MBMD™
Millon™ Behavioral Medicine Diagnostic
Interpretive Report With Healthcare Provider Summary

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ID Number:	283
Age:	71
Gender:	Male
Race:	White
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Education:	High School Graduate
Date Assessed:	03/03/2005

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[2.3 / 52 / 1.2.8]

Valid Profile

Medical Problem(s): Other
Code: CC BB // - ** 3 * // C B A ** E * F + // - ** J * I + //

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

Legend: unlikely problem area (empty box); possible problem area (hatched box); likely problem area (filled box)

PROFILE OF PREVALENCE SCORES (scale: 0, 35, 75, 85, 100+)

		SCORE RAW	SCORE PS	CLINICAL SCALES
Psychiatric Indications	AA	19	74	ANXIETY-TENSION
	BB	22	84	DEPRESSION
	CC	24	85	COGNITIVE DYSFUNCTION
	DD	8	45	EMOTIONAL LABILITY
	EE	14	48	GUARDEDNESS
Coping Styles	1	11	67	INTROVERSIVE
	2A	13	72	INHIBITED
	2B	8	74	DEJECTED
	3	16	80	COOPERATIVE
	4	6	25	SOCIABLE
	5	3	10	CONFIDENT
	6A	15	59	NONCONFORMING
	6B	15	57	FORCEFUL
	7	14	20	RESPECTFUL
	8A	19	69	OPPOSITIONAL
	8B	12	67	DENIGRATED
Stress Moderators	A	32	94	ILLNESS APPREHENSION
	B	26	100	FUNCTIONAL DEFICITS
	C	34	100	PAIN SENSITIVITY
	D	10	60	SOCIAL ISOLATION
	E	24	82	FUTURE PESSIMISM
	F	0	0	SPIRITUAL ABSENCE
Treatment Prognostics	G	18	67	INTERVENTIONAL FRAGILITY
	H	7	60	MEDICATION ABUSE
	I	0	0	INFORMATION DISCOMFORT
	J	18	78	UTILIZATION EXCESS
	K	14	60	PROBLEMATIC COMPLIANCE
Management Guides	L	17	105	ADJUSTMENT DIFFICULTIES
	M	13	80	PSYCH REFERRAL

Increasingly Problematic →

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's response style may indicate a tendency to magnify illness, an inclination to complain, disclosure of too much problematic information, or feelings of extreme vulnerability associated with a current episode of acute illness. Adjustments have been made to his prevalence scores to correct for these tendencies. However, his scale scores may still be somewhat elevated, and interpretations should be read with this in mind.

He is probably experiencing problems with maintaining a regular exercise program. Additionally, he may be experiencing problems with overeating.

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 his ability to adjust to or recover from his medical condition.

This patient is reporting higher levels of depression and cognitive dysfunction than the typical medical patient. Although he typically views life as difficult and full of problems, he appears to be even more negative and distressed than usual. Because he also reports significant impairment in cognitive functioning such as memory loss or an inability to concentrate, even the simplest treatment or prescription regimens may be too difficult for him to comprehend, remember, and carry out. He may be easily overwhelmed and inclined to give up on complex medical treatments. A combination of antidepressant drug therapy and psychological counseling may be useful for him. Firm, clear, written directions that include an emphasis on the value of self-care will also be helpful.

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 his ability to adjust to or recover from his condition.

This patient displays a pleasant and conciliatory pattern in which he looks to others for guidance and security. He may express self-doubt and may tend to subordinate personal desires in favor of the wishes of others. He often behaves in a self-sacrificing and sad manner in social and family relationships. If he is suffering from a chronic illness, an almost Pollyanna-like view may pervade his reactions to his medical and personal problems. Despite his outward agreeableness, he may experience deep tension composed of anxious, sad, and guilt-ridden feelings. Complaints of weakness and easy fatigability may derive from this underlying mood. This may stem from his chronic illness rather than his emotional

response to it. Nevertheless, it is diagnostically difficult to differentiate between his typical level of fatigue and a possible flare-up of an impending illness or exacerbation of a previous one. Under stress, he may succumb to exhaustion or apathy, and he may feel that simple responsibilities demand more energy than he can muster.

