MACI™
Millon™ Adolescent Clinical Inventory
Interpretive Report with Grossman Facet Scales

Theodore Millon, PhD, DSc

Name:	Sample Interpretive Report
ID Number:	98765
Age:	15
Gender:	Female
Education:	High School Sophomore
Date Assessed:	07/09/2005

[4.7 / 59 / 2.0.8]

PERSONALITY CODE: 12A**8B*36A//E**-*ABF//-**EE*FF//

VALID REPORT DATE: 07/09/2005

CATEGORY		SCORE RAW	SCORE BR	PROFILE OF BR SCORES (0 60 75 85 115)	DIAGNOSTIC SCALES
MODIFYING INDICES	X	386	64		DISCLOSURE
	Y	11	60		DESIRABILITY
	Z	8	60		DEBASEMENT
PERSONALITY PATTERNS	1	49	114		INTROVERSIVE
	2A	47	90		INHIBITED
	2B	15	43		DOLEFUL
	3	60	73		SUBMISSIVE
	4	15	27		DRAMATIZING
	5	26	37		EGOTISTIC
	6A	26	61		UNRULY
	6B	5	14		FORCEFUL
	7	50	58		CONFORMING
	8A	18	53		OPPOSITIONAL
	8B	39	76		SELF-DEMEANING
	9	14	39		BORDERLINE TENDENCY
EXPRESSED CONCERNS	A	22	63		IDENTITY DIFFUSION
	B	34	63		SELF-DEVALUATION
	C	18	52		BODY DISAPPROVAL
	D	29	47		SEXUAL DISCOMFORT
	E	32	109		PEER INSECURITY
	F	27	63		SOCIAL INSENSITIVITY
	G	8	36		FAMILY DISCORD
	H	10	36		CHILDHOOD ABUSE
CLINICAL SYNDROMES	AA	25	58		EATING DYSFUNCTIONS
	BB	25	53		SUBSTANCE-ABUSE PRONENESS
	CC	21	50		DELINQUENT PREDISPOSITION
	DD	11	34		IMPULSIVE PROPENSITY
	EE	38	77		ANXIOUS FEELINGS
	FF	18	65		DEPRESSIVE AFFECT
	GG	14	48		SUICIDAL TENDENCY

FACET SCORES FOR HIGHEST PERSONALITY SCALES BR 65 OR HIGHER

HIGHEST PERSONALITY SCALE BR 65 OR HIGHER: SCALE 1 Introversive

SCALE	SCORE RAW	SCORE BR	PROFILE OF BR SCORES (0 60 70 80 90 100)	FACET SCALES
1.1	5	81		Expressively Impassive
1.2	3	79		Temperamentally Apathetic
1.3	7	99		Interpersonally Unengaged

SECOND-HIGHEST PERSONALITY SCALE BR 65 OR HIGHER: SCALE 2A Inhibited

SCALE	SCORE RAW	SCORE BR	PROFILE OF BR SCORES (0 60 70 80 90 100)	FACET SCALES
2A.1	5	70		Expressively Fretful
2A.2	11	94		Interpersonally Aversive
2A.3	5	60		Alienated Self-Image

THIRD-HIGHEST PERSONALITY SCALE BR 65 OR HIGHER: SCALE 8B Self-Demeaning

SCALE	SCORE RAW	SCORE BR	PROFILE OF BR SCORES (0 60 70 80 90 100)	FACET SCALES
8B.1	4	47		Cognitively Diffident
8B.2	6	79		Undeserving Self-Image
8B.3	3	42		Temperamentally Dysphoric

COMPLETE LISTING OF MACI GROSSMAN FACET SCALE SCORES

		RAW	BR
1	**Introversive**		
1.1	Expressively Impassive	5	81
1.2	Temperamentally Apathetic	3	79
1.3	Interpersonally Unengaged	7	99
2A	**Inhibited**		
2A.1	Expressively Fretful	5	70
2A.2	Interpersonally Aversive	11	94
2A.3	Alienated Self-Image	5	60
2B	**Doleful**		
2B.1	Temperamentally Woeful	3	45
2B.2	Expressively Disconsolate	2	59
2B.3	Cognitively Pessimistic	3	53
3	**Submissive**		
3.1	Interpersonally Docile	5	84
3.2	Temperamentally Pacific	10	95
3.3	Expressively Incompetent	5	70
4	**Dramatizing**		
4.1	Interpersonally Attention-Seeking	2	4
4.2	Gregarious Self-Image	4	14
4.3	Cognitively Flighty	1	12
5	**Egotistic**		
5.1	Admirable Self-Image	5	41
5.2	Cognitively Expansive	1	6
5.3	Interpersonally Exploitive	3	70

