Basic Interpretive Report

PATIENT INFORMATION

Patient Identification Number: 12345

Patient Name (Optional)	Test Date 08/04/2005
Gender Male	Relationship Status Never Married
Age 55	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) Robert Helper, Ph.D	Practice/Program (Optional) Multidisciplinary Pain Clinic

This BHI 2 report is intended to serve as a source of clinical hypotheses about possible biopsychosocial complications affecting medical patients. It can also be used with the BBHI™ 2 test to serve as a repeated measure of pain, function, and other symptoms to track a patient's progress in treatment.

The BHI 2 test was normed on a sample of physically injured patients and a sample of community subjects. This report is based on comparisons of this patient's scores with scores from both of these groups. BHI 2 results should be used by a qualified clinician in combination with other clinical sources of information to reach final conclusions. If complex biopsychosocial syndromes are present, it is generally necessary to consider medical diagnostic conclusions before forming a psychological diagnosis.

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

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Battery for Health Improvement 2

Patient Profile

Scales	Raw Score	T Scores Patient	T Scores Comm.	T-Score Profile	Rating	Percentile
Validity Scales		◆	◇	10 40 50 60 90		
Self-Disclosure	41	33	36		Very Low	4%
Defensiveness	15	54	47		Average	63%
Physical Symptom Scales						
Somatic Complaints	40	66	78		High	91%
Pain Complaints	38	56	63		Mod. High	73%
Functional Complaints	15	53	65		Mod. High	65%
Muscular Bracing	13	52	59		Average	59%
Affective Scales						
Depression	5	35	40		Low	6%
Anxiety	10	42	45		Average	19%
Hostility	7	37	39		Low	10%
Character Scales						
Borderline	5	37	39		Low	10%
Symptom Dependency	3	34	41		Low	8%
Chronic Maladjustment	2	31	33		Ext. Low	1%
Substance Abuse	0	39	39		Low	6%
Perseverance	39	66	65		High	94%
Psychosocial Scales						
Family Dysfunction	15	59	61		Mod. High	83%
Survivor of Violence	13	62	67		High	87%
Doctor Dissatisfaction	9	50	55		Average	49%
Job Dissatisfaction	10	43	46		Average	27%

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INTERPRETING THE PROFILE:

- The Patient Profile plots T scores based on both patient and community norms. Both sets of T scores should be used for evaluating a patient's BHI 2 profile.
- In general, community norms are more sensitive, but less specific, in detecting elevated levels of complaints than are patient norms. In other words, community norms are better at detecting lower levels of problematic symptoms than patient norms, but at the risk of increased false-positive findings.
- T scores within the 40 to 60 range are typical for the normative patient and community samples (approximately 68% of the samples scored within this range). Scores above or below the average range are clinically significant (in both cases, approximately 16% of the samples scored above a T score of 60 or below a T score of 40).
- Patient and community T scores are represented by black diamonds (◆) and white diamonds (◇), respectively. A black diamond outside the average range indicates problems that are unusual even for patients, while a white diamond outside the average range indicates that a problem may be present but at a level that is not uncommon for patients. If both diamonds are outside the average range, this indicates a problem area that is relatively unusual for both patients and members of the community. If only the white diamond is visible, the T scores are overlapping.
- The length of the bar shows a scale score's difference from the mean score. The longer the bar, the more the score deviates from the mean and the more unusual it is.
- Scale ratings are based on patient percentile scores, with the exception of moderately high and moderately low ratings, which are outside the average T-score range for community members but inside the average T-score range for patients.
- The percentile indicates the percentage of subjects in the patient sample who had scores lower than this patient's score on a particular scale.

SCALE SUMMARY

This section summarizes the patient's noteworthy scale findings.

Self-Disclosure Scale: Very Low
This patient reported an unusually low, almost nonexistent, level of psychological problems.

Somatic Complaints Scale: High
This patient reported an unusually diffuse pattern of somatic complaints.

Pain Complaints Scale: Moderately High
Indicates a significant level of reported pain that is higher than that of community subjects but is relatively common in patients.

Functional Complaints Scale: Moderately High
This patient reported a level of functional disability that is higher than what is commonly seen in community subjects but is relatively typical for patients.

Depression Scale: Low
The patient did not report any problems with depressive thoughts or feelings.

