Reviews of the Millon (MCMI-III)

Convergent validity of MCMI-III clinical syndrome scales.
Hesse, Morten, Guldager, Steen, Linneberg, Inger Holm
Abstract:
Objectives: This study tested the convergent validity of the Millon Clinical Multiaxial Inventory-III (MCMI-III) clinical syndrome scales. Design: Cross-sectional survey. Methods: Using a sample of 186 substance abusers from one single town referred for assessment, convergent and discriminant validity of the MCMI-III and Mini International Neuropsychiatric Interview (MINI) diagnoses was conducted. Additional measures included the Montgomery-Åsberg Depression Rating Scale and the Beck Anxiety Inventory. Results: A single Axis I factor based on the raw scores correlated adequately with the factor based on the other scales (r = .85), whereas the correlation between the factor based on the MCMI-III baserate scores was somewhat lower (r = .74), but still indicated substantial convergent validity. For individual disorders, area under the curve (AUC) analyses suggested that the convergent validity of the MCMI-III and the MINI was adequate. The raw score scales were superior to the baserate adjusted scores in all but one case. Discriminant validity was good for alcohol and drug dependence, moderate for major depression and delusion, and poor for thought disorder and anxiety. Conclusions: The MCMI-III clinical syndrome scales generally measure the constructs they were intended for. The data did not support that the adjustments used in calculating the baserate scores improved validity.

On the history and future study of personality and its disorders.
Millon, Theodore
Abstract:
The study of personality differences can be traced back to the early speculations of ancient societies, such as India, China, Babylonia, Greece, and Rome. Though a few clinicians, notably Hippocrates, stressed the importance of careful and systematic observation, hoping thereby to shift the focus of attention to natural rather than animistic events, it was not until centuries later that semiscientific approaches began to take hold, e.g., phrenology. In the past century, descriptive psychiatrists of note began to pose “typologies,” e.g., Kraepelin and Schneider, and several insightful psychoanalysts, e.g., Freud, Abraham, and Reich, articulated the developmental roots of “character” variations. Official classification systems, e.g., the Diagnostic and Statistical Manual of Mental Disorders and the International Classification of Diseases, have become the guiding arbiter of late-twentieth-century proposals. No less significant currently is the work of empirically oriented inductivists, e.g., Livesley and Widiger, and theoretically oriented deductivists, e.g., Kernberg and Millon.

Classifying personality disorders: An evolution-based alternative to an evidence-based approach.
Millon, Theodore
Abstract:
The study of personality disorders, no less psychology as a whole, remains divorced from broader spheres of scientific knowledge. Development of a conceptual schema for classifying personality disorders should include the examination of research limitations and inductive inconsistencies that undermine the likely achievements of the evidential approach. An alternative course of action is outlined here, one that looks to evolutionary theory rather than evidence-based methods for classification guidance.
Classification accuracy of the Millon Clinical Multiaxial Inventory–III modifier indices in the detection of malingering in traumatic brain injury.
Aguerrevere, Luis E., Greve, Kevin W., Bianchini, Kevin J., Ord, Jonathan S.,

Abstract:
The present study used criterion groups validation to determine the ability of the Millon Clinical Multiaxial Inventory–III (MCMI–III) modifier indices to detect malingering in traumatic brain injury (TBI). Patients with TBI who met criteria for malingered neurocognitive dysfunction (MND) were compared to those who showed no indications of malingering. Data were collected from 108 TBI patients referred for neuropsychological evaluation. Base rate (BR) scores were used for MCMI–III modifier indices: Disclosure, Desirability, and Debasement. Malingering classification was based on the Slick, Sherman, and Iverson (1999) criteria for MND. TBI patients were placed in one of three groups: MND (n=55), not-MND (n=26), or Indeterminate (n=26). The not-MND group had lower modifier index scores than the MND group. At scores associated with a 4% false-positive (FP) error rate, sensitivity was 47% for Disclosure, 51% for Desirability, and 55% for Debasement. Examination of joint classification analysis demonstrated 54% sensitivity at cutoffs associated with 0% FP error rate. Results suggested that scores from all MCMI–III modifier indices are useful for identifying intentional symptom exaggeration in TBI. Debasement was the most sensitive of the three indices. Clinical implications are discussed.

