



Extended Report

PATIENT INFORMATION

Patient Identification Number: 11111111

Patient Name (Optional) Mr. R	Test Date 07/18/2005
Gender Male	Relationship Status Never Married
Age 54	Education Level High School Graduate
Pain Diagnostic Category Back Injury	Race White
Date of Injury (Optional) 11/15/2004	Setting Physical Rehabilitation

PROVIDER INFORMATION

Care Provider (Optional) Dr. Anderson	Practice/Program (Optional) Occupational Medicine Cli
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RESULTS AT A GLANCE

Global Pain Complaint

Overall pain at testing 6

Critical Areas

Sleep Disorder
Vegetative Depression
Anxiety/Panic

Pain Complaints

Area	
Lower back	7
Middle back	6
Genital area	5
Legs or feet	5
Abdomen or stomach	4
Head (headache pain)	4
Neck or shoulders	4
Chest	3
Arms or hands	2
Jaw or face	2

Scale Ratings

Defensiveness	High
Somatic Complaints	High
Pain Complaints	Mod High
Functional Complaints	Mod High
Depression	Very Low
Anxiety	Very Low

This BBHI 2 report is intended to serve as a means of assessing patients for a number of psychosocial factors that could complicate a medical condition or lead to delayed recovery. It can also serve as a repeated measure of pain, functioning, and other variables to track progress in treatment as well as outcome.

The BBHI 2 test was normed on a sample of physically injured patients and a sample of community members. This report is based on comparisons of this patient's scores with scores from both of these groups. BBHI 2 results should be used by a qualified clinician, in combination with other clinical sources of information, to reach final conclusions.

Written by Daniel Bruns, PsyD, and John Mark Disorbio, EdD.

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[1.6 / 1 / 1.3.14]

A raw score of 0 is the lowest possible score.

Brief Battery for Health Improvement 2

This indicates that this patient has more somatic complaints than 90% of those in the patient sample.

Scales	Raw Score	T Scores		T-Score Profile ¹			Rating	Percentile ²	
		Patient	Comm.	10	40	50			60
Validity Scale		◆	◇	10	40	50	60	90	
Defensiveness	19	63	57						High 91%
Physical Symptom Scales									
Somatic Complaints	17	65	75						High 90%
Pain Complaints	42	58	66						Mod High 78%
Functional Complaints	17	57	69						Mod High 76%
Affective Scales									
Depression	1	34	38						Very Low 5%
Anxiety	2	33	37						Very Low 6%

INTERPRETING THE PROFILE:

[V 1.0]

¹ The T-Score Profile plots T scores based on both patient and community norms. Approximately 68% of the samples scored in the average range of 40 to 60. Scores above or below this range are clinically significant. The longer the bar, the more significantly the score deviates from the mean. One diamond outside the average range is significant. Both diamonds outside is more significant.

² The Percentile is based on patient T scores.

If both diamonds are in the dark band from 40 to 60, this suggests a normal state.

CRITICAL ITEMS

Critical items point out specific problems that the patient reported.

The client responded to the following critical items in a manner that is likely to be of concern to the clinician. The patient's response appears in parentheses after the item.

Sleep Disorder

I've had no problems with sleeping. (Strongly Disagree)

Vegetative Depression

Feeling exhausted but being unable to sleep? (Big Problem)

Lack of interest in sex? (Big Problem)

Anxiety/Panic

Pounding or racing heart when not exerting yourself? (Big Problem)

CLINICAL SUMMARY

In the Extended Report, more detailed clinical information is reported about each scale.

Validity: Valid → *Any validity concerns are reported here.*

Defensiveness: High

The Defensiveness scale was unusually elevated, at a level higher than the scores of 91% of patients. His Defensiveness score was similar to the scores of an experimental sample of patients who were asked to minimize their psychological and medical difficulties. This high score could be a reflection of feeling extremely content with life. However, it could also be due to concerns about privacy, an aversion to complaining, or a desire to downplay difficulties. His apparent reluctance to disclose sensitive information may have biased his self-reports. If psychosocial risk factors are present, the possibility that these difficulties are associated with undisclosed psychological concerns should be considered.

Summary of Findings

This paragraph integrates all of the significant BBHI 2 scale findings.

