



MBMD™

MILLON™ BEHAVIORAL
MEDICINE DIAGNOSTIC

MBMD™

Millon™ Behavioral Medicine Diagnostic

Interpretive Report With Healthcare Provider Summary

Nonsurgical Pain Patient Report

Theodore Millon, PhD, DSc

Name: Sample Nonsurgical Report
ID Number: 789
Age: 51
Gender: Female
Race: Hispanic
Marital Status: Married
Education: High School Graduate
Date Assessed: 03/18/2010

PEARSON

 **PsychCorp**

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TRADE SECRET INFORMATION



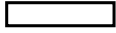

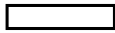
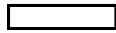
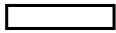

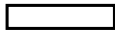
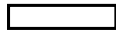


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PREVALENCE (PS) SCORES BASED ON GENERAL MEDICAL NORMS



























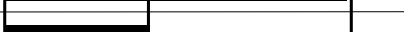


Validity (Scale V) Score = 0

Medical Problem(s): Pain

Code: -// - ** - * // CB ** E * DF + // - ** - * JI + //

Response Patterns	X. DISCLOSURE 	Y. DESIRABILITY 	Z. DEBASEMENT 	 unlikely problem area
Negative Health Habits	ALCOHOL 	DRUG 	EATING 	 possible problem area
	CAFFEINE 	INACTIVITY 	SMOKING 	 likely problem area

SCORE PROFILE OF PREVALENCE SCORES CLINICAL SCALES
 RAW PS 0 35 75 85 100+

		RAW	PS					
Psychiatric Indications	AA	1	15					ANXIETY-TENSION
	BB	4	45					DEPRESSION
	CC	3	25					COGNITIVE DYSFUNCTION
	DD	4	45					EMOTIONAL LABILITY
	EE	0	10					GUARDEDNESS
Coping Styles	1	2	20					INTROVERSIVE
	2A	1	30					INHIBITED
	2B	0	15					DEJECTED
	3	8	65					COOPERATIVE
	4	12	70					SOCIABLE
	5	10	59					CONFIDENT
	6A	0	15					NONCONFORMING
	6B	0	15					FORCEFUL
	7	18	55					RESPECTFUL
	8A	1	20					OPPOSITIONAL
8B	2	20					DENIGRATED	
Stress Moderators	A	10	70					ILLNESS APPREHENSION
	B	18	88					FUNCTIONAL DEFICITS
	C	20	90					PAIN SENSITIVITY
	D	0	10					SOCIAL ISOLATION
	E	11	79					FUTURE PESSIMISM
	F	0	10					SPIRITUAL ABSENCE
Treatment Prognostics	G	6	55					INTERVENTIONAL FRAGILITY
	H	2	50					MEDICATION ABUSE
	I	0	10					INFORMATION DISCOMFORT
	J	1	25					UTILIZATION EXCESS
	K	8	72					PROBLEMATIC COMPLIANCE
Management Guides	L	4	74					ADJUSTMENT DIFFICULTIES
	M	2	35					PSYCH REFERRAL

————— Increasingly Problematic —————>

PERCENTILE SCORES BASED ON CHRONIC PAIN NORMS

This percentile-based profile provides comparative information regarding this patient's similarity to other pain patients. However, the Pain Patient Summary and the full MBMD Interpretive Report that follow are based on the general medical norms recorded on the previous prevalence-based profile page.

