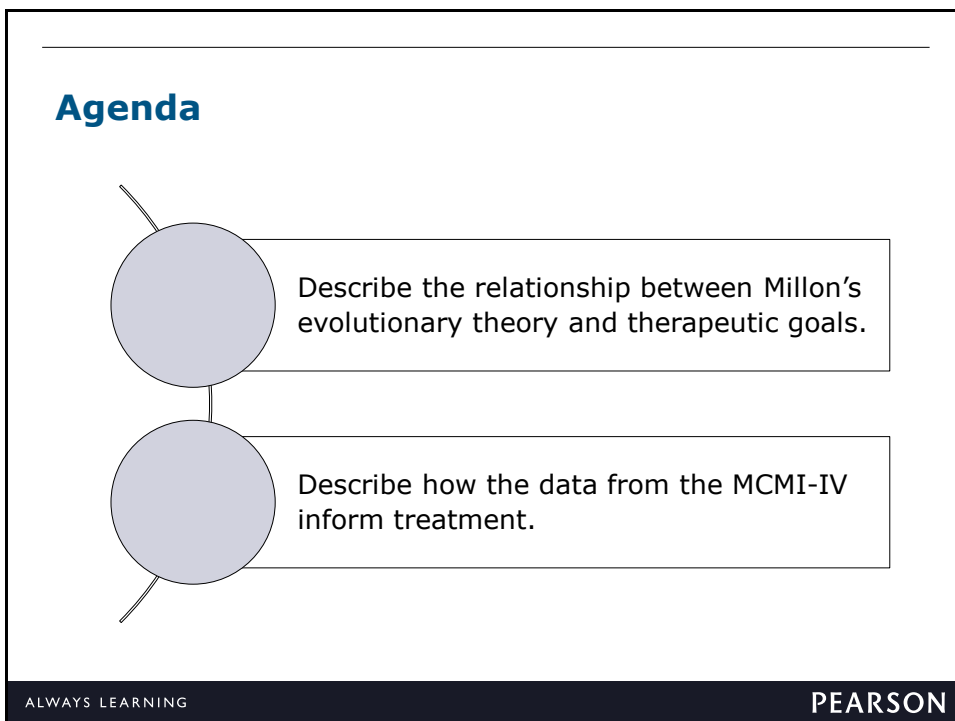
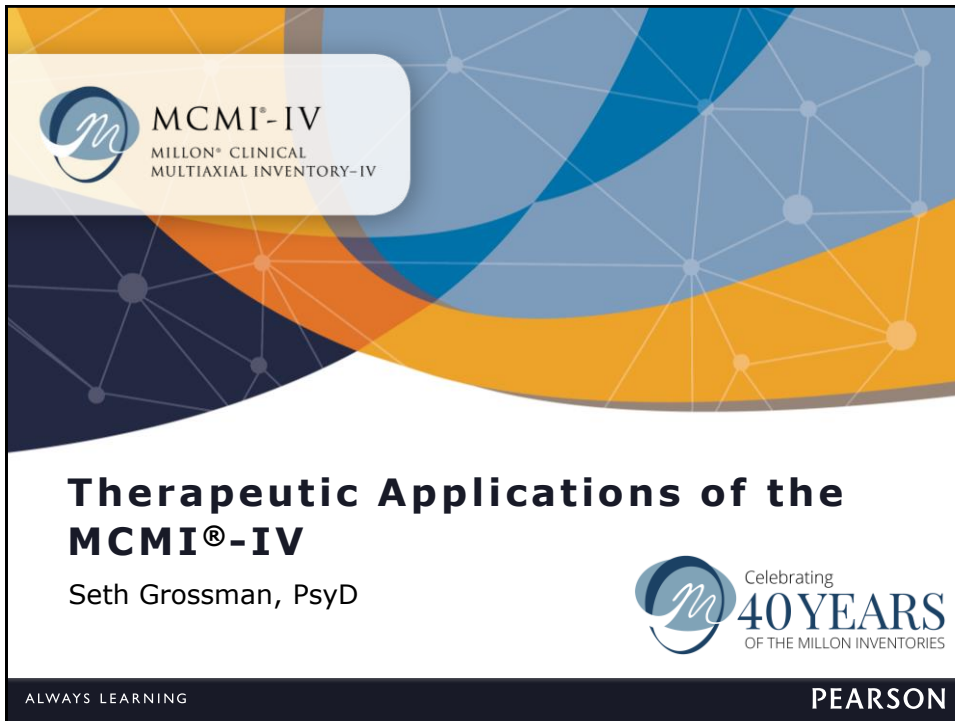


