

TRAUMATIC EVENT SEQUELAE INVENTORY (TESI)

- Psychiatric Injury Profile -

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CASE NUMBER: 123456
LAST NAME: Doe
FIRST NAME: John
GENDER: Male
AGE: 32
RACE: White
EDUCATION: 12
DATE OF ASSESSMENT: 12/9/2007
TESI T-SCORE: 76
GFS SCORE: 8

REPORTED TRAUMA(S): Physical abuse by someone I know
Physical abuse by both parents
Physical abuse by other family member(s)
Fire
Robbery

This profile is confidential and was developed for use by professional staff only. Its intended purpose, combined with other instruments, is to delineate directions for further assessment of this client. Recommendations made in this profile do not imply that existing treatment approaches should be replaced or modified. Statements in this profile should be interpreted as hypotheses for further consideration in combination with other assessment factors utilized in individualized and comprehensive screening.

Reviewing Professional

Title

Date

PROFILE VALIDITY

This is a profile with questionable validity, characteristic of .4% adult males and .63% adult females in clinical settings. This profile's characteristics are derived from a clinical normative sample of N=64,689 adults (37,948 males and 26,741 females) assessed for posttraumatic affective, cognitive, behavioral and physiological disturbances.

Scores in this range suggest that the profile should be interpreted with caution since the profile may be invalid. Scores elevated in this range suggest the following possibilities:

- failure of the individual to understand the test items due to inadequate reading skills, visual problems, or poor contact with reality;
- lack of cooperation resulting in a random or inconsistent pattern of responding to the test items; or
- distortion due to confusion, delusional thinking, or other psychotic processes;
- distortion or exaggeration of the severity of psychopathology in an attempt to derive secondary gain; or
- a plea for help by an extremely anxious individual.

TRAUMA CORRELATES

Clinical picture presented by this client strongly indicates presence of chronic psychiatric disturbances. Clinical assessment should include examination of patient's constitutional vulnerabilities, family history of psychiatric disorders, and presence and nature of risks for traumatization, psychoactive substance abuse, and sociocultural and economic factors of multiple exposure and retraumatization.

Individuals producing this particular psychological profile demonstrate a tendency to admit to a wide range of psychological problems or to "fake bad." An individual who scores within this range on TESI is admitting to an extremely wide range of complaints that are infrequently endorsed by the general population with an exaggeration of problems in which every possible item is endorsed. Dissimulation, exaggeration, or frank malingering are the most plausible causes of such a profile, as this is a frank and specifically deviant profile in which some considerable effort is made to endorse all pathological items.

The possibility of a deviant response set due to faking or falsely claiming mental illness should be investigated, although a few respondents with delusional disorder score within this range. People who attempt to feign mental illness typically do not know which items to endorse and tend to overrespond by endorsing too many items. Actual patients are more selective in their response pattern, as can be seen by the fact that fewer than 5% of all TESI respondents score within this range. A person with such a score has grossly exaggerated the symptom picture to the point that no differential information is available.

However, test validity issues such as dissimulation, (faking good, or faking bad) could be thought of as adaptive behavior designed for its survival value. Alternatively, a faking good or faking bad tendency might be an accurate portrayal of how one sees oneself, however inaccurate or unlikely that might appear to someone else.

Validity of this individual's TESI profile should be interpreted according to the character of the client's comprehensive clinical picture ("somatizers" will be expected to dwell on somatic complaints, individuals with dependent personality traits on poor self-image, individuals with paranoid traits on social injustice(s) and persecutory trends, etc.)

To ensure consistency of the patient's self-representation, it is recommended that the test should be retaken.

FUNCTIONALITY CORRELATES:

This profile type is indicative of a possibility of selective reporting, attributional biasing, and symptom exaggeration. Acuity, severity, and chronicity of psychiatric and medical disturbances should be clinically validated and assessed for pre-trauma origin. Possibility of psychometric dissimulation and conscious engagement in cost-benefit approach to reporting traumatic sequelae should be further investigated.

