



MAPI™
Millon™ Adolescent
Personality Inventory

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Millon™ Adolescent Personality Inventory
Interpretive Report
Theodore Millon, PhD, DSc

Name: Sample Report
ID Number: 101010101
Age: 16
Gender: Male
Education: High School Sophomore
Date Assessed: 03/02/2005



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MILLON ADOLESCENT PERSONALITY INVENTORY
CONFIDENTIAL INFORMATION FOR PROFESSIONAL USE ONLY

CODE: 1 2 ** 3 * - + 8 6 " 7 4 5 // H ** F G C D E * A + B " - // UU ** - * //

VALID AND RELIABLE REPORT

DATE: 03/02/2005

SCALES	SCORE		PROFILE OF BR SCORES				DIMENSIONS	
	RAW	BR	35	60	75	85		100
BASIC PERSONALITY STYLE	1	28	115	[Bar extending past 100]				INTROVERSIVE
	2	24	98	[Bar extending past 100]				INHIBITED
	3	22	83	[Bar extending past 100]				COOPERATIVE
	4	13	29	[Bar between 35 and 60]				SOCIABLE
	5	17	23	[Bar between 35 and 60]				CONFIDENT
	6	13	35	[Bar between 35 and 60]				FORCEFUL
	7	14	29	[Bar between 35 and 60]				RESPECTFUL
	8	16	54	[Bar between 35 and 60]				SENSITIVE
EXPRESSED CONCERNS	A	14	67	[Bar between 35 and 60]				SELF-CONCEPT
	B	9	47	[Bar between 35 and 60]				PERSONAL ESTEEM
	C	12	78	[Bar between 35 and 60]				BODY COMFORT
	D	13	75	[Bar between 35 and 60]				SEXUAL ACCEPTANCE
	E	12	75	[Bar between 35 and 60]				PEER SECURITY
	F	13	81	[Bar between 35 and 60]				SOCIAL TOLERANCE
	G	9	81	[Bar between 35 and 60]				FAMILY RAPPORT
	H	16	93	[Bar between 35 and 60]				ACADEMIC CONFIDENCE
BEHAVIORAL CORRELATES	SS	11	47	[Bar between 35 and 60]				IMPULSE CONTROL
	TT	17	70	[Bar between 35 and 60]				SOCIAL CONFORMITY
	UU	22	85	[Bar between 35 and 60]				SCHOLASTIC ACHIEVEMENT
	WW	4	15	[Bar between 35 and 60]				ATTENDANCE CONSISTENCY

MAPI report narratives have been normed on adolescent patients seen in professional treatment settings for either genuine emotional discomforts or social difficulties and are applicable primarily during the early phases of assessment or psychotherapy. Distortions such as greater severity may occur among respondents who have inappropriately taken the MAPI for essentially educational or self-exploratory purposes. Inferential and probabilistic, this report must be viewed as only one aspect of a thorough diagnostic study. Moreover, these inferences should be reevaluated periodically in light of the pattern of attitude change and emotional growth that typifies the adolescent period. For these reasons, it should not be shown to patients or their relatives.

This youngster showed no unusual characterological or test-taking attitudes that may have distorted the MAPI results.

PERSONALITY STYLES

The following pertains to those enduring and pervasive characterological traits that underlie the personal and interpersonal difficulties of this youngster. Rather than focus on specific problem areas and complaints, to be discussed in later paragraphs, this section concentrates on the more habitual, maladaptive methods of relating, behaving, thinking and feeling.

The behavior of this youngster is typified by his shyness, discomfort and awkwardness in social situations. This stems in part from a tendency to think poorly of himself and his abilities. Being emotionally sensitive and easily upset, he has learned that he will experience difficulties with others, especially to anticipate their frequent rejection. For these reasons he remains extremely hesitant about being sociable and extending himself to others. This appears to be a problem that extends from the family to school to peer relationships. Easily hurt by the comments and criticisms of others, he avoids competitive encounters and gives in quickly to the wishes of those who act more assertively. Having few friends and feeling unliked by school peers, he may pursue his activities entirely alone. There is a tendency, therefore, to become isolated from everyday peer and family relationships, with much time spent daydreaming, rather than being involved.

His self-image is that of being weak, unmasculine and ineffective, although he may not readily admit to these perceptions. It is also likely that he will view ordinary responsibilities and stresses as excessively demanding. Moodiness characterized by fearfulness and anxiety, if not specific phobias, may also occur with some frequency. In addition, he is likely to report a low level of energy and fatigue.

Not particularly trustful of others, nor inclined to take the initiative about things, this youngster is not likely to go out of his way to report his emotional problems to others. Although introspective and hardly indifferent to signs of distress and disillusionment, his characteristic social hesitation and fearfulness may result in delays in voicing complaints. Somewhat ambitious, he may, however, feel that he is a failure at achieving his goals. Nevertheless, he is not likely to overtly complain. One should not be surprised if his mood disharmony is cloaked and given most fully by concerned family members, rather than by the youngster himself. Clinicians will have to devote extra efforts to establish comfort and rapport with him since requests for information may provoke fear and be seen as a form of painful and embarrassing self-exposure.

EXPRESSED CONCERNS

The scales comprising this section pertain to the personal perceptions of this youngster concerning several issues of psychological development, actualization, and concern. Because experiences during this age period are notably subjective, it is important to record how this teenager sees events and reports feelings, and not only how others may objectively report them to be. For comparative purposes, these self-attitudes regarding a wide range of personal, social, familial and scholastic matters are contrasted with those expressed by a broad cross-section of teenagers of the same sex and age.

