MACI®-II

Millon® Adolescent Clinical Inventory-II

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Interpretive Report with Grossman Facet Scales

Theodore Millon, PhD, DSc, & Robert Tringone, PhD

Name:	Samuel Sample
ID Number:	64352
Age:	17
Gender:	Male
Setting:	Juvenile Justice/Corrections
Current School Grade:	12th Grade
Administration Language:	English
Date Assessed:	02/05/2020

[1.10 / 2 / QG]

MILLON ADOLESCENT CLINICAL INVENTORY–II

PROFILE SUMMARY—VALID

INVALIDITY (V) RAW SCORE = 0
INCONSISTENCY (W) RAW SCORE = 4

RESPONSE NEGATIVITY (X) RAW SCORE = 19
RESPONSE NEGATIVITY (X) PERCENTILE SCORE = 66

PERSONALITY PATTERNS		Score Raw	PR	BR	Profile of BR Scores 0 60 75 85 115
					Feature Trait Type
Introversive	1	6	39	51	
Inhibited	2	4	22	24	
Submissive	3	1	6	8	
Dramatizing	4	3	14	23	
Egotistic	5	5	30	43	
Unruly	6A	12	87	85	
Forceful	6B	12	95	77	
Conforming	7	3	2	11	
Discontented	8A	12	64	69	
Aggrieved	8B	2	12	13	
Borderline Tendency	9	4	26	30	

EXPRESSED CONCERNS		Score Raw	PR	BR	Profile of BR Scores 0 60 75 85 115
					Present Prominent
Identity Diffusion	A	2	19	20	
Self-Devaluation	B	4	30	32	
Peer Insecurity	C	1	22	12	
Family Discord	D	12	91	97	

CLINICAL SYNDROMES		Score Raw	PR	BR	Profile of BR Scores 0 60 75 85 115
					Present Prominent
Binge-Eating Patterns	AA	0	23	0	
Substance-Abuse Proneness	BB	10	91	81	
Delinquent Predisposition	CC	11	89	91	
Anxious Feelings	DD	1	5	9	
Depressive Affect	EE	2	18	18	
Suicidal Tendency	FF	0	18	0	
Disruptive Mood Dysregulation	GG	11	72	72	
Post-Traumatic Stress	HH	11	87	79	
Reality Distortions	II	0	7	0	

MILLON ADOLESCENT CLINICAL INVENTORY–II

FACET SCALES FOR HIGHEST ELEVATED PERSONALITY SCALES

FACET SCALES		Score Raw	Score PR	Profile of PR Scores 0 50 75 100
Unruly	**6A**			Interpretable
Expressively Impulsive	6A.1	5	85	
Acting-Out Mechanism	6A.2	7	93	
Interpersonally Irresponsible	6A.3	8	95	
Forceful	**6B**			
Interpersonally Abrasive	6B.1	6	97	
Expressively Precipitate	6B.2	5	70	
Temperamentally Hostile	6B.3	5	92	
Discontented	**8A**			
Dispirited Self-Image	8A.1	4	67	
Expressively Resentful	8A.2	5	46	
Interpersonally Contrary	8A.3	9	96	

GROSSMAN FACET SCALE SCORES

		Raw	PR
1	**Introversive**		
1.1	Expressively Impassve	1	19
1.2	Temperamentally Apathetic	0	10
1.3	Interpersonally Unengaged	4	57
2	**Inhibited**		
2.1	Expressively Fretful	0	2
2.2	Interpersonally Aversive	4	46
2.3	Alienated Self-Image	4	38
3	**Submissive**		
3.1	Interpersonally Docile	1	2
3.2	Temperamentally Pacific	4	7
3.3	Expressively Incompetent	3	19
4	**Dramatizing**		
4.1	Interpersonally Attention-Seeking	5	57
4.2	Gregarious Self-Image	4	41
4.3	Temperamentally Fickle	2	23
5	**Egotistic**		
5.1	Admirable Self-Image	2	34
5.2	Cognitively Expansive	6	80
5.3	Interpersonally Exploitive	6	90
6A	**Unruly**		
6A.1	Expressively Impulsive	5	85
6A.2	Acting-Out Mechanism	7	93
6A.3	Interpersonally Irresponsible	8	95

		Raw	PR
6B	**Forceful**		
6B.1	Interpersonally Abrasive	6	97
6B.2	Expressively Precipitate	5	70
6B.3	Temperamentally Hostile	5	92
7	**Conforming**		
7.1	Expressively Disciplined	4	8
7.2	Interpersonally Respectful	3	4
7.3	Conscientious Self-Image	3	23
8A	**Discontented**		
8A.1	Dispirited Self-Image	4	67
8A.2	Expressively Resentful	5	46
8A.3	Interpersonally Contrary	9	96
8B	**Aggrieved**		
8B.1	Cognitively Diffident	4	40
8B.2	Undeserving Self-Image	2	27
8B.3	Temperamentally Dysphoric	1	22
9	**Borderline Tendency**		
9.1	Temperamentally Labile	3	37
9.2	Interpersonally Paradoxical	5	64
9.3	Uncertain Self-Image	2	29

