

AN EXAMINATION OF THE OPERATIONAL INDICES OF THE NONCONTENT
SCALES IN DETECTION OF CONTENT NONRESPONSIVITY ON THE MILLON
CLINICAL MULTIAXIAL INVENTORY-III (137 pp.)

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The purpose of this study was to examine the operational indices of the Validity scale (V) and three researcher-developed non-content scales, namely, the Infrequency scale (IN), the Consistency scale (CON), and the Triplet scale (TRIP), in detecting content nonresponsivity on Millon Clinical Multiaxial Inventory-III (MCMI-III) protocols. The study examined the relationship of gender and race to the scores obtained from these scales. An archival data set of 336 MCMI-III protocols of clients along with their demographic information was used in the study. The data was received from an inpatient-outpatient psychiatric hospital located in the Southeastern part of the United States. Thirty-two percent of the participants were male and 68% were female. Their ages ranged from 18 to 72 years. Forty-one percent of the participants indicated their race as Black and 59% as Caucasian. All random and partially random protocols were artificially generated using SYSTAT 6.0's pseudo-random number generator (SPSS, 1996).

The MANOVA results indicated that the new noncontent scales were successful in differentiating partially random and all-random protocols from clinical protocols. Logistic Regression Analyses results supported the conclusion that the new noncontent scales were significant predictors of group membership, which is defined in this study as

membership to either partially random, all random, or clinical protocols. MANOVA results indicated no significant impact of gender and race on noncontent scales.

MANCOVA results showed no significant two-way interaction between race and gender.

Operational Indices of each noncontent scale, namely sensitivity, specificity, positive predictive power, negative predictive power, and overall power, were provided at various randomization levels. Compared to the V scale of the MCMI-III, the new noncontent scales had higher sensitivity rates and somewhat lower specificity rates.