This profile may suggest a remarkably stoic individual who is enduring an objective medical condition that produces a diffuse pattern of somatic symptoms. However, if objective findings are not consistent with the patient's subjective complaints, the profile may indicate a somatoform disorder that may incorporate la belle indifference syndrome or alexithymia. Psychological treatment for somatic preoccupation should be considered.

Somatic Complaints: High

An unusual level of diffuse somatic complaints was present. This level is higher than that seen in 90% of patients. If there is no clear medical explanation for his broad pattern of somatic complaints, the possibility of somatization should be explored, with somatized depression, anxiety, and other psychological factors suggested.

Pain Complaints: Moderately High

This individual has a moderately high level of pain reports, characterized by severe peak pain. His overall level of pain reports was higher than that seen in 91% of "normal" individuals in the community.* If there are no objective medical findings to explain this patient's Peak Pain score, pain preoccupation or a somatoform pain disorder should be considered. The range of highest to lowest overall pain in the last month was in the average range. Of greater concern was the fact that even his lowest level of pain in the last month was judged to be intolerable.

Functional Complaints: Moderately High

The level of perceived functional limitations reported was higher than that seen in 95% of "normal" individuals in the community.* Although this level of functional difficulties is not unusual for a medical patient, it is not a normal state. If he seems to be more functionally limited than would be expected given objective medical information, psychological factors could be contributing to the perception.

Depression: Very Low

A very low level of depressive thoughts and feelings was reported. This level of depression is seen in less than 5% of patients. Such patients may be coping extremely well. However, if psychosocial risk factors are present, there is an increased risk that denied depressive feelings are being somatized. (To minimize the risk of false positives with medical patients, physical symptoms of depression are not included on this scale, but some symptoms are included as critical items.)

Anxiety: Very Low

This patient reported a very low level of anxious thoughts and feelings, at a level seen in only 6% of patients. Such patients may be coping extremely well, may not consider their circumstances stressful, or may have recovered from their medical problems. However, if psychosocial risk factors are present, this can indicate a tendency to deny anxious feelings, which would increase the risk that these feelings will be somatized. (To minimize the risk of false positives with medical patients, physical symptoms of anxiety are not included on this scale, but some are included as critical items.)

* In general, cutoffs based on the community norms have greater sensitivity but less specificity with regard to detecting elevated levels of complaints than cutoffs based on the patient norms. This means that while the use of the community norms allows for a greater ability to detect low levels of problematic symptoms, there is a corresponding increased risk of false-positive findings.

 *Each norm group provides unique information about the patient.*

PAIN COMPLAINTS ITEM RESPONSES

The pain ratings below are based on the patient's highest pain level in the past month and are ranked on a scale of 0 to 10 (0 = No pain, 10 = Worst pain imaginable). The degree to which the patient's pain reports are consistent with objective medical findings should be considered. Diffuse pain reports, a nonanatomic distribution of pain, or a pattern of pain that is inconsistent with the reports of patients with a similar diagnosis increases the risk that psychological factors are influencing his pain reports.

Pain Complaints Items

Head (headache pain)	4	3
Jaw or face	2	0
Neck or shoulders	4	4
Arms or hands	2	1
Chest	3	0
Abdomen or stomach	4	0
Middle back	6	4
Lower back	7	8
Genital area	5	0
Legs or feet	5	5
Overall highest level of pain in the past month	7	8
Overall lowest level of pain in the past month	3	3
Overall pain level at time of testing	6	
Maximum Tolerable Pain	2	

Pain Dimensions

Pain Range	4
Peak Pain	7
Pain Tolerance Index	-5

*Based on a sample of 316 patients with lower back pain/injury.

These are the patient's pain ratings.

Median*

These are the average pain ratings of back pain patients.

This indicates that the patient does not believe that he can function with a pain level higher than 2.

This indicates that the patient perceives that he is experiencing more pain than he can tolerate.

This indicates the patient's perceived level of pain variability.

DIAGNOSTIC PROBABILITIES

The Pain Diagnostic Category of Back Injury was selected as the area of primary concern. This category is consistent with the category that was statistically predicted by the patient's overall pattern of pain complaints and supports the accuracy of that diagnosis. Below are the statistical findings.

Head Injury/Headache	44%
Neck Injury	39%
Upper Extremity Injury	15%
Back Injury	80%
Lower Extremity Injury	47%

This calculates the probability that the patient is in a specific medical diagnostic category.