		SCORE		PROFILE OF PERCENTILE SCORES					CLINICAL SCALES
		RAW	%ile	1	25	50	75	99	
Psychiatric Indications	AA	1	15	██████████					ANXIETY-TENSION
	BB	4	23	██████████					DEPRESSION
	CC	3	21	██████████					COGNITIVE DYSFUNCTION
	DD	4	30	██████████					EMOTIONAL LABILITY
	EE	0	1						GUARDEDNESS
Coping Styles	1	2	17	██████████					INTROVERSIVE
	2A	1	28	██████████					INHIBITED
	2B	0	17	██████████					DEJECTED
	3	8	46	██████████					COOPERATIVE
	4	12	62	██████████					SOCIABLE
	5	10	43	██████████					CONFIDENT
	6A	0	3	█					NONCONFORMING
	6B	0	2	█					FORCEFUL
	7	18	30	██████████					RESPECTFUL
	8A	1	9	████					OPPOSITIONAL
	8B	2	19	██████████					DENIGRATED
Stress Moderators	A	10	16	██████████					ILLNESS APPREHENSION
	B	18	35	██████████					FUNCTIONAL DEFICITS
	C	20	27	██████████					PAIN SENSITIVITY
	D	0	8	████					SOCIAL ISOLATION
	E	11	32	██████████					FUTURE PESSIMISM
	F	0	19	██████████					SPIRITUAL ABSENCE
Treatment Prognostics	G	6	44	██████████					INTERVENTIONAL FRAGILITY
	H	2	17	██████████					MEDICATION ABUSE
	I	0	32	██████████					INFORMATION DISCOMFORT
	J	1	6	██					UTILIZATION EXCESS
	K	8	50	██████████					PROBLEMATIC COMPLIANCE
Management Guides	L	4	10	████					ADJUSTMENT DIFFICULTIES
	M	2	17	██████████					PSYCH REFERRAL

————— Increasingly Problematic —————>

NONSURGICAL PAIN PATIENT SUMMARY

A vast amount of research and clinical experience regarding the relationships between patients' psychosocial characteristics and their response to traditional medical treatments for pain allow reasonable MBMD-based inferences about this patient's likely response to medically based treatment.

I. PRETREATMENT CONSIDERATIONS

A. Patient Characteristics

This patient's MBMD score profile has features resembling that of both the "average" general medical patient and the "average" chronic pain patient. Behavioral medicine treatment might be considered as a supplement to traditional medical treatment, particularly if other data show a high level of distress or disability for this patient compared to other patients with similar physical conditions.

B. Patient-Provider Communications

The research literature and clinical experience indicate that the interpersonal coping styles of patients provide a gauge of how they relate to others and the way they may relate to healthcare providers. However, this patient's scores on the MBMD Coping Styles scales do not suggest specific communication styles that are likely to prove particularly effective.

C. Predicted Response to Multidisciplinary (Nonsurgical) Pain Treatment

The statements in this section are based on research relating intake MBMD scores at a multidisciplinary pain treatment program to outcomes in that program. This research is described in the MBMD Pain Patient Reports manual supplement.

This patient is predicted to have an ABOVE AVERAGE likelihood of responding favorably to multidisciplinary pain treatment.

Patient Assets for Positive Outcome

She reports the following characteristics, which were *associated with a favorable response* to treatment in the MBMD study:

Absence of depression
Social closeness and support
Trusting and nondefensive

Patient Liabilities for Positive Outcome

On the other hand, she reports the following characteristics, which were *associated with a poor response* to treatment in the MBMD study. If the patient enters treatment, an individualized focus on these attributes could help increase the chances of success.

The following patient characteristic:	Is considered:
Pessimism	Moderate
Pain sensitivity	MARKED
Vocational challenges	MARKED

II. LONGER-TERM MANAGEMENT

Research has suggested associations between patients' psychosocial characteristics and their longer-term maintenance of treatment gains after traditional medical treatments for pain. This allows for reasonable MBMD-based inferences about this patient's likely longer-term response to medically based pain treatment and the adjunctive role of psychosocial processes and interventions in facilitating optimal outcomes.

A. Patient Behavior

The likelihood that this patient will:

Is classified as:

1. Change unhealthy body mechanics	Average
2. Avoid stressful behavior	high
3. Complete a behavioral management plan	Average
4. Comply with general medical regimen	Average
5. Show good judgment in an exercise program	LOW
6. Avoid long-term general health complications	Average
7. Maintain paced and progressive activity gains	LOW

B. Longer-Term Gains and Challenges

The likelihood that comprehensive pain management will improve this patient's:

Is classified as:

1. Overall quality of life	Average
2. Psychosocial functioning	Average
3. Body image	Average
4. Physical health	Average
5. Mental outlook	Average
6. Sexual activity	LOW
7. Employment/vocational opportunities	Average

C. Psychosocial Management Needs

The need for the following adjunctive psychosocial management:

