

Profiles

PUTTING ASSESSMENTS TO WORK

MCMII-III™ TEST

The MCMII-III™ (Millon™ Clinical Multiaxial Inventory-III) Test: A Tool to Help Therapists Understand and Treat PTSD Patients

"A man's fate is his character."—Heraclitus

"Don't forget your appointment this morning," Jack's wife reminded him. Jack glanced at the calendar. 9:00 am, Dr. Andrews. Jack felt a little twinge in his belly. His supervisor had asked him to reschedule the appointment because another firefighter in his company would be on vacation. But specialists' appointments are hard to schedule and Jack figured he would only miss a couple hours from work, so he had refused his boss's request.

Later, while sitting in the doctor's waiting room, Jack heard people talking about a huge fire and an office building that had collapsed. Jack thought his company may be called and he felt that twinge again. When he later discovered some of his co-workers had perished in the building, Jack felt very guilty.

Even months later, Jack couldn't stop thinking that he should have been there with his company. His guilt for not having been at work that morning had become overpowering. Jack knew he needed help and sought out a therapist who ultimately diagnosed Jack with Post Traumatic Stress Disorder (PTSD).

About PTSD

Post Traumatic Stress Disorder can affect anyone at any age who has been exposed to a traumatic event in which he or she experienced terror and a real or perceived threat to life or bodily harm. According to a fact sheet issued by the National Center for PTSD titled "What is Post-Traumatic Stress Disorder?" and posted on the Center's website (www.ncptsd.org):

- Nearly 61% of men and 51% of women reported at least one traumatic event in their lives
- About 8% of men and 20% of women who are exposed to a traumatic stressful event develop PTSD
- 5% of American men and 10% of American women will experience PTSD at some point in their lives, and more than 3% of U.S. adults (5.2 million people) have PTSD during a given year
- Roughly 30% of those who develop PTSD develop a chronic form that persists throughout their lifetimes

An Expert's View

"PTSD is a complicated disorder," says George Everly, Jr., PhD. Everly has authored several texts and many professional papers on crisis intervention, human stress and psychological trauma and is considered a leading authority on the subject. "You have a literal chemical shock to the nervous system," he continues. "In a minority of people that shock reverberates through the system and sets up a biological irritability. We believe the shock results from a violation of worldview." With information gathered through a personal interview and some of his published papers, this article explores Everly's view of PTSD and the role of the MCMI-III™ assessment in diagnosing and treating the disorder.

Weltanschauung

"If Maslow is correct about the critical role of safety,...then it becomes clear why psychological trauma can be so devastating to a person's human growth, development, self-esteem and self-actualization."

Everly uses the term "Weltanschauung" to refer to a person's conceptual interpretation or view of life regarding safety and security. In an interview, Everly says a person's worldview, or Weltanschauung, contains five basic beliefs about the world:

- Belief in a just, fair world
- A need to trust people
- Belief in one's own ability to control or modify the environment in such a way that one can feel self-efficacious
- A sense of safety
- Some unifying theme about congruence in the universe, e.g., a religious belief

In an article published in *Stress Medicine* (1994) titled, "Short-term Psychotherapy of Acute Adult Onset Post-Traumatic Stress: The Role of Weltanschauung," Everly refers to Maslow's hierarchy of human needs, which places safety as the second most basic of human needs. Everly writes, "Trauma serves to directly violate or contradict the aspect of Weltanschauung that addresses safety and security. The trauma is so extreme," he continues, "that it serves to challenge the entire Weltanschauung." Once a person's Weltanschauung, or view of safety is challenged, the person's need for safety becomes a consuming quest, and the person remains "stuck" at this rudimentary level—until he or she can resolve the trauma. If Maslow is correct about the critical role of safety, writes Everly in the article, "Psychotraumatology: A Two-Factor Formulation of Posttraumatic Stress," published in *Integrative Physiological and Behavioral Science* (1993), then it becomes clear "why psychological trauma can be so devastating to a person's human growth, development, self-esteem and self-actualization."

By focusing on a patient's violated Weltanschauung, according to Everly, a therapist can gain insight into the psychological lesion caused by the traumatic event and how to help the patient regain control and further reduce the trauma's adverse effects.

Everly believes that the key to the process of recovering from the psychological effects of a traumatic event is the patient's interpretation of the trauma.

Therapeutic Strategy

Referring again to Maslow, Everly recognizes the post-traumatic stress patient's need to satisfy that basic need for safety. Therefore, according to Everly, the therapist must help the patient integrate the traumatic event into his or her Weltanschauung, or otherwise redefine the patient's worldview so it will once again become safe.

In the article published in *Stress Medicine*, Everly writes: "The psychotherapy of post-traumatic stress entails assisting the patient in integrating the traumatic event into the Weltanschauung in such a way that the Maslovian need for safety is once again satisfied and the world is once again understandable and safe!" In order to accomplish that, according to Everly, the psychotherapist must attempt to discover which aspect of the patient's safety Weltanschauung was violated.

MCMI-III (Millon Clinical Multiaxial Inventory-III) Assessment Helps to Understand the Patient

"...the strength of the MCMI-III test is that it not only tells the therapist that something is wrong, but it also tells the therapist the degree of involvement of the patient's personality."

Everly subscribes to Dr. Theodore Millon's theory of personality and is a proponent of the Millon™ family of psychological assessments. He says the Millon assessments developed out of Dr. Theodore Millon's personality theory, which is based on tenets of Sir William Osler, considered the father of psychosomatic medicine. Everly says that Osler believed that, for a doctor, it is important to know what type of person has the disease. In a 1993 presentation to the Third International Congress on the Disorders of Personality, Everly asserted, "According to Millon (1981), Axis I psychiatric disorders are best understood by an examination of their characterological underpinnings." Everly finds the MCMI-III™ test is well suited for this task and administers the test to learn about the nature of each of his patients.

