DOCUMENT RESUME

ED 458 453 CG 031 312

AUTHOR Staley, Joy D.; Brown, Nathan C.
TITLE Practical Model and Protocol for Interpreting MCMI-III Results to Clients.
PUB DATE 2001-08-00
NOTE 10p.; Paper presented at the Annual Conference of the American Psychological Association (109th, San Francisco, CA, August 24-28, 2001).
PUB TYPE Reports - Descriptive (141) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Clinical Diagnosis; Counseling; *Counselor Client Relationship; Ethics; Helping Relationship; Metaphors; Models; Protocol Analysis; *Psychologists; *Test Results
IDENTIFIERS *Millon Clinical Multiaxial Inventory

ABSTRACT

One ethical dilemma for psychologists is finding methods to share test results with their clients in such a way that the client is not deleteriously labeled, but is encouraged by the knowledge of assessed strength and growth areas. This paper offers one answer by presenting a structured protocol that draws on an iceberg metaphor for categorizing the Millon Clinical Multiaxial Inventory-III (MCMI-III) results. Although based on the theoretical underpinnings of Millon, the Iceberg Model is visually simple and understandable for clients, and available as a handout that can be taken home with them. It also aids the psychologists in treatment planning with clear clinical, childhood, personality, cultural, and situational therapeutic targets. (Contains 2 tables and 14 references.) (Author/JDM)

Running Head: PROTOCOL FOR MCMI-III

Practical Model and Protocol for Interpreting MCMI-III Results to Clients

Joy D. Staley and Nathan C. Brown

Seattle Pacific University

Abstract

One ethical dilemma for psychologists is finding methods to share test results with their clients in such as way that the client is not deleteriously labeled but is encouraged by the knowledge of assessed strength and growth areas. This paper offers one answer by presenting a structured protocol that draws on an iceberg metaphor for categorizing Millon Clinical Multiaxial Inventory-III (MCMI-III) results. Although based on the rich theoretical underpinnings of Millon, the Iceberg Model is visually simple and understandable for clients and available as a handout that can be taken home with them.

Practical Model and Protocol for Interpreting MCMI-III Results to Clients

Introduction

Often psychologists are resistant to sharing test results with clients. In fact, some studies indicated that 69% of psychologists are unlikely to share results of assessments with clients (Berndt, 1983). Even though sharing test results is an ethical principle in the American Psychological Association's (APA) code of conduct (APA, 1992), one reason given for this exclusion is that psychologists have not found adequate methods to share delicate, theoretical, and complex information with a layperson whose ability to process the information may be impaired and the consequential distortion could create greater emotional trauma (Berndt).

As a result of twenty years of clinical experience using the Millon Clinical Multiaxial Inventory (MCMI), I am presenting a practical model called the Iceberg Model (IM) for interpreting results of the MCMI-III that should not only be easy to understand for clients but also supply a structured protocol for psychologists (Friel & Friel used an iceberg model for illustrating addiction, 1988, p. 160). As seen in Figure 1, the IM is designed to add understanding and clarity to idiosyncratic information available on the MCMI-III and provides a link to Millon's (1996) theoretical underpinnings of the MCMI-III.

Procedure

After the testing is completed and the results are available, the clinician starts the process of explaining the IM: Jagged parts above the waterline represent the presenting problems, stressors, or symptoms (such as a relational problem, clinical depression, problems with a child, or a grief reaction) that are impacted by a vast, deeper core of issues submerged under the waterline. Just as only 10-15% of an iceberg is visible, in much the same way a client's treatment issues are often the "seen and known part" of larger underlying psychological and pathological elements. In nature, the sun and wind melt the top of an iceberg. Inevitably, the bottom (hidden beneath the surface) becomes extremely dangerous to ships, just as in the case of ill-fated Titanic. Correspondingly, the hidden or unconscious parts of a person's life gravely impact symptoms but often become less injurious when they are exposed to therapy and treatment.

