



MBMD™

MILLON™ BEHAVIORAL
MEDICINE DIAGNOSTIC

MBMD™

Millon™ Behavioral Medicine Diagnostic

Interpretive Report With Healthcare Provider Summary

Bariatric Norms

Theodore Millon, PhD, DSc

ID Number: 98765
Age: 43
Gender: Female
Race: White
Marital Status: Living as Married
Education: Bachelor's Degree
Date Assessed: 05/01/2009

PEARSON

 **PsychCorp**

Copyright © 2001, 2006 DICANDRIEN, Inc. All rights reserved.

Pearson, the **PSI logo**, and **PsychCorp** are trademarks in the U.S. and/or other countries of Pearson Education, Inc., or its affiliate(s). **MBMD** and **Millon** are trademarks of DICANDRIEN, Inc. **DSM-IV** is a registered trademark of the American Psychiatric Association.

TRADE SECRET INFORMATION

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


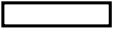
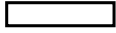









[2.9 / 1 / 2.4.8]

Norms: Bariatric


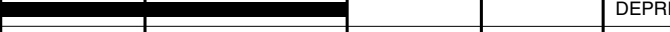






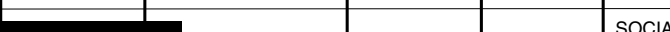














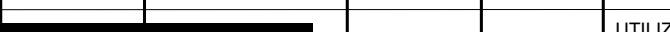

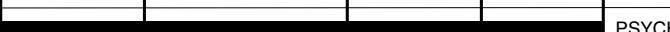
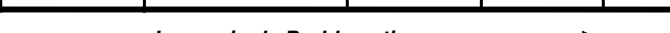

Validity (Scale V) Score = 0

Medical Problem(s): Not Indicated

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+

| | | 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 irritable and testy, and her depression may be characterized by agitation and erratic qualities. She may display a mix of despair and self-loathing along with angry outbursts. She is likely to make many demands of the staff and display acts of defiance in an effort to assert herself. The use of antidepressant drugs should be considered as a way to relieve her depression. The healthcare provider will have to work to gain the trust of this patient by being attentive and showing an interest in her concerns while being firm and unyielding in response to her irrational demands.

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 individual reports that she has been unable to handle the responsibilities of independent living since the onset of her illness. Although her physical limitations may be based on real declines in capacity, she is likely to exasperate healthcare providers with her constant fault-finding and complaining. Rather than issuing directives for self-care, to ensure adequate treatment adherence the healthcare team should offer her a set of choices regarding regimens and self-care options before crystallizing the final treatment plan.

It is highly likely that this individual will not respond favorably to an exclusively medical treatment program for her pain-related problems. She may even lash out at healthcare providers, accusing them of withholding necessary pain medication and being insensitive to the unique nature of her pain. She may also be noncompliant with an outpatient pain treatment plan. The healthcare team must first communicate the steps they are planning for her care, providing wherever possible treatment options that she can choose from. This should work to establish her trust and minimize any perceived hierarchical patient-physician structure that could undermine the mutual respect needed to facilitate treatment responsiveness and satisfaction.

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.

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.

Psychiatric Indications

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 that may be characterized by agitation and erratic qualities that are likely to frustrate healthcare providers. The healthcare team will need to work hard to gain the trust of this demanding and defiant patient. Antidepressant drugs should 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

| 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.

| 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.

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

Treatment Prognostics

| 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.

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

Management Guide

This patient's psychological profile indicates that she is likely to have a somewhat slower recovery and may generate more expenditures during the course of her treatment than other medical patients. Her recovery may be influenced by the following conditions:

| 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.

| 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

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: 1 | 8: 1 | 9: 1 | 10: 2 |
| 11: 1 | 12: 1 | 13: 2 | 14: 2 | 15: 2 | 16: 2 | 17: 1 | 18: 1 | 19: 2 | 20: 2 |
| 21: 2 | 22: 1 | 23: 1 | 24: 1 | 25: 2 | 26: 2 | 27: 1 | 28: 1 | 29: 2 | 30: 2 |
| 31: 1 | 32: 1 | 33: 2 | 34: 2 | 35: 1 | 36: 2 | 37: 2 | 38: 2 | 39: 1 | 40: 2 |
| 41: 2 | 42: 1 | 43: 2 | 44: 1 | 45: 2 | 46: 2 | 47: 2 | 48: 2 | 49: 1 | 50: 2 |
| 51: 2 | 52: 2 | 53: 1 | 54: 1 | 55: 1 | 56: 1 | 57: 1 | 58: 1 | 59: 2 | 60: 2 |
| 61: 2 | 62: 2 | 63: 2 | 64: 2 | 65: 2 | 66: 2 | 67: 2 | 68: 2 | 69: 1 | 70: 1 |
| 71: 1 | 72: 1 | 73: 2 | 74: 2 | 75: 2 | 76: 2 | 77: 1 | 78: 1 | 79: 2 | 80: 2 |
| 81: 1 | 82: 2 | 83: 1 | 84: 1 | 85: 1 | 86: 2 | 87: 2 | 88: 2 | 89: 1 | 90: 2 |
| 91: 2 | 92: 2 | 93: 2 | 94: 1 | 95: 2 | 96: 2 | 97: 2 | 98: 2 | 99: 2 | 100: 1 |
| 101: 2 | 102: 2 | 103: 2 | 104: 2 | 105: 2 | 106: 2 | 107: 2 | 108: 1 | 109: 1 | 110: 2 |
| 111: 2 | 112: 2 | 113: 2 | 114: 2 | 115: 1 | 116: 1 | 117: 2 | 118: 2 | 119: 2 | 120: 2 |
| 121: 2 | 122: 2 | 123: 2 | 124: 2 | 125: 2 | 126: 2 | 127: 2 | 128: 2 | 129: 1 | 130: 2 |
| 131: 2 | 132: 2 | 133: 1 | 134: 2 | 135: 2 | 136: 1 | 137: 1 | 138: 2 | 139: 1 | 140: 2 |
| 141: 2 | 142: 2 | 143: 1 | 144: 2 | 145: 1 | 146: 1 | 147: 1 | 148: 1 | 149: 1 | 150: 1 |
| 151: 2 | 152: 2 | 153: 2 | 154: 2 | 155: 1 | 156: 1 | 157: 2 | 158: 1 | 159: 1 | 160: 2 |
| 161: 1 | 162: 1 | 163: 2 | 164: 2 | 165: 2 | | | | | |