Depression, anxiety, and the MCMI-III: Construct validity and diagnostic efficiency.
Saulsman, Lisa M.

Abstract:
This study aimed to enhance knowledge of the construct validity and diagnostic efficiency of the depression- and anxiety-related scales of the MCMI–III (Millon, 1994). The MCMI–III, various concurrent depression and anxiety measures, and an Axis I structured diagnostic interview were administered in a total sample of 696 outpatients with depressive disorders, anxiety disorders, or both. Sound construct validity was found for the Dysthymia and Major Depression clinical syndrome scales and the Avoidant and Depressive personality disorder scales. The validity of the Anxiety scale was poor, showing moderate convergence with panic and worry-related anxiety measures, but problems discriminating from depression. Operating characteristics for discriminating depressed patients from anxious patients were fair for the Major Depression scale, but poor for the Anxiety and Dysthymia scales.

A scholarly tour de force.
Widiger, Thomas A.
PsycCRITIQUES, Vol 56(39), 2011.

Abstract:
Reviews the book, "Disorders of personality: Introducing a DSM/ICD spectrum from normal to abnormal (3rd ed.)" by Theodore Millon (see record 2011-02661-000). This current text fully display's Millon’s greatest skill, his scholarly acumen. If clinicians, scholars, or researchers wish to know anything about the history of personality disorder classification, the first place to look would be this book. It is likely that all questions will be answered. Millon also provides rich and intriguing insights and suggestions with respect to the treatment of personality disorders that are wonderfully integrated with a wide variety of alternative approaches. His impressive scholarship is again on display in his breadth of coverage of cognitive, interpersonal, and psychodynamic theories and therapies for each respective personality disorder. Clinicians and students will learn a great deal from this text. However, the empirical research concerning
personality disorder treatment is not covered in detail. Instead, theory and clinical experience are emphasized.

Disorders of personality: Introducing a DSM/ICD spectrum from normal to abnormal (3rd ed.).
Millon, Theodore
Abstract:
(from the preface) This book may be seen as an introduction and companion volume to the forthcoming Diagnostic and Statistical Manual of Mental Disorders (DSM-5), scheduled for publication by the American Psychiatric Association in 2013. Although the DSM will be more comprehensive descriptively than its predecessors, it will not be sufficient in scope to provide fully detailed clinical or theoretical presentations of the personality styles and disorders it encompasses. The lack of such materials will continue to be especially troublesome to those seeking substantial information on the many historical, modern, and contemporary conceptions of these clinical impairments. These mental syndromes have "come of age," having been transformed from a class of pathology possessing only incidental relevance to the diagnostic enterprise into one that is central to the DSM's multiaxial format and to professional's everyday work. Although clinicians and researchers will find considerable literature on other psychopathologic syndromes in standard texts and journals, such information has only recently begun to accumulate for a small number of the personality styles and disorders.

Ravndal, Edle, Vaglum, Per
Abstract:
Measuring personality disorders among substance abusers may entail special problems related to the reliability and validity of the instruments. The Millon Clinical Multiaxial Inventory II (MCMI-II), a well-known self-reporting instrument, was used in a prospective study of drug abusers from 21 treatment programs in Norway (n = 481) to investigate the influence of substance abuse on the reliability and stability of the MCMI personality traits at intake to treatment and after 7 years (n = 342). As regards the drug-abusing and drug-free subgroups, the MCMI-II dimensional scores were equally reliable and stable in both groups, and were not influenced by the abusing state. Using the MCMI-II in a categorical diagnostic way did not show sufficient predictive validity. The MCMI-II dimensional scores should therefore be used to measure personality disorder traits among help-seeking and former drug abusers.

