

New Millon[®] Inventory Helps Clinicians Treat the Whole Patient

Michael Antoni, PhD, Clinical Psychologist in Florida

According to Sir William Osler, the eminent 19th Century clinician, “The good physician will treat the disease, but the great physician will treat the patient.”

The [MBMD[®] \(Millon Behavioral Medicine Diagnostic\)](#) assessment by Theodore Millon, PhD, DSc, Michael Antoni, PhD, and colleagues, is designed to help health and clinical psychologists guide good physicians toward becoming great ones. The test represents a modern upgrading of the MBHI™ (Millon Behavioral Health Inventory) test, one of the most frequently used health inventories in the United States since it was developed in the early 1980s.

As a result, the MBMD assessment offers clinicians a contemporary view of the psychosocial assets and liabilities that may support or interfere with a patient’s course of medical treatment.

In the following article, Dr. Antoni presents an overview of this newest addition to the Millon Clinical Inventories.

Increasing the Probability of Improved Care and Reduced Costs

The new MBMD test was designed to help increase the probability of positive healthcare treatment outcomes while reducing medical utilization and the overall costs of care. According to Dr. Antoni, the authors hope that the 165-item MBMD test will help health and clinical psychologists as well as physicians save time and increase the effectiveness of treatment by helping them to:

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- Identify patients who may have significant psychiatric problems and recommending specific interventions
- Pinpoint the personal and social assets that may facilitate adjustment to physical limitations or lifestyle changes
- Identify individuals who may need more communication and support in order to comply with medical regimens
- Structure post-treatment plans and self-care responsibilities in the context of the patient's social network.

At the clinic or hospital level, Dr. Antoni believes that the MBMD test can help decrease healthcare costs through reduced assessment and interpretation time, more efficient triage, and decreased complications after major procedures. He also notes that programs that help patients adjust to lifestyle changes could use MBMD results to identify the individuals who are most likely to benefit from such programs and who have the support network to encourage adherence.

Dr. Antoni says, "I hope that the MBMD inventory will help healthcare providers better manage the care of their patients in settings such as cancer treatment centers, cardiac rehabilitation programs, pain treatment centers, neurological rehab units, military and Veteran's Hospitals, and primary care and family medicine clinics."

Expanded Research Base Reaches a Wider Range of Patients

After analyzing the response to and use of the MBHI test, Dr. Millon, Dr. Antoni and their colleagues sought to develop an inventory that could reduce the need for using a number of different assessments with medical patients and would be applicable to a wider range.

"To effectively assess how psychosocial and psychiatric factors contribute to a patient's medical status and may predict the response to treatment,"

Dr. Antoni begins, "a clinician may need many different tests, each providing segregated pieces of the clinical picture. Our goal was to have an instrument that would integrate all of this information in one place while also increasing the generalizability of the test over that of its predecessor."

The MBMD general medical sample includes more than 700 patients in University-based cancer centers, diabetes research centers, organ transplant units, cardiology behavioral health centers, neuro-rehabilitation centers, and HIV/AIDS clinical trials. The sample also included indigent through upper middle class white populations, African American, and Hispanic patients who speak English, and equal numbers of men and women.

Clinically-Relevant Scales Extend Picture of the Patient

In addition to expanding the research base, the developers also wanted to give a more extensive picture of the patient through clinically-oriented scales.

"In the MBMD test we wanted to cover more ground," he explained. "The Coping Styles have been completely updated to be more in line with DSM-IV®, Axis II, but use labels that are user-friendly for medical professionals. We also added three new domains and a Management Guide."

These new domains cover the following areas:

Psychiatric Indications help identify psychiatric co-morbidities that may affect health management such as anxiety, tension, depression, cognitive dysfunction and emotional lability.

Stress Moderators help identify attitudes and resources that may affect health care such as social isolation, future pessimism, and spiritual absence.

Treatment Prognostics help identify patient characteristics that may influence treatment outcome such as medication abuse, utilization excess, and problematic compliance.

Management Guide scales help identify the most salient adjustment issues faced by the patient and the need for psychological referral or medication.

Customized reports enable more effective treatment planning

The [MBMD Interpretive Report](#) is designed for ease of use by medical professionals and provides a detailed narrative analysis of the patient's reported strengths and weaknesses.

According to Dr. Antoni, the MBMD narrative report is somewhat shorter than the MBHI report, but there are more sections. "The major advance in the narrative," he explains, "is that it uses Cross-Domain Syntheses, which means that the results in each domain can help by being integrated with the results in other domains." This information interfaces directly with the section that recommends treatment options based on the patient's assets and liabilities. "The Syntheses occur throughout the report," Dr. Antoni said. "Further, the narrative specifies the patient's assets and liabilities in a very clear and comprehensive way."

In addition to the narrative, Dr. Antoni says "the report includes a one-page, tear-off *Healthcare Provider Summary* designed explicitly for physicians and nurses". Dr. Antoni believes that health and clinical psychologists and psychiatrists will use the full report, whereas internists, general practitioners and other physicians will use the summary sheet the same way they use medical lab reports.

Dr. Antoni expects the reports to be especially helpful in developing treatment plans in managed care settings because the narrative includes details of specific issues that can affect treatment choices,

medical utilization patterns, and related costs of care. In addition, he believes that the clear link between the narrative explanations and the scores will make it easier to justify reimbursement.

About Dr. Antoni

Michael Antoni, PhD, is Professor of Psychology and Psychiatry at the University of Miami, and is a licensed Clinical Psychologist in the State of Florida. Dr. Antoni has conducted NIH-funded behavioral medicine/health psychology research in the areas of behavioral management of chronic diseases and psychoneuroimmunology for the past 15 years. Since 1983 he has been an associate of Dr. Millon at the University of Miami where work on the MBMD inventory began nearly seven years ago. He has published over 400 journal articles, abstracts, chapters and books in the area of health psychology.

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