What Clinicians Believe...

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

Q: Why emphasize Millon’s Evolutionary Theory
Philosophical Framework for Clinical Psychology

FRAMEWORKS OUTSIDE PSYCHOLOGICAL SCIENCE

Evolutionary Models
Adaptive
Systemic

FRAMEWORKS WITHIN PSYCHOLOGICAL SCIENCE

Biophysical Models
• Temperament & Neurobiologic
• Mind-Body Connectedness

Phenomenological Models
• Existential/Humanistic
• Cognitive/CBT, ACT, Mindfulness

Behavioral Models
• Conditioning
• Social Learning

Sociocultural Models
• Ecological/Group
• Interpersonal/Narrative

Intrapsychic/Developmental Models
• Psychodynamic
• Structural/Objects

Millon’s Evolutionary Model of Personality

<table>
<thead>
<tr>
<th>Existence</th>
<th>Adaptation</th>
<th>Replication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pleasure</td>
<td>Passive</td>
<td>Self</td>
</tr>
<tr>
<td>(Life Enhancing)</td>
<td>(Accommodating)</td>
<td>(Independent)</td>
</tr>
<tr>
<td>Pain</td>
<td>Active</td>
<td>Other</td>
</tr>
<tr>
<td>(Life Sustaining)</td>
<td>(Modifying)</td>
<td>(Dependent)</td>
</tr>
</tbody>
</table>

Three basic polarities (Motivating Aims)
From Motivating Aims to Personality Patterns

“Prototypes” (e.g., Schizoid, Avoidant, etc.) arise from different patterns of relative emphases, conflicts, and discordancess on motivating aims = “Textbook” model of personality

- Very rare in reality – usually admixtures
- Millon’s Disorders of Personality-3rd Ed. identifies 15 prototypes (up from 14 in prior theoretical writings and MCMI-III)

Combinations of prototypes make up closer reflection of the individual

- Think of a color wheel with 15 primary colors

Each MCMI-IV personality scale represents one “pure” prototype

SRAvoid (Avoidant) Pattern: MCMI-IV Scale 2A

<table>
<thead>
<tr>
<th>Enhancement (Pleasure)</th>
<th>Preservation (Pain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation (Passive)</td>
<td>Modification (Active)</td>
</tr>
<tr>
<td>Individuation (Self)</td>
<td>Nurturance (Other)</td>
</tr>
</tbody>
</table>

- Weak on Polarity Dimension
- Average on Polarity Dimension
- Strong on Polarity Dimension
**DFMelan (Melancholic) Pattern:**

**MCMI-IV Scale 2B**

- **Enhancement (Pleasure)**
- **Preservation (Pain)**
- **Accommodation (Passive)**
- **Modification (Active)**
- **Individuation (Self)**
- **Nurturance (Other)**

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

---

**Theory Change Reflected on the MCMI-IV:**

*Disorders of Personality, 3rd Ed.* 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.
List of Personality Patterns/Spectra

<table>
<thead>
<tr>
<th>Spectrum</th>
<th>Normal Style</th>
<th>Abnormal Type</th>
<th>Clinical Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>DADepn</td>
<td>Deferential</td>
<td>Attached</td>
<td>Dependent</td>
</tr>
<tr>
<td>SPHistr</td>
<td>Sociable</td>
<td>Pleasuring</td>
<td>Histrionic</td>
</tr>
<tr>
<td>CENarc</td>
<td>Confident</td>
<td>Egotistic</td>
<td>Narcissistic</td>
</tr>
<tr>
<td>ADAntis</td>
<td>Aggrandizing</td>
<td>Devious</td>
<td>Antisocial</td>
</tr>
<tr>
<td>RCComp</td>
<td>Reliable</td>
<td>Constricted</td>
<td>Compulsive</td>
</tr>
<tr>
<td>DRNegat</td>
<td>Discontented</td>
<td>Resentful</td>
<td>Negativistic</td>
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<td>AAMasoc</td>
<td>Abused</td>
<td>Aggrieved</td>
<td>Masochistic</td>
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<td>ADSadis</td>
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<td>Denigrating</td>
<td>Sadistic</td>
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<td>Shy</td>
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<td>Avoidant</td>
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<td>Forlorn</td>
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<td>Exuberant</td>
<td>Turbulent</td>
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<td>Eccentric</td>
<td>Schizotypal</td>
<td>Schizophrenic</td>
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<tr>
<td>UBCyclop</td>
<td>Unstable</td>
<td>Borderline</td>
<td>Cyclophrenic</td>
</tr>
<tr>
<td>MPParaph</td>
<td>Mistrustful</td>
<td>Paranoid</td>
<td>Paraphrenic</td>
</tr>
</tbody>
</table>

