

BRIDGING THE GAP

A biopsychosocial newsletter for healthcare professionals

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Feature Article, May 2010

A mutual understanding: How the MMPI-2-RF® assessment tool enlightens both a psychologist and her patients

The woman who came into Dr. Amy Windover's office appeared to be high functioning and a good candidate for bariatric surgery. She was a mother, attended college and gave appropriate responses at her screening interview. But when she took the MMPI-2-RF, the results showed a different story.

"With the test, we were able to evaluate that patient in more detail," says Dr. Windover, a clinical psychologist at the Bariatric and Metabolic Institute (BMI) at the Cleveland Clinic. "In the interview, we ask generally about mental health symptoms, but typically don't go into as much detail about psychotic symptoms and paranoia. It turns out this patient was actively experiencing psychotic symptoms and required more urgent attention."

The woman is now getting treatment for schizophrenia and getting stabilized before she comes back to be reevaluated for bariatric surgery.

That case is a prime example of why Dr. Windover and the Cleveland Clinic have come to rely on the MMPI-2-RF, administering it more than 900 times since 2008. It's the primary objective assessment tool psychologists at the BMI use for their prospective bariatric surgery patients.

"It's psychometrically sound. It has good reliability and validity," says Dr. Windover. "And it's really easy to interpret and administer now that we do it by computer." Q Local™ Scoring & Reporting software allows for computerized administration, scoring, and report generation, providing immediate results and a range of report options. The reports provide raw and *T* scores for all 50 scales of the MMPI-2-RF. The reports generated through Q Local also enable users to include comparative means and standard deviations for different settings or groups, including bariatric surgery candidates.

"I look at the interpersonal skills and patients' interest in interpersonal relationships," she says. "That's helpful in terms of the types of support they might benefit from after surgery, whether they're going to rely on supports if they need to."

"I look at their approach to the test more generally, the validity profile more specifically. For instance, if they underreport on the test, it's not uncommon that they seem a little more guarded in the interview. That also informs us about their likelihood of adhering to all of the treatment recommendations."

Dr. Windover and her colleagues see a lot of psychological diversity among their patients, but low self-esteem is something that's fairly common. As a result, many patients find the MMPI-2-RF helpful because it also highlights strengths.

"It's very useful in terms of facilitating healthy behavior change because you're able to provide them with positive reinforcement and capitalize on their strengths to target areas for improvement and more depth of coping," says Dr. Windover.

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“So often patients are their own worst critic, so it’s nice to give them the feedback that contradicts or challenges it a bit. It’s also feedback based on something they’ve told us, so they’re more likely to understand it and agree with it. It’s not like we’re trying to sugarcoat something and just give them a bunch of warm fuzzies, we’re highlighting their areas of strengths from their perspective.”

Likewise, the test can help identify depression in patients who don’t think they’re depressed. “Giving them that feedback can be very useful, because sometimes they don’t really understand what depression is,” says Dr. Windover. “So then they realize, ‘Gosh, that really does fit for me and maybe it is treatable after all.’ There have been occasions when the test has been very useful from that perspective.”

But for Dr. Windover, one of the MMPI-2-RF’s most helpful attributes is in identifying potential psychological risk factors that could impede a patient’s likelihood of adhering to the many post-surgery behavioral requirements.

“We ask these patients to do a lot. We ask them to obtain 60 grams of protein a day, 64 ounces of water a day, separate their eating by 30 minutes, chew each bite 20 to 30 times, avoid caffeine—there’s a lot involved. So as a psychologist, one of the things I’m looking for is, what is their capacity for making these behavioral changes long term? What is their motivation and their confidence in the ability to make those changes and their readiness to make those changes before and after surgery?”

“The ‘RF’ can help in terms of looking at their emotional stability, their impulse control, their coping capacity, their personality style—so often that will help us in formulating hypotheses as to their adherence.”

This June, Dr. Windover will head to Las Vegas, where she and fellow psychologist Dr. Yossef Ben-Porath will present a study at the annual meeting of the American Society for Metabolic and Bariatric Surgery that examines the association between obesity and psychopathology, as identified by the MMPI-2-RF®. They will also conduct a workshop that will highlight an overview of the test, including case studies of how the test has facilitated their clinical impressions and recommendations for bariatric surgery patients.

“We’ll review some typical profiles so that people will be able to see how the information can be interpreted and integrated with information from a pre-surgical psychological interview,” says Dr. Windover.

She’ll make another presentation in August at the American Psychological Association on the use of the MMPI-2-RF in the bariatric surgery population. Not surprisingly, she has come to think of the test as an important tool in her practice.

“Because of the way the test is designed, I have more confidence than ever in my interpretation,” she says. “All in all, I’m very pleased with it.”

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