



MCCI™
MILLON™ COLLEGE
COUNSELING INVENTORY

MCCI™
Millon™ College Counseling Inventory
Interpretive Report
Theodore Millon, PhD, DSc

Name: Sample Report
ID Number: 12345
Age: 19
Gender: Male
Academic Year: Sophomore
Date Assessed: 03/21/2011

PEARSON

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MILLON COLLEGE COUNSELING INVENTORY

VALIDITY (V): RAW = 0

DISCLOSURE (X): RAW = 200 PERCENTILE = 96

DESIRABILITY (Y): RAW = 24 PERCENTILE = 79

DEBASEMENT (Z): RAW = 42 PERCENTILE = 81

CATEGORY	SCORE		PROFILE OF PS SCORES					SCALE	
	RAW	PS	0	50	75	85	100		
PERSONALITY STYLES	1	35	94						INTROVERTED
	2A	36	95						INHIBITED
	2B	32	91						DEJECTED
	3	31	88						NEEDY
	4	18	15						SOCIABLE
	5	27	58						CONFIDENT
	6A	18	55						UNRULY
	7	35	54						CONSCIENTIOUS
	8A	23	61						OPPOSITIONAL
8B	16	54						DENIGRATED	
SEVERE PERSONALITY TENDENCIES	9	18	50						BORDERLINE
EXPRESSED CONCERNS	A	27	89						MENTAL HEALTH UPSET
	B	29	90						IDENTITY QUANDARIES
	C	17	75						FAMILY DISQUIET
	D	19	77						PEER ALIENATION
	E	16	83						ROMANTIC DISTRESS
	F	26	85						ACADEMIC CONCERNS
	G	18	75						CAREER CONFUSION
	H	11	62						ABUSIVE EXPERIENCES
	I	18	68						LIVING ARRANGEMENT PROBLEMS
	J	0	0						FINANCIAL BURDENS
	K	16	60						SPIRITUAL DOUBTS
CLINICAL SIGNS	AA	10	54						SUICIDAL TENDENCIES
	BB	19	79						DEPRESSIVE OUTLOOK
	CC	14	77						ANXIETY/TENSION
	DD	24	68						POST-TRAUMATIC STRESS
	EE	18	59						EATING DISORDERS
	FF	13	52						ANGER DYSCONTROL
	GG	21	58						ATTENTION (COGNITIVE) DEFICITS
	HH	22	68						OBSESSIONS/COMPULSIONS
	II	18	65						ALCOHOL ABUSE
	JJ	0	0						DRUG ABUSE

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The MCCI report was normed on college students who were being seen in college counseling centers for emotional discomforts or academic and/or social problems. The report is applicable primarily during the early phases of assessment or counseling. Distortions such as exaggerated severity may occur among respondents who inappropriately took the MCCI for essentially educational or self-exploratory purposes. This report is inferential and probabilistic, and it must be viewed as only one aspect of a thorough assessment. Moreover, these inferences should be reevaluated periodically in light of the attitude changes and emotional growth that typify this stage of life. For these reasons, it should not be shown to students, their peers, 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 client is a 19-year-old male. He is a sophomore in college.

This individual's response style showed no test-taking attitudes that would significantly distort his MCCI results.

PERSONALITY STYLES

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

The individual's profile suggests that he wants to flatten his emotions to protect himself from his occasional mistrust of others. His general social awkwardness and hesitation reflect a long-standing effort to keep others, especially peers, at a distance. Any desire for closeness and affection he may have had in the past may now be self-protectively denied, and he has little wish or spark left to motivate him. Despite efforts to dampen his feelings and desires, he may obsess about his social deficits and failures, experiencing recurrent mood disharmonies as a consequence. Although he occasionally tries to distract himself, he may still be overly concerned about the humiliation of social rebuff and continue to anticipate as well as elicit rejection.

Although he may be so disposed, it would be unusual for him to act out, to display resentments overtly, or to enjoy the lighter side of college life. He is unlikely to exhibit social competitiveness or to take the initiative. Notable may be his search for supportive people or institutions such as a church group. Despite his unfulfilled desire for acceptance, he may have learned that it is best to restrain these needs and to maintain considerable emotional distance from his peers. He may also have learned that by fading into the social background, assuming a passive role, and willingly submitting to those who are more assertive, he may be safe from humiliation and rejection. As a consequence, he is likely to have withdrawn into increasingly peripheral social roles.

Although doing well in college may be important to him, his image of weakness and ineffectuality may make this desire fraught with the dangers of failure and embarrassment. Worthy of closer inspection is the possibility that he has a temperamentally based tendency to tire easily and to have a low energy level. This sluggish exterior and affective blandness, if in evidence, may be deceptive, however, because it may cloak restrained feelings.

