

Empathic Systems: What is Possible?







What did you
'get' from your
parent(s), that
you value?

Empathy *is Healing*



Inclusivity & Belonging



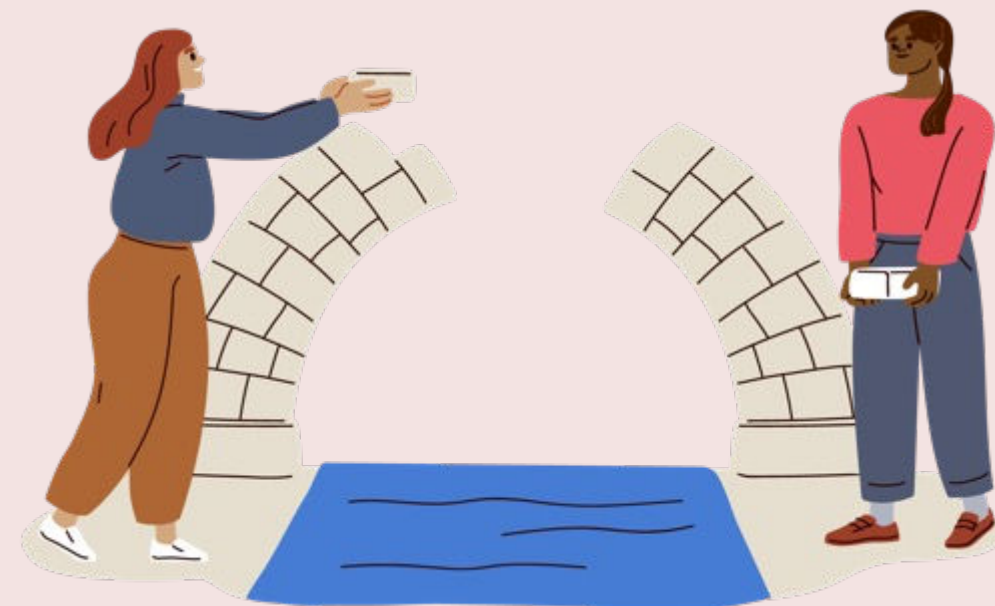
Respect



Safety



Autonomy



Connection

Human Needs





SOCIAL SECURITY ADMINISTRATION

SOCIAL SECURITY ADMINISTRATION

1501

1501

1501

1501-51

MODESTO - STANISLAUS LIBRARY

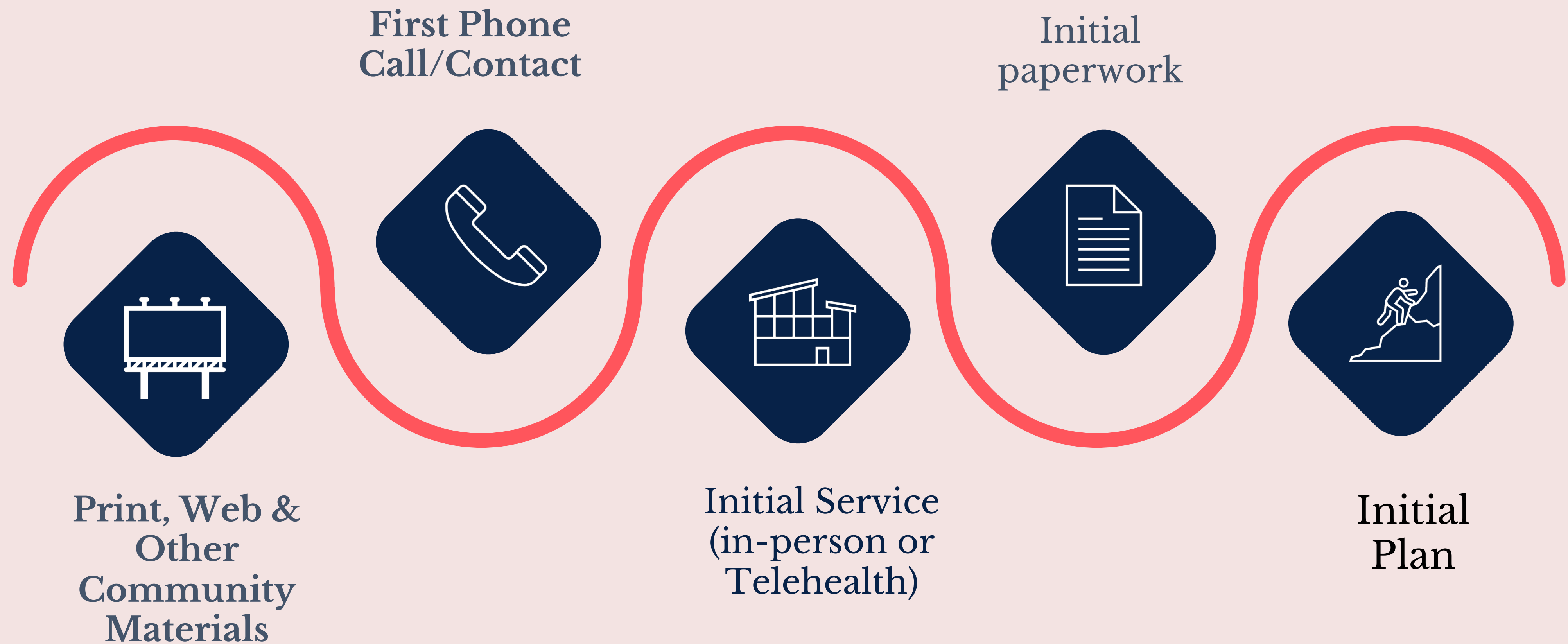
Hours of Service
Monday - Friday
9:00 AM - 5:00 PM
Saturday
10:00 AM - 3:00 PM
Sunday
Closed