Is considered:

1. Psychiatric treatment	low
2. Emotional support group	low
3. Behavioral adherence management	low

D. Medical Healthcare Delivery Issues

The risk for the following health care delivery issue:

Is considered:

1. Doctor dependency/Self-care problems	low
2. Misuse of opioid medications	low
3. Long-term disability	low

Millon™ Behavioral Medicine Diagnostic - Interpretive Report

This report is based on the assumption that the MBMD assessment was completed by a person who is undergoing professional medical evaluation or treatment. MBMD data and analyses do not provide physical diagnoses. Rather, the instrument supplements such diagnoses by identifying and appraising the potential role of psychiatric and psychosomatic factors in a patient's disease and treatment. The statements in this report are derived from cumulative research data and theory. As such, they must be considered probabilistic inferences rather than definitive judgments and should be evaluated in that light by clinicians. The statements contained in the report are of a personal nature and are for confidential professional use only. They should be handled with great discretion and should not be shown to patients or their relatives.

Interpretive Considerations - This section identifies noteworthy response patterns and indicates negative health habits that may be affecting the patient's medical condition.

This patient probably responded in an open and honest manner. Although her response patterns indicate possible problems with disclosure and desirability, there were no major response distortions. Interpretations should be made with this in mind. She may be experiencing problems with smoking.

Psychiatric Indications - This section identifies current psychiatric symptoms or disorders that should be a focus of clinical attention. These symptoms or disorders may affect the patient's response to healthcare treatment and her ability to adjust to or recover from her medical condition.

This patient is not indicating significant psychiatric distress at this time.

Coping Styles - This section characterizes the patient's coping style and/or defenses. These include "normal" parallels of *DSM-IV*®, Axis II personality styles that may influence the patient's response to healthcare treatment and her ability to adjust to or recover from her condition.

A general cooperativeness, sensitivity to the desires of others, and a characteristic willingness to please and be adaptable typify this patient's behavior. At the same time, she may seek attention, affection, and security. In social settings, she may be charming and outgoing and may even have a tendency to be a bit dramatic. In an effort to avoid upsetting herself or others, she may deny disturbing feelings, covering up even realistic concerns and fears by appearing untroubled and by maintaining a cheerful social posture. She will try to be helpful and to find harmony with others, even at the expense of personal desires. She may avoid situations that may create conflict. She avoids potentially unpleasant responsibilities, especially if they call for taking the initiative or are to be carried out independent of others.

She may ignore her physical symptoms until they are notably troublesome or can no longer be easily explained away. Even then she may prefer to joke about her problem. At other times, she may make a special effort to cheer herself up and improve her appearance to deny rather than deal with her health problem. On the other hand, she may complain excessively about a problem that is fashionable or interesting, although the emotions she displays will not correspond with her taking her illness seriously. Once she enters into a medical relationship, she is likely to establish rapport quickly and convey the impression of having made a strong commitment to responsible healthcare. She may look for evidence

that the healthcare team is sincerely interested in and sympathetic to her problems and her discomfort. Once assured of this interest, she may begin to enjoy being a patient. She may particularly enjoy depending on the strength and authority of the clinician. She may think that doctors are magically omnipotent and capable of solving all of her problems.

In certain ways, she may be seen as a fine patient, cooperating in every way with the prescribed regimen unless she is asked to assume full responsibility to act independent of guidance. It is at this point that she may seek out others to make decisions and guide every action. Although she wants at some level to please her doctors and follow their advice, a pattern of dependence and overreliance on others is likely to surface and she may undermine efforts to follow the prescribed regimen. For example, she may miss or be late for appointments for further diagnostic work. Clinicians should carefully avoid falling into the trap of feeling omnipotent just because she wants to see them that way. This is important not only to reduce the likelihood of dependency but to prevent her from seeking inappropriate and unsolicited closeness and affection. It is wise to maintain a professional distance with this patient.

Stress Moderators - This section notes the patient's personal and social assets and liabilities and how they may affect her ability to manage the stressors and burdens of her medical condition and treatment.