NEUROPSYCHOLOGICAL IMPLICATIONS

Neuropsychological functions may be impaired due to psychotic distortion, with attention, concentration, memory, and executive functions showing significant impairment and/or inefficiency, or may be within normal limits if symptom exaggeration is documented.

DIAGNOSTIC CONSIDERATIONS

DSM-IV DIAGNOSTIC CONSIDERATIONS

- Axis I**
- 297.1 Delusional disorder
 - 300.19 Factitious disorder with combined psychological and physical signs and symptoms
 - 300.82 Somatoform disorder
- Axis II**
- 301.0 Paranoid personality disorder
 - 301.83 Borderline personality disorder
 - 301.7 Antisocial personality disorder

ICD-9 DIAGNOSTIC CONSIDERATIONS

- 297.1 Delusional disorder
- 300.19 Factitious disorder with combined psychological and physical signs and symptoms
- 300.82 Somatoform disorder
- 301.0 Paranoid personality disorder
- 301.83 Borderline personality disorder
- 301.7 Antisocial personality disorder

ICD-10 DIAGNOSTIC CONSIDERATIONS

- F22.0 Delusional disorder
- F68.0 Elaboration of physical symptoms for psychological reasons
- F68.1 Intentional production or feigning of symptoms or disabilities (factitious disorder)
- F45.1 Undifferentiated somatoform disorder
- F60.0 Paranoid personality disorder
- F60.31 Emotionally unstable personality disorder (borderline type)
- F60.2 Dissocial personality disorder

DIFFERENTIAL DIAGNOSTIC CONSIDERATIONS

- Other mental disorder(s) that may occur after exposure to an extreme stressor(s)
- Mood disorder with psychotic features
- Substance-induced psychotic disorder
- Hypochondriasis
- Histrionic personality disorder
- Obsessive-Compulsive disorder
- Schizotypal personality disorder
- Schizoid personality disorder

PSYCHOTHERAPEUTIC RECOMMENDATIONS

Due to the possibility of symptom exaggeration, factitious disorder, or secondary gain, such issues should be explored. If documented, extinction of secondary gain, conservative management, rapid case closure, behavior modification, and environmental structure all help to avoid or to reduce possibility of long-term impairment or disability.

If psychiatric disorder is genuine, psychiatric interventions are likely to be quite involved and intensive.

Any anticipated medical invasive procedures would be best deferred until therapy or further diagnosis can be completed.

Conservative management is preferred.

ENVIRONMENTAL MODIFICATIONS

Due to the possibility of symptom exaggeration, factitious disorder, or secondary gain, such issues should be explored. If documented, extinction of secondary gain, conservative management, rapid case closure, behavior modification, and environmental structure all help to avoid or to reduce disability.

PSYCHOPHARMACOLOGICAL RECOMMENDATIONS

Patients with this score level may not be good candidates for pharmacotherapy and will likely respond better to behavior modification, environmental structure, and removal of secondary and tertiary gains. An accurate diagnosis at this score level would guide pharmacotherapy recommendations.

**AFFECTIVE, BEHAVIORAL AND PHYSIOLOGICAL CORRELATES
OF THIS PROFILE TYPE**

- Disassociation
- Psychomotor acceleration
- Mood lability
- Cognitive disturbances
- Functional disturbances
- Academic difficulties
- Neurological disturbances
- Gastrointestinal disturbances
- Endocrine disturbances
- ADL disturbances
- General functional disturbances
- Affective disturbances
- Interpersonal disturbances
- Concentration deficit
- Hyperactivity
- Social withdrawal
- Communication deficits
- Obsessionality
- Medical risk factor
- Subjectivity of appraisal
- Detachment and loss of control
- Physical complaints related to anxiety and stress
- Reexperiencing trauma-related sensations
- Increased arousal