The MCMI-III test helps provide the therapist with information about the nature of the patient. According to Everly, the Axis I scales of the MCMI-III test are less important than the scales that help the therapist understand the person. He says if the therapist understands the scales in the context of Millon's theory of personality, then the therapist will understand the kind of person who has been traumatized.

This information helps the therapist "leap way ahead," says Everly, in terms of treatment planning, where otherwise it may take weeks to uncover the same information from interviews with the patient.

According to Everly, PTSD represents an injury to the person's personality structure as manifested in the five core beliefs of his or her Weltanschauung, or worldview. He says the strength of the MCMI-III test is that it not only tells the therapist that something is wrong, but it also tells the therapist the degree of involvement of the patient's personality.

Everly says that the consequence of the violation that trauma causes to one's Weltanschauung is often guilt. Guilt, he says, shows up in three forms: guilt over not doing something you should have done; guilt over doing something you shouldn't have done; or guilt for surviving.

Jack, the firefighter who kept a doctor's appointment against his supervisor's wishes, provides an illustration. Jack's therapist administered the MCMI-III™ test and Jack scored highly on the compulsive scale. Based upon Millon's theory, Jack's therapist now knows that Jack is respectful of authority, follows rules, feels tremendous allegiance and loyalty to authority figures. One of this type of person's greatest fears in life is doing something wrong that hurts other people.

With this information at hand, Everly says, Jack's therapist can look at the precipitating stressor and compare it to Jack's personality vulnerabilities. In this case, the therapist can see that this stressor is about the worst thing that could happen to someone like Jack. Armed with an understanding of Millon's theory, Jack's therapist now knows to anticipate a survivor guilt reaction of a greater magnitude than what he would expect of any other personality style. Jack's therapist knows to anticipate excessive ruminations from Jack, such as, "If only I was there..." and expect Jack, as a compulsive person, to inappropriately ascribe more meaning to his absence than is warranted, and inappropriately take responsibility for his coworkers' deaths. Jack's therapist now can design a treatment plan tailored to Jack's personality style, thereby encouraging swifter progress in his healing.

Everly acknowledges that other assessments are excellent tools to diagnose PTSD, but they do not provide insight into the person, which is the strength of the MCMI-III test. He believes personality gives congruence to human behavior, so how one deals with adversity is predicted more by one's personality than by the adversity itself. Everly states, "If recovery is predicated on personality-based healing, the MCMI-III test gives you the target more readily than does any other psychological tool."

Treating the PTSD Patient

Everly writes in the Stress Medicine article, "The successful therapy of the post-traumatic stress patient is based upon assisting the patient in integrating, or otherwise resolving, the traumatic event into an ego-syntonic Weltanschauung."

Everly states that he believes the key to successful therapy of a PTSD patient involves three global strategies:

1. Integrating the trauma into the patient's existing Weltanschauung
2. Allowing the trauma to be understood as an 'exception to the rule'
3. Demonstrating the invalidity of the Weltanschauung, and the need to create a new worldview where the trauma fits

The specific psychotherapeutic tactic to be utilized, i.e. cognitive behavioral therapy, family therapy, etc., is the therapist's choice. Everly emphasizes that recovery from PTSD happens on the psychological level; no one has been cured by medicines alone.

How Can Therapists Prepare?

Everly suggests that clinicians should become very familiar with Millon's personality theory because he believes that understanding the theory can offer a tremendous advantage when interpreting a patient's test results. Everly has found that his understanding of the theory sometimes helps him reconcile test results that initially appear inaccurate.

He recommends Dr. Millon's text, *Personality Guided Therapy* (Wiley, 1999), and a book he wrote with Dr. Jeffrey Lating about the Millon theories and PTSD entitled *Personality-Guided Therapy for Posttraumatic Stress Disorder*, due to release September 2003 from the APA Press.

In the final analysis, PTSD represents a functional assault upon the personality structure. In order to best understand its nature and its treatment, the therapist must assess the personality and address the personologic lesions, Everly argues. Armed with the MCMI-III assessment to help understand the nature of the PTSD patient, along with a thorough understanding of Millon's personality theory, therapists can help their PTSD patients create a new Weltanschauung that is once again safe and secure. Then the patient can move forward, off the "safety" rung of Maslow's hierarchy of human needs.

Sources

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About the author

George S. Everly, Jr., PhD, is Chairman of the Board Emeritus and Representative to the United Nations for the International Critical Incident Stress Foundation. Dr. Everly also serves on the adjunct facilities of Loyola College in Maryland and The Johns Hopkins University. He was previously a Harvard Scholar, Harvard University; a Visiting Lecturer in Medicine, Harvard Medical School; and Chief Psychologist and Director of Behavioral Medicine for the Johns Hopkins' Homewood Hospital Center.

Considered a leading authority on crisis intervention, human stress, and psychological trauma, Dr. Everly has been awarded the Fellow's Medal of the Academy of Psychosomatic Medicine and has been recognized as a "Pioneer in Traumatology" by the Traumatology Institute of the Florida State University. In addition, he has been elected a Fellow of the American Institute of Stress and is a Diplomate and Advisory Board Member of the Academy of Experts in Traumatic Stress. He is the author, co-author, or editor of 14 textbooks and over 125 professional papers.

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