Hostility Scale: Low
This patient does not appear to have any problems with angry and aggressive feelings.

Borderline Scale: Low
This patient reported a low level of labile mood and interpersonal conflict.

Symptom Dependency Scale: Low
A low level of dependency needs was reported by the patient.

Chronic Maladjustment Scale: Extremely Low
This patient reported an unusually low, almost nonexistent, level of difficulty adjusting to and achieving the common milestones of a stable adult life.

Substance Abuse Scale: Low
The patient did not report any problems with chemical dependency.

Perseverance Scale: High
This patient reported a high level of self-discipline, emotional resilience, and optimism.

Family Dysfunction Scale: Moderately High
Indicates a moderately high level of family conflict and dysfunction.

Survivor of Violence Scale: High
This patient reported a history of physically or psychologically traumatic experiences.

VALIDITY

This patient did not endorse any of the validity items. This reduces the risk that this profile was produced by random responding. Patients with this profile disclosed a remarkably low level of psychological problems, which was so low it was seen in only 4% of patients and only the lowest 23% of patients who were asked to fake good. Although this could indicate that the patient is remarkably well adjusted and carefree and that his life is free of any significant dysfunction, it could also indicate a distinct tendency to under-report problems. Such patients may avoid introspection, lack psychological mindedness, and have great difficulty recognizing psychological concerns. These scores are so low that the patient's ability or willingness to disclose information should be questioned.

PHYSICAL SYMPTOM SCALES

This patient's unusually high level of somatic complaints was higher than that seen in 91% of patients, indicating the perception of a high level of illness symptoms. The patient endorsed 18 of the 26 Somatic Complaints items. This level of complaints is very unusual and is unlikely to be caused by a single medical condition. Patients with this profile tend to be unusually somatically focused and are prone to exhibiting concern about common physical symptoms.

PAIN COMPLAINTS ITEM RESPONSES

The pain ratings below are based on the patient's responses to the Pain Complaints items 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 stress or psychological factors are influencing his pain reports.

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

Pain Dimensions	
Pain Range	0
Peak Pain	4
Pain Tolerance Index	0

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

AFFECTIVE SCALES

This patient reported levels of depression and hostility that were seen in only 6% and 10% of patients, respectively. He reported that he is unusually happy and easygoing, remaining remarkably amiable and congenial despite life's frustrations. If this is not consistent with the patient's history or with clinical observations, this profile could be attributable to denied emotional problems. If this is the case, the feelings that this patient is most reluctant to express are depression and anger, the two emotions that are most closely associated with destructive impulses. There may be a family history of punishment or other sanctions for expressing anger, and he may associate depression with whining. Patients with this profile may try to suppress their defeatist attitudes and overcontrol their hostile tendencies. They may seem pleasant and well-adjusted, but this may be a brittle state. Under stress, sudden outbursts of breakthrough angry dysphoria may appear. He also reported a high level of physical symptoms, suggesting the presence of vegetative depression and autonomic anxiety.

CHARACTER SCALES

This patient's Perseverance score is higher than those of 94% of patients, indicating that he considers himself self-disciplined, emotionally resilient, and prone to proactive conduct. If this does not seem to be objectively true or if psychosocial risk factors are present, these self-attributions may represent an overstatement of his self-efficacy, optimism, and virtue (for more information on psychosocial risk factors, see the BHI 2 test manual). His Self-Disclosure score suggests a tendency to be reluctant to disclose information about psychological dysfunction. This lends greater credence to the interpretation of this scale as indicating an overstatement of his positive attributes. This patient may resist exploring negative feelings or acknowledging his shortcomings, and he may perceive any references to them as an attack on his character.

This patient's high Perseverance score is coupled with low levels of characterological dysfunction. He reported an unusual absence of emotional instability, portraying himself as independent and socially responsible. He also reported that he has had no problems achieving a stable life adjustment. However, if psychosocial risk factors are present, his lack of reported shortcomings may be attributable to an attempt to portray himself in a socially desirable manner.

PSYCHOSOCIAL SCALES

This patient's moderately high Family Dysfunction score is higher than those of 87% of the community sample. Patients often rely heavily on family members when they are sick or injured, which can sometimes strain relationships. Although this score is not unusual for a patient, it is significantly higher than that of the typical community subject, who tends to report less family dysfunction. He feels frustrated about a perceived lack of family support. Lack of support can lead to increased feelings of insecurity, isolation, and vulnerability, which complicate the patient's course of recovery.

