



# Medical Intervention Risk Report

## PATIENT INFORMATION

Patient Identification Number: 12345

Patient Name (Optional) Mr. R	Test Date 03/19/2016
Gender Male	Relationship Status Never Married
Age 55	Education Level High School Graduate
Pain Diagnostic Category Back Injury	Race White
Date of Injury (Optional) 11/15/2015	Setting Physical Rehabilitation

## PROVIDER INFORMATION

Care Provider (Optional) Robert Helper, PhD	Practice/Program (Optional) Multidisciplinary Pain Clinic
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This BHI 2 Medical Intervention Risk Report is intended to serve as a source of clinical hypotheses about possible biopsychosocial complications affecting risk of medical intervention.

While this report summarizes a number of risk factors known to be associated with problematic response to medical treatments, these scores should not be construed as defining the entire evaluation, but rather should be interpreted by a qualified professional within the context of a clinical interview, the patient's history, medical findings, the degree of surgical necessity, and other relevant factors.

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 only injured patients. 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.



Daniel Bruns and John Mark Disorbio

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## MEDICAL INTERVENTION RISK REPORT

### Patient Profile

**ORL: High**

MIR Scores	Raw	T	T-Score Profile							Rating	%ile
			10	20	30	40	50	60	70		
BHI 2 Validity											
Self-Disclosure	46	34								Low	6%
Risk Factors											
Primary	1	61								High	86%
Presurgical	22	47								Average	41%
Rehabilitation	18	61								High	85%
Addiction History	10	41								Low Average	22%
Addiction Potential	3	30								Very Low	3%
Nonadaptive Coping Styles											
Catastrophizing	8	38								Low	11%
Kinesiophobia	8	47								Average	37%

When assessing psychosocial risks for medical treatment, it is important to note that to the extent a treatment is medically necessary to preserve life or function, that necessity overrides the evaluation of psychosocial risk factors. In situations such as these, a patient's psychosocial risk factor scores should be used to assess the likelihood of a problematic post treatment recovery process. On the other hand, to the extent a medical treatment is judged to be elective, has outcomes dependent on patient motivation or adherence to treatment, and is performed to produce changes in subjective symptoms such as pain, patient behavior, or patient satisfaction, these psychosocial risk factor scores can play an important role in patient selection.

### VALIDITY

Validity measures assess the possibility that a patient's responses may not be meaningful. The MIR Report assesses bizarre responding, minimizing, and magnifying.

There were no indications of random, careless, or bizarre responses in this patient's profile. Additionally, BHI 2 responses during this test administration indicate that this patient disclosed a low level of psychological difficulties. While the patient could be unusually psychologically healthy, the patient may also be reluctant to disclose personal information.

### RISK FACTOR SCORE INTERPRETATION

#### Outcome Risk Level = High

The Outcome Risk Level (ORL) identifies a patient's most extreme outcome-related risk factor so that it might be given greater consideration during interpretation, intervention, and treatment. The three outcome-related risk factors assessed by the MIR Report consist of the Primary, Presurgical, and Rehabilitation risks, with each capturing a different aspect of outcome risk.

This patient's highest risk was Primary Risk at the High level. See below for additional information.

### **Primary Risk**

The Primary Risk score assesses multiple severe risk factors (i.e., 'red flags') such as suicidality, violent ideation, psychosis, and thoughts of retribution towards physicians.

Primary Risk Factors Present: Somatic Distress.

This patient's Primary Risk score is positive, and has an elevated percentile rank of 86 when compared to other medical patients.

### **Presurgical & Rehabilitation Risks**

The Presurgical Risk score assesses a narrow band of secondary biopsychosocial risk factors (i.e., 'yellow flags') that are associated with poor surgical outcomes; whereas the Rehabilitation Risk score assesses a broader band of these secondary risk factors that have been generally associated with a poor response to medical treatment for pain or injury.

Presurgical Risk Factors Present: High Pain Level, Low Functional Capacity, and Anxiety.

Rehabilitation Risk Factors Present: Age > 49, Wide Spread Pain, High Pain Level, Low Pain Tolerance, Stress-Related Symptoms, Perceived Disability, Anxiety/Stress, Depression, History of Trauma, and Secondary Gain.

This patient's Presurgical Risk score has a percentile rank of 41 when compared to a national sample of patients in treatment for pain/injury. Patients with this score are at an average level of psychosocial risk for failing to benefit from or being dissatisfied with a surgical outcome. However, if any of the psychosocial risk factors that are reported appear to be interfering with care, offering behavioral interventions to reduce the level of risk in the perioperative timeframe should be considered.

This patient's Rehabilitation Risk score has a percentile rank of 85 when compared to a national sample of patients in treatment for pain/injury. Patients with this score are at a high level of psychosocial risk. If this patient is being considered for elective surgery or intensive rehabilitation, he is at a high risk for being dissatisfied with the outcome of medical treatment. Moreover, regard should be given to offering behavioral interventions to reduce the level of risk prior to surgery, and an interdisciplinary treatment plan should be considered to manage this risk. The Rehabilitation Risk score indicates an elevated level of risk while the Presurgical Risk score does not. As the Rehabilitation Risk score looks at more risk factors, and is less affected by biased responding, this may be the reason for this result.

### **Addiction History & Addiction Potential Risks**

The Addiction History Risk score assesses multiple historical risk factors that are predictive of aberrant or otherwise problematic drug-taking behavior; whereas the Addiction Potential Risk score assesses a wide variety of currently existing pain-related risk factors that are associated with a desire to use opioids and other pain-relieving medications.

Addiction History Risk Factors Present: Trauma.

Addiction Potential Risk Factors Present: Incessant Pain and Somatoform Pain Cognitions.

This patient's Addiction History Risk score has a percentile rank of 22, indicating that he reported a low average history of behaviors associated with substance abuse. While his Addiction Potential Risk score, which has a percentile rank of 3, suggests that he has no current desire or no perceived dependence on pain medication, he did report a very low level of pain, pain cognitions, and distress associated with a desire for analgesia. Overall, this patient's reports did not suggest a significant level of psychosocial risk for dependence on prescription

medication.

## NONADAPTIVE COPING STYLES

Nonadaptive Coping Styles are measures that identify cognitive behaviors that can interfere with medical outcomes. Two such coping styles that have been shown to be particularly nonadaptive in a medical setting are catastrophizing and kinesiophobia. These scores provide information about specific clinical concerns that can inform decisions about behavioral interventions for improving medical outcomes.

### Catastrophizing

The Catastrophizing score assesses the tendency to believe a situation or symptom is far worse than it actually is. This patient's Catastrophizing score indicates a low use of catastrophizing cognitions, and may suggest a cognitive strength.

### Kinesiophobia

The Kinesiophobia score assesses the belief that physical activity is likely to lead to pain or harm, and thus should be avoided. Kinesiophobia tends to interfere with physical therapies and exercise. This patient's Kinesiophobia score indicates an average level of apprehensiveness about physical activity and fears of bodily injury.

## RECOMMENDED RISK REDUCTION INTERVENTIONS AND PATIENT STRENGTHS

Elevated risk scores on the MIR are based to a significant extent on modifiable behavioral variables, which can often be decreased with effective psychological treatments. This patient's MIR report results suggest the following actions and/or treatment plans should be considered, while also taking into account his strengths.

### Recommended Actions

- If not yet performed, consider comprehensive psychological/psychiatric evaluation to assess primary risks.
- Caution indicated with the use of invasive interventions; consider psychological evaluation (if not yet performed) and adoption of an interdisciplinary treatment approach to manage psychosocial risks.
- Patient reports history of psychological trauma. Medical caregivers should be sensitive to this when examining the patient.

### Psychological Treatments

- Education for the biopsychosocial nature of pain and stress symptoms and/or meditation-based stress reduction
- Relaxation training or biofeedback
- Pain management training
- Treatment for high level of affective distress indicated for:
  - depression
  - anxiety
- Cognitive behavioral therapy for insomnia
- Marriage and family therapy
- Patient has history of trauma; sensitivity in examination indicated

## Patient Strengths

- Below average reports of tension with:  
    employer
- Stable life history

End of Report

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## ITEM RESPONSES

1: 5	2: 2	3: 4	4: 3	5: 3	6: 3	7: 9	8: 10	9: 6	10: 9
11: 10	12: 8	13: 10	14: 2	15: 3	16: 3	17: 3	18: 3	19: 3	20: 1
21: 1	22: 1	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: 3	43: 0	44: 1	45: 1	46: 0	47: 2	48: 1	49: 1	50: 0
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211: 1	212: 1	213: 2	214: 0	215: 0	216: 3	217: 0			