		RAW	BR
6A	**Unruly**		
6A.1	Expressively Impulsive	2	22
6A.2	Acting-Out Mechanism	5	74
6A.3	Interpersonally Irresponsible	2	24
6B	**Forceful**		
6B.1	Interpersonally Abrasive	0	0
6B.2	Expressively Precipitate	2	37
6B.3	Isolation Mechanism	1	42
7	**Conforming**		
7.1	Expressively Disciplined	6	60
7.2	Interpersonally Respectful	10	99
7.3	Conscientious Self-Image	5	55
8A	**Oppositional**		
8A.1	Discontented Self-Image	1	31
8A.2	Expressively Resentful	4	48
8A.3	Interpersonally Contrary	0	0
8B	**Self-Demeaning**		
8B.1	Cognitively Diffident	4	47
8B.2	Undeserving Self-Image	6	79
8B.3	Temperamentally Dysphoric	3	42
9	**Borderline Tendency**		
9.1	Temperamentally Labile	1	20
9.2	Cognitively Capricious	3	25
9.3	Uncertain Self-Image	5	75

For each of the Personality Patterns scales (the scale names shown in **bold**), scores on the three facet scales are shown beneath the scale name.

The MACI report narratives have been normed on adolescent patients seen in professional treatment settings for either genuine emotional discomforts or social difficulties and are applicable primarily during the early phases of assessment or psychotherapy. Distortions such as exaggerated severity may occur among respondents who have inappropriately taken the MACI for essentially educational or self-exploratory purposes. Inferential and probabilistic, this report must be viewed as only one aspect of a thorough diagnostic study. Moreover, these inferences should be reevaluated periodically in light of the pattern of attitude change and emotional growth that typifies the adolescent period. For these reasons, it should not be shown to patients or their relatives.

INTERPRETIVE CONSIDERATIONS

In addition to the preceding considerations, the interpretive narrative should be evaluated in light of the following demographic and situational factors. This 15-year-old female is currently in the tenth grade. In the demographic portion of the test, she identifies "lack of confidence" and "lack of friends" as the problems that are troubling her the most. The response style of this adolescent showed no test-taking attitudes that would significantly distort MACI results.

No adjustments were made to the BR scores of this individual to account for any undesirable response tendencies.

PERSONALITY PATTERNS

This section of the interpretive report pertains to those relatively enduring and pervasive characterological traits that underlie the personal and interpersonal difficulties of this adolescent. Rather than focus on specific complaints and problem areas, to be discussed in later paragraphs, this section concentrates on the more habitual, maladaptive methods of relating, behaving, thinking, and feeling.

She deals with her anxiety and mistrust of others by muting her feelings. In addition, she thinks poorly of her abilities. Both her fears and her low self-esteem are reflected in her shy and withdrawn behaviors. Although hesitant to reveal publicly what she feels is worthless within herself, she strongly believes that she is both unattractive and unappealing to others. Protectively, she has chosen the pathway of social withdrawal and isolation. This decrease in her social relationships has prevented her from experiencing opportunities that might help modify her poor self-image. As a result, she may have become excessively self-absorbed, unassertive, dysthymic, and shy. Quite possibly, the ordinary responsibilities and give-and-take of everyday social and family life may be felt to be more than she can bear. Moodiness, cranky episodes, and feelings of anxiety may also arise with some frequency.

This adolescent experiences considerable concern, although it is well cloaked and denied, about her attractiveness, her adequacy at school, and her poor relationships with peers. As a result, she may have delayed initially in accepting recommendations for psychological help, waiting a long time after her difficulties became troublesome. Even after she is engaged in treatment, cooperation in sharing relevant information with her clinician may be minimal. As in her relationships with peers and, perhaps, her family, she may withdraw and show fearful and untrusting behaviors.

Her first attempts to reach out toward others are likely to take the form of complaints and criticisms. Any social action should be seen as a sign of her breaking out of her isolation and be accepted as a step, therefore, in the right direction. However, others may be put off by her shyness, dysthymia, and cranky behavior. People who can show a caring and sympathetic attitude toward her will help in gaining her trust and help begin the building of needed social skills.

GROSSMAN PERSONALITY FACET SCALES

The Grossman facet scales are designed to facilitate interpretation of elevations on the Personality Patterns scales by helping to pinpoint the specific personality processes (e.g., self-image, interpersonal relations) that underlie overall scale elevations. A careful analysis of this adolescent's facet scale scores suggests that the following characteristics are among her most prominent personality features.