 study of the reliability and validity of Millon Clinical Multiaxial Inventory III (MCMI-III).
Li, Ya-wen, Yang, Yun-ping, Jiang, Chang-qing,
Source:
Abstract:
Objective: To translate Millon Clinical Multiaxial Inventory III (MCMI-III) into Chinese, and then test its reliability and validity. Methods: MCMI-III was administered to patients with mental disorders and normal people. Some subjects completed SAS, SDS, HAMA and HAMD simultaneously. 7-14 days later, some subjects completed the Chinese version of MCMI-III again. Results: Cronbach's alpha and the split-half reliability of MCMI-III was 0.957 and 0.919, respectively. The mean Cronbach's alpha, split-half and test-retest reliability of the subscales were 0.72, 0.70, 0.71 respectively. Most of the items correlated significantly (P < 0.05, P < 0.01) with corresponding subscales. Most of the subscales correlated
significantly (P < 0.05, P < 0.01) with each other; SAS, SDS, HAMA and HAMD correlated significantly (P < 0.05, P < 0.01) with corresponding subscales. Most of the subscales’ scores of the patient group were significantly different (P < 0.05, P < 0.01) from the control group (n = 45). Conclusion: The Chinese version of MCMI-III meets psychometric criterions, and it has good reliability and validity.

Empirical evidence for a four factor framework of personality disorder organization: Multigroup confirmatory factor analysis of the Millon Clinical Multiaxial Inventory-III personality disorder scales across Belgian and Danish data samples.
Rossi, Gina, Elklit, Ask, Simonsen, Erik
Abstract:
The factor structure of the Millon Clinical Multiaxial Inventory-Ill (Mil- Ion, Millon, Davis, & Grossman, 2006) personality disorder scales was analyzed using multigroup confirmatory factor analysis on data obtained from a Danish (N = 2030) and a Belgian (N = 1210) sample. Two-, three-, and four factor models, a priori specified using structures found by Dyce, O’Connor, Parkins, and Janzen (1997), were fitted to the data. The best fitting model was a four factor structure (RMSEA = .066, GFI = .98, CFI = .93) with partially invariant factor loadings. The robustness of this four-factor model clearly supports the efforts to organize future personality disorder description in a four-factor framework by corroborating four domains that were predominant in dimensional models (Widiger & Simonsen, 2005): Factor 1, 2, 3, and 4 respectively corresponded to emotional dysregulation versus stability, antagonism versus compliance, extraversion versus introversion, and constraint versus impulsivity.

Classification considerations in psychopathology and personology.
Millon, Theodore
Abstract:
In this chapter, the author hopes to illustrate at least one point—namely, that philosophical issues and scientific modes of analysis must be considered in formulating a psychopathological taxonomy. The author discusses conceptual issues, clinical attributes, structural models, construction methods, and evaluative standards.

A review and comparison of the reliabilities of the MMPI-2, MCMI-III- and PAI presented in their respective test manuals.
Wise, Edward A., Streiner, David L., Walfish, Steven
Abstract:
This article provides a review of the literature to determine the most frequently used personality tests. Based on this review, internal consistency and test—retest reliability coefficients from the test manuals for the Minnesota Multiphasic Personality Inventory—2 (MMPI-2), Millon Clinical Multiaxial Inventory—III (MCMI-III), and Personality Assessment Inventory (PAI) are reported. A summary of the strengths and weaknesses of the reliability estimates for each of the tests is provided.
An exploration of the base rate scores of the Millon Clinical Multiaxial Inventory–III.
Grove, William M., Vrieze, Scott I.
Abstract:
The Millon Clinical Multiaxial Inventory (3rd ed.; MCMI–III) is a widely used psychological assessment of clinical and personality disorders. Unlike typical tests, the MCMI–III uses a base-rate score transformation to incorporate prior probabilities of disorder (i.e., base rates) in test output and diagnostic thresholds. The authors describe the base rate transformation and contend that its supporting documentation in the MCMI–III manual is incomplete and fails to meet interdisciplinary test documentation standards. They show that the MCMI–III's base rate transformation is not optimal, and they derive an optimal alternative transformation using Bayes' theorem. Bayes transformation formulae for 7 exponential family distributions are given. The authors discuss the effect of the base rate transformation and further argue that the MCMI–III's use of a single base rate per diagnostic category is ill-advised. They argue that base rates differ among clinical settings and that tests like the MCMI–III should flexibly incorporate a base rate of disorder pertinent to the examinee's characteristics, such as demographics, chief complaint, clinical history, or other variables. They explain how this can readily be accomplished.

