



MBMD™

MILLON™ BEHAVIORAL
MEDICINE DIAGNOSTIC

MBMD™

Millon™ Behavioral Medicine Diagnostic

Interpretive Report With Healthcare Provider Summary

Bariatric Report

Theodore Millon, PhD, DSc

Name: Sample Bariatric Interpretive Report
ID Number: 98765
Age: 43
Gender: Female
Race: White
Marital Status: Living as Married
Education: Bachelor's Degree
Date Assessed: 05/01/2011

PEARSON

 **PsychCorp**

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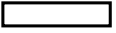
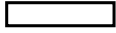









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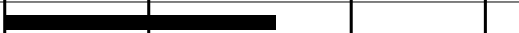









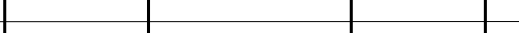




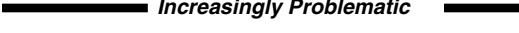
Norms: Bariatric

Validity (Scale V) Score = 0

Medical Problem(s): Weight/Eating issues, Depression

Code: BB // - ** 3 * // B C ** E * - + // - ** K * I + //

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+	
Psychiatric Indications	AA	8	58						ANXIETY-TENSION
	BB	21	75						DEPRESSION
	CC	9	60						COGNITIVE DYSFUNCTION
	DD	7	48						EMOTIONAL LABILITY
	EE	8	45						GUARDEDNESS
Coping Styles	1	1	15						INTROVERSIVE
	2A	7	67						INHIBITED
	2B	5	70						DEJECTED
	3	13	75						COOPERATIVE
	4	7	42						SOCIABLE
	5	2	10						CONFIDENT
	6A	12	72						NONCONFORMING
	6B	6	35						FORCEFUL
	7	15	35						RESPECTFUL
	8A	8	60						OPPOSITIONAL
8B	3	28						DENIGRATED	
Stress Moderators	A	28	73						ILLNESS APPREHENSION
	B	26	95						FUNCTIONAL DEFICITS
	C	32	93						PAIN SENSITIVITY
	D	5	53						SOCIAL ISOLATION
	E	22	83						FUTURE PESSIMISM
	F	12	63						SPIRITUAL ABSENCE
Treatment Prognostics	G	6	55						INTERVENTIONAL FRAGILITY
	H	7	72						MEDICATION ABUSE
	I	0	0						INFORMATION DISCOMFORT
	J	14	68						UTILIZATION EXCESS
	K	15	75						PROBLEMATIC COMPLIANCE
Management Guides	L	11	75						ADJUSTMENT DIFFICULTIES
	M	13	103						PSYCH REFERRAL

————— **Increasingly Problematic** —————>

BARIATRIC SUMMARY

The following classifications are relevant to patients who are being psychosocially assessed in conjunction with medical plans for gastric surgery. The probabilistic statements below reflect judgments based on clinical experience, the bariatric research literature, and theory-deduced inferences. Nonpsychosocial factors (e.g., BMI, energy metabolism, diabetic consequences, and hypertension) must also be kept in mind as outcome modifiers.

Studies of 700-plus bariatric surgical patients served as the basis for developing the MBMD's prevalence score (PS) bariatric norms. Further studies to develop probabilistic predictive outcome indices are under way. Data from these studies will be used to further refine plausible hypotheses such as those noted below.

The categorizations in the following tables are based on credible and discriminating probabilistic judgments. As noted, they are not empirically derived, and they should not be considered definitive. They are based on the patient's MBMD bariatric norm scores and profiles, and they are intended to help clinicians make prudent and tentative management decisions for this patient. Inconsistencies between these categorizations and the interpretive statements found in the remainder of this report, while infrequent, may exist. If this occurs, clinicians are encouraged to rely on additional sources of clinical data to gain a better understanding of the patient's condition.