Visible Layer

The clinician then allows the client to name the presenting problems, writing each on the iceberg's visible part called Treatment Issues. At this time, clinicians often discover data that were not obvious or clear during interviews or intake forms. Although not as vast as the underlying part, a ship captain never minimizes the iceberg's upper parts nor should the symptoms and concomitant pain be minimized for the client.

Abandonment Layer

Subsequently, because of its critical place as a foundation of much dysfunction, IM's lowest layer labeled Abandonment Issues is discussed with the client, including any sexual, spiritual, physical, verbal, emotional, and/or mental abuse (Pollak, Cicchetti, Hornung, & Reed, 2000; Carlson, Cicchetti, Barnett, & Braunwald, 1989). Abandonment can be subtle or understated such as not belonging, neglect (Willett, Ayoub, & Robinson, 1991), lack of attachment (van Ijzendoorn, 1995), or parents who are deceased, divorced, or work out of town. For the child, all of these involve abandonment. Some of these abuses can also exist in adult relationships and can be teased out at this time (e.g., neglect of a partner or lack of belonging).

Personality Layer

Just as client's experiences of abandonment influence symptomatology so does the genetic template of temperament, i.e., the "raw biological material from which personality occurs" (Millon, 1996, p. 17). Just after conception, the fetus begins to experience and interact with the environment, first with mother and then with outside influences such as social roles, culture, socioeconomic status, and family environment (Millon; Verny & Kelly, 1981). This interaction causes changes to a child's temperament, and a personality develops. Children play an active role in this, creating their own environmental conditions, which, in turn, serve as a basis for reinforcing their biological tendencies, a recursive phenomenon (Millon). Furthermore, in personality development, traits appear and sometimes form into clusters to become personality disorders (Millon). By definition, disorders eventually impair work, school, social, and home life. Since personality labels can be deleterious, the psychologist writes on the IM handout general terms and explanations for personality traits (scores 85 or under) or disorders (over 85) as revealed on the client's MCMI-III profile (see Figure 2 for an example).

Clinical Syndrome Layer

Subsequently, personality dynamics form the substrate of the next IM level, i.e., Clinical Diagnoses. As Millon posited, "...knowledge of the patient's personality disorder can be of inestimable value in helping resolve his or her Axis I clinical syndrome" (1996, p. xii). That is, personality and early experiences simultaneously affect the development and nature of psychological structures and function (Millon). In effect, personality disorders actually predispose a person to vulnerability in developing an Axis I clinical syndrome (Millon). Parenthetically, if an Axis I diagnosis is met for social phobia, for example, but not specifically identified on the MCMI-III, it may be added at this time to the IM. Even in this illustration of social phobia, elevations in avoidant personality and general anxiety may be clues that already identify social phobia (see Millon, 1996, p. 272).

Cultural Layer

The clinician now focuses on the next level, Culture, which includes both past and present (Millon, 1996, Szapocznik, & Kurtines, 1993; Segall, Lonner, & Berry, 1998). All the underlying layers of the IM are filtered through an individual's ethnic (Szapocznik, & Kurtines, 1993; Sue and Zane, 1987), familial (Russell & Finnie, 1990), religious, regional, and national cultural milieu (Markus & Kitayama, 1991) as shown in a sample profile and IM in Figures 2 and 3.

Permeable Boundaries

Noteworthy, the IM has permeable boundaries between each section symbolized by the dotted lines. Millon stated that, "...psychopathology develops as a result of an intimate interplay [italics added] of intraorganismic and environmental forces. Such interactions start at the time of conception and continue through life" (1996, p. 91). Comparatively, as an amorphous iceberg's future in the ocean is limited by its shape, so it is that an individual's "history itself is a constraint on future development of that person" (Millon, p. 87).

Summary

In summary, the IM is a practical and easy-to-understand structure for interpreting the MCMI-III results and also lends itself to an appropriate handout for the client to take home for continued processing. It also aids the psychologist's in treatment planning with clear clinical, childhood, personality, cultural, and situational therapeutic targets.

