

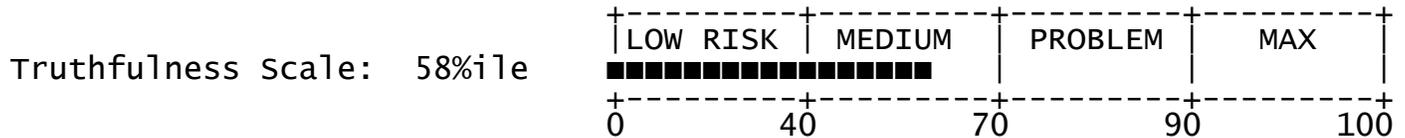
VETERAN INFORMATION PROFILE (VIP) CONFIDENTIAL REPORT

NAME: John Smith
 AGE: 29 SEX: Male
 ETHNICITY/RACE: Caucasian
 DATE OF BIRTH: 01/01/1987

LAST 4 DIGITS OF SSN: 1234
 EDUCATION: 12
 MARITAL STATUS: Married
 DATE SCORED: 08/22/2016

VIP results are confidential and should be considered working hypotheses. No decision or diagnosis should be based solely upon VIP results. VIP results are to be used with experienced staff judgment.

SELF-REPORTED HISTORY	
Number of Combat Deployments:.....	2
Wounded or injured in a combat zone:.....	No
Was a prisoner of war:.....	No
Number of months since return:.....	8
I am unable to keep a job:.....	No
Number of Alcohol-related arrests:.....	0
Number of drug-related arrests:.....	0
Number of domestic violence arrests:.....	1
Specify your branch of service:.....	Navy
I am currently in a branch of service:.....	No

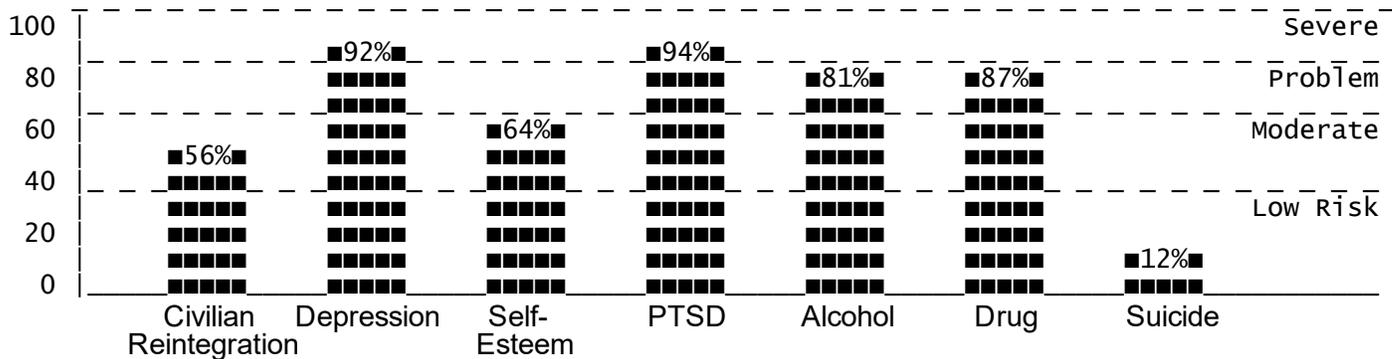


TRUTHFULNESS SCALE:

PERCENTILE SCORE: 58%

Mr. Smith's Truthfulness Scale score is in the **moderate risk** (40 to 69th percentile) range, which means Mr. Smith tends to be careful or cautious regarding self-disclosure. Nevertheless, exceptions may involve returning veterans, particularly if they are returning from a war zone. They may be attempting to avoid or circumvent unpleasant and painful memories. Such exceptions may involve serious co-occurring problems and disorders. Elevated Truthfulness Scale scores should be carefully reviewed. Other VIP scale scores represent common returning veteran problems and concerns. That said, Mr. Smith's Truthfulness Scale is below the 70th percentile, which means his VIP scale scores are accurate.

VIP PROFILE



Civilian Reintegration Scale:**Percentile: 56%**

Mr. John Smith's Civilian Reintegration Scale score is in the **moderate risk** (40 to 69th percentile) range, which means early stage (or low grade) transition problems are indicated. In other words, Mr. Smith is experiencing some post-deployment problems in his transition from a military to a civilian lifestyle. Although in an early stage, these concerns when left untreated often become more disruptive and problematic. Recommendations: Mr. Smith should attend veteran discussion group meetings. Such meetings are available in most communities. The awareness, insight and perspective obtained in an emotionally supportive group setting could be helpful. Hearing how other veterans handle and cope with transitional problems should help.

Depression Scale:**Percentile: 92%**

Mr. John Smith's Depression Scale score is in the **severe problem** (90 to 100th percentile) range. Mr. Smith is very depressed. If left untreated Mr. Smith's depression can worsen. One of several effective psychotherapies for depression is Cognitive Behavioral Therapy (CBT). Other elevated (70th percentile and higher) VIP scale scores could identify co-occurring disorders which would complicate Mr. Smith's treatment program. Any elevated scale scores, or more specifically the problems they represent, should be included in Mr. Smith's treatment plan. Elevated PTSD, alcohol, drugs, self-esteem, suicide or civilian reintegration scale scores could exacerbate Mr. Smith's depression while increasing his suicide risk.