Therapeutic Applications of the MCMI-IV  
Seth Grossman, PsyD



“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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## 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 . . .

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**MCMI®-IV**  
MILLON® CLINICAL  
MULTIAXIAL INVENTORY-IV

## Why emphasize Millon's Evolutionary Theory?

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### Millon's Evolutionary Model of Personality

Existence		
Pleasure (Life Enhancing)	↔	Pain (Life Sustaining)

Adaptation		
Passive (Accommodating)	↔	Active (Modifying)

Replication		
Self (Independent)	↔	Other (Dependent)

Three basic polarities (Motivating Aims)

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## From Motivating Aims to Personality Patterns

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

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

Combinations of prototypes make up closer reflection of the individual

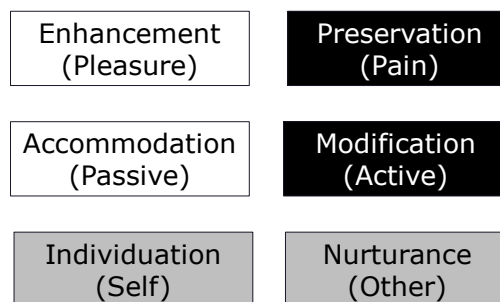
- *Think of a color wheel with 15 primary colors*

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

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

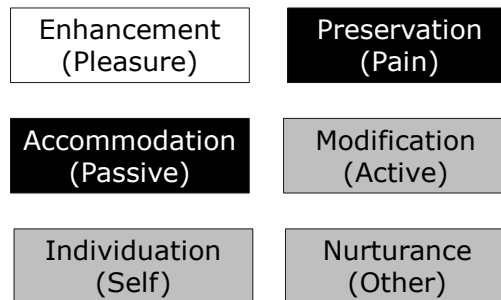


- Weak on Polarity Dimension
- Average on Polarity Dimension
- Strong on Polarity Dimension

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## DFMelan (Melancholic) Pattern: MCMI-IV Scale 2B



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

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## Theory Change Reflected on the MCMI-IV:

*Disorders of Personality, 3<sup>rd</sup> 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.*

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## Personality Patterns – Spectrum

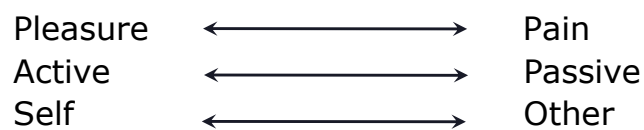
Spectrum	Normal Style	Abnormal Type	Clinical Disorder
AASchd	Apathetic	Asocial	Schizoid
SRAvoid	Shy	Reticent	Avoidant
DFMelan	Dejected	Forlorn	Melancholic
DADepn	Deferential	Attached	Dependent
SPHistr	Sociable	Pleasuring	Histrionic
EETurbu	Ebullient	Exuberant	Turbulent
CENarc	Confident	Egotistic	Narcissistic
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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## The Spectra on a More Molecular Level



### Functional/Structural Domains

Level	Functional Domains	Structural Domains
Behavioral	Emotional Expression Interpersonal Conduct	
Phenomenological	Cognitive Style	Self-Image
Intrapsychic	Intrapsychic Dynamics	Intrapsychic Content Intrapsychic Architecture
Biophysical		Mood/Temperament

