MCMI-IV Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

The MCMI-IV (Millon Clinical Multiaxial Inventory-IV, NCS Pearson, 2015) is a 195-item personality inventory for adults already in mental health care, scored in Base Rate units against clinical norms. Say why the examinee fits that population, state the BR convention once, and keep item content and score conversions out.

1. Measures, edition, norms, administration one reconstructable sentence

Do: name the MCMI-IV, the platform (Q-global, Q Local, mail-in), the modality, the clinical norm reference, and why this examinee fits it.

Pitfall: "an MCMI" with no edition or norms sentence; the MCMI-III is a different test and still on sale.

2. Validity and response style first before any substance

Do: report the Invalidity and Inconsistency checks, describe Disclosure, Desirability, and Debasement, and end with a plain interpretability conclusion.

Pitfall: interpreting a defensive, favorable-presentation protocol as substance; low elevations there are mostly uninformative.

3. The Base Rate frame, stated once BR is not T

Do: say BR scores are prevalence-anchored to the clinical norm group, with 75 suggesting presence and 85 prominence by convention, then describe the pattern in prose.

Pitfall: standard-deviation or percentile talk, or comparing BR values across scales as if equal-interval.

4. Personality patterns before syndromes the instrument's own order

Do: check severe personality pathology, describe the elevated patterns and how they cohere, then read the syndromes inside that context.

Pitfall: a syndrome-only symptom list that discards the personality architecture the test exists to describe.

5. Facets localize, never headline three per elevated scale

Do: use the Grossman facets of each elevated pattern to say which domain drives it and where treatment can grip.

Pitfall: facet scores quoted as standalone findings; they refine an elevated parent scale.

6. Pattern language, not a diagnosis hedged and multi-source

Do: write "consistent with a prominent [pattern]," tied to interview and history; let the evaluation's diagnostic section decide.

Pitfall: "the MCMI-IV shows [disorder]"; no self-report inventory diagnoses anyone.

7. Interpretive report and recommendations paraphrase, then link

Do: paraphrase the computer narrative within its licensed minimum, and tie each recommendation to a named finding.

Pitfall: pasted canned paragraphs, and recommendations that would fit any profile.

Before you sign

- [ ] Clinical-fit sentence present
- [ ] Validity and modifying indices settled first
- [ ] BR convention stated once, no cross-scale ranking
- [ ] Syndromes read inside the personality pattern
- [ ] Pattern language, no test-made diagnosis
- [ ] Each recommendation traces to a finding

Drafting with AI

Paste your validity findings and elevated scales with BR values. Not item content, not conversion tables, not the canned narrative.

> *"Draft an MCMI-IV results section: open disclosure, valid protocol; prominent Avoidant BR 86 with Melancholic BR 78; Anxiety and Persistent Depression present; state the 75/85 convention once and keep findings as hypotheses for the diagnostic section."*

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300 to 700 words	**25 to 35 min**	**Adults 18+**	**Clinicians · courts · payers**
results section	to administer	clinical norms	who reads it

MCMI-IV Results Section Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): Age: Testing date:

Platform (Q-global / Q Local / mail-in): Administered by: Referral question:

Measures, edition, norms, and administration

MCMI-IV, platform, modality; clinical norm reference and why this examinee fits it

Protocol validity and response style

Invalidity and Inconsistency checks; Disclosure, Desirability, Debasement described; interpretability conclusion

Base Rate frame, stated once

Prevalence-anchored BR; 75 presence and 85 prominence by convention; not T scores; no cross-scale comparisons

Personality findings

Severe personality pathology, elevated patterns and how they cohere, Grossman facets localizing each

Clinical syndromes, in the personality context

Syndrome elevations tied to the pattern; severe syndrome scales noted

Diagnostic formulation and interpretive summary

Hedged pattern language; corroboration from interview, history, records; what the inventory cannot establish

Recommendations linkage

Each recommendation tied to a named finding

Interpretive report paraphrased, not pasted: Re-evaluation considered:

Evaluator signature / credentials: Date signed:

Supervisor signature, where required: Date: