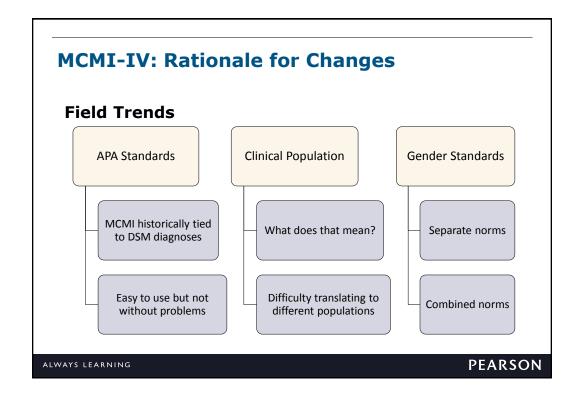


Development of the MCMI-IV

- Norming
 - Pilot: Earlier data, included clinical and nonclinical groups
 - General: Fall 2014 early 2015
- Designed for ages: 18-65+
- 5 validity indices; 15 personality scales; 10 clinical syndrome scales
- Designed to assess syndrome in context with personality style/disorder
- Base Rate scores rather than T-scores; anchored to prevalence data for a particular disorder; no assumption of normal curve.
- Scales designed to be closely coordinated to DSM constructs
- Final test form consists of 195 items







MCMI-IV: Rationale for Changes

Current Standards

Constructs Redefined Diagnostic System
Changes
(DSM-5)

Empirical Robustness

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Personality on the Continuum: Adaptive to Maladaptive

An oft misunderstood aspect of prior MCMIs . . .

- NOT designed solely to diagnose personality disorders
- Have ALWAYS sought to illuminate dimensions rather than hard cutoffs
- · Have always intended to complete picture of:
 - First, who the person is
 - Second, what syndrome/complaints the person experiences

"Clinical Population" – larger bandwidth than significantly compromised personality dysfunction

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Major Theoretical Change: Introducing a "Spectrum"

- Dr. Theodore Millon's *Disorders of Personality-3rd Edition* more fully explicated a range of personality dysfunction AND function
- Each prototype now described with 3 levels, broadening the range:
 - Normal Style: Generally adaptive personality patterns
 - Abnormal Traits/Type: Moderately maladaptive personality attributes
 - Clinical Disorder: Likelihood of greater personality dysfunction
 - Example: CENarc spectrum: Confident—Egotistic—Narcissistic
- Major goal of MCMI-IV is to more adequately capture this broader range

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Personality Patterns – Spectrum

		-	
Spectrum	Normal Style	Abnormal Type	Clinical Disorder
AASchd	Apathetic	Asocial	Schizoid
SRAvoid	Shy	Reticent	Avoidant
DFMelan	Dejected	Forlorn	Melancholic
DADepn	Deferential	Attached	Dependent
SPHistr	Sociable	Pleasuring	Histrionic
EETurbu	Ebullient	Exuberant	Turbulent
CENarc	Confident	Egotistic	Narcissistic
ADAntis	Aggrandizing	Devious	Antisocial
ADSadis	Assertive	Denigrating	Sadistic
RCComp	Reliable	Constricted	Compulsive
DRNegat	Discontented	Resentful	Negativistic
AAMasoc	Abused	Aggrieved	Masochistic
ESSchizoph	Eccentric	Schizotypal	Schizophrenic
UBCycloph	Unstable	Borderline	Cyclophrenic
MPParaph	Mistrustful	Paranoid	Paraphrenic

Millon, T. (2011). Disorders of personality: Introducing a DSM/ICD spectrum from normal to abnormal. Hoboken, NJ: Wiley.

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MCMI-IV: Scale-Level Changes

New Clinical Personality Scale

4B: Turbulent

New Distinctions on Scale Names

Depressive Melancholic

Thought Disorder Schizophrenic Spectrum

New Noteworthy Response Categories

Adult ADHD Prescription Drug Abuse

Autism Spectrum Self-Injurious Behavior/Tendency

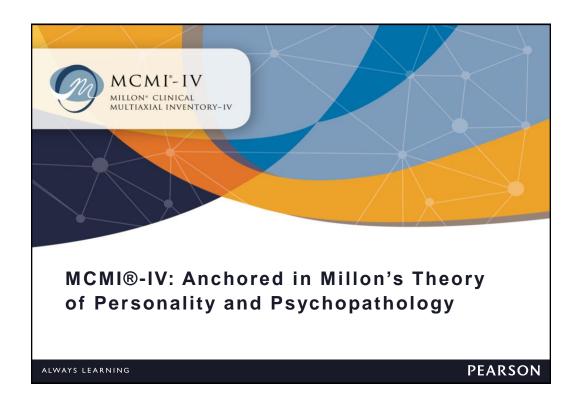
Explosively Angry Traumatic Brain Injury

