MACI®-II

Millon® Adolescent Clinical Inventory-II

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Interpretive Report with Grossman Facet Scales

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ID Number:	017632
Age:	15
Setting:	Private/solo practice
Current School Grade:	10th Grade
Race/Ethnicity:	Other
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 = 2
RESPONSE NEGATIVITY (X) RAW SCORE = 15
RESPONSE NEGATIVITY (X) PERCENTILE SCORE = 57

PERSONALITY PATTERNS		Score Raw	PR	BR	Profile of BR Scores 0 60 75 85 115
					Feature Trait Type
Introversive	1	2	20	24	
Inhibited	2	6	38	45	
Submissive	3	5	31	38	
Dramatizing	4	20	99	111	
Egotistic	5	12	84	70	
Unruly	6A	7	60	68	
Forceful	6B	1	36	30	
Conforming	7	10	13	38	
Discontented	8A	7	39	47	
Aggrieved	8B	4	32	34	
Borderline Tendency	9	19	91	85	

EXPRESSED CONCERNS		Score Raw	PR	BR	Profile of BR Scores 0 60 75 85 115
					Present Prominent
Identity Diffusion	A	11	79	83	
Self-Devaluation	B	11	71	83	
Peer Insecurity	C	1	23	15	
Family Discord	D	6	64	70	

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	8	91	80	
Delinquent Predisposition	CC	2	36	40	
Anxious Feelings	DD	4	25	32	
Depressive Affect	EE	5	42	50	
Suicidal Tendency	FF	10	89	85	
Disruptive Mood Dysregulation	GG	11	70	71	
Post-Traumatic Stress	HH	2	33	30	
Reality Distortions	II	4	47	36	

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
Borderline Tendency	**9**			Interpretable
Temperamentally Labile	9.1	9	90	
Interpersonally Paradoxical	9.2	7	84	
Uncertain Self-Image	9.3	5	68	
Dramatizing	**4**			
Interpersonally Attention-Seeking	4.1	10	99	
Gregarious Self-Image	4.2	6	56	
Temperamentally Fickle	4.3	8	95	
Egotistic	**5**			
Admirable Self-Image	5.1	4	57	
Cognitively Expansive	5.2	2	20	
Interpersonally Exploitive	5.3	5	84	

GROSSMAN FACET SCALE SCORES

		Raw	PR
1	**Introversive**		
1.1	Expressively Impassve	4	73
1.2	Temperamentally Apathetic	1	34
1.3	Interpersonally Unengaged	0	7
2	**Inhibited**		
2.1	Expressively Fretful	7	60
2.2	Interpersonally Aversive	0	6
2.3	Alienated Self-Image	4	43
3	**Submissive**		
3.1	Interpersonally Docile	5	35
3.2	Temperamentally Pacific	9	48
3.3	Expressively Incompetent	5	42
4	**Dramatizing**		
4.1	Interpersonally Attention-Seeking	10	99
4.2	Gregarious Self-Image	6	56
4.3	Temperamentally Fickle	8	95
5	**Egotistic**		
5.1	Admirable Self-Image	4	57
5.2	Cognitively Expansive	2	20
5.3	Interpersonally Exploitive	5	84
6A	**Unruly**		
6A.1	Expressively Impulsive	3	58
6A.2	Acting-Out Mechanism	2	51
6A.3	Interpersonally Irresponsible	7	91
6B	**Forceful**		
6B.1	Interpersonally Abrasive	1	46
6B.2	Expressively Precipitate	5	67
6B.3	Temperamentally Hostile	3	68
7	**Conforming**		
7.1	Expressively Disciplined	7	30
7.2	Interpersonally Respectful	7	28
7.3	Conscientious Self-Image	2	11
8A	**Discontented**		
8A.1	Dispirited Self-Image	4	72
8A.2	Expressively Resentful	7	66
8A.3	Interpersonally Contrary	4	71
8B	**Aggrieved**		
8B.1	Cognitively Diffident	6	64
8B.2	Undeserving Self-Image	0	3
8B.3	Temperamentally Dysphoric	3	59
9	**Borderline Tendency**		
9.1	Temperamentally Labile	9	90
9.2	Interpersonally Paradoxical	7	84
9.3	Uncertain Self-Image	5	68

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 15-year-old is currently in the 10th grade. In the demographic portion of the test, this adolescent identifies "sad/depressed" as the problem that is troubling them the most.

This adolescent's score on the Response Negativity scale is at the 57th 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 this adolescent 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.