The following interpretive report is based on normative data that were obtained from 13- to 18-year-olds who were being seen in professional treatment settings for emotional, behavioral, social and/or academic problems. Exaggerated statements of severity may be reported for respondents who took the MACI–II for purposes other than clarification of such clinical concerns and scores reported for respondents who do not fit the normative profile may not be accurate. Further, owing to fluctuations in emotion, behavior, cognition, and self-awareness that are characteristic of this age group, the report should be considered a "snapshot" of this adolescent's emerging and changeable psychological attitudes, behavioral patterns, and self-perceptions.

Note that this report is based in part on psychological inferences in addition to empirical correlates with clinical judgment. It is, therefore, composed of probabilistic statements. The MACI–II report cannot be considered definitive and should be employed as one component of a thorough clinical evaluation. Scores in this report should be evaluated by a qualified mental health clinician trained in the use of psychological tests and should not be shown directly to either the adolescent or their parent(s) or guardian(s) without careful consideration and clinical discretion.

INTERPRETIVE CONSIDERATIONS

In addition to the preceding considerations, the interpretive narrative should be evaluated in light of the following demographic and situational factors. This 17-year-old is currently in the 12th grade. In the demographic portion of the test, he did not identify any specific problems that are troubling him.

This adolescent's score on the Response Negativity scale is at the 66th percentile, placing it in the middle 50% of scores (i.e., the 25th through 75th percentile) obtained by the MACI–II normative sample. This middle-range score suggests that it is unlikely that he substantially underreported or overreported problems when completing the inventory.

PERSONALITY PATTERNS

This section of the interpretive report pertains to those relatively enduring and potentially pervasive personality characteristics that underlie the interpersonal and intrapersonal difficulties this adolescent may have. With adolescents, it is important to note that these personality characteristics can manifest themselves at different frequency rates and intensity levels depending on the setting, situation, and people around them while, at the same time, remaining consistent with the essence of their origins and motivating strategies. It is further noted that these characteristics tend to perpetuate themselves so that they become more stable over time. This section outlines the more habitual ways in which this adolescent behaves, thinks, feels, and relates.

This adolescent wants to be seen as assertive and self-assured. He is a leader, not a follower, and wants to project a strong and tough presence. He is decisive in his actions, has a take charge attitude, and likes to be in control. He takes pride in his candor and frankness. In public forums, his opinions may be offered under the guise of being honest and "keeping it real" with limited empathy for others. He is someone who enjoys stirring up controversy, playing devil's advocate, offering opposing views, and having the last word. Interactions with him can become exasperating since he is not one to back down. He remains firm and resolute in his beliefs while others, in contrast, may see him as willful and headstrong. Undaunted by danger or fear, he embraces challenges and often sees situations from a competitive vantage point.

The behavior of this adolescent is motivated by his desire to display an image of toughness and fearlessness. He projects a defiant and combative air, is socially arrogant and provocative, and takes pride in his blunt assertiveness and callous boldness. Actions that raise questions of personal integrity, such as a ruthless

indifference to the rights of others, may indicate a pervasive deficiency in his social conscience. Deeply felt resentments toward family members or authority figures are projected outward, precipitating frequent arguments and fights, antagonism, and social, family, and possible legal difficulties. Others are often seen as belligerent and hostile themselves; hence, his perceptions justify his defensive aggressiveness. Closeness to others and a willingness to compromise are seen as displays of weakness that can be avoided by acting tough, arrogant, and brash.

Most notably, he exhibits a rash and impulsive willingness to court danger and risk harm. He acts fearless in the face of threats and punitive action. Punishment tends to reinforce his rebellious, defiant, and hostile attitudes. Antisocial behaviors, including violating the rights of others, may have become prominent. He lacks the patience to pursue academic achievements and he typically justifies his irresponsible social behavior with boastful arrogance and transparent excuses and lies.

Quite often, this adolescent is obstructive, touchy, and jealous, inclined to brood and harbor grudges, and it is common for him to ascribe malicious motivations to others. Easily provoked, he may express sudden and unanticipated brutality, leave home, and engage in risky and daring activities. His thin façade of control and sociability can quickly give way to antagonistic and provocative comments, and he often obtains vindictive gratification by humiliating and dominating others. The desire to provoke fear and to intimidate others is deeply felt and stems from his need to overcome his sense of inner weakness and vindicate what he sees as past injustices. A marked suspicion of authority causes him to feel secure only when he can assert his power to intimidate. A combative attitude prepares him to attack those whom he distrusts.