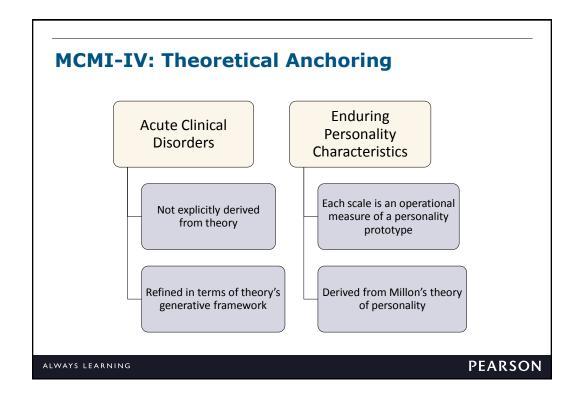
Vengefully Prone

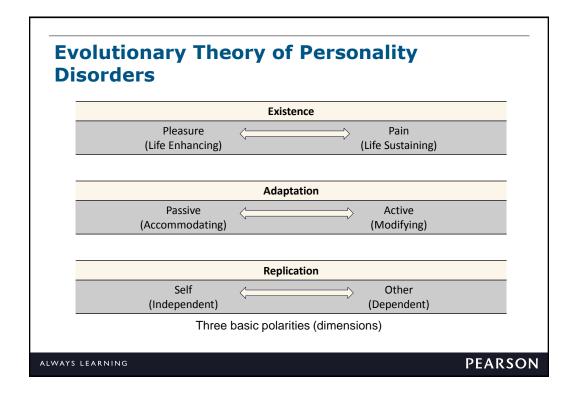
MCMI-IV: Interpretive Reports

- Clarified/updated language in interpretive material
- Improvement in Therapeutic Guide
 - Will retain current case conceptualization components
 - Expand on *process orientation*
 - Geared to integrate with theory
 - Involves personality domains (cognitive, affective, self-image, etc.)
 - Designed to follow treatment process chronologically

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The Polarities and Personality Disorders

The polarities were combined to derive . . . personality disorder scales that correspond to many of the personality disorders recognized by the Diagnostic and Statistical Manual.

Evolutionary Model and Personality Disorders

	Existentia	al Aim	Replication Strategy			
	Life Enhancement	Life Preservation	Reproductiv Propagatio		eproductive Nurturance	
	Pleasure	e-Pain	Self-Other			
Deficiency, Imbalance, Conflict	Pleasure (low) Pain (low or high)	Pleasure-Pain Reversal	Self (low) Other (high)	Self (high) Other (low)	Self-Other Discordance	
Adaptation Mode	Personality Disorders					
Passive: Accommodation	Schizoid (low pleasure, low pain) Melancholic (high pain, low pleasure)	Masochistic	Dependent	Narcissistic	Compulsive	
Active: Modification	Avoidant (high pain, low pleasure) Turbulent (high pleasure, low pain)	Sadistic	Histrionic	Antisocial	Negativistic	
Structural Pathology	Schizotypal	Borderline, Paranoid	Borderline	Paranoid	Borderline, Paranoid	

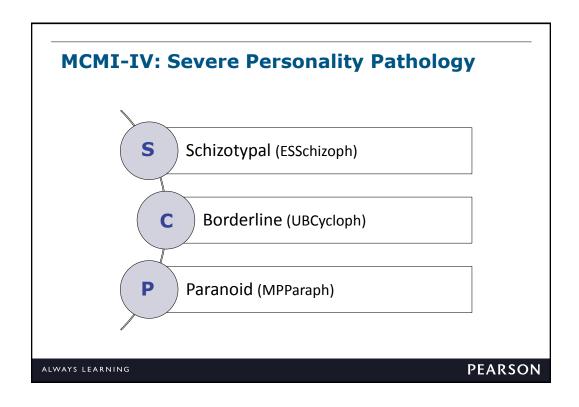
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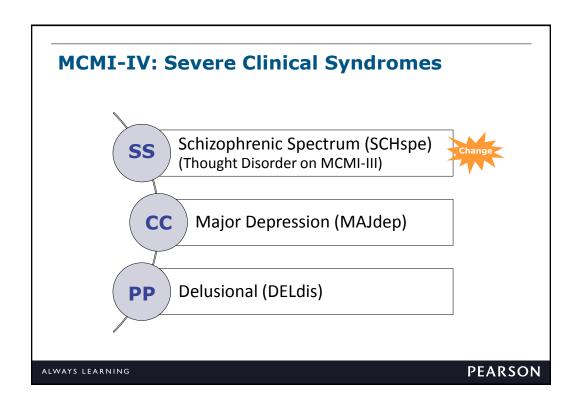
MCMI-IV: Validity Scales

Mo	Modifying Indices		Random Response Indicators		
Χ	Disclosure	V	Invalidity		
Υ	Desirability	W	Inconsistency		
Z	Debasement				

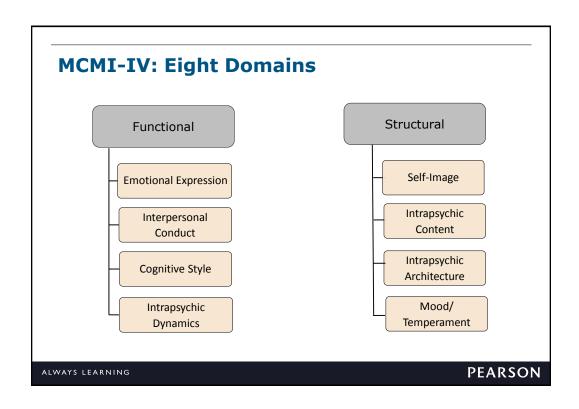
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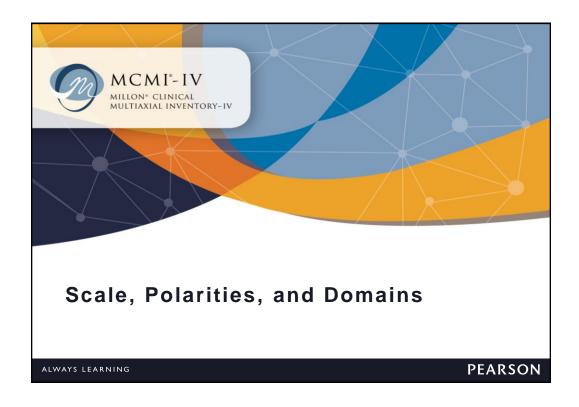
1	Schizoid (AASchd)
2A	Avoidant (SRAvoid)
2B	Melancholic (DFMelan) (Depressive on MCMI-III)
3	Dependent (DADepn)
4A	Histrionic (SPHistr)
4B	Turbulent* (EETurbu)
5	Narcissistic (CENarc)
6A	Antisocial (ADAntis)
6B	Sadistic (ADSadis)
7	Compulsive (RCComp)
8A	Negativistic (DRNegat)
8B	Masochistic (AAMasoc)

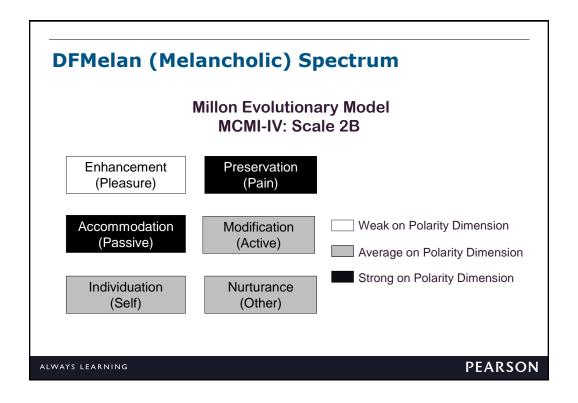


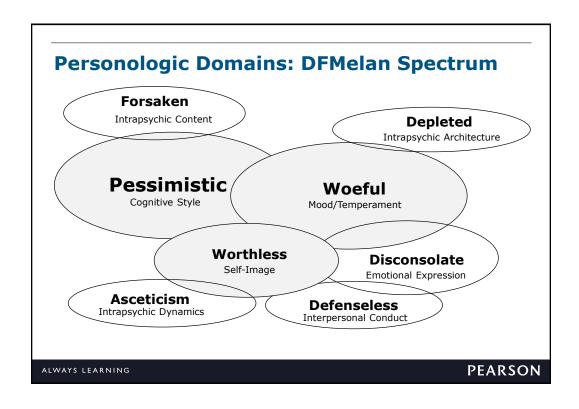
Α	Generalized Anxiety (GENanx)
Н	Somatic Symptom (SOMsym)
N	Bipolar Spectrum (BIPspe)
D	Persistent Depression (PERdep)
В	Alcohol Use (ALCuse)
Т	Drug Use (DRGuse)
R	Post-Traumatic Stress (P-Tstr)