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Monday - Friday
9:00 AM - 5:00 PM
Saturday
10:00 AM - 3:00 PM
Sunday
Closed

OPEN



System Journey





the
'Mom'
test...









Empathic Environments



Cleanliness



Attractive Design/
Decorating



Positive, updated
distractions



Reflective Art

Mental Health Assessment Form

Patient Information			
First Name	Last Name	Postal Code	Gender
Olivia	Sample	11111	European Caucasian
Presented with/through			
Academic, athletic, music- guitar solo, prior to diagnosis			
Presenting Problems			
Presenting problem: Anxiety			
Wants episode resulting in hospitalization			
History of Presenting Problem			
No prior history of manic episodes			
Current Medication			

Community Diagnostic Assessment Form

DOB: _____ SSN: _____
 Phone: _____ FAX: _____

DOB: _____
 SSN: _____
 Phone: _____ FAX: _____

Self assessment (WHODAS) as part of the diagnostic assessment is required. The WHODAS is required.

Pin County Diagnostic Assessment Form

DOB: _____ SSN: _____
 Phone: _____ FAX: _____

person) require a functional assessment or 36-item WHODAS. For two or more episodes of Facility

Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...		Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.			Score:

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Drug Abuse Screening Test (DAST-10). (Copyright 1982 by the Addiction Research Foundation.)

Community Mental Health Assessment

SECTION A: IDENTIFICATION INFORMATION

Name (First, Middle Initial, Last) _____ Health Home where person is enrolled _____

Date of Birth: / / Is person on HARP-eligible list?
 On HARP list
 Not on HARP list

What was individual's sex at birth? (on original birth certificate)
 Male
 Female
 Other

Gender Identity: Male
 Female
 Other
 Could not (would not) answer

Sexual Orientation: Heterosexual or straight
 Homosexual, gay, or lesbian
 Bisexual
 Other
 Not sure
 Could not (would not) respond

What is person's religion?
 Roman Catholic
 Mainline Protestant
 Evangelical Protestant
 Non-denominational Protestant
 Historically Black Protestant
 Eastern Orthodox
 Latter-Day Saints (Mormon)
 Unknown
 Unspecified
 Jewish
 Muslim
 Buddhist
 Hindu
 Other
 No religion

Medicaid ID (CIN)
 Health Home Local Case
 Social Security Number

Marital Status: Never married
 Married
 Partner/Significant Other
 Widowed
 Separated
 Divorced
 Unknown

Date of Assessment: / /

Reason for Assessment:
 First assessment
 Routine reassessment
 Return assessment
 Significant change in status reassessment
 Exit assessment
 Other (e.g., research)

Person's expressed goals of care:
 Identify primary goal _____

Behavioral Health Screening Form in Ocala State-level Health Assessment

**** This is an emergency, e.g. suicide/homicide with gun, please call 911. Referral Date: _____

**** If available, a copy of the patient's medical records may be used in lieu of this form to determine need for or absence of behavioral health assessment.

SCREENING INFORMATION

Please indicate whether the following information should be reported to your agency (yes/no).

First Name: _____ Last Name: _____ Date of Birth: _____ Sex: M F

Medicaid ID: _____ Current Eligible: Yes No Language spoken at home: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Employer: _____ Religion: _____

Primary Care Provider: _____ Health Plan: _____

Behavioral Health Department: Yes No

Business hours: Before After Not available

Screening information for behavioral health assessment: Yes No

Part I - Check all that apply:

Substance use problems (alcohol, drugs, tobacco, etc.)
 Mental health problems (depression, anxiety, etc.)
 History of hospitalization for mental health problems
 History of suicidal thoughts or actions
 History of self-harm or injury
 History of trauma or violence

Part II - Check all that apply if they were not reported in Part I:

History of hospitalization
 Substance use problems
 Mental health problems

Behavioral Health Assessment:

None
 Low
 Moderate
 High

Additional Comments: _____

Screening completed by: _____

Best MHC Agency: _____

Best MHC Agency Address: _____

Screening completed on: _____

Provider/Community Form (MHC) has been attached.