Liabilities: Functional Deficits, Pain Sensitivity, Future Pessimism

Assets: Social Support, Spiritual Faith

This patient may report significant decrements in her ability to return to her premorbid activities of daily living. Neither denying concern nor overly apprehensive, she is likely to maintain a reasonable attitude toward the obstacles that her illness presents. Her self-confidence can be enlisted by the healthcare provider to increase her ability to take on limited independent activities.

This patient reports a high level of pain sensitivity. Issues specific to pain are discussed in the Pain Patient Summary section earlier in this report.

This patient may become pessimistic about her future if her medical condition worsens or if she experiences unanticipated physical limitations. If she displays any such emotional difficulties following these changes, they will take the form of impatience about returning to her independent lifestyle. Encouraging her to gather information about the latest technological breakthroughs and treatment options for her condition (using the hospital library or Internet resources) may help her preserve her sense of independence and control over her current situation.

This individual sees her relationships with family or friends as extremely supportive and comforting, which is likely to help her significantly in the recovery process. The healthcare team can also enlist key members of this social network to facilitate the post-treatment regimen.

This individual has a strong belief in the importance of spirituality as a contributor to her continued health and well-being. If she encounters changes in her medical condition or a difficult course of treatment, the prospects for a relatively favorable outcome may be enhanced by her constructive spiritual outlook. With her generally upbeat attitude and sense of entitlement to a good healthy life, she is likely to feel that the odds of a full recovery are strongly in her favor.

Treatment Prognostics - This section, which is based on the patient's psychological profile, forecasts her response to medical procedures and medication.

Liabilities: None Reported

Assets: Information Receptivity, Appropriate Utilization

This patient is open to receiving information or discussing matters pertaining to her illness. There are no indications that she will overuse medical services. This may help facilitate her adjustment to treatment and may be used by the healthcare team to improve health outcomes.

Management Guide - This section provides recommendations for the general management of this patient based on her psychological profile.

This patient's profile does not suggest extreme difficulty with regard to recovery or elevated expenditures. However, the following issues may be important to monitor or consider when developing a treatment regimen:

- This patient's ability to adhere to a self-care regimen or prescribed changes in lifestyle may become problematic.
- This patient considers her relationships with family or friends extremely supportive and comforting. The healthcare team can enlist key members of this social network to facilitate her recovery and her adherence to the post-treatment regimen.
- This individual has a strong belief in the importance of spirituality as a contributor to her continued health and well-being. With her generally upbeat attitude, she is likely to feel that the odds of a full recovery are strongly in her favor and may be enhanced by a constructive spiritual outlook.

Noteworthy Responses - The patient's endorsement of the following item(s) is particularly worthy of follow-up by the healthcare team.

Medical Anxiety

Item # 3	Item Content Omitted
Item # 20	Item Content Omitted



Special Note:

The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

Millon™ Behavioral Medicine Diagnostic - Healthcare Provider Summary

This patient is a 51-year-old Hispanic female who is married and is a high school graduate. She reports that pain is the major problem for which she is seeking medical help.

Psychiatric Indications

This patient is not indicating significant psychiatric distress at this time.

Coping Styles

Amiable and occasionally attention-seeking, this patient may deny disturbing thoughts and troublesome discomfort. She may also be unwilling to take severe physical problems seriously. Although she will be cooperative in situations that call for limited medical regimens, she may be reluctant to assume the necessary level of self-care when matters call for it.

Case Management Issues

Stress Moderators

| There is a strong probability medical treatment without a psychological treatment component will be unsatisfactory for this patient's periodic and recurring pain problems. The healthcare provider should be alert to excessive requests for pain medications.

| She may report significant decrements in her ability to maintain premorbid activities of daily living. Her self-confidence can be enlisted by the healthcare provider to increase her ability to take on limited independent activities.

| Her scores indicate that she has other liabilities and some assets in this area. For further information, consult with the attending mental health professional.

Treatment Prognostics

| This patient is open to receiving information or discussing matters pertaining to her illness.

| There are no indications that she will overuse medical services.

Management Guide

Psychological factors are not likely to contribute to excessive medical complications and/or expenditures for this patient.

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: 1 4: 2 5: 2 6: 2 7: 1 8: 2 9: 2 10: 2
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SAMPLE