BHI 2™

Battery for Health Improvement 2

Medical Intervention Risk Report

PATIENT INFORMATION

Patient Identification Number: 2818

Patient Name (Optional) Joe Sample	Test Date 07/01/2016
Gender Male	Relationship Status Other
Age 20	Education Level College Graduate
Pain Diagnostic Category Not Reported	Race African American
Date of Injury (Optional)	Setting Physical Rehabilitation

PROVIDER INFORMATION

Care Provider (Optional)	Practice/Program (Optional)

This BHI 2 Medical Intervention Risk Report is intended to serve as a source of clinical hypotheses about possible biopsychosocial complications affecting risk of medical intervention.

While this report summarizes a number of risk factors known to be associated with problematic response to medical treatments, these scores should not be construed as defining the entire evaluation, but rather should be interpreted by a qualified professional within the context of a clinical interview, the patient's history, medical findings, the degree of surgical necessity, and other relevant factors.

The BHI 2 test was normed on a sample of physically injured patients and a sample of community subjects. This report is based on comparisons of this patient's scores with scores from only injured patients. BHI 2 results should be used by a qualified clinician in combination with other clinical sources of information to reach final conclusions. If complex biopsychosocial syndromes are present, it is generally necessary to consider medical diagnostic conclusions before forming a psychological diagnosis.

PsychCorp

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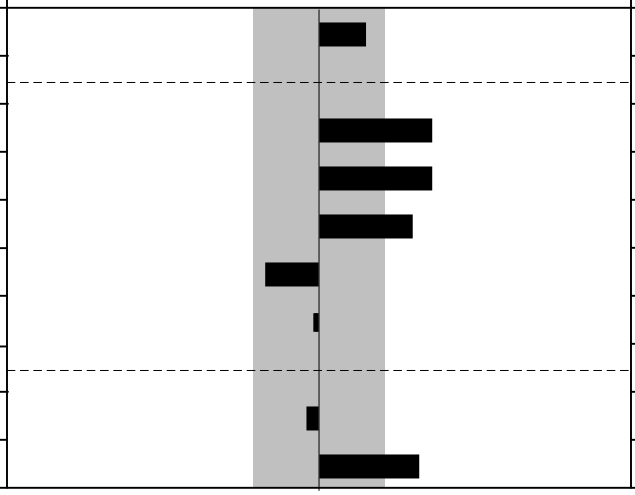
MEDICAL INTERVENTION RISK REPORT

Patient Profile **ORL: Very High**

MIR Scores	Raw	T	T-Score Profile (10 20 30 40 50 60 70 80 90)	Rating	%ile
BHI 2 Validity					
Self-Disclosure	127	57		Mod. High	78%
Risk Factors					
Primary	4	67		Very High	95%
Presurgical	45	67		Very High	95%
Rehabilitation	20	64		High	88%
Addiction History	11	42		Low Average	26%
Addiction Potential	16	49		Average	47%
Nonadaptive Coping Styles					
Catastrophizing	13	48		Average	46%
Kinesiophobia	15	65		High	95%



When assessing psychosocial risks for medical treatment, it is important to note that to the extent a treatment is medically necessary to preserve life or function, that necessity overrides the evaluation of psychosocial risk factors. In situations such as these, a patient's psychosocial risk factor scores should be used to assess the likelihood of a problematic post treatment recovery process. On the other hand, to the extent a medical treatment is judged to be elective, has outcomes dependent on patient motivation or adherence to treatment, and is performed to produce changes in subjective symptoms such as pain, patient behavior, or patient satisfaction, these psychosocial risk factor scores can play an important role in patient selection.

VALIDITY

Validity measures assess the possibility that a patient's responses may not be meaningful. The MIR Report assesses bizarre responding, minimizing, and magnifying.

There were no indications of random, careless, or bizarre responses in this patient's profile. Additionally, BHI 2 responses during this test administration indicate that this patient disclosed a mildly elevated level of psychological distress.

RISK FACTOR SCORE INTERPRETATION

Outcome Risk Level = Very High

The Outcome Risk Level (ORL) identifies a patient's most extreme outcome-related risk factor so that it might be given greater consideration during interpretation, intervention, and treatment. The three outcome-related risk factors assessed by the MIR Report consist of the Primary, Presurgical, and Rehabilitation risks, with each capturing a different aspect of outcome risk.

This patient's highest risk was Primary Risk at the Very High level. See below for additional information.

Primary Risk

The Primary Risk score assesses multiple severe risk factors (i.e., 'red flags') such as suicidality, violent ideation, psychosis, and thoughts of retribution towards physicians.

Primary Risk Factors Present: Suicidal Ideation, Violent Ideation, and Affective Disturbance.

This patient's Primary Risk score is positive, and has an elevated percentile rank of 95 when compared to other medical patients.

This patient reported both suicidal and violent ideation. These should be further explored by interview prior to proceeding with less urgent medical treatments. To the extent that the risk of suicide and violence is present, their treatment pre-empts any elective medical procedures due to their life-threatening nature. If surgery or other medical treatments are imperative at this time, ongoing psychological care is indicated during the treatment process.

These dangerous thoughts were associated with reports of conflict the medical profession. These thoughts were also associated with problems with anger.

Presurgical & Rehabilitation Risks

The Presurgical Risk score assesses a narrow band of secondary biopsychosocial risk factors (i.e., 'yellow flags') that are associated with poor surgical outcomes; whereas the Rehabilitation Risk score assesses a broader band of these secondary risk factors that have been generally associated with a poor response to medical treatment for pain or injury.