Most notable is her indifference to the behavior and feelings of others, as evident in few close relationships, minimal "human" interests, and limited personal involvements in school or family settings. An inability to engage in the give-and-take of relationships may frequently be observed. She may be an isolate, disengaged from group interactions, seemingly involved in her own preoccupations. It appears to be difficult for her to mix with others even in pleasant social activities.

Also salient are her broad-based social anxiety and fearful guardedness. These stem from a desire for acceptance by others that is countered by a deep hesitancy owing to the anticipation of humiliation and rejection, resulting in her distancing behaviors and feelings of personal exclusion. She is likely to be shy and apprehensive, displaying discomfort in school and social situations and actively shrinking from the give-and-take of most personal relationships.

Also worthy of attention are her deficits in motoric and emotive expressiveness. She tends to be phlegmatic and lacking in spontaneity, which results in diminished vitality and a generally sluggish and colorless demeanor. Her speech may be slow and monotonous, characterized by an absence of affect and by obscurities that may signify either inattentiveness or failure to grasp the emotional dimensions of communication. Her movements may be lethargic and lacking in rhythmic or expressive gestures.

Early management and treatment efforts are likely to produce optimal results if they are oriented toward modifying the personality features just described.

EXPRESSED CONCERNS

The scales in this section pertain to the personal perceptions of this adolescent concerning several issues of psychological development, actualization, and concern. Because experiences at this age are notably subjective, it is important to record how this teenager sees events and reports feelings, not just how others may objectively report them to be. For comparative purposes, her attitudes regarding a wide range of personal, social, and familial matters are contrasted with those expressed by a broad cross section of teenagers of the same sex and age with psychological problems.

This young woman has had many problems with peer relationships. She sadly reports strong feelings of peer rejection and sees herself as unsuccessful in obtaining social approval. Fearful of repeated rejection, she may limit her activities to the family network, unwilling to move beyond these early and often equally problematic attachments.

CLINICAL SYNDROMES

The features and dynamics of the following distinctive clinical syndromes are worthy of description and analysis. They may arise in response to external precipitants, but are likely to reflect and accentuate enduring and pervasive aspects of this young woman's basic personality makeup.

This young woman appears to be suffering from anxiety of moderate intensity, perhaps at a level in accord with her general psychological state. Among her likely symptoms are gastrointestinal pains, fatigue, and a pervasive disquiet, distractibility, and social edginess. Basically shy and lacking in self-esteem, she may be apprehensive about trivial matters. Equally worrisome concerns may be expressed about her feminine attractiveness and romantic adequacy.

NOTEWORTHY RESPONSES

The client answered the following statements in the direction noted in parentheses. These items suggest specific problem areas that the clinician may wish to investigate.

Acute Distress
64. Omitted Item (True)
133. Omitted Item (True)
160. Omitted Item (True)

Dangerous Ideation
76. Omitted Item (True)
123. Omitted Item (True)

Emotional Isolation
35. Omitted Item (True)
38. Omitted Item (True)
69. Omitted Item (True)
85. Omitted Item (True)
106. Omitted Item (True)
119. Omitted Item (True)
142. Omitted Item (True)

Anorexic Tendency
29. Omitted Item (True)
48. Omitted Item (True)

Special Note:
The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

65. Omitted Item (True)
105. Omitted Item (True)

Bulimic Tendency
11. Omitted Item (True)
82. Omitted Item (True)
124. Omitted Item (True)

Drug-Abuse Inclination
75. Omitted Item (True)
134. Omitted Item (True)

Alcohol-Abuse Inclination
22. Omitted Item (True)
57. Omitted Item (True)
152. Omitted Item (True)

Childhood Abuse
No items.

DIAGNOSTIC HYPOTHESES

Although the diagnostic criteria used in the MACI differ somewhat from those in the *DSM-IV-TR®*, there are sufficient parallels to recommend consideration of the following assignments. More definitive judgments should draw upon biographical, observational, and interview data in addition to self-report inventories such as the MACI.

Axis II: Personality Disorders, Traits, and Features
Although traits and features of personality disorders are often observable in adolescents, the data from the MACI should not be used to assign diagnostic labels without additional clinical information. Even when assigned, diagnostic labels tend to be less stable for adolescents than for adults. The traits listed below are suggested by the MACI results and may be important adjuncts to the diagnostic process.

Schizoid and Avoidant Personality Traits
with Self-Defeating and Dependent Features

Axis I: Clinical Syndromes
The following list contains suggested clinical syndromes and other conditions relating to the *DSM-IV-TR®* that may be a focus of clinical attention.