Gold Medal Award for Life Achievement in the Application of Psychology.
Abstract:
The 2008 recipient of the American Psychological Foundation (APF) Gold Medal Award for Life Achievement in the Application of Psychology is Theodore Millon. A citation, biography, and selected bibliography for Theodore Millon are provided in this article.

Millon Clinical Multiaxial Inventory-III.
Craig, Robert J.
Abstract:
(from the chapter) Discusses the Millon Clinical Multiaxial Inventory (MCMI-III) (Millon, 1983,1987,1994, 1997), which is now frequently used in clinical settings. It is stated that although test practices have changed very little over the past few decades with clinical psychologists using test instruments that were used 20 to 40 years ago, the one exception is the MCMI-III. In a survey of tests used by forensic psychologists for child custody evaluations, the MCMI was used by 34% of forensic psychologists (Ackerman & Ackerman, 1997); in a similar survey 10 years before the test was not used at all for this purpose (Keilen & Bloom, 1986). The MCMI is now the second most frequently used personality test in civil (Boccaccini & Brodsky, 1999) and criminal cases (Borum & Grisso, 1995), and it continues to be used in child custody evaluations (Quinnell & Bow, 2001). Nine books have been published on this test (Choca, 2004; Craig, 1993a,b, 1999a, 2005a,b; Jankowski, 2002; McCann & Dyer, 1996; and Retzlaff, 1995), and 12 reviews have been written, in mostly peer-reviewed journals (Choca, 2001; Craig, 1999b; Dana & Cantrell, 1988; Fleishaur, 1987; Greer, 1984; Haladyna, 1992; Hess, 1985,1990; Lanyon, 1984; McCabe, 1984; Reynolds, 1992; and Wetzler, 1990). The test is now routinely covered in edited books on major psychological tests (Bohlian, Meagher, & Millon, 2005; Craig 1997, 2001, 2006a; Davis, Meagher, Conclaves, Woodward, & Millon, 1999; Davis & Millon, 1993,1997; Conclaves, Woodward & Millon, 1994; Groth-Marnatt, 1997; Hall & Phung, 2001; Lehne, 1994,2002; Millon, 1984; Millon & Davis, 1996,1998; Millon & Meagher, 2003), and, of course, in texts which deal with the various Millon inventories (Craig, 1997, 2002 ). What accounts for this growth? The MCMI-III
is a 175-questionnaire-based self-report inventory designed to diagnose personality disorders and major psychiatric syndromes in adult patients who are being evaluated for or receiving mental health services. There are many other personality tests, and many tests of personality disorders. So why has the MCMI become so popular? This chapter attempts to address three major questions: (1) Does the MCMI meet psychometric standards for reliability and validity? (2) Do the strengths of this test justify its use, given its limitations? and (3) Does it have a compendia of research base that justifies its use in the clinical context? The chapter looks at how theory was used to develop this test, how this test was standardized, and how it is under continuous revision.