Pain Diagnostic Category

Predicted by BBHI 2	Back Injury
Selected by clinician	Back Injury

Back Injury
Back Injury

If these don't match, the patient may have an unusual pattern of pain reports that may warrant further investigation.

The optional Patient Summary you selected is printed at the end of this report. At your discretion, you may give this to the patient to encourage his understanding of and participation in the rehabilitation program.

End of Report

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ITEM RESPONSES

1: 4	2: 2	3: 4	4: 2	5: 3	6: 4	7: 6	8: 7	9: 5	10: 5
11: 7	12: 3	13: 6	14: 2	15: 3	16: 3	17: 0	18: 3	19: 0	20: 0
21: 3	22: 0	23: 0	24: 3	25: 2	26: 2	27: 2	28: 1	29: 2	30: 1
31: 0	32: 2	33: 2	34: 1	35: 0	36: 2	37: 0	38: 1	39: 2	40: 1
41: 1	42: 1	43: 3	44: 2	45: 1	46: 0	47: 0	48: 1	49: 0	50: 0
51: 0	52: 0	53: 2	54: 0	55: 0	56: 2	57: 0	58: 1	59: 0	60: 1
61: 0	62: 1	63: 0							

You can give this summary to your patient or use it to generate ideas about how to present verbal feedback to him/her.

PATIENT SUMMARY



The following are the results of your BBHI 2 test. These results were generated by a computer analysis, which compared your responses on this test to the responses of national samples of rehabilitation/ chronic pain patients and of nonpatients in the community. This analysis indicates that you are reporting the following significant information about yourself. It is important to remember that the computer can form hypotheses about your current condition, but only your doctor can form a final opinion about what the results of this test actually mean. If you feel that any of the following statements are incorrect, you should discuss this with your medical caregivers. Additionally, if the following interpretation seems to miss important points about you that your doctor or other caregivers should know, you should use this opportunity to share this information with them.

- Your results suggest that you may feel that you are doing fairly well in life. However, some people with this profile are reluctant to talk about their feelings or other personal matters or may have concerns about their privacy. Remember that your doctors can help you best when you are open and direct in sharing information about all of your difficulties, including both physical and emotional ones.

- Patients with this profile are reporting a significant pain problem that is substantially more severe than that of the average healthy person and in the high-average range for a patient. Whatever the source of your pain is, it is important to remember that there are many effective treatments available. It is important to discuss with your doctor the nature of your pain, factors that aggravate it, and the type of treatment that is most likely to be effective for you.

- Your profile indicates that you are reporting a level of physical illness symptoms that is substantially above that of the average patient. Patients with this profile tend to feel they are in poor health and tend to have concerns about their physical functioning. There are a variety of factors, including stress, that could cause the physical symptoms you are experiencing. Stress-related symptoms are real symptoms that are no less important than other symptoms, and there are various effective treatments for them. It would be helpful for you to discuss with your physician what the cause of your physical symptoms might be and identify the most effective solutions.

- Patients with this profile are reporting a level of functional difficulties that is substantially above that of the average healthy person and in the high-average range for patients. Patients with this BBHI 2 profile may perceive themselves as having limitations in their ability to work or in activities of everyday life. It is important to seek the help of your physicians and other caregivers to see what their opinion is of your ability to function.

- You reported fewer sad feelings and negative thoughts than do most people. You may be especially resistant to depression, or it may be that your circumstances are not very stressful. However, some people with this profile find that depression is an especially difficult feeling to talk about, sometimes feeling that it is a sign of personal weakness. If this is the case, you should know that it is actually quite common for patients to experience some depression and that there are many effective ways of treating it. You may wish to discuss this with your doctor.

