

Profile Report

PATIENT INFORMATION

Patient Identification Number: 12345

Patient Name (Optional)	Test Date 02/07/2006
Gender Male	Relationship Status Never Married
Age 58	Education Level High School Graduate
Pain Diagnostic Category Back Injury	Race White
Date of Injury (Optional) 11/15/2001	Setting Physical Rehabilitation

PROVIDER INFORMATION

	Practice/Program (Optional)
Robert Helper, Ph.D.	MPC

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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TRADE SECRET INFORMATION

Not for release under HIPAA or other data disclosure laws that exempt trade secrets from disclosure.

Battery for Health Improvement 2

Patient Profile

Scales	Raw	T Scores			тс	Rating	Percentile			
Scales	Score	Patient	Comm.		1-3	Score Pro	Jille	Halling	Percentil	
Validity Scales		•	\Diamond	10	40	50	60	90		
Self-Disclosure	53	36	40		◆ 3//			Low	9%	
Defensiveness	13	49	43					Average	44%	
Physical Symptom Scale	es			Ī			<i>[[]</i>			
Somatic Complaints	20	52	59					Average	62%	
Pain Complaints	29	50	57				(Average	59%	
Functional Complaints	12	47	58					Average	43%	
Muscular Bracing	12	50	56					Average	50%	
Affective Scales					///		<i>[[]</i>			
Depression	9	41	46	1				Average	16%	
Anxiety	11	44	47					Average	23%	
Hostility	10	41	43					Average	18%	
Character Scales				Ī			<i>4//</i> }			
Borderline	5	37	39		*			Low	10%	
Symptom Dependency	4	36	43		♦			Low	12%	
Chronic Maladjustment	4	35	37		*			Low	8%	
Substance Abuse	0	39	39		///			Low	6%	
Perseverance	38	64	64				////-	High	92%	
Psychosocial Scales	'		-	Ī	///		<i></i>			
Family Dysfunction	13	55	57	1				Average	74%	
Survivor of Violence	13	62	67				//// ◆◆	High	87%	
Doctor Dissatisfaction	8	48	53					Average	42%	
Job Dissatisfaction	9	42	45					Average	24%	

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.

VALIDITY

This patient did not endorse any of the validity items. This reduces the risk that this profile was produced by random responding. He disclosed an unusual absence of any psychological weaknesses, at a level seen in only the lowest 9% of patients. This level of self-disclosure was seen in only the lowest 30% of patients who were asked to fake good. Although this could indicate that he is unusually well adjusted and untroubled and that his life lacks significant dysfunction, it could also indicate a tendency to under-report information. Such patients may not value self-examination, may lack psychological mindedness, or may find it difficult to recognize or acknowledge psychological dysfunction.

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)

Self-Efficacy

Omitted Item (Agree)

Survivor of Violence

Omitted Item (Strongly 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.

Battery for Health Improvement 2

Content Area Profile¹

			C	ontent Area Range	, 2	
Content Area	Parent Scale	Very Low	Low	Typical	High	Very High
Physical Symptom Content Areas						
Vegetative Depression	SOM			<u> </u>	-	
Autonomic Anxiety				<u> </u>		-
Cognitive Dysfunction						
Somatization Symptoms			-	-\//// \		
PTSD/Dissociation.			•			
Disability and Work Limitations	FNC			- (/////\>///////		
ADL Limitations		-	-	<u> </u>		
Affective Content Areas				<i>\{ </i>		
Grief Depression	DEP					
Severe Depression and Helplessness						
Dysphoria			-	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>		
Death Anxiety						
Health Fears				<u> </u>		
General Worries and Fears			-			
Aggressiveness						
Angry Feelings						
Cynical Beliefs						
Character Content Areas		-		-\{////////////////////////////////////		
Identity Fragmentation.	BOR					
Self-Destructiveness	BOR					
Splitting	_		_			
Interpersonal Dynamics	_					
Internal Dynamics			_	\////\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Impulsiveness			X_			
Social Dysfunction			X_			
Substance Abuse History	SLIB		•			
Rx Abuse Risk						
Self-Efficacy						
Proactive Optimism					_	
·	F L N	1			•	
Psychosocial Content Areas		-				
Family Conflict						
Lack of Support		-				
Incompetent Doctors		-		- ////////////////////////////////////		
Unempathic Doctors		<u> </u>		- ////////////////////////////////////		
Boss Dissatisfaction			→	- {////////////////////////////////////		
Company Dissatisfaction						
Co-Worker Dissatisfaction						
Intrinsic Job Dissatisfaction						
Critical Item Content Areas ³		7		- <i>\{ </i>		
Compensation Focus	N/A		-	<i>\////////////////////////////////////</i>		
Entitlement		—		<i>\////////////////////////////////////</i>		
Pain Fixation		-		<u> </u>		
Suicidal Ideation		_		Y///// /		
Violent Ideation				V///// / //////////////////////////////		

¹The 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.

²The 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.

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

End of Report

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ITEM RESPONSES

1:	3	2:	2	3:	3	4:	3	5:	3	6:	3	7:	4	8:	4	9:	2	10:	2
11:	3	12:	3	13:	3	14:	4	15:	2	16:	2	17:	2	18:	2	19:	2	20:	0
21:	0	22:	0	23:	0	24:	0	25:	0	26:	0	27:	2	28:	2	29:	0	30:	2
31:	2	32:	0	33:	0	34:	0	35:	2	36:	0	37:	0	38:	0	39:	0	40:	0
41:	2	42:	1	43:	2	44:	1	45:	1	46:	0	47:	2	48:	1	49:	0	50:	1
51:	2	52:	2	53:	0	54:	1	55:	1	56:	1	57:	1	58:	2	59:	1	60:	1
61:	1	62:	1	63:	0	64:	1	65:	1	66:	1	67:	2	68:	1	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:	2	83:	0	84:	1	85:	1	86:	1	87:	1	88:	3	89:	2	90:	1
91:	1	92:	1	93:	2	94:	1	95:	0	96:	1	97:	1	98:	1	99:	1	100:	0
101:	0	102:	0	103:	2	104:	1	105:	1	106:	2	107:	1	108:	1	109:	2	110:	1
111:	2	112:	2	113:	0	114:	1	115:	3	116:	1	117:	0	118:	0	119:	0	120:	1
121:	2	122:	0	123:	0	124:	1	125:	0	126:	3	127:		128:	1	129:	2	130:	2
131:	0	132:	0	133:	0	134:	0	135:	0	136:	1	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	197:	0	198:	2	199:	3	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:	0	213:	3	214:	0	215:	0	216:	3	217:	0						