Scientific grounding and validation of the MCMI.
Millon, Theodore, Millon, Carrie M.,
Abstract:
(from the chapter) This chapter is intended for readers who wish to explore the scientific grounding and validation of the Millon Clinical Multiaxial Inventory (MCMI) throughout its history (Millon, 1977, 1987, 1994). While the logic and rationale presented here may be more abstract than in other sections of this text, the discussion furnishes our perspective on how the constructs were derived and why we believe them to be consonant with recent developments in the field of personology.

Guidelines for the contemporary interpretation of the MCMI-III.
Rossini, Edward D., Choca, James P.
Abstract:
(from the chapter) Over 30 years after the publication of the initial version, the Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon, 1994) has met the millennium and is firmly established as the briefest and yet most distinctive of the "Big Three" comprehensive psychometric inventories measuring adult personality traits and adult psychopathology. The others are obviously the substantially longer Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) and, to a lesser extent, the Personality Assessment Inventory (Morey, 1991). The latter two have considerable practical and conceptual limitations, despite their widespread use. However, surveys of psychological test usage consistently rate the MCMI-III and its companion inventories as quite popular across evaluation and treatment settings, with increasing popularity noted over the 1990s (Belter &c Piotrowski, 2001). The clinical utility of the MCMI-III is evident from the growing library of supplemental books now available. This chapter presents our method of interpreting MCMI-III profiles. This approach is presented in depth in Chapter 10 of the textbook published by the American Psychological Association (Choca, 2004). Although other MCMI-III interpretive strategies and guidelines are available and potentially useful in assessment situations, we have found the logical seven-step, sequential process we describe in this chapter to be especially helpful for understanding patients as people. This means developing a more dynamic understanding of the patients' basic or premorbid personality style, their level of personality organization, and the likelihood of their being diagnosed with a personality disorder, in addition to the standard psychometric task of measuring their subtle or obvious psychiatric symptoms.

Studies relating the MCMI and the MMPI.
Antoni, Michael H.  
Abstract:  
(from the chapter) Until the mid-1980s, little research had tested the utility of relating two or more "objective" inventories. One reasonable approach to addressing this issue is to examine the ways in which the best available instruments for measuring Axis I and Axis II phenomena covary. The Millon Clinical Multiaxial Inventory (MCMI) was designed to assess personality patterns and disorders (Axis II) specifically as established in the DSM-III. The MCMI is one of the few objective self-report inventories explicitly created to elucidate this realm of psychopathology. The MCMI also assesses levels of personality disorder severity or "organization" (e.g., borderline). The Minnesota Multiphasic Personality Inventory (MMPI) is the best-documented instrument designed to assess the presence of specific clinical syndromes (Axis I). Together, the MMPI and MCMI may provide data on different domains of psychological functioning, both of which are essential to forming a complete clinical picture. Although many of the studies reported in this chapter refer to earlier versions of the MCMI and the MMPI than the present versions (the MCMI-III and MMPI-2), there is good reason to assume that the patterns of covariation found between these two early forms will hold true for later forms of these instruments. The studies reported in this chapter are the only comprehensive investigations based on large patient populations from an extensive national sample; no comparable set of studies exists in the literature.  

Using the Millon Inventories in forensic psychology.  
Dyer, Frank J.  
Abstract:  
(from the chapter) Experts are not going to be believed by judges and juries simply on the basis of their having completed extensive training in their field and having had a certain number of years of experience. One can guarantee with just about 100% certainty that if an expert comes to court and testifies based only on his or her experience and training, then the other side will put forward a similarly qualified expert who will testify on the basis of that expert's experience and training, but will reach an entirely opposite conclusion in line with the interests of the client represented by the attorney who engaged the expert. The basis on which psychological experts testify in regard to their evaluations is enhanced in this regard by the use of assessment instruments and techniques that supplement the clinical interview. Rogers et al. (1999) criticize the content validity of the Millon Clinical Multiaxial Inventory-III (MCMI-III), citing an absence of any controlled interrater studies of the similarity of personality disorder scale items to the corresponding DSM-IV(-TR) criteria. It is therefore not unlikely that at some point forensic experts who use the MCMI-III will be forced to respond to a cross-examination attack on the instrument's content validity based on this criticism. The question might be phrased thus: "Isn't it true, Doctor, that there is no statistical evidence for the content validity of the MCMI-III?" The extensive validity support for the MCMI-III in the form of content validity evidence coupled with empirical research against criteria of clinical diagnosis—in conjunction with the clear connections between diagnosed disorders and specific cognitive, behavioral, and structural characteristics of the test subject provided by Millon's theory of personality—make this a uniquely useful instrument in forensic work.  

