

Wholesome Map - Professional interpretation

JIM HAWKINS

Male
Gender

28
Age

Validity Scale **Valid**

Temperament				
Conscientiousness ?	Low			
Emotional Reactivity ?	Low			
Extraversion				High

Environment				
Severity of Acute Stressors			Moderate to Moderately High	
Adverse Childhood Events		Moderate		
Severity of Chronic Stressors			Moderately high	
Education / SES ?			2 Years of College or Less	

Medical				
Perceived Burden of Somatic Symptoms			High	
Comorbid Medical Difficulties ?	Low			
Quality of Sleep		Adequate		
BMI				Obese

Psychological				
Depression ?		Mild		
Anxiety ?		Mild		
Hostility ?			Moderate	
Risk of Self-Harm		Minimal		
Impact of Traumatic Events ?		Medium low		
Life Satisfaction ?		Dissatisfied		

Substance Use												
Risky Alcohol Use ?							Risky					
Risky Nicotine Use							Risky					
Risky Drug Use ?	Less Risky											
Subtle Risk Factors of Opioid Abuse						9/19						
Risk of Current Opioid Dependence	No current use											
Subtle Symptoms of Alcohol Misuse ?					4 / 12							

Coping												
Self-distraction							6					
Active coping						4						
Denial							5					
Substance use ?							5					
Use of emotional support							5					
Use of instrumental support							5					
Behavioral disengagement							5					
Venting							5					
Positive reframing										7		
Planning						4						
Humor						4						
Acceptance						4						
Religion							5					
Self-blame							5					
Mindfulness							5					
Gratefulness							5					
Curiosity										6		

Vitality				4				
Leisure time						6		
Nutrition						6		
Values / beliefs					5			
Self-efficacy		2						
Exercise				4				
Forgiveness				4				
Kindness/Altruism		2						
Awe					5			
Breathing, Relaxation/Meditation Skills					5			

Relationships			
Loneliness ?		Moderate	
Global Quality of Social Support		Good	

Interpretation

Possible risks that could hamper bariatric surgical outcomes or long-term weight management

ELEVATED ACUTE ENVIRONMENTAL STRESSFUL EVENTS; RISKY ALCOHOL AND NICOTINE USE; PREVIOUS ALCOHOL OR DRUG CONVICTION; PREVIOUS SURGICAL COMPLICATIONS; POOR DENTITION; POOR HYGIENE THAT MAY NEGATIVELY AFFECT WOUND HEALING; AND EXCESSIVE INACTIVITY.

Possible resources that could mitigate risks

HISTORY OF STABLE INTERPERSONAL RELATIONS; FEW HEALTH PROBLEMS; WELL-DEVELOPED SOCIAL SUPPORT; REGULAR EXERCISE; AND DEVELOPED PERSONAL GROWTH SKILLS: POSITIVE REFRAMING, SELF-DISTRACTION, CURIOSITY, LEISURE TIME, AND NUTRITION.

Interpretation - Impressions
Toggle View Client/Health Professional Text

There may be moderate risks that could be addressed in a medical environment in the following areas: Hostility, Perceived Burden of Somatic Symptoms, Acute Distress Tied to Stressful Life Events, Risky Alcohol Use; and Risky Nicotine Use.

The developmental history appears to reflect a relatively stable environment devoid of chronic or severe stressors. Mr. Hawkins appears to have personality traits suggesting emotional stability with dispositions to remain calm, worry less, and thus have fewer stress related problems and illnesses. There do not appear to be maladaptive personality characteristics that would significantly affect the outcome of bariatric surgery. This person seems to have stable pre-morbid relational health to rule out Somatic Symptom Disorder. The overall severity of psychological distress appears to be moderate, with manifestations of depression, hostility and impact of traumatic events. Symptoms are treated with individual counseling. There appears to be many health problems and high emotional burden related to physical functioning. Ongoing mood features may complicate treatment and render long-term weight loss more challenging. There are a mild to moderate number of symptoms associated with Binge Eating Disorder.

Social support appears to be relatively well-developed, which may facilitate a structure from which this person can respond positively to surgery, lose weight, maintain losses and increase functional capacities. Mr. Hawkins has a well-developed professional support network to include Family members, including spouse, are generally supportive of Mr. Hawkins's decision to participate in weight loss surgery. There are elevated levels of loneliness, which enhances risk for immune dysregulation and the pain, depression, fatigue symptom cluster, binge eating disorder, heart disease, dementia, mood disturbance, and early death. Acute environmental stressors seem to be moderate to moderately high and may significantly complicate the outcome of surgery or long-term ability to lose weight. CHRONIC STRESSORS MAY AFFECT THE ADAPTABILITY OF IMMUNE FUNCTIONING AND INCREASE THE ODDS OF SURGICAL COMPLICATIONS. There does not appear to be risky drug use. There appears to be risky alcohol use and nicotine dependence. Alcohol use and nicotine dependence are associated with surgical complications and higher mortality rates. There are very high subtle symptoms of alcohol misuse.

The quality of coping skills appears to be moderately developed. Noteworthy coping skills include positive reframing, self-distraction, curiosity, leisure time, and nutrition, which may facilitate weight loss and carry out independent behaviors necessary for success. He may benefit from involvement in a consistent exercise program. The proposed form of exercise includes bicycling, which would be conducted with the following accountability partner(s): pet.

There appears to be an appropriate understanding of surgery and its expected outcomes, which is a tool that also requires lifetime lifestyle changes in activity and eating habits. Mr. Hawkins seems cognitively capable of understanding and reaching treatment goals. There appears to be sufficient motivation required for surgery. The respondent reports being somewhat willing to engage in a multidisciplinary treatment approach, which may improve the prognosis for successful care. Previous complications from surgery include surgical site infections and hospital stay for longer than expected following surgery. The patient voices awareness of the possible surgical risks. Mr. Hawkins does not appear to be litigious. There does not appear to be an over-utilization of health care services.

Treatment Considerations

Intervention	Individual therapy; Pre-operative (prehabilitation) wellness program - online; Wholesome Pathway habit-tracking system
Short-term Goals - Decrease	Unhealthy BMI; Frustration/irritability/anger; Nicotine use; Alcohol use; Acute stressors; Loneliness
Short-term Goals - Improve	Ability to cope effectively with life stressors; Social support; Quality of sleep; Mood; Ability to decrease sympathetic reactivity; Eating habits; Fitness levels through regular exercise if medically warranted; Dental hygiene
Long-term goals	Maintain chemical dependence/substance abuse goals.; Improved overall life satisfaction; Maintain healthy weight and consistent exercise routine as medically warranted; Address chronic stressors effectively by coordinating with primary care physician and identifying/utilizing other pertinent management resources.
Other recommendations	Continue with psychotropics; Weight management program; Smoking cessation program; Sleep hygiene training; Diabetes/Blood Sugar Stress Management; Provide pre-surgical preparation wellness program; Take a multivitamin daily; Mediterranean / inflammation diet
Subsequent referrals	None
Specialty Programs - for habit tracker	Weight Loss; Preoperative Wellness; Smoking Cessation; Alcohol management; Diabetes health; Conscientiousness