Joy D. Staley can be reached at: Center for Counseling and Psychotherapy, 1015 S. 40th Ave., Suite 23, Yakima, WA. 98908, 509-966-7246, *813, Joyned@aol.com

References

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. American Psychologist, 47, 1597-1611.

Berndt, D. J. (1983). Ethical and professional consideration in psychological assessment. Professional Psychology: Research and Practice, 14, 580-587.

Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989). Disorganized/disoriented attachment relationships in maltreated infants. Developmental Psychology, 25, 525-531.

Friel, J., & Friel, L. (1988). Adult children: The secrets of dysfunctional families. Deerfield Beach, FL: Health Communications.

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. Psychological Review, 98, 224-253.

Millon, T., & Davis, R. D. (1996). Disorders of personality: DSM-IV™ and beyond (2nd edition). New York: John Wiley.

Pollack, S. D., Cicchetti, D., Horning, K., & Reed, A. (2000). Recognizing emotion in faces: Developmental effects of child abuse and neglect. Developmental Psychology, 36, 679-688.

Russell, A., & Finnie, V. (1990). Preschool children's social status and maternal instruction to assist group entry. Developmental Psychology, 26, 603-611.

Segall, M. H., Lonner, W. J., & Berry, J. W. (1998). Cross-cultural psychology as a scholarly discipline on the flowering of culture in behavioral research. American Psychology, 53, 1101-1110.

Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. American Psychologist, 42, 37-45.

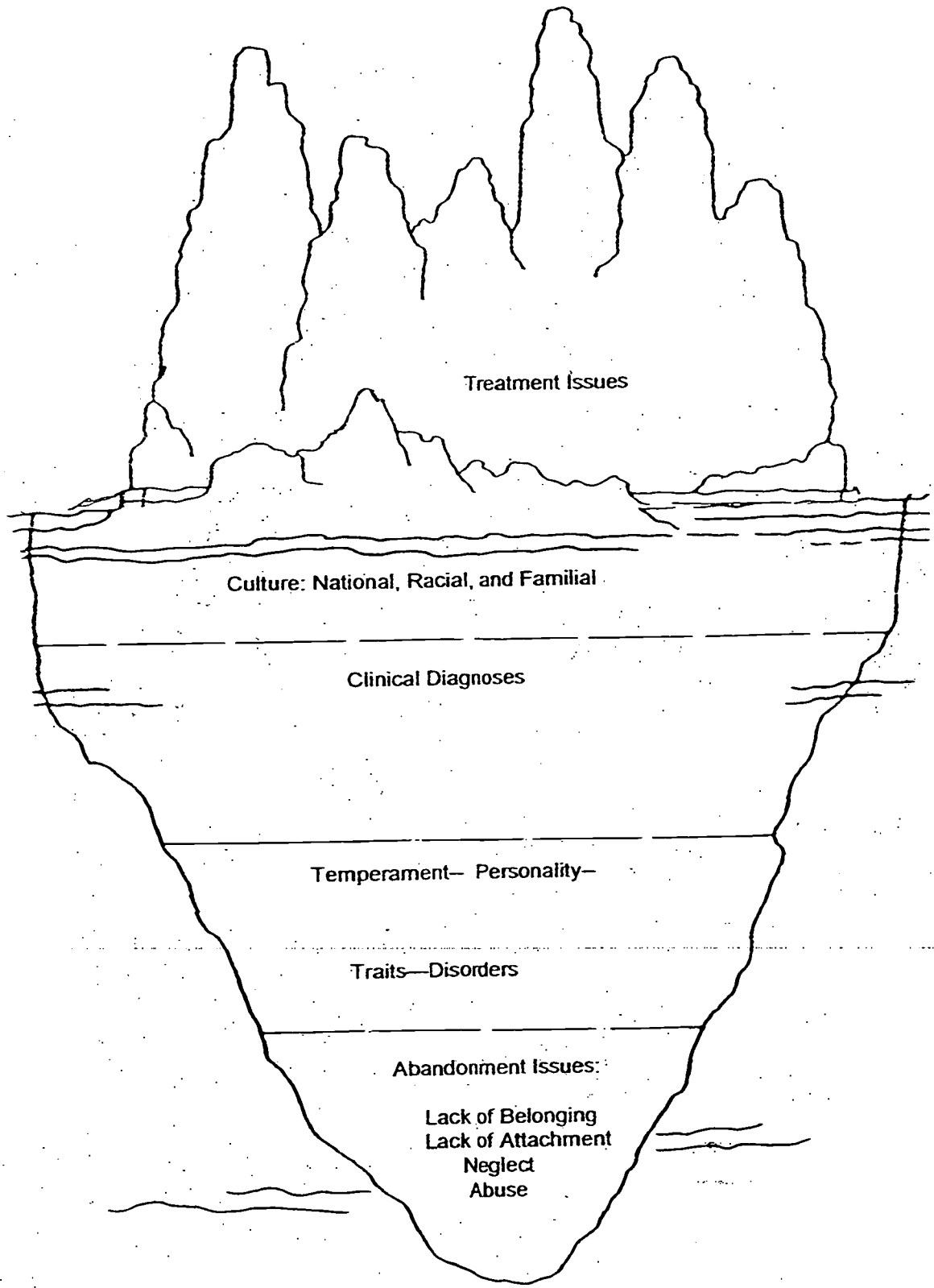
Szapocznik, J., & Kurtines, W. M. (1993). Family psychology and cultural diversity opportunities for theory, research, and application. American Psychologist, 48, 400-407.