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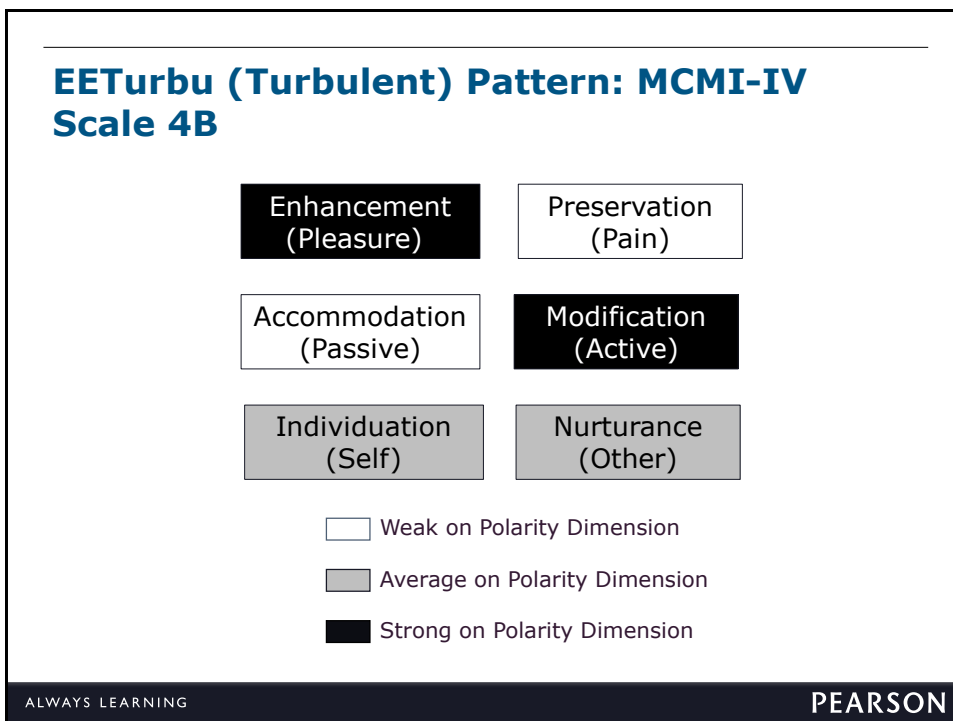
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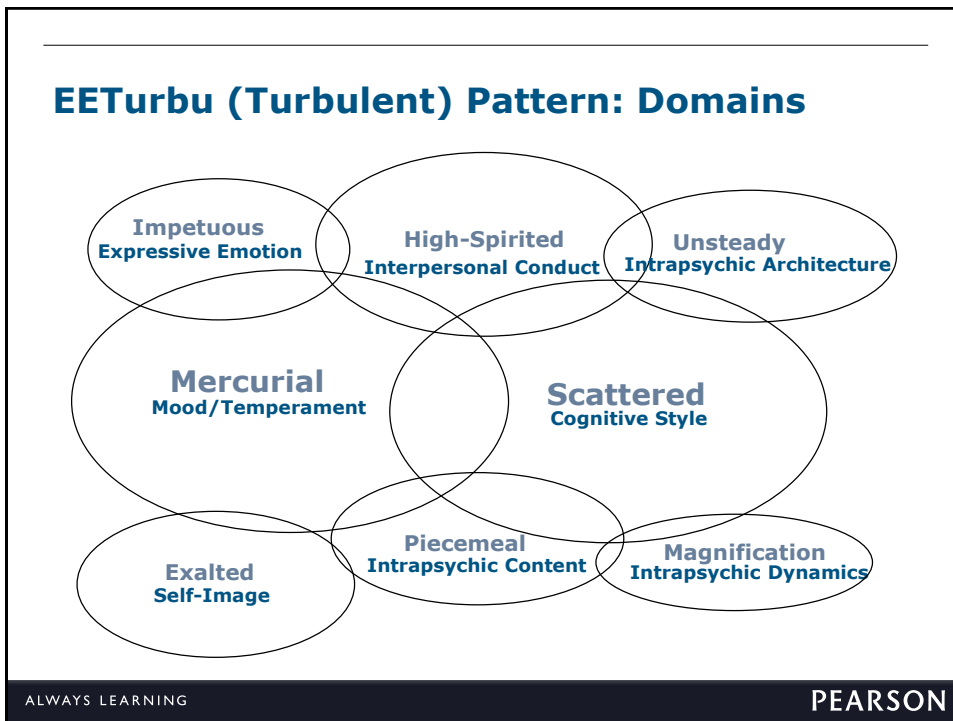
# Therapeutic Applications of the MCMI-IV

