A psychological assessment aligned with the *DSM-5*® helps a clinician improve patient evaluations and treatment

Ruth Tully, DForenPsy, Consultant Forensic Psychologist

The Challenge

Dr. Ruth Tully, a consultant forensic psychologist, is the director of Tully Forensic Psychology Ltd., which provides psychological and treatment services across the United Kingdom. In the past, to conduct assessments of personality disorders and clinical syndromes, Dr. Tully had used the Millon® Clinical Multiaxial Inventory, Third Edition (MCMI®-III) from Pearson. The MCMI-III is aligned with the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*®. Clinicians rely on the DSM to diagnose and classify mental disorders.

When the *DSM-5* was released in 2013, clinicians faced the challenge of finding psychological assessment tools that were aligned with it. Dr. Tully was pleased when Pearson developed the MCMI®-IV, created to align with the *DSM-5*, and she became a pilot consultant when it was officially released in November 2015.
A Psychological Assessment Solution

Dr. Tully has used the digital edition of the MCMI-IV approximately twenty times so far, but she evaluated both the paper-and-pencil and the digital assessment for use in various contexts.

“An undoubted strength of the MCMI-IV is that the tool is anchored in evolving theory and it is simultaneously responding to developments in diagnostic criteria,” Dr. Tully remarked. “There are not many tools that link to the DSM-5. Pearson has updated the MCMI in a timely manner.”

“When I’m writing reports on my patients or clients, it’s the DSM-5 that I’m referring to. So the fact that the MCMI-IV is up-to-date is one of the biggest benefits,” she said.

In the MCMI-IV, “the test book is more client friendly. It’s easier for clients to complete it. That’s a huge improvement,” noted Dr. Tully. In the previous edition, the test booklet and answer sheet were separate. Now the questions and response choices appear next to each other, which minimizes the risk of response errors.

As in the previous edition, clinicians have the option of using Q-global®, Pearson’s web-based platform, for administering and scoring the test and generating a report.

According to Dr. Tully, the enhancement to the profile summary graph included in Q-global is a “particularly useful” feature of the updated psychological assessment. In the previous edition, the graph included only numbers, but now it presents definitions of personality styles, types, and disorders, which have helped her interpret results with increased ease.

Updated Grossman Facet Scales, a series of therapy-guiding facet subscales that expand the basic personality scales, are also included in the new assessment and in a graph in Q-global. “The Grossman Facet Scales are presented in a graph for the highest personality subscales, alongside the Grossman Facet Scale scores being calculated for all of the personality scales for comparison. This helps save time in hand calculations and is a development from the previous profile reports,” Dr. Tully explained.

Also new to the psychological assessment is the Turbulent scale, which provides clinicians with a deeper understanding of patients who are experiencing abnormal personality traits. These traits fall across the ebullient-exuberant-turbulent personality functioning spectrum.
The new treatment guide, part of the interpretive report generated by Q-global, provides short-term treatment options. It “is based on the identified personality patterns, as well as the clinical syndromes,” Dr. Tully said. “It offers useful guidance on the therapy approaches that might work for individuals with these prominent personality styles.”

The Results

According to Dr. Tully, Q-global makes the assessment process more efficient. “Q-global is a prime example of how technology can be used to aid psychological assessment and treatment, with computerized profile generation saving the clinician time (and therefore saving a practice money),” she remarked. She estimates that Q-global saves her two to three hours when scoring assessments and another two to three hours when writing reports because she integrates content from the Q-global reports into her own evaluations (see figure 1).

Dr. Tully also noted that using Q-global to administer assessments can help put clients at ease. “Online administration options help to engage clients in a format that they are familiar with,” she said. “Some clients are more familiar and comfortable using an iPad® or using a computer to input their answers and information. So you might engage people very well because they’re able to do it online.”

Dr. Tully finds that, as a result of the enhancements to the assessment, the MCMI-IV gives her a more complete view of patients than the third edition did.

The MCMI-IV has “allowed for a more comprehensive assessment of patients,” she reflected. “It allows for lots of subscales to be assessed. This means that I do not need to use a separate anxiety scale because it’s not necessary to assess that person twice for anxiety. It’s within the MCMI. This one assessment gives us lots of different outcomes not just about personality, but about clinical syndromes as well. So that’s extremely helpful in time-limited situations and avoids lots of separate form filling on the part of the patient, which serves to enhance patient engagement.”

“The MCMI-IV helps me bring together assessment processes within my service so they are more cohesive,” Dr. Tully added. “My team provides legal assessments, parole assessments, and therapy, as well as training for other professionals. It has really influenced the way that we assess people and helps us to bring those processes together as a team, so that we’re consistent in the way that we assess patients. And the people who see our reports know what to expect in terms of comprehensive assessments.”

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<th>Estimated Time Saved by Using Q-global vs. Paper &amp; Pencil</th>
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<tr>
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<td>2–3 hours saved</td>
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FIGURE 1

Scoring Assessments

Writing Reports

2–3 hours saved
Dr. Tully regularly produces forensic risk assessments to gauge the risk of future sexual or violent offending. Quite often, she commented, people can pass through systems or facilities without being given a comprehensive psychological assessment of their personality. Dr. Tully noted that the real person can be lost in assessments that just focus on risk. It’s her job to assess how people could respond to particular challenges and conditions, and she uses the MCMI to help her do this.

In one case, she recalled, “the client had a tendency to impression manage and minimize his symptoms. But the MCMI was able to spot that because it contains a desirability scale, which helps you understand how much the person has impression managed and which therefore assists you in examining the personality profile in some depth.”

“In this case, the profile showed that the new personality scale, the Turbulent scale, as well as the histrionic scale, was elevated, and these personality types matched the behavior of this patient very well. It helped me write a report that helped the people directly supervising him understand his presentation better and why he might deal with certain situations in certain ways. This can really assist in improving outcomes for patients and those around them. This is why the MCMI has been very useful in risk assessment.”

Dr. Tully regularly presents her reports, which have included comprehensive explanations of the MCMI findings, at parole hearings. “The reports have really helped the panel understand the person in front of them,” she said, “which helped them make a decision.”

When a patient is not responding well to treatment, Dr. Tully has used the psychological assessment to develop a more effective treatment plan. She also shares the assessment findings with patients.

“I’ve had positive feedback from clients in a variety of situations where looking at a formulation and understanding the different terms used for personality have helped them look back into their lives and realize where their personality stems from a little bit more. This process, assisted by the MCMI, ultimately helps them manage their behavior more effectively in the future.”

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