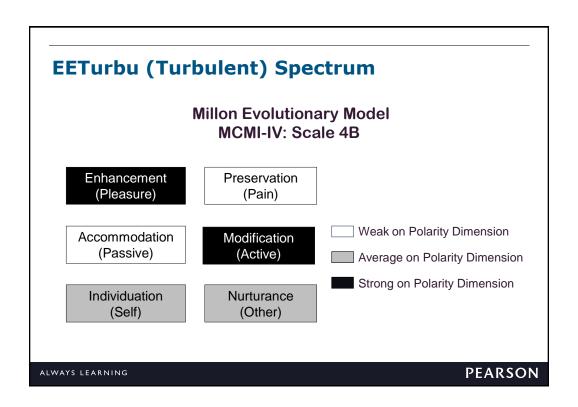


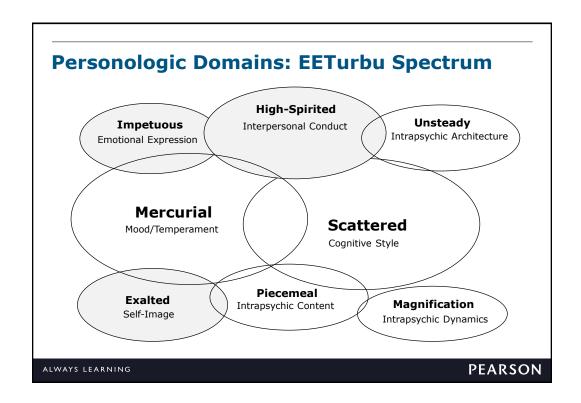
	Functional Domains			Structural Domains				
Spectrum Disorder	Emotional Expression	Interpersonal Conduct	Cognitive Style	Intrapsychic Dynamics	Self-image	Intrapsychic Content	Intrapsychic Architecture	Mood/ Temperame
AASchd	Impassive	Unengaged	Impoverished	Intellectualization	Complacent	Meager	Undifferentiated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

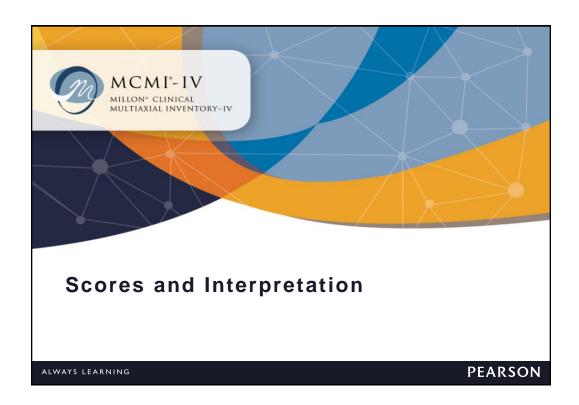








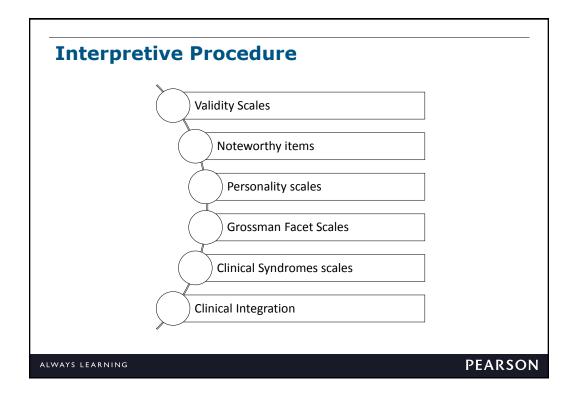




Base Rate Scores

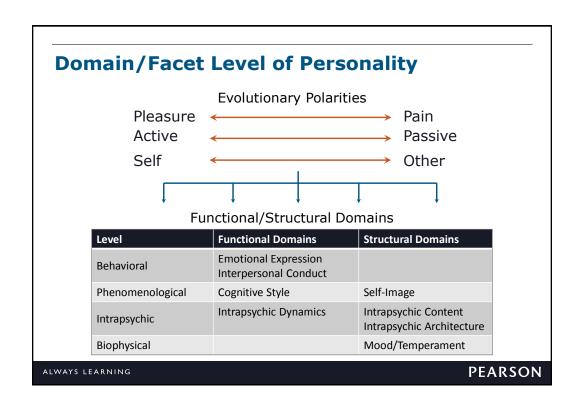
- · Based on prevalence rate of disorder.
- Describe where a person is on a spectrum of personality.

