

MCMII-III

Millon Clinical Multiaxial Inventory - III

Populations & Use

- No age range specified, but adult use only
- English or Spanish speaker (others in progress)
- 8th grade or above reading level

- Screening for suspected personality disorders
- Not a general personality instrument
- Based completely on a clinical population

What the hell is a Base Rate score?

- BR used instead of z- or T-scores due to inherent skewness of PD's
- Mean is 60 (arbitrarily set)
- BR 0-64 is non significant
- BR 65-74 is "mild disorder"
- BR 75-84 is "moderate disorder"
- BR 85+ is "severe disorder"

MCMI-III scoring

- Hand scoring is highly time consuming and decreases reliability and accuracy of test

- Computer scoring available and preferred

Validity Indices

- Validity Index
 - Three items of improbable nature (65, 110, 157)
 - Test is invalid if two are answered "true"

- Disclosure (X)
 - Detects self-revealing/highly defensive persons
 - Test is invalid if raw score below 34

Validity Indices

- Desirability (Y)
 - Attempting to show self favorably
 - BR 74+ suggests someone is "faking good"

- Debasement (Z)
 - Attempting to show self unfavorably
 - BR 108+ suggests "faking bad"

Validity Configurations

- Low X and Y with high Z suggest moderate exaggeration of symptoms

- Low X and Z with high Y suggest emphasis on presenting as psychologically healthy

- Low Y with high X and Z suggest emphasis on looking psychologically maladjusted

Codes

- One-point code
 - Only one Clinical Personality Pattern or Severe Personality Pathology score >74

- One-point with one subspike
 - Has one >84 and one between 75-84

- Two-point code
 - Two scores >84 and all others are <74

Clinical Syndromes

- Map well onto DSM-IV Axis I disorders

- Includes both "Moderately Severe" and "Severe" categories

Scale Interactions

- A number of elevations on one scale can change the interpretation of other scales
- Be sure to examine the possible interactions when interpreting a report

Strengths

- Strong theoretical basis
- Good links to diagnostic criteria
- Fairly short test
- Good test population for norms
- Strong psychometrics
- Detailed (but difficult to read) manual

Weaknesses

- Manual is difficult to understand
- Uses "base rates"
- Not for use with normal populations
- 23 scales from only 175 questions
- Test really needs to be computer-scored
- Tends to over indicate psychopathology
- More reflective of Millon's theory than DSM