PRESURGICAL INTERVENTION

A. Before the decision to perform surgery is made:	Is considered:
1. An additional psychosocial evaluation	Helpful
2. A psychiatric consultation	Advisable
3. Supportive psychosocial counseling	Helpful
4. A pain management program	Helpful

PATIENT BEHAVIOR

B. The likelihood that this patient will:	Is classified as:
1. Be released from the hospital ahead of schedule	Low
2. Change her unhealthy habits	Average
3. Refrain from engaging in unhealthy eating behavior	Average
4. Follow nutritional advice	Average
5. Comply with a medical regimen	Average
6. Maintain an exercise program	Low
7. Maintain her postsurgical weight loss	Low
8. Avoid long-term health complications	Low
9. Refrain from taking legal action regarding her surgery	Low

POSTSURGICAL OUTLOOK

C. The likelihood that surgery will improve this patient's:	Is classified as:
1. Overall quality of life	Poor
2. Psychosocial functioning	Poor
3. Body image	Poor
4. Physical health	Poor
5. Mental outlook	Average
6. Sexual activity	Poor
7. Employment/vocational opportunities	Poor

POSTSURGICAL CARE

D. The likelihood that this patient will benefit from a:	Is classified as:
1. Physical rehabilitation program	Probable
2. Stress and/or sleep management course	Probable
3. Bariatric support group	Possible
4. Nutritional instruction plan	Possible

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 a possible problem with disclosure, there were no major response distortions. Interpretations should be made with this in mind.

She is probably experiencing problems with overeating. Additionally, she may be experiencing problems with drug use and maintaining a regular exercise program.

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 indicated that she is having serious thoughts about suicide. IMMEDIATE PROFESSIONAL ATTENTION IS HIGHLY RECOMMENDED.

This patient reports a moderately high level of depressive symptoms. She may be a demanding patient and is likely to express an agitated style of depression that is marked by fluctuation between self-loathing and anger and bitterness that can alienate and frustrate healthcare providers. Healthcare providers should give this patient options, making her feel that she has choices and control over her healthcare. It is important to avoid a harsh authoritative tone when dealing with her. Antidepressant medication should also be considered to help manage her depressive symptoms.

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.

This patient is characterized by vacillation, a persistent undercurrent of sadness alternating with occasional periods of intense moodiness, often exhibited in critical remarks. She feels misunderstood and unappreciated by others, and she tends to view life from a pessimistic and disillusioned outlook. She does not expect things to go well for very long. She is inclined to react to events in a somewhat troubled and unpredictable manner, with disappointment followed by apologies for being so emotional. Her

emotionality and mood changes are physically and psychologically upsetting, and they may dispose her to an increased susceptibility to psychophysiological ailments.

Patients with this profile tend to vary their response to ailments as a function of the nature of the ailment and the stage or severity of the problem. At times they will complain excessively about a vast number of discomforts, tending to be erratic in their relations with doctors, alternately engaging and distancing them, to the dismay and annoyance of the healthcare professionals. They may collect a variety of doctors and medications, shopping around, rarely satisfied with the results of any treatment regimen, and often complaining about the quality of their treatment.

At other times, patients with this profile will act in a totally different manner, being dejected and ashamed of their symptoms and perhaps inclined to conceal them. Expecting the worst, they are disposed to protect themselves and are hesitant about exploring their ailments and resistant to efforts to help them. More important, because of their depressive feelings, they may be too upset to understand or follow medical advice.

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: None Reported

This patient is experiencing severe impairments in her ability to handle daily responsibilities. Because of her negativistic style of dealing with life's burdens, she may resist any attempts at encouraging her to take on responsibilities and self-care, even after a successful course of treatment. Because she is likely to lash out at healthcare providers who try to push her to take on responsibilities, it is important to first demonstrate that they are sensitive to her unique difficulties before encouraging her return to daily responsibilities.

It is highly unlikely that this patient's pain reports will subside significantly with traditional medical treatment alone. Because she is likely to complain unreasonably about the quality of her care and to fail to adhere to the treatment plan, she may present obstacles to ongoing communication with the healthcare team that can undermine the effectiveness of planned medications. The healthcare provider must quickly provide clear treatment options that she can choose among and avoid giving directives for single strategies in order to open communication and improve treatment adherence, satisfaction, and effectiveness.

This patient is somewhat pessimistic about the possibility of benefiting from medical treatment for her condition. She may be mildly sarcastic and critical of the treatment plan formulated by the healthcare team. Because her need for control is more important than any reassurance of treatment success, referring her to someone outside of the system (e.g., a prior patient) and allowing her to make choices among treatment options should help her feel more optimistic about her prospects for a good treatment outcome.