Because he tends to be embarrassed by physical ailments, he may have delayed seeking medical treatment. Upon initial contact, he may exhibit mixed feelings about doctors and associated healthcare personnel. He may feel troubled by being unsure how to behave, and he may be hesitant about making what he would consider to be a fuss over his problems. Moreover, he may be afraid that the doctor will be angry or reject him because he complains too much. Similarly, his symptoms may be shaped to match what he believes the doctor wants to hear. Once trust is established, however, he will probably settle in and may even become overly attached, looking for opportunities to become the recipient of the strength and wisdom of the doctor. Lacking in confidence and initiative, he may exhibit hesitancy about assuming responsibility for ordinary matters of proper healthcare. Care should be taken to ensure that he does not become a passive participant in the treatment process.

To counter these tendencies, healthcare personnel must show a genuine supportive attitude. Written instructions should be given in limited and clearly defined units over several sessions. If he has a significant illness, its course and symptomatology will have to be probed carefully and explicitly. The tendency to both deny and overreport, depending on his perception of what the physician wants to hear, may cloud diagnostic and treatment decisions. Although he is inclined to want to cooperate with those he trusts, periodic follow-ups are highly advisable to counter his inclination to forget what is disturbing him and to depend on others to assume major responsibility for monitoring his health.

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

Liabilities: Illness Apprehension, Functional Deficits, Pain Sensitivity, Future Pessimism
Assets: Spiritual Faith

This individual is extremely sensitive to changes in his bodily functions, which may result in many chronic complaints that appear to lack medical causes. Symptom exacerbation or disease progression may trigger bouts of excess tension and anxiety. To avoid overwhelming him, the healthcare team is advised to address these emotional reactions before focusing on the details of his treatment plan.

This patient may complain of a complete inability to carry on daily activities and handle responsibilities as a result of his illness. He may claim to be too confused or too anxious to carry out prescribed treatment regimens or to make plans for returning to his job or independent living situation. Healthcare providers will first need to address his emotional reactions to ongoing stressors before communicating explicit post-discharge plans so that he will be able to take on increasing levels of responsibility without feeling helpless.

Given this patient's profile, there is a high probability that the outcome of a traditional medical program to address his pain will be poor. Complications may be a consequence of emotional factors such as severe tension, excessive worry, and depressed mood. In addition to conservative pharmacologic treatment, a program geared to psychological counseling or stress management may be useful for

diminishing his pain.

This patient has a fairly negative view about his health prospects. His pessimism may be a reaction to being told recently that he has a serious illness with unclear long-term implications. He tends to react to uncertainty with excessive worry and depressive symptoms. Because his despairing attitude may thwart his efforts to cope with the challenges of his medical condition, the healthcare provider should refer him for psychosocial counseling and stress management skills training.

This patient reports clear identification with spiritual or religious sources of support that may improve his chances for an optimal treatment course. He is very carefully tuned in to any changes in his medical state, and he appears to have the ability to offer up his medical concerns and worries to a higher power or other spiritual source. Given his limited coping resources for managing emotional stressors, he should be encouraged to invest his energies in spiritual coping activities (e.g., prayer, meditation, etc.) during particularly stressful periods.

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

Liabilities: Utilization Excess
Assets: Information Receptivity

Because of his psychological profile, this patient may tend to present with an odd assortment of unrelated symptoms that do not reflect changes in his primary medical condition. This behavior may be due to current impairments in his memory, attention, and cognitive processing combined with a need to seek out help in his confusing and disorienting situation. If mild cognitive impairment is present, he should be offered tools to structure his self-care regimen in his home environment. For more advanced cognitive impairment, the healthcare team should identify a person from the patient's home environment who can assist with medication and reassure him during times of uncertainty.

This patient is open to receiving information or discussing matters pertaining to his illness. This may help facilitate his 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 his psychological profile.

This patient is likely to have a much slower recovery and may generate many more expenditures during the course of his treatment than other medical patients. These complications and/or expenditures may be affected by the following issues:

- This patient may have a very difficult time recovering from stressful or invasive medical procedures (e.g., major surgery). Due to impairments in memory, attention, and cognitive processing, he may be likely to display moderate to severe disorientation following procedures that require general anesthesia or that leave him with transient physical limitations.

- This patient may tend to present with an odd assortment of symptoms that do not reflect changes in his primary medical condition. This behavior may be due to current impairments in memory, attention, and cognitive processing combined with a need to seek out help in a confusing and disorienting situation. If mild cognitive impairment is present, he should be offered tools or supportive persons to structure his self-care regimen at home.

