



## MBMD™ Pain Patient Reports

MILLON™ BEHAVIORAL MEDICINE DIAGNOSTIC

by Theodore Millon, PhD, DSc, Michael Antoni, PhD, Carrie Millon, PhD, Sarah Minor, PhD, and Seth Grossman, PsyD

### TWO PAIN PATIENT REPORTS BROADEN CLINICAL USEFULNESS OF MBMD™ TEST

The MBMD Pain Patient Reports provide added breadth to a well-established instrument, helping clinicians and healthcare professionals identify psychosocial assets and liabilities that may affect an individual's response to treatment in a variety of pain settings.

This latest update to the MBMD is designed to help you more effectively manage care for pain patients, whether they are being evaluated for surgery or assessed for a treatment or rehabilitation program. In addition to the customizable Pain Patient Interpretive Report, a concise Profile Report is also available.

### BACKED BY EXTENSIVE RESEARCH TO ENSURE RELEVANCE FOR PAIN SETTINGS

Developed by renowned test author Theodore Millon, PhD, DSc, the MBMD Pain Patient Reports are based on a comprehensive review of literature, input from experienced practitioners, and extensive reliability and validity data.

The normative sample comprises 1,200 patients in the United States who are being treated for issues involving chronic pain. Norm-referenced scores compare the patient to both a general medical norm sample and a chronic pain norm sample. A new manual supplement provides details on the development and use of the reports.

### RELEVANT FOR MULTIPLE APPLICATIONS

The MBMD Pain Patient Reports are useful for a variety of purposes, including:

- Pre-treatment psychosocial evaluations to help professionals select suitable therapies
- General and expanded behavioral health evaluations to help determine the most appropriate intervention, such as individual psychotherapy, pain management groups, biofeedback, functional restoration/work hardening programs, or multidisciplinary pain programs
- Monitoring of treatment interventions and outcomes

## CUSTOMIZED REPORTS FOR PRE-SURGICAL AND NON-SURGICAL PATIENTS

The Interpretive Report includes tailored considerations for clinicians working with pain patients to help serve as a guide in making prudent judgments. A three-page section in the report can be customized for either pre-surgical or nonsurgical populations.

- The Presurgical Pain Patient Report focuses on surgical risk factors and includes information on major and secondary outcome risks as well as postsurgical patient behavior.
- The Nonsurgical Pain Patient Report includes pre-treatment considerations, information on psychosocial management needs, and potential long-term gains and challenges.
- These population-specific reports are available with Q Local™ scoring and reporting software for the MBMD™ test as well as with mail-in and fax-in scoring.

**Theodore Millon, PhD, DSc**, is a leading psychological theorist, renowned for his APA-award-winning work on an evolutionary theory of personality and psychopathology. He has been a full professor at Harvard Medical School, the University of Illinois, and the University of Miami. Principal author of the Millon™ Inventories, Dr. Millon has written or edited more than 30 books, and has contributed more than 250 chapters and articles to numerous books and journals in the field. In the past decade, he has received psychology's three highest commendations, the APA Presidential Citation, the APA's distinguished Professional Contribution to Research, and the APF's Gold Lifetime Achievement Award. With support from colleagues and Pearson, Dr. Millon established the Institute for Advanced Studies in Personology and Psychopathology, which he directs as Dean and Scientific Director.

**Michael H. Antoni, PhD**, is professor of Psychology and Psychiatry and Behavioral Sciences at the University of Miami, leads the Biobehavioral Oncology Program at the Sylvester Comprehensive Cancer Center, and is a licensed clinical psychologist in Florida. His research focuses on psychoneuroimmunology applied to viral infections and certain human cancers. He has led multiple NIH-funded efforts testing the effects of cognitive behavioral stress management (CBSM) interventions on psychological adjustment, immune system functioning and health outcomes in HIV-infected men and women, women with Human Papilloma Virus-associated cervical dysplasia, women with breast cancer, men with prostate cancer, and men and women with chronic fatigue syndrome. He is a fellow of the Society of Behavioral Medicine, and is associate editor for the *International Journal of Behavioral Medicine and Psychology and Health*. He has published more than 400 journal articles, abstracts, chapters, and books in the area of health psychology.



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**MBMD™ Interpretive Report - Presurgical Pain Patient Report** ID: 456  
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**PRESURGICAL PAIN PATIENT SUMMARY**

The categorizations in the following tables are credible and discriminating probabilistic judgments based on literature reviews, clinical experience, and a few early empirical studies. As such, they should not be considered as definitive, but serve as guides to clinicians in making prudent and tentative judgments.

**I. PRESURGICAL CONSIDERATIONS**

**A. Patient-Provider Communications**  
The research literature and clinical experience indicate that the interpersonal coping styles of patients provide a gauge of how they relate to others and the way they may relate to healthcare providers. Providers should consider the following orientation when communicating with the patient as noted below.

The following healthcare orientation:	Is considered:
Work to increase patient self-reliance	Helpful
Maintain strong focus on patient self-interest	ADVISABLE

**B. Major Surgical Outcome Risks**  
Reviews of the literature have identified a number of consensual risk factors for poor outcome of spine surgery or device implantation (see the MBMD Pain Patient Reports manual supplement for details). A number of these consensual risk factors are measured by MBMD scales. The patient's MBMD-predicted level of risk for each factor (low, moderate, or marked) is shown below.

The following risk factor:	Is considered:
1. Depression	Moderate
2. Anticipatory anxiety	MARKED
3. Cognitive deficits	low
4. Pain sensitivity	MARKED
5. Lack of social support	low
6. Medication abuse	Moderate
7. Problematic compliance	low
8. Catastrophizing	MARKED

**C. Secondary Surgical Outcome Risks**  
Although the characteristics listed below have not been studied to the extent that they can be included among the consensual risk factors listed in the previous section, clinical experience suggests that they may indicate a risk for poor surgical outcome.

The following risk factor:	Is considered:
1. Low self-care/motivation	low
2. Fear of illness complications	MARKED
3. Self-indulgence	MARKED
4. Oppositional attitude	low
5. Irritability/hostility	low
6. Unstable/erratic routines	Moderate
7. Overutilizing healthcare resources	Moderate
8. Fear of medical procedures	low
9. Poor adjustment to pain treatment	MARKED

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