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

Liabilities: Problematic Compliance

Assets: Information Receptivity

Because of her psychological profile, this individual may have difficulty maintaining a prescribed medication or self-care regimen after her initial treatment is completed. Because she is depressed, she may lack the desire to follow through with post-treatment instructions. She may subconsciously or deliberately neglect important self-care activities and medications as a cry for help. If her depressive features and adherence difficulties are moderate, cognitive therapy may be useful for addressing her appraisal of her helplessness and increasing her perceptions of self-efficacy. This may increase her belief in the value of her prescribed self-care routines and her ability to manage this regimen. For more severe depressive symptoms, antidepressant medication may be necessary before the patient can be relied upon to follow through on home-based self-care.

This patient is open to receiving information or discussing matters pertaining to her illness. 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 is likely to have a somewhat slower recovery and may generate more expenditures during the course of her treatment than other medical patients. These complications and/or expenditures may be affected by the following issues:

| This individual may have trouble following a prescribed medication regimen because she is depressed. She may show increased signs of lethargy and fatigue and a sense of hopelessness about ever recovering her prior level of physical functioning. These factors are likely to contribute to her inability or lack of desire to follow medication instructions. This could lead to under- or overmedicating.

| Because of her depressive condition, this individual may have trouble following a prescribed medication or self-care regimen after her initial treatment is completed. She may feel hopeless and may lack the desire to follow through with post-treatment instructions. In this state, she may subconsciously or deliberately neglect important self-care activities and medications as a cry for help. If her depressive features are mild with only moderate adherence difficulties, cognitive therapy may be useful for addressing her appraisal of her helplessness and increasing her perception of self-efficacy.

This patient may benefit from psychosocial intervention at the earliest signs of depressive reactions to help her adjust to stressful medical procedures. If her mood disturbance is mild, group-based or individual cognitive therapy may improve her quality of life and her chances for a quick and full recovery. Severe depressive reactions, including suicidality, may require a combination of pharmacotherapy and supportive psychotherapy.

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

Panic Susceptibility

Item # 28 Item Content Omitted

Adherence Problems

Item # 116 Item Content Omitted

Suicidal Tendencies

Item # 49 Item Content Omitted

Item # 58 Item Content Omitted

Item # 161 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.

SAMPLE

Millon™ Behavioral Medicine Diagnostic - Healthcare Provider Summary

This patient is a 43-year-old white female who is living as married and has a bachelor's degree. She reports that weight/eating issues and depression are the major problems for which she is seeking medical help.

Psychiatric Indications

This patient indicated that she is having serious thoughts about suicide. IMMEDIATE PROFESSIONAL ATTENTION IS HIGHLY RECOMMENDED.

This characteristically demanding patient is reporting a high level of depressive symptoms. Her consequent agitation, anger, and resentment may alienate healthcare providers. Healthcare providers should avoid using an authoritative tone with this patient and, when feasible, give her a choice of treatment options. Antidepressants should also be considered.

Coping Styles

This patient expects that life will not go well for very long. She is inclined to react to events in a somewhat unpredictable manner, with irritation and disappointment followed by guilty apologies for being so emotional.

Case Management Issues

Stress Moderators

I This patient reports that she has been unable to carry on the responsibilities of independent living since the onset of her illness. To ensure adequate treatment adherence, it is important to first offer her a set of choices regarding regimens and self-care options before finalizing the treatment plan.

I It is highly unlikely that her pain reports will subside significantly with traditional medical treatment alone. The healthcare provider should provide treatment options that she can choose from. This will open communications and improve treatment adherence and effectiveness.

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

Treatment Prognostics

I Because she is depressed, this patient may feel hopeless and may lack the desire to follow post-treatment instructions. Neglect of her self-care activities is probably a cry for help.

I She is open to receiving information or discussing matters pertaining to her illness.

Management Guide

This patient's psychological profile suggests that her course of recovery after major medical procedures may be moderately complicated and may generate somewhat elevated medical costs. Her recovery may be influenced by the following conditions:

- I Because of her current marked depression, this patient may feel hopeless and may find it difficult to follow a prescribed medication or home-based self-care regimen after her initial treatment is completed.
- I She is probably experiencing problems with overeating. Additionally, she may be experiencing problems with drug use and maintaining a regular exercise program.

This patient may benefit from pharmacologic or psychosocial intervention to address the psychological issues that could affect her adjustment to her illness or recovery following major procedures such as surgery.

End of Report

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SAMPLE

ITEM RESPONSES

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SAMPLE