Lost in daydreams much of the time, he may report being distracted by thoughts that intrude upon his attentiveness to his college tasks and responsibilities. To counteract troublesome impulses, particularly of a sexual nature, he may have learned that it is best to suppress thoughts that can stir up disturbing ideas and feelings. These defensive efforts may further preclude opportunities for a more normal and socially rewarding college life. Together with his restrained and bland persona and his characteristic shy and withdrawn behavior, his rigid conventionality and fearfulness do little to bring favorable attention and interest from his peers. As a consequence, he may begin to drift into a more detached and ineffectual way of life.

EXPRESSED CONCERNS

The scales in this section pertain to this individual's perceptions regarding concerns and problems related to college life. Because experiences during this period are likely to be notably subjective, it is important to record how he sees events and reports feelings, not just how others may objectively report them to be. For comparative purposes, his attitudes regarding a wide range of personal, social, and scholastic matters are contrasted with those expressed by a broad cross section of other college students with psychosocial problems that brought them to a college counseling center for assistance and guidance.

He feels confused and uncertain regarding his life direction, a problem frequently seen in college students. He feels that others are more sure of their identity and goals. Moreover, he appears to be upset by his inability to achieve greater clarity in this regard. In addition, this problem may be exhibited in confused and/or contradictory behaviors.

A central difficulty for this troubled individual is his pervasive sense of concern about his mental state. Finding himself facing intense stresses and college difficulties, he knows that he must go beyond his usual sources of support to find guidance and a measure of relief. Reasonably quick attention to his desire for assistance is called for.

He reports disappointment and/or concern regarding his academic performance. Although this is a common problem for students, he expresses a greater-than-average degree of discontent, which may lead to both real and perceived additional problems associated with college life.

Romantic relationships are a major concern for him. He reports strong feelings of rejection and sees himself as unsuccessful in obtaining reciprocal approval from a desired mate. He may long for acceptance by an intimate partner and may fear repeated rebuff. Quite possibly, he may be disposed to give up and limit his romantic activities.

CLINICAL SIGNS

The features and dynamics of the following distinctive clinical signs 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 his basic personality makeup.

There is evidence of a recent increase in moderate depression in this socially awkward young man. He exhibits a level of downheartedness that is consistent with a mild dysthymic syndrome. Preoccupied with matters of personal adequacy, plagued with self-doubts, and feeling increasingly useless, he may be especially bothered by the thought that he is both socially unattractive and inferior to his college peers. Periodically sad, empty, and lonely, he is likely to have deep and frustrated yearnings for social acceptance. Because of his occasional defensive efforts to flatten his emotions and to hide his despair, his dysthymic inclinations may be contained sufficiently to fade into his typically bland appearance. Nevertheless, self-deprecatory thoughts and attitudes of futility can be readily elicited by skillful probing.

He may be experiencing a moderate level of anxiety, noted by reported symptoms such as fatigue, muscle tension, and a general dysphoric mood. Especially hypersensitive to public humiliation or reproval, he lacks sufficient self-esteem to respond to such events by expressing the resentment he may feel. His anxiety may not only be one of his general states--an omnipresent level of discomfort experienced in college life, especially with peers--but may also be intensified by the fear that his resentments may spill out against people he dare not provoke.

He may be suffering from a moderate level of post-traumatic stress. Beneath his typical surface appearance, he is experiencing unconscious anxieties that periodically manifest themselves in abrupt apprehensions and upsetting recollections. Feelings of general inferiority or moodiness or both may underlie and prompt these eruptive events. Demands and expectations that exceed his level of academic competence or tap feelings of inadequacy may have recently come to the fore, perhaps reactivating earlier fears of interpersonal reproval or rejection.

NOTEWORTHY RESPONSES

This student answered the following statements as occasionally applies/occasionally true, frequently applies/frequently true, or always applies/always true. These responses suggest specific problem areas that the counselor may wish to investigate.

Depression and Suicidal Preoccupation

6. Item Content Omitted (True)

Abuse Concerns

No items.

Risky Behaviors

No items.



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.

DiETING Issues

No items.

Mood Disturbance

- 53. Item Content Omitted (True)
- 94. Item Content Omitted (True)

Trauma Symptoms

- 131. Item Content Omitted (True)
- 143. Item Content Omitted (True)
- 119. Item Content Omitted (True)

Substance Abuse

- 113. Item Content Omitted (True)

Loneliness/Alienation

- 27. Item Content Omitted (True)
- 29. Item Content Omitted (True)
- 38. Item Content Omitted (True)
- 44. Item Content Omitted (True)
- 56. Item Content Omitted (True)
- 86. Item Content Omitted (True)

Homesickness

- 70. Item Content Omitted (True)

Expectation Pressures

- 58. Item Content Omitted (True)
- 75. Item Content Omitted (True)

Escapist Distractions

- 63. Item Content Omitted (True)

Minority Prejudice

No items.