This patient reported a history of abuse. Emotionally traumatic events may have led to a long-term tendency toward heightened physical reactivity. He may feel physically vulnerable and may find undressing or being medically examined aversive or threatening, resulting in increased self-protective behaviors. The fact that he revealed this abusive history is clinically significant and suggests some measure of trust in his caregiver. This information should be handled with sensitivity because he may feel vulnerable for having reported it.

CRITICAL ITEMS

The patient responded to the following critical items in a manner that is likely to be of concern to the clinician.

Perceived Disability
Omitted Item (Agree)

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.

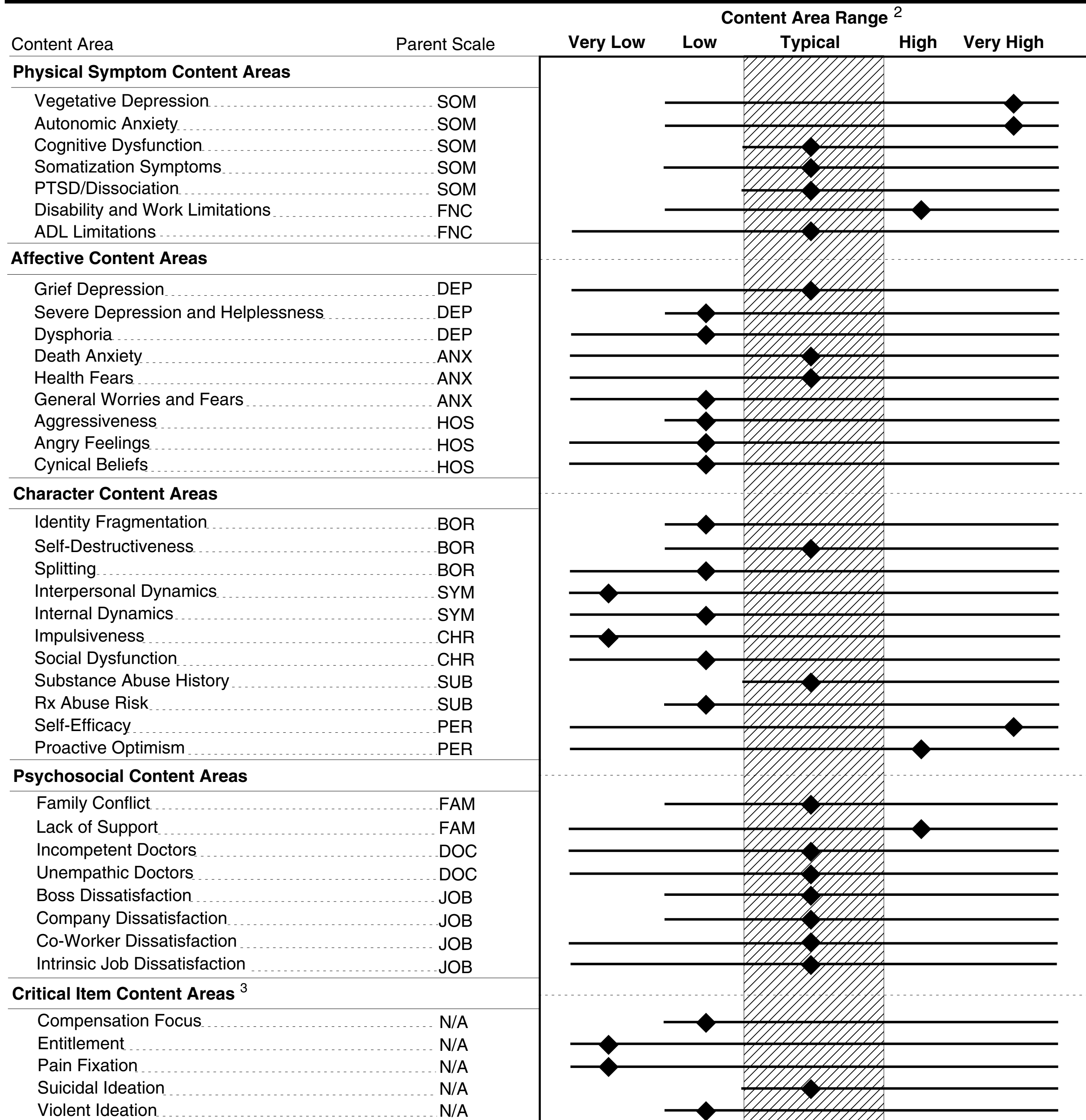
Self-Efficacy
Omitted Item (Agree)

