

Standard Report

PATIENT INFORMATION

Patient Identification Number: 5555555

Patient Name (Optional)	Test Date 06/02/2017
Gender Male	Relationship Status Never Married
Age 55	Education Level High School Graduate
Pain Diagnostic Category Back Injury	Race White
Date of Injury (Optional) 05/31/2016	Setting Physical Rehabilitation

PROVIDER INFORMATION

Care Provider (Optional) Robert Helper, PhD	Practice/Program (Optional) Multidisciplinary Pain Cl
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RESULTS AT A GLANCE

Global Pain Complaint

Overall pain at testing 4

Critical Areas

Sleep Disorder
Death Anxiety
Perceived Disability
Vegetative Depression
Anxiety/Panic

Pain Complaints

Area
Item omitted 4
Item omitted 3
Item omitted 3

Scale Ratings

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

Note

Item numbers and content are included in the actual reports. To protect test security, the item details do not appear in this sample report.

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.



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Brief Battery for Health Improvement 2

Patient Norms Profile

Scales	Raw Score	T Scores		T-Score Profile ¹	Rating	Percentile ²
		Patient	Comm.			
Validity Scale		◆	◇	10		
Defensiveness	18	60	54	40 50 60 90	High	86%
Physical Symptom Scales						
Somatic Complaints	19	68	80		High	92%
Pain Complaints	38	56	63		Mod High	73%
Functional Complaints	19	61	74		High	85%
Affective Scales						
Depression	1	34	38		Very Low	5%
Anxiety	7	50	54		Average	50%

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.

CRITICAL ITEMS

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

Item number and content omitted. (Strongly Disagree)

Death Anxiety

Item number and content omitted. (Strongly Agree)

Perceived Disability

Item number and content omitted. (Agree)

Vegetative Depression

Item number and content omitted. (Big Problem)

Item number and content omitted. (Big Problem)

Anxiety/Panic

Item number and content omitted. (Big Problem)

Note

Item numbers and content are included in the actual reports. To protect test security, the item details do not appear in this sample report.

CLINICAL SUMMARY

Validity: Valid

Defensiveness: High

The Defensiveness scale was unusually elevated. 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 profile may suggest a stoic individual who is enduring an objective medical condition that produces a diffuse and disabling pattern of somatic symptoms. However, if objective findings are not consistent with his subjective complaints, the profile may indicate a somatoform disorder that incorporates denied depression. Psychological treatment for somatic preoccupation or any exaggerated perception of disability should be considered.

Somatic Complaints: High

An unusual level of diffuse somatic complaints was present. If there is no clear medical explanation for his broad pattern of somatic complaints, somatization is suggested.

Pain Complaints: Moderately High

This score indicates a significant level of diffuse, moderate pain reports. While this level of pain reports is relatively common for medical patients, it cannot be considered normal.

Functional Complaints: High

A high level of perceived disability was reported. If he seems to be more disabled than would be expected given objective medical information, he may be psychologically inclined to perceive himself as disabled.

Depression: Very Low

A very low level of depressive thoughts and feelings was reported. However, if psychosocial risk factors are present, this can indicate a tendency to deny depressive feelings, which would increase the risk that these feelings would be somatized. The critical item list should be checked for vegetative depressive symptoms.

Anxiety: Average

No unusual anxious thoughts and feelings were reported. The critical item list should be checked for autonomic anxiety symptoms.

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.

<u>Pain Complaints Items</u>	<u>Patient</u>	<u>Median*</u>
Item omitted	4	3
Item omitted	3	0
Item omitted	4	4
Item omitted	3	1
Item omitted	4	0
Item omitted	4	0
Item omitted	4	4
Item omitted	4	8
Item omitted	4	0
Item omitted	4	5
Item omitted	4	8
Item omitted	4	3
Item omitted	4	-
Item omitted	4	-
<u>Pain Dimensions</u>		
Pain Range		0
Peak Pain		4
Pain Tolerance Index		0

Note

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

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: 0	20: 0
21: 3	22: 1	23: 1	24: 3	25: 0	26: 3	27: 2	28: 0	29: 3	30: 1
31: 0	32: 1	33: 3	34: 2	35: 0	36: 2	37: 0	38: 0	39: 1	40: 0
41: 1	42: 0	43: 2	44: 3	45: 1	46: 0	47: 1	48: 1	49: 1	50: 0
51: 3	52: 0	53: 1	54: 0	55: 0	56: 2	57: 1	58: 0	59: 0	60: 0
61: 1	62: 0	63: 1							

SAMPLE