Although Scale 9 (Borderline Tendency) is not as elevated as some of the other Personality Patterns scales, it still indicates a possible severe level of disturbance in this adolescent. It is very probable that this adolescent has a history of significant disappointments in personal and family relationships. Deficits in academic achievement and peer relationships may be notable as well as a tendency to create self-defeating vicious circles. Previous aspirations may have met with frustrating setbacks, and efforts to achieve a comfortable position in life, to this point, appear to have fallen short. Although usually able to function satisfactorily on a day-to-day basis, this adolescent may experience periods of marked behavioral, cognitive, and affective dysregulation.

The current profile is characteristic of an adolescent who struggles with numerous inner conflicts, which are evident in unpredictable behaviors, labile moods, changeable thoughts, and identity confusion. A pervasive and profound ambivalence between maintaining a dependent submission to others versus asserting autonomy and independence may be a common source of their difficulties. Impulsive tendencies can lead to poor decisions and

risky acting-out behaviors. There may be little planning that precedes this adolescent's actions, which can contribute to difficulty focusing on more ordinary adolescent demands as well as setting and meeting long-term goals. This adolescent's moods may be variable and wide-ranging in intensity and duration. This adolescent may experience periods of anxiety or euphoria, interspersed with episodes of dejection and apathy, followed by spells of anger and resentment. Frequent fluctuating and often contrasting thoughts and perceptions in relation to passing events, others, and self may occur. An immature, uncertain, and wavering sense of self and identity add further challenges. The inconstant and unstable nature of this adolescent's ways of behaving, thinking, and feeling may be reflective of a tenuous psychological foundation and a lack of inner cohesion that create a vulnerability to becoming distraught and overwhelmed. These paradoxical actions, thoughts, and feelings serve as both cause and effect of this adolescent's difficulties with new experiences becoming part of a distressing vicious circle.

During periods of relative calm, the MACI–II profile of this adolescent suggests they are typically outgoing and confident. This adolescent likes to be the center of attention and seeks out excitement. This adolescent acts in a self-assured manner and can be charming and spontaneous, with a zest for life and adventure. Action-oriented and stimulus-seeking, this adolescent may engage in risk-taking behaviors for the thrill as well as the notoriety they may gain for their actions. Peers' reactions serve as a more potent reinforcer than adult-driven consequences may serve as a deterrent. This adolescent tends to test limits and challenge authority while, at the same time, attempts to minimize punishments for their actions by devising clever and what this adolescent perceives to be plausible explanations for them.

This personality pattern is further notable for social undependability, a tendency toward exploitation, and unpredictable and occasionally irresponsible behavior. In addition to an insincere social style, this adolescent persistently and recklessly seeks excitement. Peer relationships are typically shallow or tense and are characteristically self-serving with a general indifference to the welfare of others. This adolescent actively solicits praise and approval through immature and emotional demands for attention. Further, there is an intolerance of boredom and difficulty delaying gratification. Although willing to expend effort to do or achieve something for themselves, this adolescent is difficult and resistant about following through with requests from others. Impulsiveness, short-sighted hedonism, and disregard for potentially serious consequences can lead to difficulties with family and legal authorities. Problems associated with substance abuse, truancy, or sexual acting out are also possible.

It should be noted that this adolescent's judgment is likely to be unreliable and highly erratic and that their surface pleasantness is often punctuated with abrupt and angry outbursts. While appearing to be friendly and charming to casual acquaintances, those with more enduring relationships with this adolescent are likely to see their testy, flippant, and manipulative side. This adolescent may attempt to seduce others into their self-indulgent or irresponsible behaviors through deception. An exploitive pattern, often characterized by a deficit of social empathy, may be seen with family and peers. The difficulty this adolescent has in sustaining meaningful and trustworthy relationships may have disrupted their more characteristic unruffled composure.

This adolescent's exploitation of others and careless disregard for social conventions usually does not originate from hostile or malicious intentions. More central are this adolescent's narcissistic attitudes, sense of entitlement, and self-assurance as well as a characteristic indifference to the rights of those used to enhance and fulfill their desires. Only when this adolescent's manipulative skills falter, such as when they are faced with unavoidable significant consequences, legal difficulties, or disruptive family tensions, are they likely to recognize any personal weaknesses. Troubled by mounting and inescapable evidence of inadequacy and failure, this adolescent may disown these objectionable traits and project them onto their accusers. In this adolescent's eyes, this response absolves them of fault and justifies their increasing resentment and anger.

Pervasive instability and ambivalence in this adolescent's life have resulted in fluctuating attitudes, erratic, or uncontrolled emotions, and a general flightiness and undependability. This adolescent is impulsive, unpredictable, and often explosive, and these reactions make it difficult for others to be comfortable in their presence. Most likely

family, friends, and acquaintances feel "on edge," uncertain whether the next reaction will be of a brooding, stubborn, or volatile nature. Many interactions, therefore, elicit rejection rather than desired support. Repeated conflicts and failures gradually intensify into a pained and desperate existence, which can lead to self-destructive thoughts and, more often than peers this age, self-injurious behaviors and suicidal gestures. It is anticipated that this adolescent will have considerable difficulty negotiating life's transitions whether in school settings, home settings, or relationships.