Philosophical Framework for Clinical Psychology

Evolutionary Models
Adaptive
Systemic

Biophysical Models
• Temperament & Neurobiologic
• Mind-Body Connectedness

Behavioral Models
• Conditioning
• Social Learning

Intrapsychic/Developmental Models
• Psychodynamic
• Structural/Objects
### The Spectra on a More Molecular Level

- **Pleasure** ↔ **Pain**
- **Active** ↔ **Passive**
- **Self** ↔ **Other**

#### Functional/Structural Domains

<table>
<thead>
<tr>
<th>Level</th>
<th>Functional Domains</th>
<th>Structural Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral</td>
<td>Emotional Expression</td>
<td></td>
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<td></td>
<td>Interpersonal Conduct</td>
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<tr>
<td>Phenomenological</td>
<td>Cognitive Style</td>
<td>Self-Image</td>
</tr>
<tr>
<td>Intrapsychic</td>
<td>Intrapsychic Dynamics</td>
<td>Intrapsychic Content</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intrapsychic Architecture</td>
</tr>
<tr>
<td>Biophysical</td>
<td></td>
<td>Mood/Temperament</td>
</tr>
</tbody>
</table>

### Functional Domains

- **Emotional Expression** (*Behavioral, formerly "Expressive Acts")
  - Observable behaviors, inferring affective meaning

- **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-Image (*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

Polarities and Domains . . .
E.g., the new Turbulent Scale (4B)

- Energetic and buoyant in manner
- Vigorously pursues life-enhancement
- Harkens back to the psychoanalytic “hypomanic” character predating bipolar disorder
- Characteristics can be strengths or vulnerabilities
  - When moderate, adaptive, flexible...
    - High energy/resilient
    - Accomplished
    - Well-liked/supported
  - At higher, more inflexible and maladaptive levels...
    - Try to be “all things to all people”
    - Maintaining unrealistic resilience regardless of circumstance
    - Pressure on others
    - Leads to scatteredness, misattunement to environment, relations
EETurbu (Turbulent) Pattern: MCMI-IV
Scale 4B

Enhancement (Pleasure)  Preservation (Pain)

Accommodation (Passive)  Modification (Active)

Individuation (Self)  Nurturance (Other)

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

EETurbu (Turbulent) Pattern: Domains

Impetuous Expressive Emotion  High-Spirited Interpersonal Conduct  Unsteady Intrapsychic Architecture

Mercurial Mood/Temperament  Scattered Cognitive Style

Exalted Self-Image  Piecemeal Intrapsychic Content  Magnification Intrapsychic Dynamics
### Expression of Personality Disorders Across the Functional and Structural Domains of Personality

<table>
<thead>
<tr>
<th>Spectrum Disorder</th>
<th>Functional Domains</th>
<th>Structural Domains</th>
<th>Mood/Temperament</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASchd</td>
<td>Impassive</td>
<td>Unengaged</td>
<td>Intellectualization</td>
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<tr>
<td>SMAvoid</td>
<td>Fretful</td>
<td>Aversive</td>
<td>Distressed</td>
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<tr>
<td>DFMelan</td>
<td>Disconsolate</td>
<td>Defipient</td>
<td>Fatalistic</td>
</tr>
<tr>
<td>DAOpim</td>
<td>Puerile</td>
<td>Submissive</td>
<td>Naive</td>
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<td>SFInter</td>
<td>Dramatic</td>
<td>Attention-Seeking</td>
<td>Rightly</td>
</tr>
<tr>
<td>ETTurku</td>
<td>Impertinent</td>
<td>High-Spirited</td>
<td>Scattered</td>
</tr>
<tr>
<td>CEFanc</td>
<td>Haughty</td>
<td>Expulsive</td>
<td>Expansive</td>
</tr>
<tr>
<td>ADArts</td>
<td>Impulsive</td>
<td>Irresponsible</td>
<td>Nonconforming</td>
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<tr>
<td>ADSadis</td>
<td>Precipitate</td>
<td>Abrasive</td>
<td>Dogmatic</td>
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<tr>
<td>RCCamp</td>
<td>Disciplined</td>
<td>Courteous</td>
<td>Constricted</td>
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<tr>
<td>DRIRegat</td>
<td>Embittered</td>
<td>Contrary</td>
<td>Dysfunctional</td>
</tr>
<tr>
<td>AAMasoc</td>
<td>Abstinent</td>
<td>Acquisitive</td>
<td>Diffident</td>
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<td>ESSchizophren</td>
<td>Peculiar</td>
<td>Serpentine</td>
<td>Circumstantial</td>
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<td>USCycloph</td>
<td>Spasmodic</td>
<td>Paradoxical</td>
<td>Oscillating</td>
</tr>
<tr>
<td>MIPParaph</td>
<td>Defensive</td>
<td>Provocative</td>
<td>Mistruthful</td>
</tr>
</tbody>
</table>