## Seth Grossman, PsyD

Functional Domain	Structural Domain
<b>Emotional Expression</b> <ul style="list-style-type: none"> <li>• Behavioral</li> <li>• Formerly Expressive Acts</li> <li>• Observable behaviors inferring affect</li> </ul>	<b>Self-Image</b> <ul style="list-style-type: none"> <li>• Phenomenologic</li> <li>• Self-beliefs, established self-narratives</li> </ul>
<b>Interpersonal Conduct</b> <ul style="list-style-type: none"> <li>• Behavioral</li> <li>• Observable actions in social exchanges</li> </ul>	<b>Intrapsychic Content</b> <ul style="list-style-type: none"> <li>• Intrapsychic</li> <li>• Formerly Object Representations</li> <li>• Imprinted early experience with others</li> </ul>
<b>Cognitive Style</b> <ul style="list-style-type: none"> <li>• Phenomenologic</li> <li>• Person's mindset, decision-base, focus of attention, cognitive process</li> </ul>	<b>Intrapsychic Architecture</b> <ul style="list-style-type: none"> <li>• Intrapsychic</li> <li>• Formerly Morphologic Organization</li> <li>• Framework for inner cohesion, pressure, conflict</li> </ul>
<b>Intrapsychic Dynamics</b> <ul style="list-style-type: none"> <li>• Intrapsychic</li> <li>• Formerly Regulatory Mechanisms</li> <li>• Defenses, repeatable mechanisms, usually preconscious</li> </ul>	<b>Mood/Temperament</b> <ul style="list-style-type: none"> <li>• Biophysical</li> <li>• Level of activity, speech quality, physical appearance, mind/body</li> </ul>

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

Spectrum Disorder	Functional Domains				Structural Domains			
	Emotional Expression	Interpersonal Conduct	Cognitive Style	Intrapyschic Dynamics	Self-image	Intrapyschic Content	Intrapyschic Architecture	Mood/Temperament
AASchd	Impassive	Unengaged	Impoverished	Intellectualization	Complacent	Meager	Undifferentiated	Apathetic
SRAvoid	Fretful	Aversive	Distracted	Fantasy	Alienated	Vexatious	Fragile	Anguished
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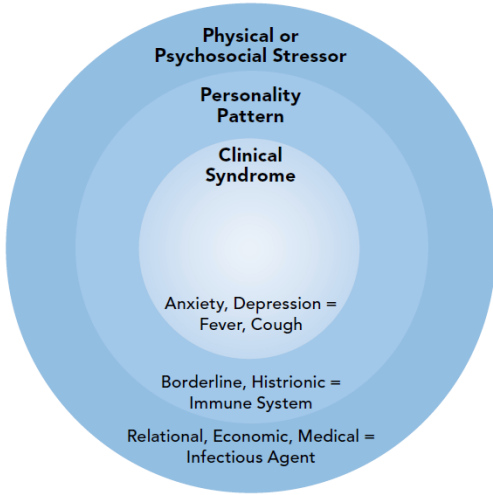


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MILLON® CLINICAL  
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**Millon Theory and the MCMCI-IV:  
Making the Connections from Assessment  
to Psychotherapy**

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**Contextual Assessment with the MCMCI-IV:  
Integrating the Data**



Physical or  
Psychosocial Stressor

Personality  
Pattern

Clinical  
Syndrome

Anxiety, Depression =  
Fever, Cough

Borderline, Histrionic =  
Immune System

Relational, Economic, Medical =  
Infectious Agent

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## 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 > contextualize with personality styles
- Clinical integration: Overall profile

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## 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.