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 their most prominent personality features.

Most notable is this adolescent's self-dramatizing style, a persistent if not demanding habit of pursuing praise in a manipulative, solicitous, or showy manner to gain attention and approval, the failure of which leads to feelings of emptiness and rejection. This adolescent has not only acquired skill in sensing what will please others, but has learned to be alert to signs of potential social rejection. This hypervigilance enables quick adaptation of their behavior to minimize indifference and disapproval. Therefore, this interpersonal facility extends not only to evoking praise but to avoiding rejection as well.

Also salient is this adolescent's immediate emotional responsiveness to situations and people. This may, at times, manifest in efforts to rouse others in engaging activities, but often creates exhaustion and distance from peers owing to quickly vacillating moods and frequent conflict generation. This adolescent may, sometimes, demonstrate a true desire to achieve a more consistent and stable tone, but there is a persistent struggle to keep intense feelings under control. Boring easily, and seeking exciting scenarios and intense but fleeting encounters, this adolescent is frequently at odds with their feelings toward others and subsequent struggles to develop deeper, more lasting bonds, even with close friends and family.

Also worthy of attention is a pattern of changing moods. These moods shift erratically from normality to depression to excitement, with chronic feelings of dejection and apathy interspersed with brief spells of anger, euphoria, and anxiety. Most striking are this adolescent's unstable moods that generally fail to accord with external reality, the intensity of affect, and the changeability of actions. This adolescent may, for a period, exhibit a single, dominant outlook or temperament, such as a self-ingratiating or depressive tone, but this will eventually give way to anxious agitation or impulsive outbursts of anger or resentment. Self-destructive behaviors may occur with some frequency as a strategy for coping with pain.

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 is struggling to establish a positive and consistent identity. This adolescent reports feelings of confusion and uncertainty regarding their sense of self, values, and goals. Unclear about personal strengths, this adolescent struggles to direct and sustain attention and energies into activities that could prove worthwhile and rewarding. There is a subjective sense that many peers are more sure than this adolescent is of who they are and what they want in the future.

This adolescent reports feelings of low self-esteem. There is a general unhappiness, seeing little to admire in oneself, and believing others have a similar view. This adolescent engages in negative comparisons either to an idealized self or others or both. Self-doubts and a pessimistic outlook interfere with making an effort or taking chances in various contexts, which limits opportunities for recognition or praise from others.

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.

Recent setbacks have prompted sudden suicidal preoccupations in this usually extraverted and self-assured adolescent. A decrease in self-confidence, a decline in interest and pleasure in previously rewarding activities, and a dramatic change in demeanor may be evident. Feelings of dejection and discouragement may be reported and they are likely to be expressed in an irritable and demanding manner. This adolescent will struggle to tolerate frustration, failure, and shame and suicidal ideation may follow a constraint of freedom, a change in status, or some kind of inescapable embarrassment. Impulsive tendencies may increase the risk that this adolescent will engage in self-injury as a coping strategy to relieve emotional distress and deal with pain and suffering, with attempting suicide the extreme response to distress.

Indications suggest that this adolescent engages in frequent episodes of alcohol and/or drug abuse. This drinking and/or drug abuse pattern appears to be an extension of an overall self-centered and stimulus-seeking lifestyle. This adolescent enjoys the social aspects of indulging with peers and the enhanced sense of freedom experienced under the influence. While these activities are consistent with this adolescent's self-indulgent, immature, and pleasure-seeking manner, they also provide an outlet for underlying oppositional attitudes and resentments, risk-taking tendencies, and rejection of family constraints and expectations.

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 (0/3)

No items.

Suicidal Thoughts (3/6)

79. Item Content Omitted (True)
103. Item Content Omitted (True)
156. Item Content Omitted (True)

Non-suicidal Self-injury (2/2)

19. Item Content Omitted (True)
55. Item Content Omitted (True)

Traumatic Experiences (0/3)

No items.

Lapses in Reality Testing (1/5)

15. Item Content Omitted (True)

Despondency-Despair (2/4)

77. Item Content Omitted (True)
117. Item Content Omitted (True)

Bipolar Spectrum (2/3)

14. Item Content Omitted (True)
53. Item Content Omitted (True)

Explosive Anger (2/3)

150. Item Content Omitted (True)
155. Item Content Omitted (True)

Impulse Control Problems (1/2)

4. Item Content Omitted (True)

Instrumental Anger (0/3)

No items.

