



MBMD®

MILLON® BEHAVIORAL
MEDICINE DIAGNOSTIC

MBMD®

Millon® Behavioral Medicine Diagnostic

Interpretive Report With Healthcare Provider Summary

General Medical Report

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Name:	John Sample
ID Number:	283
Age:	71
Gender:	Male
Race:	White
Marital Status:	Married
Education:	High School Graduate
Date Assessed:	08/03/2014



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TRADE SECRET INFORMATION

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[3.2 / 1 / QG]

9588

Norms: General Medical

Medical Problem(s): Other

Validity (Scale V) Score = 0

Code: CC BB // - ** 3 * // C B A ** E * F + // - ** J * I + //

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

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

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'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 physical symptoms, which may result in many complaints that are without a medical basis. He probably has an unwarranted fear of ill health and minor discomfort and may interpret any changes in his symptoms as a signal that matters will soon get worse. The healthcare team should let him express his fears as a way to improve the therapeutic alliance.

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 anticipates that his recovery may be problematic. Concerned about medical difficulties that have occurred or that may occur, he may be afraid that he will be unable to cope or that he lacks the resources to do so. This attitude places him at mild to moderate risk for becoming dysphoric if serious or chronic illness or losses in physical functioning occur. Healthcare providers should anticipate such difficulties if his symptoms worsen and should recommend a cognitive-behavioral stress management intervention to modify his appraisals of medical and non-medical sources of stress.

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 Item Content Omitted

Disorientation

Item # 6 Item Content Omitted

Item # 117 Item Content Omitted

Item # 157 Item Content Omitted

Medical Anxiety

Item # 3 Item Content Omitted

Item # 41 Item Content Omitted

Adherence Problems

Item # 5 Item Content Omitted

Item # 143 (F) 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 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

- 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.
- 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.
- 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

- This patient may request unnecessary additional services because of his cognitive impairment and his need to get help in a confusing and disorienting situation.
- He is open to receiving information or discussing matters pertaining to his illness.

Management Guide

This patient's psychological profile suggests that he may have a significantly complicated course of recovery after major medical procedures. This could lead to substantially elevated medical costs. His recovery may be influenced by the following conditions:

- He may overuse healthcare services because he interprets his depressive symptoms as a sign that his medical condition is getting worse.
- 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.
- He is probably experiencing problems with maintaining a regular exercise program. Additionally, he may be experiencing problems with overeating.
- He has strong spiritual faith that may be an asset during his recovery.

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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SAMPLE

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
61: 1 62: 2 63: 2 64: 1 65: 1 66: 2 67: 2 68: 2 69: 1 70: 1
71: 1 72: 2 73: 2 74: 2 75: 2 76: 2 77: 1 78: 2 79: 2 80: 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

SAMPLE