SYMPTOMS TO MONITOR WITH THIS PROFILE TYPE

- Feelings of helplessness
- Light-headedness
- Nervousness
- Feel like breaking things at times
- Difficulty concentrating
- Fits of anger
- Difficulty expressing feelings
- Difficulty making decisions
- Guilt
- Restlessness
- Forgetting recent events
- Getting tired easily
- Feeling detached from others
- Feeling discouraged
- Waking up at night
- Anger toward self
- Irritability
- Loneliness
- Physical discomfort
- Stomach pains

Client: Doe, John

Date: 12/9/2007

- Headaches
- Loss of appetite
- Nausea
- Increased heart rate
- Low energy level
- Tingling sensations
- Thoughts about an accident
- Thoughts about death
- Pessimistic attitude

FURTHER TESTING RECOMMENDATIONS

- (CARR) Clinician's Assessment of Rehabilitative Response
- (SCL90) Symptom Checklist Interpretive Profile
- (PRS) Psychiatric Rating Scale
- (LCS) Locus of Control Scale
- (DAST) Drug Abuse Screening Test
- (IBQ) Illness Behavior Questionnaire
- (PSS) Psychophysiological Symptom Scale
- (Di-III) Clinical Diffusion Index
- (DHSS) Daily Hassles Stress Scale
- (CEQ) Cognitive Error Questionnaire
- (PAIRS) Pain and Impairment Relationship Scales
- (CSQ) Coping Strategies Questionnaire
- (P3 - IP) Pain Symptoms Interpretive Profile
- (CAPPS) Current and Past Psychopathology Scale
- (SSFIPD) Social Stress and Functioning Inventory
- (AUI) Alcohol Use Inventory
- (BDI) Beck Depression Inventory Interpretive Profile
- (BAI) Beck Anxiety Inventory Interpretive Profile
- (PSI) Problem Situations Inventory
- (CRI) Coping Resources Inventory
- (TSI) Trauma Symptoms Inventory
- (CHAI) Comprehensive Health Assessment Inventory

CORRELATION WITH OTHER PSYCHOMETRIC MEASURES

		N	%				
MMPI-2 PATTERNS:	Adult males	1626	4.29	8-6	6-8	2-8	8-2
	Adult females	1403	5.26	8-6	2-8	6-8	8-2

**TESI SCORING SYSTEM AND ECOLOGICAL VALIDATION
OF DIAGNOSTIC CONSIDERATIONS**

Traumatic Event Sequelae Inventory (TESI) utilizes dual scoring system consisting of both standardized T-scores and Gradient Frequency Score Levels (GFS). GFS Score Levels, were empirically developed during both first and second standardization of TESI in 1995 and 2007. Normative base consisted of clinical population (N=64,689) all of whom had experienced single or multiple traumas and were in treatment for related posttraumatic and post-concussive disorders in a variety of clinical settings.

Comparison of reliability of the clinical and non-clinical samples revealed that, while TESI's internal consistency for the clinical group was very high ($\alpha=.91$), it was substantially lower for the non-clinical group ($\alpha=.43$). This result was not unexpected, given the low average number of items endorsed by the non-clinical sample (Mean=5.28). This is because, by definition, symptoms identified as clustering together due to a specific posttraumatic mental disorders are not necessarily interconnected or related in the same way for those not experiencing the disorder.

Formulation of diagnostic considerations across all TESI GFS Score Levels was derived from the analysis of 15,407 clinical assessment summaries of the above individuals. Further validation of GFS Levels was performed through comparative analyses of presenting symptoms, admitting diagnoses, extent and types of therapeutic interventions, and patients' dispositions from evidence-based data of 774,407 cases from 485 acute care facilities (OSHPD database).

In the context of this instrument, TESI GFS Score Levels represent cut-off points of prevalence of particular psychiatric diagnostic attributes within the normative samples. Each GFS Level depicts a distinct psychometric domain within which frequency distribution of DSM diagnostic categories is consistent at the .95 confidence intervals, thus ensuring the highest possible degree of diagnostic certainty.

Cross-references to ICD-9 and ICD-10 diagnostic nomenclatures were formulated according to established standards of the American Health Information Management Association (AHIMA). Differential diagnostic considerations are based on DSM Handbook of Differential Diagnosis (APA).