300.02 Generalized Anxiety Disorder (includes Overanxious Disorder of Childhood)
Also consider: 309.24 Adjustment Disorder with Anxiety

PROGNOSTIC AND THERAPEUTIC IMPLICATIONS

Involvement in therapy will not be a positive experience for this interesting adolescent. Not inclined to believe that the therapist will act in her best interests, she may actively resist exposing weaknesses or report relevant complaints. Treatment efforts for this introversive and anxious young woman are best directed toward countering her withdrawal tendencies. Minimally introspective and exhibiting diminished affect and energy, she must be prevented, through therapy, from becoming totally isolated from the support of a benign environment. She probably pursues with diligence only those activities required by school or by family obligations. By shrinking her interpersonal milieu, she precludes any exposure to new experiences. Of course, this is her preference, but such behavior only fosters her isolated and withdrawn existence. Therefore, the therapist should ensure continuation of some social activity to prevent her from becoming lost in asocial and fantasy preoccupations. Encouragement of excessive social activity should be avoided, however, because the patient's tolerance and competency in this area are limited. Nevertheless, it is most important to avoid being put off by her suspicious and distancing behavior.

This adolescent's initial receptivity to therapy may create the misleading impression that progress will be rapid. In fact, therapy may recapitulate her established conflict between wanting acceptance and fearing placement in a vulnerable position. Sensitive and fearful of humiliation, she may view therapy as too dangerous and self-revealing. Persuading her to forego her long-standing needs and expectations may prove to be slow and arduous. Support should be provided to ease her tensions, particularly her feeling that the pressures and demands of adults inevitably result in disapproval.

Psychopharmacological treatment methods may be indicated. Trial periods with a number of stimulants may be explored to determine whether any enhance her energy and social receptivity. Stimulants should be used with caution, however, because they may activate feelings that this adolescent is ill-equipped to handle. In addition, stimulants may not be the drug of choice if other disorders, such as a co-existing anxiety disorder, are also present. Attempts to cognitively reorient her attitudes may be useful in gaining insight into unwarranted fears and in motivating interpersonal sensitivity and activity. Techniques of behavior modification may be valuable in developing new social skills. Group and family methods may be useful in encouraging and testing out constructive social attitudes. In these benign settings, she may begin to alter her social image and develop both the motivation and the skills for developing a more effective interpersonal style. Preceding or combining group programs with individual treatment sessions would aid in forestalling untoward social discomfort on her part.

Efforts to enhance this teenager's social interest must proceed in a slow, step-by-step manner so she is not pushed beyond tolerable limits. Careful and well-reasoned therapeutic communication may foster her willingness to adopt more rational and realistic beliefs about herself and others. The therapist should be alert to the spheres of life in which this adolescent possesses positive emotional inclinations and should encourage her to undertake activities consonant with these tendencies.

End of Report

NOTE: This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.

ITEM RESPONSES

1: 2	2: 2	3: 1	4: 2	5: 1	6: 1	7: 1	8: 1	9: 1	10: 1
11: 1	12: 2	13: 1	14: 2	15: 2	16: 2	17: 1	18: 1	19: 1	20: 2
21: 2	22: 1	23: 1	24: 2	25: 2	26: 2	27: 1	28: 2	29: 1	30: /
31: 1	32: 1	33: 2	34: 1	35: 1	36: 1	37: 2	38: 1	39: 1	40: 2
41: 2	42: 1	43: 2	44: 2	45: 2	46: 2	47: 1	48: 1	49: 2	50: 1
51: 2	52: 2	53: 2	54: 2	55: 1	56: 2	57: 1	58: 2	59: 1	60: 2
61: 2	62: 2	63: 2	64: 1	65: 1	66: 2	67: 2	68: 1	69: 1	70: 2
71: 2	72: 2	73: 2	74: 2	75: 1	76: 1	77: 2	78: 2	79: 1	80: 1
81: 1	82: 1	83: 1	84: 2	85: 1	86: 2	87: 2	88: 2	89: 1	90: 2
91: 2	92: 2	93: 1	94: 2	95: 2	96: 1	97: 2	98: 2	99: 1	100: 1
101: 1	102: 1	103: 2	104: 1	105: 1	106: 1	107: 2	108: 1	109: 2	110: 1
111: 1	112: 1	113: 1	114: 2	115: 1	116: 2	117: 2	118: 2	119: 1	120: 2
121: 2	122: 1	123: 1	124: 1	125: 2	126: 2	127: 1	128: 2	129: 2	130: 1
131: 1	132: 1	133: 1	134: 1	135: 1	136: 1	137: 2	138: 2	139: 2	140: 1
141: 2	142: 1	143: 2	144: 2	145: 2	146: 2	147: 2	148: 2	149: 2	150: 2
151: 1	152: 1	153: 2	154: 2	155: 2	156: 2	157: 2	158: 2	159: 1	160: 1