



Pain Patient Profile

P-3[®]

Pain Patient Profile

Interpretive Report

ID Number: 12345
Age: 24
Gender: Female
Date Assessed: 02/28/2003



Written by C. David Tollison & Jerry C. Langley

Copyright © 1995 NCS Pearson, Inc. All rights reserved.
"P-3" is a registered trademark of NCS Pearson, Inc.

TRADE SECRET INFORMATION

Not for release under HIPAA or other data disclosure laws that exempt trade secrets from disclosure.

[2.4 / 1 / 1.5.11]

INTRODUCTION

Pain resulting from physical injury, illness, or disease is a multidimensional phenomenon composed of physiologic, psychological, and other influencing variables. Factors such as depression, anxiety, and excessive somatic thought are specifically identified in the medical literature as actively contributing to the etiology, maintenance, and intensity of pain. When these factors are appropriately identified and clinically addressed, treatment outcomes resulting from nonsurgical, surgical, and rehabilitative interventions are significantly improved.

The P-3 is designed to identify pain patients who are experiencing emotional distress that may be affecting their symptoms and their response to treatment. The P-3 report also offers recommendations regarding the need for mental health treatment based on the patient's item responses. Clinicians should monitor changes in pain and psychological symptoms and reassess as clinically appropriate. The P-3 may be readministered periodically to measure treatment progress.

The profile, interpretations, and recommendations in this report are all based on pain patients as the primary reference group. However, when reviewing an individual's results, it is important to keep in mind that the average pain patient is significantly more depressed, anxious, and preoccupied with somatic thoughts than the average community subject.

The information in the P-3 report must be used in conjunction with professional judgment, taking into account the total context of the instrument's administration and any other pertinent information concerning the individual. The main body of the report should be considered a professional-to-professional consultation and should be used solely by the clinician. These results should be considered confidential. The Patient Summary can be shared with the patient if the clinician decides it is appropriate.

VALIDITY

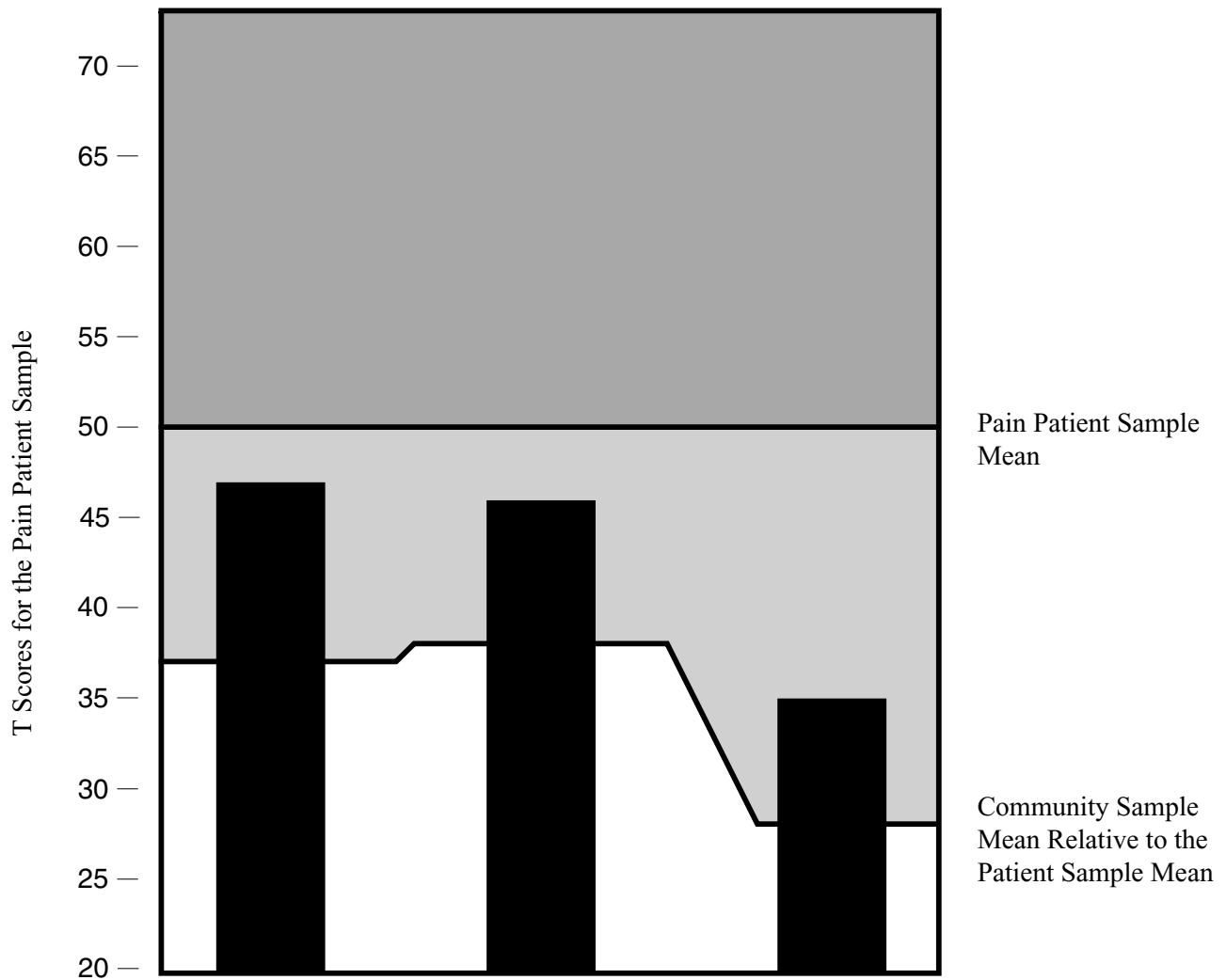
The patient's score on the Validity Index suggests that she was able to read the items and appropriately attended to item content. It appears that she approached the test in an open and honest manner. Her score suggests that her test results can be interpreted with confidence.