Base Rate	Interpretation/Interpretive Benchmarks
	Normal Style
60-74	Likely presence of traits; some may be problematic, still in "style" range
75-84	Abnormal Type
	Abnormal trait level, more defined dysfunction possible
85+	Clinical Disorder
	Clinical disorder range, likely at an impairing level



MCMI-IV Grossman Facet Scales: Development Considerations

Similar to MCMI-III Facets	Considerations for Formation
Three domain-level constructs reflective of each personality pattern.	Follows similar logic as the primary MCMI-IV personality scales, generated via theoretical principles, then validated empirically.
Designed to enhance meaning inherent in theory and augments clinical usefulness to therapists working outside of Millon theory.	



Functional Domain	Structural Domain
Emotional Expression Behavioral Formerly Expressive Acts Observable behaviors inferring affect	Self-Image • Phenomenologic • Self-beliefs, established self-narratives
Interpersonal Conduct	Intrapsychic Content Intrapsychic Formerly Object Representations Imprinted early experience with others
Cognitive Style • Phenomenologic • Person's mindset, decision-base, focus of attention, cognitive process	Intrapsychic Architecture Intrapsychic Formerly Morphologic Organization Framework for inner cohesion, pressure, conflict
Intrapsychic Dynamics Intrapsychic Formerly Regulatory Mechanisms Defenses, repeatable mechanisms, usually preconscious	Mood/Temperament

Grossman Facet Scales

1 Schizoid

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- 1.1 Interpersonally Unengaged
- 1.2 Meager Content
- 1.3 Temperamentally Apathetic
- 2A Avoidant
 - 2A.1 Interpersonally Aversive
 - 2A.2 Alienated Self-Image
 - 2A.3 Vexatious Content
- 2B Melancholic
 - 2B.1 Cognitively Fatalistic
 - 2B.2 Worthless Self-Image
 - 2B.3 Temperamentally Woeful
- 3 Dependent
 - 3.1 Expressively Puerile
 - 3.2 Interpersonally Submissive
 - 3.3 Inept Self-Image
- 4A Histrionic
 - 4.1 Expressively Dramatic
 - 4.2 Interpersonally Attention-Seeking
 - 4.3 Temperamentally Fickle

- 4B Turbulent
 - 4B.1 Expressively Impetuous
 - 4B.2 Interpersonally High-Spirited
 - 4B.3 Exalted Self-Image
- 5 Narcissistic
 - 5.1 Interpersonally Exploitive
 - 5.2 Cognitively Expansive
 - 5.3 Admirable Self-Image
- 6A Antisocial
 - 6A.1 Interpersonally Irresponsible
 - 6A.2 Autonomous Self-Image
 - 6A.3 Acting-Out Dynamics
- 6B Sadistic
 - 6B.1 Expressively Precipitate
 - 6B.2 Interpersonally Abrasive
 - 6B.3 Eruptive Architecture
- 7 Compulsive
 - 7.1 Expressively Disciplined
 - 7.2 Cognitively Constricted
 - 7.3 Reliable Self-Image

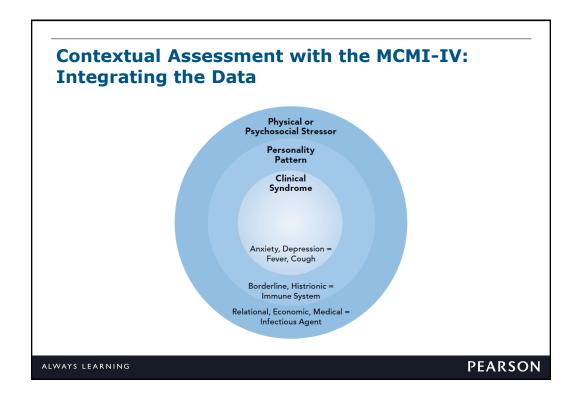
8A Negativistic

8A.1 Expressively Embittered

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- 8A.2 Discontented Self-Image
- 8A.3 Temperamentally Irritable
- 8B Masochistic
 - 8B.1 Undeserving Self-Image
 - 8B.2 Inverted Architecture
 - 8B.3 Temperamentally Dysphoric
- S Schizotypal
 - S.1 Cognitively Circumstantial
 - S.2 Estranged Self-Image
 - S.3 Chaotic Content
- C Borderline
 - C.1 Uncertain Self-Image
 - C.2 Split Architecture
 - C.3 Temperamentally Labile
- P Paranoid
 - P.1 Expressively Defensive
 - P.2 Cognitively Mistrustful
 - P.3 Projection Dynamics

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	Questions	
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Overview of the MCMI-IV Seth Grossman, Psy.D.