Somatic Concerns

No items.



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SAMPLE

Reality Distortions

No items.

DIAGNOSTIC HYPOTHESES

The assessment statements drawn from the MCCI results may be used as a guide to making *DSM-IV-TR*® diagnoses because there are sufficient parallels between them. However, such diagnoses are not specified in this report because most college students are not psychiatric patients. Definitive judgments should be based on biographical, observational, and interview data in addition to the results of self-report inventories such as the MCCI.

COUNSELING SUGGESTIONS

It would be advisable to attend to and ameliorate this student's current mental health upset, anxiety/tension, and depressive outlook with an early appointment, rapid implementation of supportive counseling, and a possible psychiatric consult for psychopharmacologic medication. Once his immediate needs have been adequately managed, attention may be directed toward the more supportive counseling goals suggested in the following paragraphs.

He will not view counseling positively. Not inclined to believe that a counselor at college will act in his best interests, he may hesitate to expose many concerns or report relevant school difficulties. Counseling for this introverted and anxious young man will be best directed toward countering his withdrawal tendencies. Minimally introspective and exhibiting diminished affect and energy, he must be prevented, through counseling efforts, from becoming totally isolated from the support of a benign college environment. He probably pursues with diligence only those activities that are required by school obligations. By shrinking his interpersonal milieu, he precludes any exposure to new experiences. Of course, this is his preference, but such behavior only fosters his isolated and withdrawn existence. Therefore, the counselor should ensure continuation of some social activity to prevent him from becoming lost in asocial and fantasy preoccupations. Encouragement of excessive social activity should be avoided, however, because his tolerance and competency in this area are limited. Nevertheless, it is most important to avoid being put off by his distancing behavior.

His initial openness to counseling may create the misleading impression that progress will be rapid. In fact, counseling may recapitulate his established conflict between wanting acceptance and fearing placement in a vulnerable position. Sensitive and fearful of humiliation, he may come to view counseling as too dangerous and self-revealing. Persuading him to forego his long-standing needs and expectations may prove to be slow and arduous. Support should be provided to ease his tensions, particularly his feeling that the pressures and demands of college life will inevitably result in academic failure and peer disapproval.

Psychopharmacological treatment should be used with caution because it may activate feelings that he is ill-equipped to handle. Attempts to cognitively reorient his attitudes may be most useful in helping him gain insight into unwarranted fears and in motivating interpersonal sensitivity and activity. Behavior modification may be valuable in helping him to develop new social skills. With these benign

approaches, especially if they are carried out in groups, he may begin to alter his social image and develop the motivation and social skills he needs for developing a more satisfying interpersonal style. Preceding or combining group programs with individual treatment sessions would help forestall untoward social discomfort on his part.

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

End of Report

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SAMPLE

ITEM RESPONSES

1: 2 2: 4 3: 2 4: 2 5: 2 6: 3 7: 0 8: 2 9: 2 10: 1
11: 2 12: 3 13: 4 14: 2 15: 3 16: 1 17: 2 18: 0 19: 2 20: 3
21: 1 22: 0 23: 1 24: 3 25: 2 26: 1 27: 4 28: 2 29: 3 30: 2
31: 2 32: 4 33: 1 34: 2 35: 1 36: 4 37: 1 38: 3 39: 1 40: 3
41: 0 42: 4 43: 2 44: 3 45: 2 46: 2 47: 4 48: 3 49: 4 50: 1
51: 3 52: 1 53: 3 54: 2 55: 1 56: 2 57: 3 58: 3 59: 3 60: 2
61: 0 62: 3 63: 4 64: 0 65: 3 66: 4 67: 3 68: 0 69: 2 70: 3
71: 0 72: 0 73: 1 74: 0 75: 4 76: 3 77: 3 78: 0 79: 2 80: 0
81: 1 82: 4 83: 3 84: 1 85: 2 86: 2 87: 3 88: 4 89: 0 90: 3
91: 0 92: 2 93: 3 94: 2 95: 2 96: 0 97: 1 98: 3 99: 4 100: 0
101: 1 102: 2 103: 0 104: 1 105: 0 106: 2 107: 1 108: 0 109: 2 110: 3
111: 2 112: 2 113: 2 114: 0 115: 1 116: 0 117: 1 118: 2 119: 4 120: 2
121: 1 122: 2 123: 2 124: 1 125: 0 126: 1 127: 1 128: 0 129: 0 130: 3
131: 3 132: 1 133: 0 134: 1 135: 1 136: 2 137: 3 138: 0 139: 1 140: 1
141: 1 142: 1 143: 3 144: 2 145: 2 146: 0 147: 3 148: 3 149: 3 150: 0

SAMPLE