Even though other problems are present, this young man is well into the process of developing a clear self-concept and a series of directions as to what he may become. Although not fully settled in this regard, he demonstrates a growing sense of values and goals for his future.

This young man reports modest satisfaction with the person he is becoming. He feels that he can express himself as an individual and that he is developing a sense of personal well-being. This comfort with himself should enhance his ability to cope with the more troublesome aspects of his current life.

This adolescent reports considerable dissatisfaction with his physical appearance and maturation. Disposed to share his unhappiness in this regard, he is nevertheless quite concerned and fearful over the reactions of others to his perceived deficits in this sphere.

Sexuality may be a major problem for this young man. He harbors serious reservations as well as a measure of confusion or discontent in relation to his impulses and the roles he is expected to assume. Troubled by these feelings, he may restrain his heterosexual inclinations until he is able to clarify his current feelings.

One area of difficulty reported by this youngster includes problems in gaining peer acceptance. Wanting to belong, he reports being unwanted and isolated at times. His social interactions are often experienced as painful.

Intolerant of the flaws and difficulties of others, this young man has little sympathy and concern for them, adopting a judgmental rather than a helpful stance. This may be demonstrated by a willingness to override the needs or rights of others in order to serve personal ends.

The teenage years are expected to contain some degree of family strife. However, this troubled youth describes more than average difficulties in the home. Although harmony may be desired, strife and misunderstanding do appear regularly. Poor communication may create barriers to the improvement of these circumstances.

This young man experiences failure and dismay when evaluating his academic performance. Possibly troubled by poor grades, he finds little personal relevance in either coursework or in extracurricular activity. Voicing serious doubts regarding his ability, he does not appear willing to further, let alone complete, his academic training.

BEHAVIORAL CORRELATES

The scales comprising this section focus on problems that frequently come to the attention of school counselors, family and other agencies, as well as therapeutic clinicians. It should be noted that these scales do not provide direct evidence that the youngster has or is likely to exhibit the difficulties referred to. Rather, they gauge the extent to which the responses of this teenager are similar to those who have been identified by counselors and clinicians as evidencing troublesome behaviors such as impulsivity, social noncompliance, underachievement and nonattendance.

This young man completed the MAPI in a fashion similar to teenagers who do not discharge their emotions impulsively. Rarely expressive or overly reactive, he tends to think before speaking, thereby avoiding the negative consequences of being hasty or acting out.

The responses of this teen indicate that this young man generally complies to social regulations and the expectations of authorities. However, there is a measure of self-assertion that will be expressed and acted out upon occasion.

Indications of marked scholastic underachievement are noted in the response pattern of this young man. Students who score in this manner are frequently unable to demonstrate basic academic skills, a pattern leading to school failure and difficulties in later employment. Remedial intervention is advisable.

In completing the MAPI this young man responded to the questions in a manner similar to students who demonstrate good school attendance records.

NOTEWORTHY RESPONSES

The following statements were answered by this youngster in the direction noted in the parentheses. These items suggest specific problem areas that may deserve further inquiry on the part of the clinician.

Social Alienation:

37. Omitted Item (False)

Behavioral Problems:

17. Omitted Item (False)
30. Omitted Item (False)
100. Omitted Item (False)

Emotional Difficulties:

106. Omitted Item (False)
150. Omitted Item (False)



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.

PARALLEL DSM-III-R™ DIAGNOSES

Although the diagnostic criteria utilized in the MAPI differ somewhat from those in the DSM-III-R, 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 MAPI.

313.21 Avoidant disorder of childhood or adolescence

Also consider:

309.83 Adjustment disorder with withdrawal

THERAPEUTIC IMPLICATIONS

The following considerations are likely to be of greater utility and accuracy during early treatment planning than in later management phases.

Involvement in therapy will not be experienced well by this already untrusting and anxious youngster. It is difficult for this patient to believe that the clinician will act in his best interests. As a consequence, this teenager may actively resist exposing weaknesses and fears or to report relevant complaint information. Sensitive and fearful of humiliation, the patient may deal with request for therapeutic involvement as too dangerous and self-revealing. Protectively, then, there may be a disposition to withdraw from further therapeutic contact rather than expose oneself to humiliation. It is most important to avoid being put off by these suspicious and distancing behaviors. Compliance with therapeutic goals is likely to be achieved only with patience, an understanding attitude, and a willingness to have one's sincerity tested. Maintaining a high level of sympathy and understanding of the problems faced by this teenager should result in a greater willingness to engage fully in the therapeutic process.

End of Report

NOTE: This and previous pages of this report contain trade secrets and are not to be released in response to requests under HIPAA (or any other data disclosure law that exempts trade secret information from release). Further, release in response to litigation discovery demands should be made only in accordance with your profession's ethical guidelines and under an appropriate protective order.

ITEM RESPONSES

1: 2 2: 2 3: 2 4: 1 5: 2 6: 2 7: 2 8: 2 9: 2 10: 2
11: 1 12: 2 13: 2 14: 2 15: 2 16: 2 17: 2 18: 2 19: 2 20: 1
21: 2 22: 2 23: 2 24: 1 25: 2 26: 2 27: 2 28: 2 29: 2 30: 2
31: 2 32: 2 33: 2 34: 2 35: 2 36: 2 37: 2 38: 2 39: 2 40: 2
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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: 2 145: 2 146: 2 147: 2 148: 2 149: 2 150: 2