- This person reports clear identification with spiritual or religious sources of support that may improve his chances for an optimal treatment course. Given his limited coping resources for managing emotional stressors, he should be encouraged to invest his energy in spiritual coping efforts (e.g., prayer, meditation) during particularly stressful periods.

Because this patient may have a difficult time adjusting to stressful or invasive medical procedures (e.g., major surgery), he would probably benefit from psychosocial intervention during the physical recovery period. The focus of such intervention should be to help him adjust to current impairments in memory and cognitive processing to avoid disorientation following medical procedures. Psychoeducation may be helpful for preparing him for anticipated physical limitations that could disrupt his daily routines. Enlisting outpatient mental health professional services may improve his chances for an optimal recovery at home, thereby eliminating the costs of an extended hospital stay.

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 Omitted Item

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.

Disorientation

Item # 6 Omitted Item
Item # 117 Omitted Item
Item # 157 Omitted Item

Medical Anxiety

Item # 3 Omitted Item
Item # 41 Omitted Item

Adherence Problems

Item # 5 Omitted Item
Item # 143 (F) Omitted Item

Millon™ Behavioral Medicine Diagnostic - Healthcare Provider Summary

This patient is a 71-year-old white male who is married and is a high school graduate.

Psychiatric Indications

This patient is reporting higher levels of depression and cognitive dysfunction than the typical medical patient. Characteristically, he sees life as being filled with problems. With the added burden of depression and cognitive difficulties, he feels incapable, at present, of managing his life. Even the most simple of treatment or prescription regimens may be too difficult for him to understand, remember, and carry out. He may be easily overwhelmed, and he may be inclined to give up on complex medical treatments. A combination of antidepressant drug therapy and psychological counseling may be useful for this patient.

Coping Styles

Dependent and somewhat depressive, this patient may behave in a self-sacrificing manner and depend on others for guidance and support. When he is under stress, he may feel that even simple responsibilities are too demanding. Confidence in his ability to assume self-care may be fostered through a supportive attitude and simple, explicit instructions.

Case Management Issues

Stress Moderators

l There is a high probability that the outcome of a traditional medical program to address this patient's pain will be poor. In addition to conservative pharmacologic treatment, psychological counseling or stress management may help diminish his pain.

l He may complain of a complete inability to carry on daily activities and responsibilities as a result of his illness. The healthcare provider will first need to address his emotional reactions to ongoing stressors before communicating explicit post-discharge plans.

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

Treatment Prognostics

l This patient may request unnecessary additional services because of his cognitive impairment and his need to get help in a confusing and disorienting situation.

l He is open to receiving information or discussing matters pertaining to his illness.

Management Guide

This patient's psychological characteristics indicate that he is likely to have a much slower recovery and may generate many more expenditures than other medical patients. His recovery may be influenced by the following conditions:

- l He may overuse healthcare services because he interprets his depressive symptoms as a sign that his medical condition is getting worse.
- l His cognitive impairments, which create confusion and disorientation, may cause him to overuse medical services. He may present with odd symptoms that do not necessarily reflect changes in his medical condition.
- l He is probably experiencing problems with maintaining a regular exercise program. Additionally, he may be experiencing problems with overeating.
- l He reports clear identification with spiritual or religious sources of support. This may improve his chances for an optimal treatment course.

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

End of Report

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ITEM RESPONSES

1: 2	2: 2	3: 1	4: 2	5: 1	6: 1	7: 1	8: 2	9: 1	10: 2
11: 1	12: 1	13: 1	14: 2	15: 1	16: 2	17: 2	18: 2	19: 1	20: 2
21: 1	22: 1	23: 1	24: 1	25: 2	26: 1	27: 2	28: 1	29: 2	30: 2
31: 1	32: 1	33: 1	34: 2	35: 1	36: 2	37: 1	38: 1	39: 1	40: 1
41: 1	42: 1	43: 1	44: 2	45: 1	46: 1	47: 2	48: 2	49: 2	50: 2
51: 2	52: 2	53: 2	54: 1	55: 1	56: 2	57: 1	58: 1	59: 1	60: 2
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131: 2	132: 2	133: 1	134: 2	135: 2	136: 1	137: 1	138: 2	139: 2	140: 2
141: 2	142: 2	143: 2	144: 1	145: 1	146: 2	147: 1	148: 2	149: 1	150: 1
151: 2	152: 1	153: 2	154: 1	155: 1	156: 1	157: 1	158: 1	159: 1	160: 2
161: 2	162: 2	163: 2	164: 2	165: 2					