**Millon Theory and the MCMI-IV: Making the Connections from Assessment to Psychotherapy**
Contextual Assessment with the MCMI-IV: Integrating the Data

MCMI-IV: Basic Interpretive Strategy

- Validity: Profile validity and response style
- Noteworthy items: Critical items and differentials
- Personality
  - Severe Patterns > Clinical Personality Patterns > Facet Scales
- Syndromal
  - Severe Syndrome Scales > Basic Clinical Syndromes > contextually with personality styles
- Clinical integration: Overall profile
Therapeutic Applications of the MCMI-IV
Seth Grossman, PsyD

Language of the Theory > Language of the Therapy

Motivating Aims: Develop facility for translating categorical/clinical, to dimensional/descriptive
• e.g., traditional, “This shows you are a dependent.”
• more effective to describe, via theory; “You may prefer holding back, maybe wait for approval before you’re sure of your actions.”

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.

Ex: 2A-5 (Avoidant/Narcissistic) admixture

Scale 2A: Avoidant

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

Language feedback cues:
1. Intense focus on safety
2. High energy in self-protection
3. Little room to relax
4. Little room for enhancement/fulfillment
5. Self/other variables likely will be clarified by other scale elevations

Weak on Polarity
Average on Polarity
Strong on Polarity
Ex: 2A-5 (Avoidant/Narcissistic) admixture

Scale 5: Narcissistic

<table>
<thead>
<tr>
<th>Pleasure</th>
<th>Pain</th>
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</thead>
<tbody>
<tr>
<td>Passive</td>
<td>Active</td>
</tr>
<tr>
<td>Self</td>
<td>Other</td>
</tr>
</tbody>
</table>

Language feedback cues:
1. Unremarkable fulfillment/safety engagement
2. “Environment will be there for me”
3. No perceived need to act on pursuits
4. Major focus on self
5. Others important only as extension of self

Weak on Polarity
Average on Polarity
Strong on Polarity

Language of the Theory > Language of the Therapy

Motivating Aims: Develop facility for translating categorical/clinical, to dimensional/descriptive
- e.g., traditional, “This shows you are a dependent.”
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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: Bringing us closer to an accurate reflection of the person . . .

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

CENarc  SRAvoid

Weak  Average  Strong
Conflict
Reversal

Language of the Theory > Language of the Therapy

Motivating Aims: Develop facility for translating categorical/clinical, to dimensional/descriptive
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## Therapeutic Applications of the MCMI-IV

Seth Grossman, PsyD

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<td>Provocative</td>
</tr>
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### Facet Scales: Avoidant

- **Fretful**: Expressive Emotion
- **Distracted**: Cognitive Style
- **Aversive**: Interpersonal Conduct
- **Alienated**: Self-Image
- **Anguished**: Mood/Temperament
- **Vexatious**: Intrapsychic Content

### Facet Scales: Aversive

- **Fretful**: Expressive Emotion
- **Distracted**: Cognitive Style
- **Aversive**: Interpersonal Conduct
- **Alienated**: Self-Image
- **Anguished**: Mood/Temperament
- **Vexatious**: Intrapsychic Content

### Footnotes

- Expression of Personality Disorders Across the Functional and Structural Domains of Personality
- Facet Scales: Avoidant

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Therapeutic Applications of the MCMI-IV
Seth Grossman, PsyD

Facet Scales: Narcissistic

Expression of Personality Disorders Across the Functional and Structural Domains of Personality

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Sample Domain-Oriented Therapeutic Modalities

- Behavioral/Expressive Emotion
- Interpersonal Conduct
- Cognitive Style Modality
- Self-Image Modality
- Intrapsychic Dynamics Modality
- Intrapsychic Content Modality
- Morphologic Organization Modality
- Mood-Temperament Modality

Behavior/Experiential
Interpersonal, Family, Group
CBT, Mindfulness, ACT, DBT
Humanistic/Existential
Dynamic
Relational, Trans/countertransferential
Insight-Oriented
Pharmacologic/Psychophysiological, Mind-Body

MCMI-IV Case Examples
| Case “A”: 33 year old male |

| Case “B”: 29-year-old female |
Questions & Answers