On the dimensional theory, empirical support, and structural character of the MCMI-III.  
Strack, Stephen, Millon, Theodore  
Abstract:
The Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon, 1997b, 2006) was created to assist clinicians in understanding the psychiatric problems of greatest concern to their patients and to contextualize the patients' presentation features within a personality framework. A guiding assumption of the inventory is that everyone has a personality that influences the kind and severity of problems experienced, the expression of symptoms, and the types of treatments that are most likely to be effective. The test measures 14 personality disorders (PDs) and 10 clinical syndromes (CSs) via ordinal scales that quantify how much and how well respondents match or fit the constructs being assessed. As noted in earlier chapters of this text, the model represents an attempt to create a mature clinical science of personology by embodying five key elements: 1. Universal scientific principles: Science grounded in the ubiquitous laws of nature. 2. Subject-oriented theories: Explanatory and heuristic conceptual schemas of nature's expression in what we call "personology" and "psychopathology." 3. A taxonomy of personality patterns and clinical syndromes: A classification and nosology derived logically from a coordinated personality-psychopathology theory. 4. Integrated clinical and personality assessment instruments: Tools that are empirically grounded and quantitatively sensitive. 5. Synergistic therapeutic interventions: Coordinated strategies and modalities of treatment. Just as each person is an intrinsic unity, each component of a clinical science should not remain a separate element of unconnected parts. Rather, each facet of our clinical work—its principles, theories, taxonomy, instrumentation, and therapy—should be integrated into a gestalt, a coupled and synergistic unity in which the whole will be coordinated, and will become more informative and useful than its individual parts. (}

The logic and methodology of the Millon Inventories.
Millon, Theodore
Abstract:
Although undoubtedly biased in my appraisal, I believe that no other group of assessment inventories offers as complete a synthesis of personality styles and classical psychiatric disorders as the Millon Inventories. Moreover, perhaps no other group of instruments is as coordinated with the official DSM and ICD taxonomies of personality disorders as the Millon Inventories, or as conceptually consonant with the multiaxial logic that underlies the DSM. This chapter discusses integrative logic and the process of assessment; the importance of theory to a taxonomy of personality disorders; the polarity model of personality disorders; applying the polarity model to the personality disorders; development of the Millon Inventories; the MCMI; administration and scoring; interpretation; generating clinical domain hypotheses; the Grossman facet scales; the M-PACI and MACI (child-oriented inventories); the MBMD (psychosocial medical inventory); the MCCl (assessing college-level difficulties); and the MIPS-R (assessing normal personality styles).

Millon's dimensional model of personality disorders: A comparative study.
Mullins-Sweatt, Stephanie N., Widiger, Thomas A.
Abstract:
Millon has proposed six fundamental dimensions of general personality functioning as providing the underlying structure of personality disorders. However, this widely-cited theoretical model has been the subject of few empirical studies. The purpose of the current study was to directly compare the validity of this model to the five-factor model with respect to their hypothesized relationships with personality disorder symptomatology. Participants were administered the predominant measures of general personality functioning for each theoretical model, along with an assessment of personality disorder
symptomatology. The results found only weak support for the theoretical model of Millon. Limitations and suggestions for future research are discussed.