

# THE WETC PSYCHOLOGY NEWSLETTER

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## The Millon Tests

In conducting psychological evaluations in medical-legal cases since 1985, I have had the opportunity to review medical reports from a large number of mental health practitioners including psychiatrists, psychologists, clinical social workers and Marriage and Family Therapists. The vast majority of these professionals have evaluated and/or treated patients who have claimed a psychiatric or a psychological injury. Typically, as part of those evaluations, the mental health professionals use a battery of psychological tests to help them determine if the person has a psychological disorder and if they have approached the examination in an honest and straightforward manner. One of the major advantages of psychological testing is that it can provide the only form of objective data collected during the examination process that can be presented to the court.

In many of the medical-legal reports we have all read, practitioners use one of the multiple tests devised by Dr. Theodore Millon, a well-known American psychologist. Dr. Millon has had a long and distinguished career as an internationally known and respected researcher and academician who has specialized in personality theories, personality disorders and the measurement of personality. His book, Disorders of Personality, is the classic in the area.

During Dr. Millon's illustrious career he has devised a variety of tests such as the Millon Clinical Multiaxial Inventory (MCMI), which is now in its third revision and is called the MCMI-III, the Millon Index of Personality Styles (MIPS), the Millon Behavioral Health Inventory (MBHI) and the Millon Behavioral Medicine Diagnostic (MBMD). However, as we shall see, the usefulness of these tests in medical-legal evaluations is severely limited.

"Personality" is probably best described as a pattern of consistent behaviors that an individual shows in a variety of interpersonal situations. In one sense, personality is the sum

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total of an individual's behavioral and mental characteristics that distinguishes them from other people. Academic psychologists and researchers in this area often develop definitions of personality traits such as introversion or extraversion. They also study the development of personality over time; construct theories to explain why some people develop one set of personality characteristics rather than others; and study Personality Disorders and methods that can be used to alter them. Along the way, they develop tests to measure all of the above concepts.

Personality traits can be defined as habitual patterns of behaviors, thoughts, and emotions that an individual exhibits in their everyday life. On the other hand, the DSM-IV-TR defines Personality Disorders as an enduring pattern of behaviors, thoughts and emotions that result in an individual perceiving, thinking about and relating to the world in a way that causes them significant functional impairment and/or subjective distress. Additionally, Personality Disorders are lifelong patterns that become evident no later than late childhood, adolescence or early adulthood and are distinguishable from normal personality traits simply by their maladaptive nature.

### The Millon Clinical Multiaxial Inventory-III (MCMI-III)

The Millon Clinical Multiaxial Inventory-III (MCMI-III) is the most recently revised version of the Millon Clinical Multiaxial Inventory. Dr. Millon devised this test expressly to provide information about individuals who are known to have psychological problems.

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The MCMI-III is composed of 175 true-false items that are in the form of declarative statements. Similar items, but ones that do not appear on the test are, “At times I have trouble getting along with my family” and “I enjoy a wide range of activities.” In order to draw conclusions about the individual, their responses to the items are scored on 28 scales. These scales are composed of different numbers of items from the pool of 175. Fourteen of the scales provide information about Axis II Personality Disorders, ten provide information about Axis I disorders and four provide information about the validity of the test taker’s responses. The data from the four validity scales assess: (1) “Validity” - Did the individual understand and attend to the content of the questions? (2) “Debasement” - Did the individual attempt to portray him or herself as having more troublesome emotional and personal difficulties than exist? (3) “Desirability” - Did the individual attempt to portray him or herself as being more morally virtuous, socially attractive and more emotionally well composed than they are? and, (4) “Disclosure” - Was the individual inclined to be frank and self-revealing or more likely to be secretive? The presence of the validity scales makes the test potentially useful in medical-legal cases since conclusions can be drawn about truthfulness and credibility.

Unfortunately, the MCMI-III presents a major problem that limits the usefulness of the test in medical-legal evaluations where the major question is, “Does the person have a disorder?” In this regard, Dr. Millon has explicitly stated that the MCMI-III is applicable only to individuals who have already been identified as having pre-existing psychiatric disorders (Millon, T., Millon, C. and Davis, R. Millon Clinical Multiaxial Inventory-III Manual, Minneapolis, Mn: National Computer Systems, 1994). Clearly, under these circumstances the MCMI-III is not appropriate in medical-legal cases where the first question that is typically asked about the person being evaluated, after establishing their credibility, is whether or not they have a DSM-IV-TR disorder. Clearly, Dr. Millon does not believe that the MCMI-III is useful in providing data capable of distinguishing between normal and abnormal individuals, but is most appropriate for determining the specific nature of disorders in individuals previously identified as having psychopathology.