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

### Scale 2A: Avoidant

<input type="checkbox"/> Pleasure	<input checked="" type="checkbox"/> Pain
<input type="checkbox"/> Passive	<input checked="" type="checkbox"/> Active
<input checked="" type="checkbox"/> Self	<input checked="" type="checkbox"/> Other

- Weak on Polarity  
 Average on Polarity  
 Strong on Polarity

#### 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

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

### Scale 5: Narcissistic

<input checked="" type="checkbox"/> Pleasure	<input type="checkbox"/> Pain
<input checked="" type="checkbox"/> Passive	<input type="checkbox"/> Active
<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Other

- Weak on Polarity  
 Average on Polarity  
 Strong on Polarity

#### 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

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## Language of the Theory > Language of the Therapy

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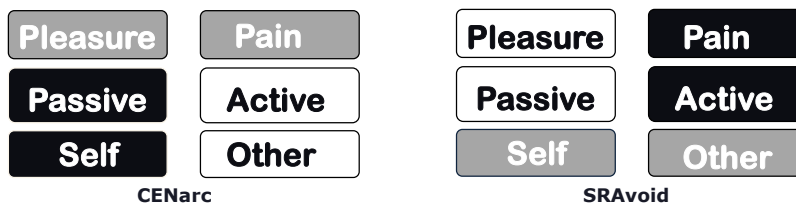
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## Multiple elevations: Bringing us closer to an accurate reflection of the person . . .



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## Language of the Theory > Language of the Therapy

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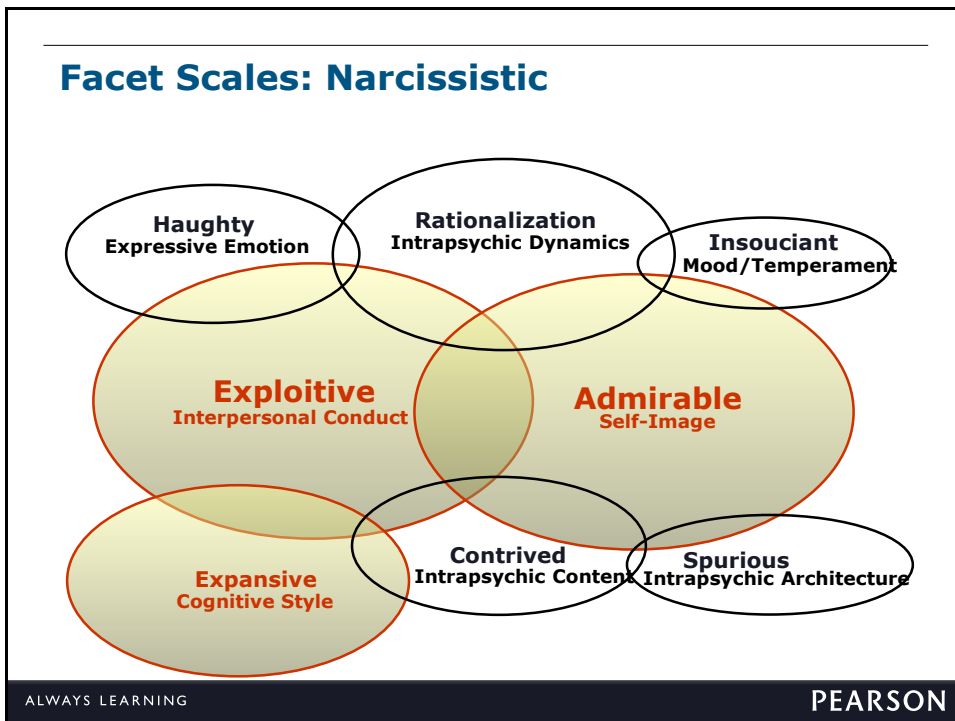
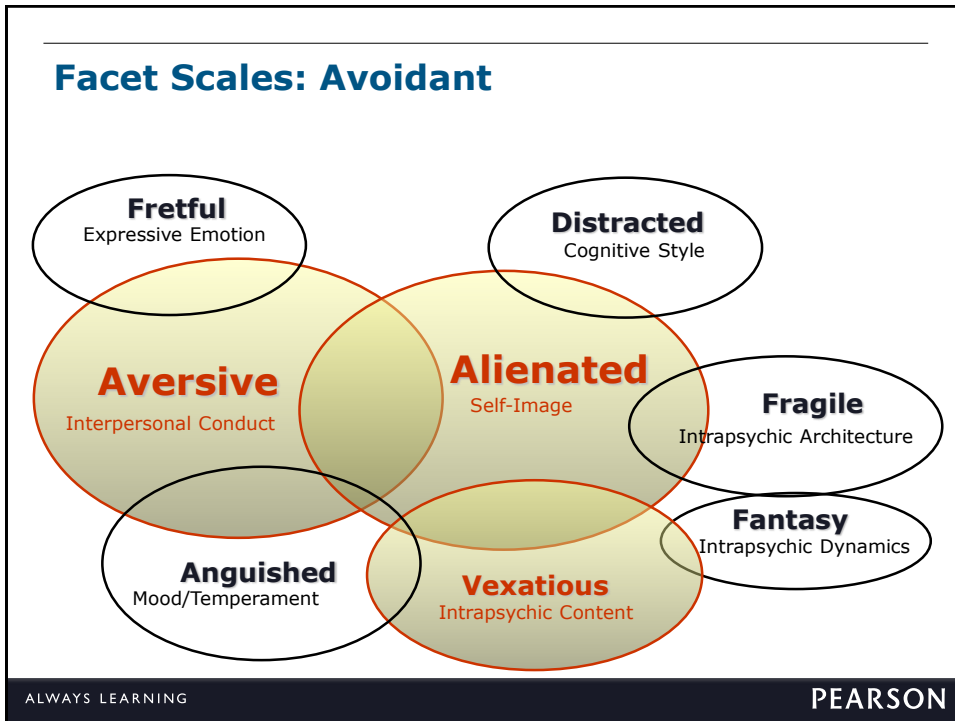
### Grossman Facet Scales