Van Ijzendoorn, M. H. (1995). Of the way we are: On temperament, attachment, and the transmission gap: A rejoinder to Fox (1995). Psychological Bulletin, 117, 411-415.

Verny, T., & Kelly, J. (1981). The secret life of the unborn child. New York: Dell.

Willett, J. B., Ayoub, C. C., & Robinson, D. (1991). Using growth modeling to examine systematic differences in growth: An example of change in the functioning of families at risk of maladaptive parenting, child abuse, or neglect. Journal of Consulting and Clinical Psychology, 59, 38-47.

Figure 1. Iceberg Model for Interpreting Results of MCMI-III



MILLON CLINICAL MULTIAXIAL INVENTORY - III

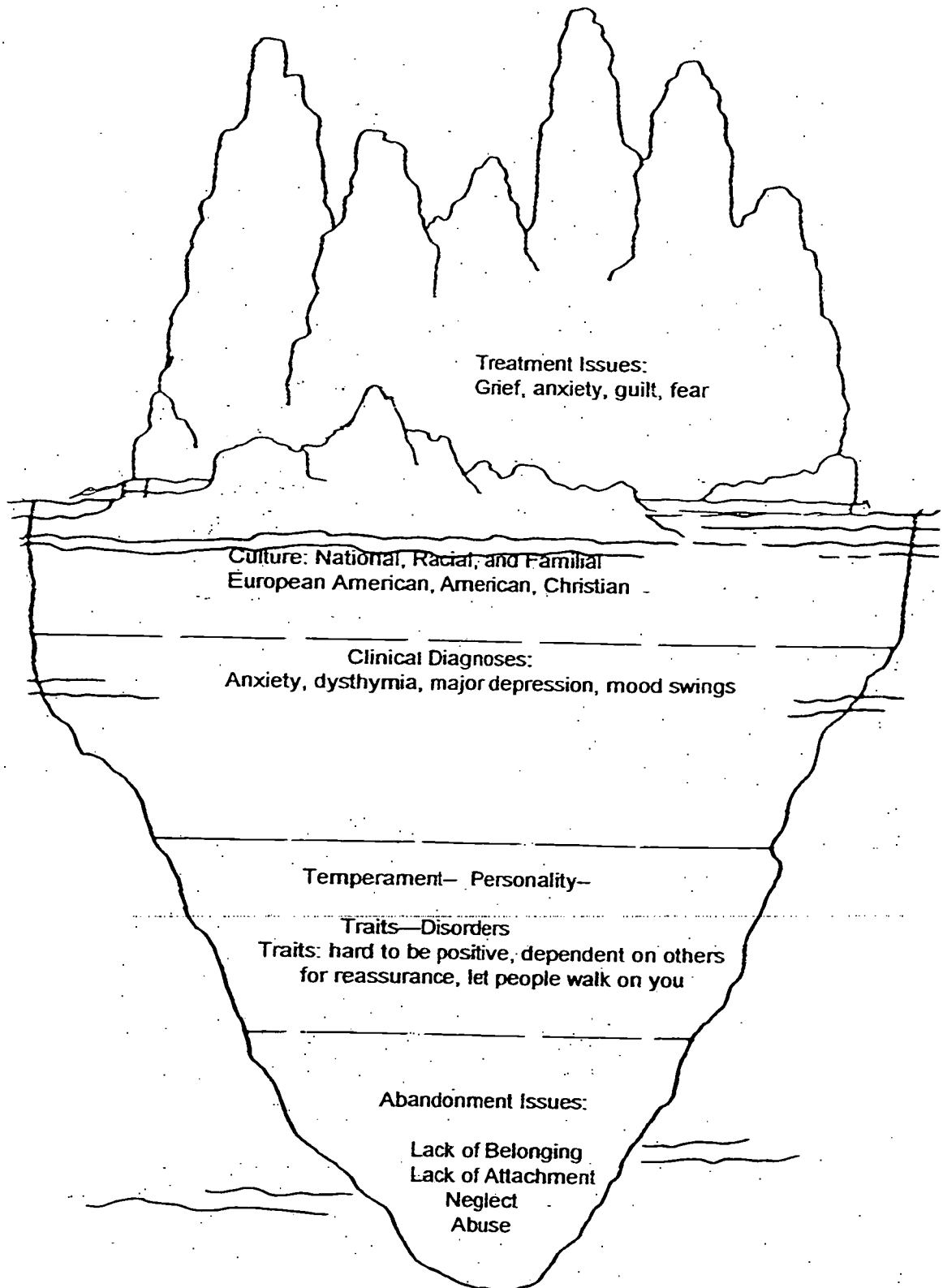
CONFIDENTIAL INFORMATION FOR PROFESSIONAL USE ONLY

Valid Profile

ID NUMBER:
PERSONALITY CODE: 3 ** 8A 8B * 2B 4 2A 6B 6A + 1 5 7 " - ' ' // - ** - * //
SYNDROME CODE: N A ** D R * // - ** CC * //