GROSSMAN 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 his most prominent personality features.

Most notable is this adolescent's overtly rough or pugnacious temper, which may periodically flare into contentious arguments or aggression, the latter evident occasionally in a fractious willingness to harm others. Beyond a callous disdain for the rights of others, he may be deficient in the capacity to share tender feelings, the ability to experience genuine affection and love, or the compassion to empathize with others' needs. If he possesses a particularly vicious disposition, there may be a sense of perverse pleasure from the thought or the act of hurting younger peers or siblings or in seeing them humiliated and in pain.

Also salient are the conflicting roles this adolescent portrays in relationships due to an underlying active ambivalence. This is evident in the frequent vacillations between dependent and cooperative acquiescence and assertive and hostile independence. Ordinary demands can elicit resentment and an oppositional stance, which can be manifest in reluctant compliance, half-hearted efforts or, at other times, outright refusal. A simmering mixture of contradictory feelings and countervailing inclinations can influence most interactions as he cycles through periods of stubbornness and contentiousness followed by periods of sullenness and contrition, thereby perpetuating the pattern. The changeability of moods, attitudes, and behaviors exasperates others and leads to endless wrangles.

Also worthy of attention is a strong tendency to be socially untrustworthy and unreliable. Whether intentionally or carelessly, he may frequently fail to meet family and peer obligations, thereby violating conventional or legal codes. Having learned others cannot be trusted, he may have few feelings of loyalty and may be irresponsible and scheming beneath a veneer of politeness and civility. Others, including peers and teachers, may be used as a means to an end, often subordinating or demeaning them so that whatever grievances and humiliations that are

believed to have been experienced in the past can be vindicated.

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 this adolescent's perceptions concerning key issues of psychological development and concern. Since experiences at this age are notably subjective, it is important to record this adolescent's self-perceptions of identity, self-esteem, and relationships. For comparative purposes, this adolescent's attitudes and beliefs regarding a range of personal, social, and familial matters are contrasted with those expressed by a broad cross section of adolescents of similar age with clinical problems.

This adolescent describes serious family problems. Tensions often run high and he expresses a lack of support and understanding between family members. Situations can become heated, especially when family members struggle with poor frustration tolerance and anger control. Depending on the personality style noted elsewhere in this report, the high elevation on this scale could be indicative of a family system marked by hostility and impulsivity or an unpredictable and invalidating family environment. Additionally, these family difficulties could reflect severe parent-child animosity or a sharp break in family roles as he asserts greater independence and challenges core family values.

CLINICAL SYNDROMES

The features and dynamics of the following distinctive clinical syndromes are worthy of description and analysis. Although they may arise in response to external precipitants, it is probable that each syndrome's presentation reflects and accentuates the enduring and pervasive aspects of this adolescent's basic personality style.

The elevation on the Post-Traumatic Stress scale suggests that this adolescent has been experiencing symptoms consistent with exposure to trauma. It is a struggle to cope with the intrusive thoughts and distressing feelings connected to the traumatic event(s) to which he has been exposed. These thoughts and feelings impact concentration levels and sleep, which are affecting day-to-day functioning. Given this adolescent's underlying impulsiveness and moodiness, especially in regard to anger and frustration, there may be a tendency to lash out at others, essentially displacing negative emotions onto those who are closest. Other trauma reactions could include an increase in poor decision making, acting out, and possible alcohol and/or drug abuse.

It is probable that this adolescent has been engaged in rebellious or antisocial activities for some time. Irritable, negative, and hostile, he has been involved in various forms of acting out. There is little concern about the impact of his behavior on others and consequences do not seem to serve as a deterrent. Even if there is no clear admission of alcohol or drug use, these delinquent characteristics are often associated with their use. Transgressive acts reflect a fierce desire for independence from the constraints of social conventions and expectations and they provide liberation from whatever traces of anxiety or guilt may be felt over acting out antagonistic impulses. Such determined defiance, though, often conceals self-destructive tendencies.

This adolescent's responses indicate a proneness to bouts of alcohol and drug abuse, especially when feeling frustrated and angry. Struggling to restrain hostile and unstable emotions, he can become volatile and potentially aggressive when drinking or using certain drugs. Provocative complaints and resentments may be interspersed with moments of guilt and contrition; however, a chronic level of anger and irritability tend to be enhanced by drinking and drug use and can set off sudden outbursts and dangerous confrontations. During less intense times,

this adolescent's substance abuse moderates the deep ambivalence felt toward oneself and others.

NOTEWORTHY RESPONSES

This adolescent answered the following statements in the direction noted in parentheses beside the item. These items suggest specific problem areas that the clinician may wish to investigate. Additionally, the number of items in each response category endorsed by this adolescent is listed beside each category, followed by the total number of items in each category.