Presurgical Risk Factors Present: High Pain Level, Somatization Symptoms, Difficulty Coping, Anxiety, and Depression.

Rehabilitation Risk Factors Present: Chronic Condition, Wide Spread Pain, High Pain Level, Low Pain Tolerance, Stress-Related Symptoms, Anxiety/Stress, Self-Defeating Cognitions, Depression, Anger, and Secondary Gain.

This patient's Presurgical Risk score has a percentile rank of 95 when compared to a national sample of patients in treatment for pain/injury. Patients with this score are at a very high level of psychosocial risk. If this patient is being considered for surgery, this score indicates that he is at a very high risk of failing to benefit from or being dissatisfied with the surgical outcome.As this score is based largely on symptoms that are modifiable by behavioral or interdisciplinary care, taking steps to reduce these risks should be considered. If the surgery is elective, strong consideration should be given to using behavioral interventions to reduce the level of risk prior to considering surgery. If, on the other hand, the surgery is medically necessary, behavioral intervention is indicated during the postsurgical recovery period.

This patient's Rehabilitation Risk score has a percentile rank of 88 when compared to a national sample of patients in treatment for pain/injury. Patients with this score are at a high level of psychosocial risk. If this patient is being considered for elective surgery or intensive rehabilitation, he is at a high risk for being dissatisfied with the outcome of medical treatment. Moreover, regard should be given to offering behavioral interventions to reduce the level of risk prior to surgery, and an interdisciplinary treatment plan should be considered to manage this risk.

Addiction History & Addiction Potential Risks

The Addiction History Risk score assesses multiple historical risk factors that are predictive of aberrant or otherwise problematic drug-taking behavior; whereas the Addiction Potential Risk score assesses a wide variety of currently existing pain-related risk factors that are associated with a desire to use opioids and other pain-relieving medications.

Addiction History Risk Factors Present: Anger and Trauma.

Addiction Potential Risk Factors Present: Expects No Pain, Pessimism, Reactive Depresion, and Perceived Disability.

This patient's Addiction History Risk score has a percentile rank of 26, indicating that he reported a low average history of behaviors associated with substance abuse. While this patient reported a current desire for pain medication, he does not perceive himself to be dependent on it. Moreover, his Addiction Potential Risk score, which has a percentile rank of 47, suggests that his needs are tempered by an average level of psychological distress, pain, and cognitive variables that were found to contribute to a desire for analgesia.

NONADAPTIVE COPING STYLES

Nonadaptive Coping Styles are measures that identify cognitive behaviors that can interfere with medical outcomes. Two such coping styles that have been shown to be particularly nonadaptive in a medical setting are catastrophizing and kinesiophobia. These scores provide information about specific clinical concerns that can inform decisions about behavioral interventions for improving medical outcomes.

Catastrophizing

The Catastrophizing score assesses the tendency to believe a situation or symptom is far worse than it actually is. This patient's Catastrophizing score indicates an average level of catastrophizing cognitions.

Kinesiophobia

The Kinesiophobia score assesses the belief that physical activity is likely to lead to pain or harm, and thus should be avoided. Kinesiophobia tends to interfere with physical therapies and exercise. This patient's Kinesiophobia score indicates a high level of apprehensiveness about physical activity, fears of bodily injury, and a propensity to resist or avoid situations that could possibly lead to harm. This may be associated with a lack of adherence to recommendations for exercise or other physical activity. If exercise or physical therapy is medically necessary, behavioral intervention should be considered.

RECOMMENDED RISK REDUCTION INTERVENTIONS AND PATIENT STRENGTHS

Elevated risk scores on the MIR are based to a significant extent on modifiable behavioral variables, which can often be decreased with effective psychological treatments. This patient's MIR report results suggest the following actions and/or treatment plans should be considered, while also taking into account his strengths.

Recommended Actions

- Further assessment of potential patient dangerousness is indicated. If patient is judged to be at risk, develop safety plan regarding potential dangerousness to self/others vs. hospitalization. If not yet performed, strongly consider comprehensive psychological/psychiatric evaluation to assess primary risks and possible medication needs.
- Further assessment of potential patient aggressiveness is indicated. If patient is judged to be at risk, develop safety plan regarding potential dangerousness to self/others. If not yet performed, strongly consider comprehensive psychological/psychiatric evaluation to assess primary risks.
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- Considerable caution indicated with the use of invasive interventions; consider comprehensive psychological evaluation (if not yet performed), and adoption of an interdisciplinary treatment approach to manage psychosocial risks.
- Consider referral for cognitive behavioral therapy to address avoidance of exercise.

- Patient reports history of psychological trauma. Medical caregivers should be sensitive to this when examining the patient.
- Explore patient's frustrations with the medical system.

Psychological Treatments

- Education for the biopsychosocial nature of pain and stress symptoms and/or meditation-based stress reduction
- Relaxation training or biofeedback
- Pain management training
- Cognitive behavioral therapy for self-defeating cognitions related to health:
  - kinesiophobia
- Treatment for high level of affective distress indicated for:
  - depression
  - anxiety
  - anger
- Psychotherapy to determine if elevated level of death fears are realistic or medical phobias.
- Treatment for acceptance of chronic symptoms should be considered
- Explore reasons for medical frustrations

Patient Strengths

- No indication of report bias
- Below average level of problems with functioning
- Stable life history

End of Report

ITEM RESPONSES

1:	6	2:	9	3:	9	4:	0	5:	5	6:	1	7:	7	8:	9	9:	6	10:	9
11:	8	12:	1	13:	8	14:	1	15:	0	16:	0	17:	2	18:	2	19:	2	20:	3
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