DEMOGRAPHIC:

CATEGORY		SCORE RAW	SCORE BR	PROFILE OF BR SCORES (0 / 60 / 75 / 85 / 115)	DIAGNOSTIC SCALES
MODIFYING INDICES	X	133	78		DISCLOSURE
	Y	10	47		DESIRABILITY
	Z	22	80		DEBASEMENT
CLINICAL PERSONALITY PATTERNS	1	6	56		SCHIZOID
	2A	10	64		AVOIDANT
	2B	13	72		DEPRESSIVE
	3	18	91		DEPENDENT
	4	19	72		HISTRIONIC
	5	11	56		NARCISSISTIC
	6A	7	60		ANTISOCIAL
	6B	11	64		SADISTIC
	7	14	52		COMPULSIVE
	8A	17	79		NEGATIVISTIC
	8B	11	79		MASOCHISTIC
SEVERE PERSONALITY PATHOLOGY	S	13	66		SCHIZOTYPAL
	C	11	68		BORDERLINE
	P	8	64		PARANOID
CLINICAL SYNDROMES	A	14	89		ANXIETY DISORDER
	H	12	72		SOMATOFORM DISORDER
	N	15	92		BIPOLAR: MANIC DISORDER
	D	17	82		DYSTHYMIC DISORDER
	B	3	58		ALCOHOL DEPENDENCE
	T	2	57		DRUG DEPENDENCE
	R	17	77		POST-TRAUMATIC STRESS
SEVERE CLINICAL SYNDROMES	SS	17	72		THOUGHT DISORDER
	CC	13	77		MAJOR DEPRESSION
	PP	2	57		DELUSIONAL DISORDER