Vengefully Prone (1/3)

74. Item Content Omitted (True)

Suicidal Thoughts (1/6)

115. Item Content Omitted (True)

Non-suicidal Self-injury (0/3)

No items.

Traumatic Experiences (3/4)

18. Item Content Omitted (True)
68. Item Content Omitted (True)
84. Item Content Omitted (True)

Lapses in Reality Testing (0/3)

No items.

Despondency-Despair (0/3)

No items.

Bipolar Spectrum (0/3)

No items.

Explosive Anger (1/3)

45. Item Content Omitted (True)

Impulse Control Problems (2/2)

4. Item Content Omitted(True)
17. Item Content Omitted (True)

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

Instrumental Anger (1/3)

149. Item Content Omitted (True)

Alcohol/Drug Use (1/2)

112. Item Content Omitted (True)

Eating Concerns (0/3)

No items.

DIAGNOSTIC CONSIDERATIONS

The following diagnostic considerations should be viewed as judgments of personality and clinical prototypes that correspond conceptually to formal diagnostic categories. Although the diagnostic criteria and items used in the MACI–II differ somewhat from those in the *DSM–5*®, 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–II.

Personality Types, Traits, and Features

Although traits and features of personality disorders are often observable in adolescents, the data from the MACI–II 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–II results and may be important adjuncts to the diagnostic process.

Unruly (Antisocial) Personality Type
with Forceful (Aggressive/Sadistic) Traits
and Discontented (Negativistic) Features

Clinical Syndromes

The following list contains suggested clinical syndromes and other conditions relating to the *DSM–5*® that may be a focus of clinical attention.

313.81 (F91.3) Oppositional Defiant Disorder

312.89 (F91.9) Conduct Disorder

V61.20 (Z62.820) Parent-Child Relational Problem

TREATMENT GUIDE

Treatment for this adolescent is likely to have been initiated by someone else, a parent, guardian, or other authority figure, and the impetus is likely to stem from longstanding family conflicts, significant social problems, or repeated legal issues. As a result, it is probable that objections will be voiced about being in treatment against his free will and strong resistance will be evident in attitudes, actions, and words. He is suspicious of therapy because

its effectiveness requires some degree of openness and cooperation with another person, which is associated with vulnerability. Defensiveness and vulnerability will have to be honored by the therapist in the beginning treatment phase; otherwise, he will try to bolt from treatment.

The first step in treating this adolescent should be supportive therapy. While past actions have had a negative impact on others, it is apparent that there have been adverse consequences also. A gradual introduction to verbalizing thoughts and acknowledging feelings can be accomplished by providing an opportunity to help the therapist see situations from this adolescent's perspective. After building some comfort and trust in the therapeutic relationship, the therapist can risk addressing intense anger and resentment. Previous descriptions may provide insights into the assumptions, automatic thoughts, and core beliefs that sustain this adolescent's outlook. Teaching self-control strategies could gradually lead to a reduction in the frequency and intensity of angry outbursts. For pragmatic purposes, pointing out cause-and-effect relationships can shed light on repeated patterns that result in repeated outcomes. Introducing basic behavior principles of reinforcement and punishment may help in recognizing the advantages and disadvantages to current behaviors.

Emotion regulation problems are prominent with this adolescent. There are occasions in which intense emotions or the threat of acting on them are used instrumentally, perhaps to control others, while, at other times, a proneness to dyscontrol leads to explosive reactions that drive others away. Differentiating these types of episodes would provide opportunities to learn various anger management strategies as well as to take note of what has been gained and lost through past actions. Explaining the multiple facets of the concept of control might provide a useful model to understand motivations, behaviors, emotions, and relationships. Although behavior changes may not represent advances in moral development, learning to accept responsibility for actions, to recognize the repercussions of behavior and how it affects others, and to utilize forethought and consider long-range consequences would be worthwhile treatment goals.

This adolescent exhibits low frustration tolerance, poor impulse control, and poor judgment. There is a combustible temper, especially when feeling slighted or disrespected and outbursts are justified, often blaming someone else for the provocation. Incidents like these will prove destructive to family and peer relations. Within the family environment, this provocativeness can trigger heated arguments and others often fear outbursts. Family therapy could be constructive in regard to determining how family members interact, what communication patterns exist, how conflicts escalate, what precedes and follows them, and what conflict resolution skills can be taught. Clear parameters must be set and understood before family sessions begin. This adolescent does not like confrontation and it would be counter-productive to have sessions devolve into verbal attacks and shouting matches between family members. At the same time, guidelines and expectations for behaviors at home should be established, especially if there are siblings at home because their well-being can be impacted by this adolescent's actions.

End of Report

ITEM RESPONSES

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