THERAPEUTIC APPLICATIONS OF THE MCMI®-IV

Seth Grossman, PsyD

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

- Sociocultural Models
  - Ecological/Group
  - Interpersonal/Narrative

- Behavioral Models
  - Conditioning
  - Social Learning

- Intrapsychic/Developmental Models
  - Psychodynamic
  - Structural/Objects

Millon’s Evolutionary Model of Personality

<table>
<thead>
<tr>
<th>Existence</th>
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<tbody>
<tr>
<td>Pleasure</td>
<td>Pain</td>
</tr>
<tr>
<td>(Life Enhancing)</td>
<td>(Life Sustaining)</td>
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<table>
<thead>
<tr>
<th>Adaptation</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Passive</td>
<td>Active</td>
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<tr>
<td>(Accommodating)</td>
<td>(Modifying)</td>
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<table>
<thead>
<tr>
<th>Replication</th>
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<tbody>
<tr>
<td>Self</td>
<td>Other</td>
</tr>
<tr>
<td>(Independent)</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 discords 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 as color wheel with 15 primary colors

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

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

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

- Weak on Polarity
- Average on Polarity
- Strong on Polarity
DFMelan (Melancholic) Pattern: MCMI-IV Scale 2B

Pleasure  Pain

Passive  Active

Self  Other

Weak on Polarity  Average on Polarity  Strong on Polarity

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>
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<tbody>
<tr>
<td>DADepn</td>
<td>Deferential</td>
<td>Attached</td>
<td>Dependent</td>
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<tr>
<td>SPHistr</td>
<td>Sociable</td>
<td>Pleasuring</td>
<td>Histrionic</td>
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<td>CENarc</td>
<td>Confident</td>
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<td>Narcissistic</td>
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<td>ADAntis</td>
<td>Aggrandizing</td>
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<td>Antisocial</td>
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<td>RCComp</td>
<td>Reliable</td>
<td>Constricted</td>
<td>Compulsive</td>
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<td>DRNegat</td>
<td>Discontented</td>
<td>Resentful</td>
<td>Compulsive</td>
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<td>AAMasoc</td>
<td>Abused</td>
<td>Aggrieved</td>
<td>Masochistic</td>
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<td>Denigrating</td>
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<td>SRAvoid</td>
<td>Shy</td>
<td>Reticent</td>
<td>Avoidant</td>
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<tr>
<td>DFMelan</td>
<td>Dejected</td>
<td>Forlorn</td>
<td>Melancholic</td>
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<tr>
<td>EEStbnu</td>
<td>Ebullient</td>
<td>Exuberant</td>
<td>Turbulent</td>
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<td>ESChzhph</td>
<td>Eccentric</td>
<td>Schizotypal</td>
<td>Schizophrenic</td>
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<td>UBcycloph</td>
<td>Unstable</td>
<td>Borderline</td>
<td>Cyclophrenic</td>
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<tr>
<td>MPParaph</td>
<td>Mistrustful</td>
<td>Paranoid</td>
<td>Paraphrenic</td>
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</tbody>
</table>

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
- Sociocultural Models
  - Ecological/Group
  - Interpersonal/Narrative
- Intrapsychic/Developmental Models
  - Psychodynamic
  - Structural/Objects
The Spectra on a More Molecular Level

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

Functional/Structural Domains

Behavioral...
- Expressive Emotion (F)
- Interpersonal Conduct (F)

Intrapsychic...
- Intrapsychic Content (S)
- Intrapsychic Dynamics (F)
- Intrapsychic Architecture (S)

Phenomenological...
- Cognitive Style (F)
- Self-Image (S)

Biophysical...
- Mood/Temperament (S)

Functional Domains

Expressive Emotion (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

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

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

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
### Therapeutic Applications of the MCMI-IV

Seth Grossman, PsyD

### Table of Trait Domains, Spectrum Disorders, Expressive Emotion, Interpersonal Conduct, Cognitive Style, Self-Image, Intrapsychic Content, Dynamics, Architecture, and Mood/ Temperament

<table>
<thead>
<tr>
<th>Trait Domains</th>
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<th>Interpersonal Conduct</th>
<th>Cognitive Style</th>
<th>Self-Image</th>
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<th>Intrapsychic Architecture</th>
<th>Mood/ Temperament</th>
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<td>Unengaged</td>
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<td>Fantasy</td>
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**Millon Theory and the MCMI-IV:**

Making the Connections from Assessment to Psychotherapy

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Therapeutic Applications of the MCMI-IV
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Contextual Assessment with the MCMI-IV: Integrating the Data

Medical & Psychosocial
Personality Dynamics
Clinical Presentation
(Angsty, Depression = Fever, Cough)
(Borderline, Histrionic = Immune System)
(Marital, Economic, Health = Infectious Agents)

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

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

Language of the Theory > Language of the Therapy

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Facets: Move toward descriptions of specific "domains..."
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Multiple elevations: Bringing us closer to an accurate reflection of the person . . .

Language of the Theory > Language of the Therapy

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Seth Grossman, PsyD

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<td>Split</td>
<td>Stable</td>
<td>Bartolome</td>
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<td>MPParaph</td>
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<td>Projection</td>
<td>Inelastic</td>
<td>Insensible</td>
</tr>
</tbody>
</table>

Facet Scales: Avoidant

- **Fretful** Expressive Emotion
- **Distracted** Cognitive Style
- **Aversive** Interpersonal Conduct
- **Alienated** Self-Image
- **Anguished** Mood/Temperament
- **Fragile** Intrapsychic Architecture
- **Fantasy** Intrapsychic Dynamics

**Facet Scales Highlighted**
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/countertransferral
- Insight-Oriented
- Pharmacologic/Psychophysiological, Mind-Body

MCMI-IV Case Examples
Therapeutic Applications of the MCMI-IV
Seth Grossman, PsyD

Case "A": 33 year old male

Case "B": 29 year-old female
Questions & Answers

PearsonClinical.com/MCMI-IV
Customer Support
800-627-7271 (USA)
866-335-8418 (Canada)