### Millon Index of Personality Styles (MIPS)

The Millon Index of Personality Styles (MIPS) is a 180-item true-false test that was explicitly designed for use in assessing the personality traits and attributes of a non-clinical or normal population. If the individual is known to have some psychopathology, the MIPS should not be used but the person should be given the Millon Clinical

Multiaxial Inventory-III. Clearly, if there is uncertainty about the existence of psychopathology, neither the MCMI-III nor the MIPS is an appropriate test to administer. Nevertheless, when scored, the MIPS produces information about the individual on twelve bipolar or diametrically opposed traits. For example, six of the pairs of these oppositional traits are retiring vs. outgoing, thinking vs. feeling, hesitating vs. asserting, dissenting vs. conforming, yielding vs. controlling, and complaining vs. agreeing. In this regard, a person who is designated as “hesitating” would be found to be uncertain and fearful, unsure of their personal worth, have feelings of insecurity, and be likely to withdraw socially. Contrast this with a person who is found to be “asserting” who would be socially confident, self-possessed, bold, and decisive in relationships. While not employed in a clinical setting, the MIPS is frequently used in personnel selection and development as well as career planning. As noted above, since the test is not designed to assess psychopathology, it has no use in determining if a plaintiff or an applicant in a medical-legal case has or has had a psychological disorder.

### The Millon Behavioral Health Inventory (MBHI)

The Millon Behavioral Health Inventory (MBHI) is a 150 true-false test that was not designed to diagnose psychopathology but to provide health-care workers with information about an individual’s style of coping with health issues.

While some psychologists have used this instrument for diagnostic purposes, the test items are highly transparent in the sense that even a psychologically unsophisticated person would have little difficulty determining which choice is consistent with a psychological illness. For example, one such item states, “I have had more than my share of troubles in the past year.” Additionally, an inspection of the testing manual reveals that there are no methods for scoring the test that are capable of determining if the individual is, in the words of the test authors, attempting to “complain excessively” (Millon, T., Green, C. J., & Meagher, R. B. Jr. Millon Behavioral Health Inventory Manual, Third Edition. Minneapolis, Minnesota: National Computer Systems, 1982). Accordingly, if used in a forensic setting, the data from the Millon Behavioral Health Inventory are uninterpretable with regard to drawing conclusions about psychopathology.

### The Millon Behavioral Medicine Diagnostic (MBMD)

The Millon Behavioral Medicine Diagnostic (MBMD) is a 165-item true-false, paper-and-pencil, audiocassette, or computer administered test intended to assess psychosocial factors that may either support or interfere with a physically ill patient's course of medical treatment.

The primary purpose of the MBMD is to provide information to clinicians, including psychologists, medical doctors and nurses who deal with physically ill patients, about any thoughts, feelings and/or behaviors that might affect their medical illnesses. In this regard, the test is said to provide information that can help formulate a comprehensive treatment plan, provide information regarding a patient's style of relating to health-care professionals, and delineate problematic psychosocial attitudes and stressors. More specifically, the MBMD provides information about negative healthcare habits, such as drug and alcohol use, the individual's style of coping with problems, the

existence of some psychiatric symptomatology, the sources of stress in the individual's life, and information to consider in managing and treating the patient. One of the advantages of the MBMD is that like the MCMI-III it has validity scales that can detect individuals who are either not willing to engage in self-disclosure or are trying to depict themselves in an unrealistically negative or positive light. Unfortunately, there is relatively little information in the published psychological testing literature on the MBMD. Thus, while the MBMD may help health-care professionals to provide for their patients, it is not capable of serving as a diagnostic test useful in assessing DSM-IV-TR psychopathology.

In short, while Dr. Millon's many psychological tests have been shown to have many purposes in both a research and practical setting it is not reasonable to use them as diagnostic tools in a medical-legal context. Accordingly, if one is concerned with determining if an individual who has claimed a psychological injury and has possibly suffered some psychopathology, it is best to use a test such as the Minnesota Multiphasic Personality Inventory (MMPI).

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This is the tenth of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the areas of workers' compensation and personal injury. If you have not received some or all of our past newsletters, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.

### **2009 Newsletters**

**February, 2009** –Litigation problems with the GAF

**March, 2009** – Common flaws in psych reports

**April, 2009** – The Minnesota Multiphasic Personality Inventory (MMPI)

**May, 2009** – Apportioning psychiatric disability in workers' compensation cases and assessing aggravation in personal injury cases

**June, 2009** - Subjectively interpreted projective psychological tests

**July, 2009** – Sleep disorders and psychiatric injuries

**August, 2009** – Posttraumatic Stress Disorder

**September, 2009** – Computer Use Disorder

**October, 2009** – Major Depressive Disorder