**DISTRIBUTION OF CLINICAL NORMATIVE SAMPLES ACCROSS TESI GRADIENT
FREQUENCY SCORES (GFS Levels)**

ADULT MALES	T-scores	N	%
TESI GFS Level 1	33-35	471	1.2
TESI GFS Level 2	36-38	2,945	7.8
TESI GFS Level 3	40-41	4,230	11.2
TESI GFS Level 4	42-45	7,457	19.7
TESI GFS Level 5	46-48	5,664	14.9
TESI GFS Level 6	50-61	11,590	30.6
TESI GFS Level 7	62-70	3,906	10.3
TESI GFS Level 8	72-80	1,626	4.3
Total:		37,948	

ADULT FEMALES	T-scores	N	%
TESI GFS Level 1	33-34	284	1.1
TESI GFS Level 2	35-37	1,642	6.1
TESI GFS Level 3	39-40	2,600	9.7
TESI GFS Level 4	41-43	4,439	16.6
TESI GFS Level 5	45-47	4,075	15.3
TESI GFS Level 6	48-59	8,891	33.3
TESI GFS Level 7	60-69	3,351	12.6
TESI GFS Level 8	70-78	1,403	5.3
Total:		26,741	
Total adult population:		64,689	

**CLINICAL POPULATION RAW, T-SCORES
AND GFS LEVELS CONVERSION TABLE**

MALES (N = 37,948)					FEMALES (N = 26,741)				
RAW	TSC	GFS	N	%	RAW	TSC	GFS	N	%
0			59	.16	0			11	.04
1	33	1	144	.38	1	33	1	69	.26
2	35	1	268	.71	2	34	1	204	.76
3	36	2	623	1.64	3	35	2	331	1.24
4	37	2	1004	2.65	4	36	2	554	2.07
5	38	2	1319	3.48	5	37	2	763	2.85
6	40	3	1897	5.00	6	39	3	1110	4.15
7	41	3	2342	6.17	7	40	3	1498	5.60
8	42	4	2479	6.53	8	41	4	1607	6.01
9	43	4	2605	6.86	9	42	4	1461	5.46
10	45	4	2381	6.27	10	43	4	1376	5.15
11	46	5	2075	5.47	11	45	5	1451	5.43
12	47	5	1759	4.64	12	46	5	1324	4.95
13	48	5	1841	4.85	13	47	5	1309	4.90
14	50	6	1593	4.20	14	48	6	1199	4.48
15	51	6	1493	3.93	15	50	6	1143	4.27
16	52	6	1298	3.42	16	51	6	1118	4.18
17	53	6	1310	3.45	17	52	6	922	3.45
18	54	6	1240	3.27	18	53	6	958	3.58
19	56	6	1152	3.04	19	54	6	747	2.79
20	57	6	1027	2.71	20	56	6	810	3.03
21	58	6	982	2.59	21	57	6	705	2.64
22	59	6	858	2.26	22	58	6	675	2.52
23	61	6	657	1.73	23	59	6	634	2.37
24	62	7	632	1.67	24	60	7	605	2.26
25	63	7	556	1.47	25	62	7	561	2.10
26	64	7	629	1.66	26	63	7	396	1.48
27	66	7	510	1.34	27	64	7	466	1.74
28	67	7	447	1.18	28	65	7	421	1.57
29	68	7	503	1.33	29	66	7	327	1.22
30	69	7	328	.86	30	68	7	280	1.05
31	70	7	309	.81	31	69	7	300	1.12
32	72	8	261	.69	32	70	8	248	.93
33	73	8	250	.66	33	71	8	211	.79
34	74	8	220	.58	34	72	8	246	.92
35	75	8	152	.40	35	74	8	168	.63
36	77	8	177	.47	36	75	8	123	.46
37	78	8	157	.41	37	76	8	126	.47
38	79	8	123	.32	38	77	8	107	.40
39	80	8	288	.76	39	78	8	177	.66