RESULTS SUMMARY

The patient's Depression and Anxiety scores are in the average range for pain patients, and these areas are unlikely to interfere significantly with her progress in treatment. The patient's below-average score on Somatization indicates that problems in this area are minimal and are unlikely to interfere with treatment.

Pain Patient Profile

The Individual Compared to the Patient Sample



	DEP	ANX	SOM
Raw Score:	25	21	20
Patient T Score:	47	46	35

Validity Index (raw): 7

CLINICAL INTERPRETATION

Although the patient's Depression score is in the average range for pain patients, she reports a number of symptoms of depression. She may be dissatisfied with the current state of her life, and she may be irritable, frustrated, moody, discouraged, and unhappy. She may be tiring of the duration of her discomfort or lifestyle alteration. She may be questioning her previous expectations regarding pain relief and symptom resolution.

Although the patient's Anxiety score is in the average range compared to other pain patients, she reports a number of symptoms of anxiety, agitation, and cognitive distress. She may have trouble controlling her anger. She may report being irritated by situations and events that formerly went relatively unnoticed. She is probably not comfortable in social situations and would prefer to avoid them. She reports feeling irritable, tense, worried, impatient, and upset, and she may find it difficult to relax and make decisions. Others may describe her as on edge, somewhat agitated, and distracted. These symptoms of anxiety may be beginning to strain her coping skills.

The patient reports more concerns and problems with health-related issues than the normative community sample, but less somatic thought than most pain patients. She does report physical symptoms and problems, but health-related concerns do not occupy an excessive amount of her attention. She is probably not preoccupied with her physical problems, which she may perceive as temporary or as a relatively minor inconvenience. Her Somatization score suggests that she is not engaging in excessive somatic thought, and the clinician may expect treatment to proceed without somatic interference.

TREATMENT RECOMMENDATION

When evaluating the need for mental health treatment, it is important to remember that the average patient is more depressed, anxious, and concerned with somatic complaints than the average community subject.

The patient's scores on the Depression, Anxiety, and Somatization scales do not suggest any serious problems in these areas at this time. Although the patient is not experiencing an unusual level of distress at this time, the clinician should consider the following recommendations as ways of improving the patient's ability to cope.

The clinician should consider providing emotional support, assurance, and encouragement through regularly scheduled appointments during which the patient is encouraged to discuss her worries and concerns. The clinician may want to discuss with the patient the stressful effects of pain and physical problems, assuring her that such effects are normal. Behavior that promotes activity and relaxation, such as work, hobbies, walking, relaxation training, etc., should be encouraged.

OMITTED ITEMS

The client omitted the following item. It may be helpful to discuss this item with her.

14. There are several people in my life who treat me unfairly.
Some people seem to treat me unfairly.
Many people seem to treat me unfairly.

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: 2	5: 2	6: 2	7: 3	8: 2	9: 2	10: 1
11: 1	12: 2	13: 2	14: /	15: 1	16: 2	17: 1	18: 1	19: 2	20: 1
21: 2	22: 2	23: 2	24: 1	25: 2	26: 2	27: 1	28: 1	29: 2	30: 2
31: 1	32: 2	33: 2	34: 2	35: 2	36: 2	37: 1	38: 1	39: 1	40: 2
41: 1	42: 2	43: 2	44: 2						