Figure 2. Client example of Iceberg Model for Interpreting Results of MCMI-III



U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

REPRODUCTION RELEASE

(Specific Document)

I. DOCUMENT IDENTIFICATION:

Title: Practical Model & Protocol for Interpreting M.C.M.I-III Results to Clien

Author(s): Joy D. Staley, Nathan C. Brown

Corporate Source:

Publication Date:

II. REPRODUCTION RELEASE:

In order to disseminate as widely as possible timely and significant materials of interest to the educational community, documents announced in the monthly abstract journal of the ERIC system, *Resources in Education* (RIE), are usually made available to users in microfiche, reproduced paper copy, and electronic media, and sold through the ERIC Document Reproduction Service (EDRS). Credit is given to the source of each document, and, if reproduction release is granted, one of the following notices is affixed to each document.

If permission is granted to reproduce and disseminate the identified documents, please CHECK ONE of the following three options and sign at the bottom of the page.

The sample sticker shown below will be affixed to all Level 1 documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

Joy D. Staley

Joy D Staley

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

1

Level 1

☒

Check here for Level 1 release, permitting reproduction and dissemination in microfiche or other ERIC archival media (e.g., electronic) *and* paper copy.

The sample sticker shown below will be affixed to all Level 2A documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2A

Level 2A

☐

Check here for Level 2A release, permitting reproduction and dissemination in microfiche and in electronic media for ERIC archival collection subscribers only

The sample sticker shown below will be affixed to all Level 2B documents

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

2B

Level 2B

☐

Check here for Level 2B release, permitting reproduction and dissemination in microfiche only

Documents will be processed as indicated provided reproduction quality permits.
If permission to reproduce is granted, but no box is checked, documents will be processed at Level 1.

I hereby grant to the Educational Resources Information Center (ERIC) nonexclusive permission to reproduce and disseminate these documents as indicated above. Reproduction from the ERIC microfiche or electronic media by persons other than ERIC employees and its system contractors requires permission from the copyright holder. Exception is made for non-profit reproduction by libraries and other service agencies to satisfy information needs of educators in response to discrete inquiries.

Sign here, please

Signature: Joy D Staley	Printed Name/Position/Title: Joy D. Staley, Therapist	
Organization/Address: 4015 S. 40th Ave, Suite 23, Yakima, WA 98901	Telephone: 509-966-7246	FAX: 509-966-5731
	E-Mail Address: Joyned@aol.com	Date: 11-13-01

APA '01

III. DOCUMENT AVAILABILITY INFORMATION (FROM NON-ERIC SOURCE):

If permission to reproduce is not granted to ERIC, *or*, if you wish ERIC to cite the availability of these documents from another source, please provide the following information regarding the availability of these documents. (ERIC will not announce a document unless it is publicly available, and a dependable source can be specified. Contributors should also be aware that ERIC selection criteria are significantly more stringent for documents that cannot be made available through EDRS.)

Publisher/Distributor:
Address:
Price:

IV. REFERRAL OF ERIC TO COPYRIGHT/REPRODUCTION RIGHTS HOLDER:

If the right to grant this reproduction release is held by someone other than the addressee, please provide the appropriate name and address:

Name:
Address:

V. WHERE TO SEND THIS FORM:

Send this form to the following ERIC Clearinghouse:

ERIC Counseling & Student Services
University of North Carolina at Greensboro
201 Ferguson Building
PO Box 26171
Greensboro, NC 27402-6171