Alcohol/Drug Use (1/2)

112. Item Content Omitted (True)

Eating Concerns (0/3)

No items.

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.

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.

Dramatizing (Histrionic) Personality Type
with Egotistic (Narcissistic) and Unruly (Antisocial) Features

Note: The preceding types, traits and features may be made more severe by the presence of Borderline Personality tendencies.

Clinical Syndromes

The major complaints and behaviors of this adolescent do not take the form of distinctive symptoms, but rather reflect pervasive personality traits or features.

TREATMENT GUIDE

Elevations on the Borderline Tendency and Suicidal Tendency scales are suggestive of serious personality problems and risk for this adolescent. Highly sensitive and reactive, this adolescent is prone to feeling emotionally overwhelmed and, after reaching that point, it is probable that there will be a slow recovery to baseline. It appears that this adolescent is vulnerable to experiencing frequent episodes of emotion overload and has been struggling to cope with persistent anguish. Engaging in self-injurious behaviors may provide immediate relief from intense emotions while recurring thoughts of suicide signify that pain and suffering can reach unbearable levels. Working with this adolescent will require the clinician to conduct regular risk assessments in order to monitor and address safety concerns. Treatment efforts should be directed toward developing a repertoire of coping strategies that can lead to a reduction in these thoughts and behaviors as well as an increase in positive emotions and a more future-oriented outlook. A dialectical behavior therapy approach would provide the format and structure to teach such adaptive coping skills. Learning and practicing mindfulness, the foundation of this approach, could increase self-awareness regarding their thoughts and feelings. Systematically teaching the other core modules could help facilitate the acquisition of new skills that can lead to improvements in tolerating distress, regulating emotions, and dealing with others in a more effective manner. Family and group modalities can incrementally add to the overall efficacy of this approach also.

With this adolescent, the impetus for treatment is probably situationally-based rather than internally-derived. It is likely that treatment is being sought at someone else's prompting or urging and this adolescent may believe that whatever problems are faced will eventually resolve themselves if left alone. Initiating treatment may be the result of ongoing family tensions, social problems, legal matters, or chronic academic underachievement. For this superficially pleasant and exploitive adolescent, vague feelings of boredom, restlessness, and discontent may be

verbalized. A tendency to avoid talking about major problems by wandering from one story to another should be monitored. There may be a hesitancy to share true concerns and vulnerabilities; therefore, at some point, the therapist will need to take a more active and persuasive stance in regard to addressing the issues that led to treatment and identifying changes this adolescent would be willing to consider. Consistent contact with parents or guardians would be advisable since their perspective may be quite different.

The therapist may be able to enhance this adolescent's initial participation in treatment by allowing attention to be self-focused. This approach may help establish a rapport and sharing positive aspects of life may help restore a threatened or diminished self-esteem. Despite these early efforts, this adolescent may have difficulty maintaining motivation for therapy unless life circumstances continue to be problematic. Anxious feelings or frustration may be triggered when discomfort is sensed following the therapist's pointed inquiries about troublesome situations, redirection in response to diversions, and confrontations in regard to taking responsibility for their actions. If personal benefits to treatment can be seen, this adolescent may engage in efforts toward building self-control, improving decision making skills, moving beyond seeking immediate gratification, and learning how to sustain attachments through nonexploitive behaviors.

Skill-building in these areas is important because it could reduce the negative consequences that are often received or threatened and it could have a positive impact on relationships with others. If this adolescent engages in ongoing treatment, efforts should be made to help expand thinking beyond oneself and to reduce self-indulgent and exploitive ways, which often elicit frustration, criticism, and disparagement from others. Such reactions typically raise the level of resentment and sense of alienation that is felt. While feeling misunderstood, this adolescent has a limited understanding of the actions and intentions of others, seeing them as restrictive and unnecessary. Egocentric, short-sighted, and limited in perspective-taking ability, there are persistent struggles to process situations in an objective manner and learn from one situation to another. Issues with frustration tolerance and impulse control will further complicate and perpetuate this pattern.

Family therapy sessions could prove efficacious. These sessions could focus on determining how family interactions may contribute to or perpetuate behavior problems. It is probable that key areas to address would include family communication patterns and conflict resolution approaches. The therapist is encouraged to listen for adult efforts to respond to this adolescent's problem behaviors and, despite best intentions, empty threats, inconsistent consequences, and negotiations may be common and serve to inadvertently reinforce negative behavior. If serious conduct problems are present, their modification will demand sustained efforts, usually best achieved through coordination with family and other system participants.

End of Report

ITEM RESPONSES

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