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# Therapeutic Applications of the MCMI-IV

## Seth Grossman, PsyD

Grossman Facet Scales

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## Sample Domain-Oriented Therapeutic Modalities

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Behavioral/Expressive Emotion</li> <li>• Interpersonal Conduct</li> </ul>   | <ul style="list-style-type: none"> <li>Behavior/Experiential</li> <li>Interpersonal, Family, Group</li> </ul>                        |
| <ul style="list-style-type: none"> <li>• Cognitive Style Modality</li> <li>• Self-Image Modality</li> </ul>  | <ul style="list-style-type: none"> <li>CBT, Mindfulness, ACT, DBT</li> <li>Humanistic/Existential</li> </ul>                         |
| <ul style="list-style-type: none"> <li>• Intrapsychic Dynamics Modality</li> <li>• Intrapsychic Content Modality</li> <li>• Morphologic Organization Modality</li> </ul> | <ul style="list-style-type: none"> <li>Dynamic</li> <li>Relational, Trans/countertransferential</li> <li>Insight-Oriented</li> </ul> |
| <ul style="list-style-type: none"> <li>• Mood-Temperament Modality</li> </ul>  | <ul style="list-style-type: none"> <li>Pharmacologic/Psychophysiological, Mind-Body</li> </ul>                                       |

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### Additional Resources

**Essentials of MCMI-IV Assessment**

Dr. Seth D. Grossman  
Dr. Blaise Amendolace

February 2017

[Published by Wiley](#)



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## Other Millon Inventories

### **Adult Counseling Inventory**

MIPS® Revised (Millon® Index of Personality Styles Revised)

### **Adolescent & Pre-Adolescent Inventories**

M-PACI® (Millon® Pre-Adolescent Clinical Inventory)

MACI® (Millon® Adolescent Clinical Inventory)

MAPI® (Millon® Adolescent Personality Inventory)

### **Inventory for Medical Patients**

MBMD® (Millon® Behavioral Medicine Diagnostic)

### **College Counseling Inventory**

MCCI® (Millon® College Counseling Inventory)

Visit [www.Pearsonclinical.com/MillonInventories](http://www.Pearsonclinical.com/MillonInventories)

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## Questions & Answers

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