Self-Esteem Scale:**Percentile: 64%**

Self-esteem measures the veteran's explicit valuing and appraisal of self. Self-esteem incorporates an attitude of acceptance-approval versus rejection-disapproval. Self-esteem is the veteran's perception of himself. Although not significant at this time, there are some indications of growing self-dissatisfaction. Individualized attention, emotional support of endeavor and personalized attention from family, friends and colleagues may be all that is needed to sustain and/or improve Mr. Smith's self-esteem. Otherwise, consideration might be given to outpatient "cognitive behavior training" in group or individual sessions to reframe Mr. Smith's negative thinking.

PTSD Scale:**Percentile: 94%**

Mr. Smith's PTSD Scale score is in the **Severe Problem** (90th to 100th percentile) range. Severe problem scorers need prompt and intensive PTSD treatment. There are several effective psychotherapies and Cognitive Behavior Therapy (CBT) is one of the most popular. Carefully review other elevated (70th percentile and higher) VIP scale scores as they may represent co-occurring disorders, which would complicate treatment. Special care and caution should be exercised when co-occurring disorders include elevated Alcohol Scale, Drugs Scale, Depression Scale and/or Suicide Scale scores. A general rule of thumb is the higher the score the more serious the problem.

Alcohol Scale:**Percentile: 81%**

Mr. Smith's Alcohol Scale score is in the **problem** (70 to 89th percentile) range. Problem risk scorers engage in alcohol abuse and may manifest symptoms found in the early stages of alcoholism. Outpatient counseling (individual or group) augmented with Alcoholics Anonymous (AA) meetings would be beneficial. Other elevated (70th percentile and higher) Veteran Information Profile (VIP) scale scores would provide additional insight regarding Mr. Smith's civilian reintegration. Mr. Smith's answer to the "recovery question" (Question #132) was he is not a recovering alcoholic. Relapse risk is uncertain at this time.

Drugs Scale:**Percentile: 87%**

Mr. John Smith's Drug Scale score is in the **problem risk** (70 to 89th percentile) range, which means Mr. Smith engages in drug use. Although "problematic" now, without treatment Mr. Smith's drug problem will likely worsen. Recommendations: Outpatient counseling (e.g., Cognitive Behavioral Therapy), augmented but not replaced with Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meetings. Other concurrently elevated (70th percentile and higher) Veteran Information Profile (VIP) scales would complicate the treatment plan. The adage "The higher the scale score the more serious the problem" applies. The military-to-civilian transition is often more difficult than expected.

Suicide Scale:

Percentile: 12%

Mr. John Smith's Suicide Scale score is in the **low risk** (zero to 39th percentile) range. Low risk scorers do not commit suicide. That said, here are some suicide facts. According to CNN.com the risk of suicide among U.S. veterans is twice that of the general population. The number of suicides among these veterans may exceed combat death tolls. Veterans with post-traumatic stress disorder (PTSD), especially with comorbid disorders like depression and substance (alcohol and other drugs) abuse, are at greatly increased risk of suicide. Post-Traumatic Stress Disorder (PTSD), depression and substance abuse increase a veteran's suicide risk. Nevertheless, Mr. Smith is not a suicide risk at this time.

Reintegration Items

Veteran's returning from deployment, especially war zones, face civilian readjustment and reintegration issues that are often complicated by depression, PTSD, substance (Alcohol/drug) abuse and heightened suicide risk. Early identification of these reintegration issues is critical for successful civilian readjustment, which is why Mr. Smith's **significant items** are included in the VIP.

Significant Items are direct admissions or unusual answers. They are provided for reference and permit comparison of the clients answers (with all their biases) with their objective scale scores. The number of displayed items is limited to a maximum of eight per scale.

Civilian Reintegration: 9-1, 25-1, 37-1, 89-1, 120-3, 135-4, 136-2, 138-4	Alcohol Scale: 24-1, 87-1, 93-4, 107-3	Depression Scale: 19-1, 23-1, 48-1, 55-1, 62-1, 68-1, 83-1, 92-3
PTSD Scale: 15-1, 21-1, 22-1, 46-1, 95-3, 96-4, 105-4, 112-4	Drug Scale: 10-1, 14-1, 20-1, 26-1, 32-1, 44-1, 70-1, 102-4	Suicide Scale: No Suicide Scale items selected.

COMMENTS:

Use back of page as necessary

STAFF SIGNATURE

DATE

Mr. Smith's VIP Answers

1 - 50	TFTFTFTFTT	FFTTTFTFTT	TTTTTTTFTF	FTTFFFTTTT	TFTTFTFTFF
51 - 100	TFTFTFTFTF	FTFTFTFTFT	FTFTFTFTFF	TFTFTFTFTF	2342342342
101 - 150	3423423422	3412423423	4243434423	4223423423	4213453453
151 - 163	4543453453	445			