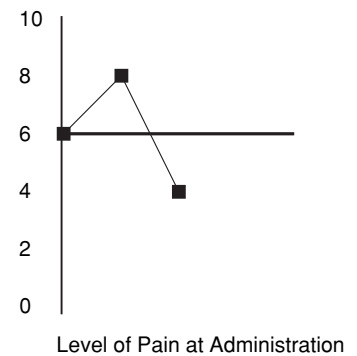
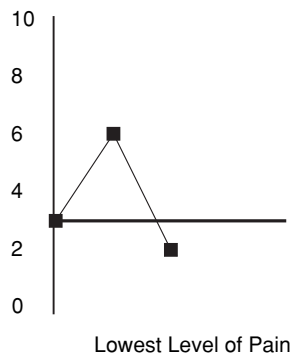
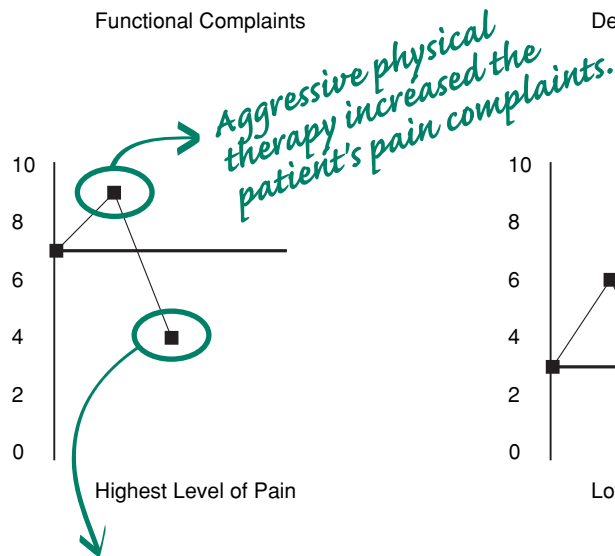
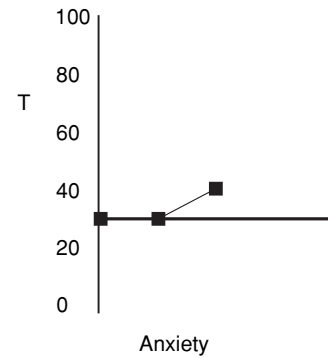
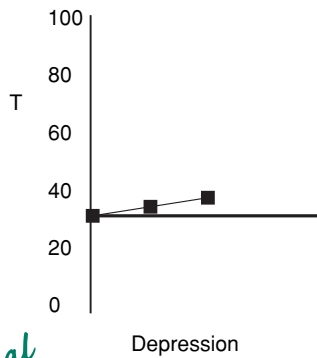
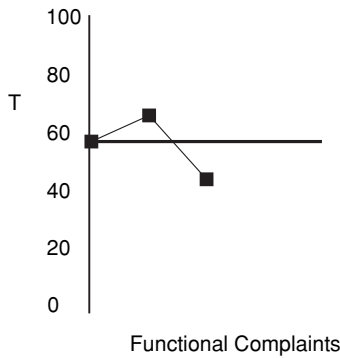
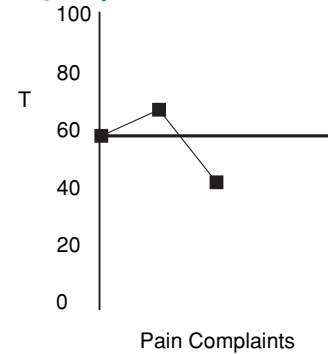
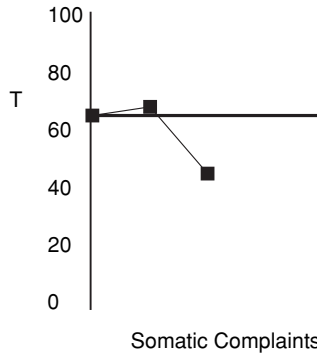
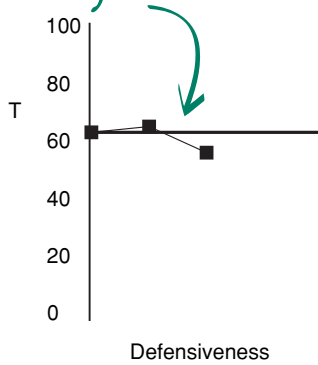
→ This report shows how the patient's scores changed over the course of treatment.

PROGRESS REPORT
BBHI™ 2
T-Score Norms: Patient
Pain Diagnostic Category: Back Injury

ID: 111111111
Mr. R
Page 1

Test Administrations: 07/18/2005, 10/19/2005, 01/20/2006

A defensiveness score that drops within the normal range is a sign of less biased reporting.



Following surgery and pain management, the patient's pain levels were significantly reduced.

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This pattern indicates that the patient came to believe that he could function with a higher level of pain.

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