Sleep Disorder
Omitted Item (Disagree)

Survivor of Violence
Omitted Item (Strongly Agree)

Battery for Health Improvement 2

Content Area Profile[1]



[1] The Content Area Profile can be used to further interpret the BHI 2 scale scores by providing additional information about the types of items the patient endorsed. Although individual content areas should not be interpreted in the same manner as the BHI 2 scales because they do not have the same level of reliability and validity, they may help explain scale-level elevations by providing additional information about the nature of the patient's responses.

[2] The Content Area Range uses a simplified version of the rating system found on the BHI 2 Patient Profile. For each content area, the black horizontal line indicates the overall range of content area ratings in the patient sample. The black diamond indicates the individual patient's content area placement relative to those patients. Approximately two-thirds of the patient population fall within the Typical range, as indicated by the vertical shaded area. High and Very High content area ratings closely approximate the 84th and 95th percentile ranks, respectively, and Low and Very Low ratings closely approximate the 16th and 5th percentiles, respectively.

[3] Critical Item content areas were derived from critical items rather than from scales.

End of Report

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ITEM RESPONSES

1: 4	2: 3	3: 4	4: 3	5: 4	6: 4	7: 4	8: 4	9: 4	10: 4
11: 4	12: 4	13: 4	14: 4	15: 3	16: 3	17: 3	18: 3	19: 3	20: 0
21: 0	22: 0	23: 1	24: 1	25: 1	26: 1	27: 3	28: 3	29: 1	30: 3
31: 3	32: 1	33: 1	34: 0	35: 3	36: 3	37: 0	38: 0	39: 0	40: 0
41: 2	42: 2	43: 1	44: 1	45: 1	46: 0	47: 2	48: 1	49: 1	50: 1
51: 2	52: 1	53: 0	54: 1	55: 1	56: 1	57: 2	58: 2	59: 1	60: 1
61: 2	62: 1	63: 0	64: 0	65: 1	66: 1	67: 2	68: 0	69: 1	70: 1
71: 1	72: 0	73: 0	74: 1	75: 1	76: 1	77: 1	78: 2	79: 1	80: 1
81: 2	82: 1	83: 1	84: 1	85: 0	86: 0	87: 1	88: 3	89: 2	90: 1
91: 0	92: 1	93: 2	94: 0	95: 0	96: 1	97: 1	98: 0	99: 0	100: 0
101: 1	102: 0	103: 2	104: 1	105: 0	106: 2	107: 1	108: 1	109: 2	110: 0
111: 1	112: 2	113: 0	114: 0	115: 3	116: 1	117: 0	118: 0	119: 0	120: 1
121: 1	122: 0	123: 0	124: 1	125: 0	126: 3	127: 3	128: 0	129: 1	130: 2
131: 0	132: 0	133: 0	134: 0	135: 0	136: 0	137: 0	138: 0	139: 0	140: 2
141: 1	142: 2	143: 2	144: 3	145: 3	146: 2	147: 3	148: 0	149: 0	150: 0
151: 0	152: 0	153: 1	154: 0	155: 0	156: 0	157: 0	158: 2	159: 0	160: 3
161: 0	162: 1	163: 0	164: 1	165: 0	166: 0	167: 2	168: 2	169: 1	170: 0
171: 0	172: 0	173: 3	174: 0	175: 3	176: 2	177: 0	178: 0	179: 0	180: 0
181: 1	182: 0	183: 0	184: 0	185: 0	186: 0	187: 3	188: 0	189: 0	190: 2
191: 2	192: 1	193: 0	194: 0	195: 1	196: 1	197: 1	198: 2	199: 2	200: 0
201: 1	202: 3	203: 2	204: 2	205: 1	206: 1	207: 1	208: 1	209: 2	210: 2
211: 1	212: 1	213: 3	214: 0	215: 0	216: 3	217: 0			