PERSONAL INFORMATION

First Name: _____
 Last Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Phone: _____
 Email: _____

Assessments & Other Forms

- How Many (*respect*)
- How Friendly (*connection*)
- What language (*belonging*)
- When (*connection*)





What does
equity
have to do
with it?

1. What does your organization do well?

(first contact/waiting room/initial appts/forms)

2. What would you change if you had a magic wand?
(think big!)

3. What small change can you make/test next week?





Respect

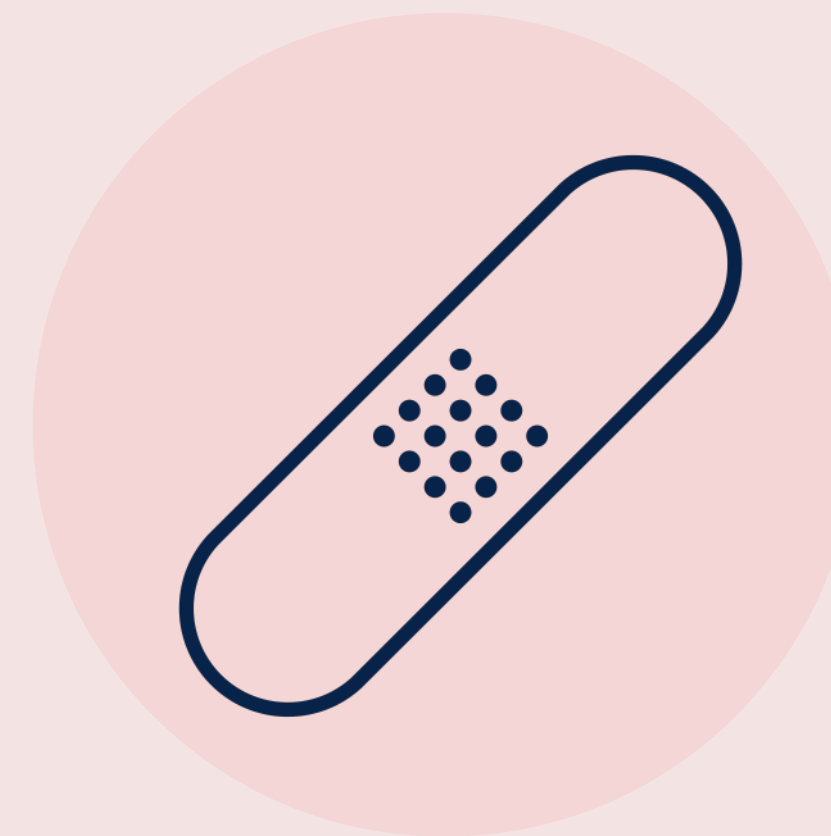
Empathic Language & Communication



Kind
Communications



De-stigmatizing
Language



Resolutions
of Wounds



Strength-focused

Autonomy

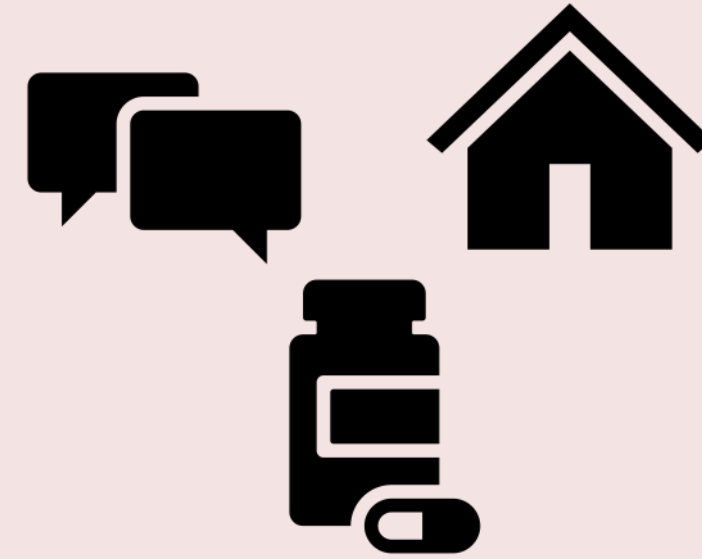


Autonomy:

Choices and Preferences are built into the system



Choice of
modality

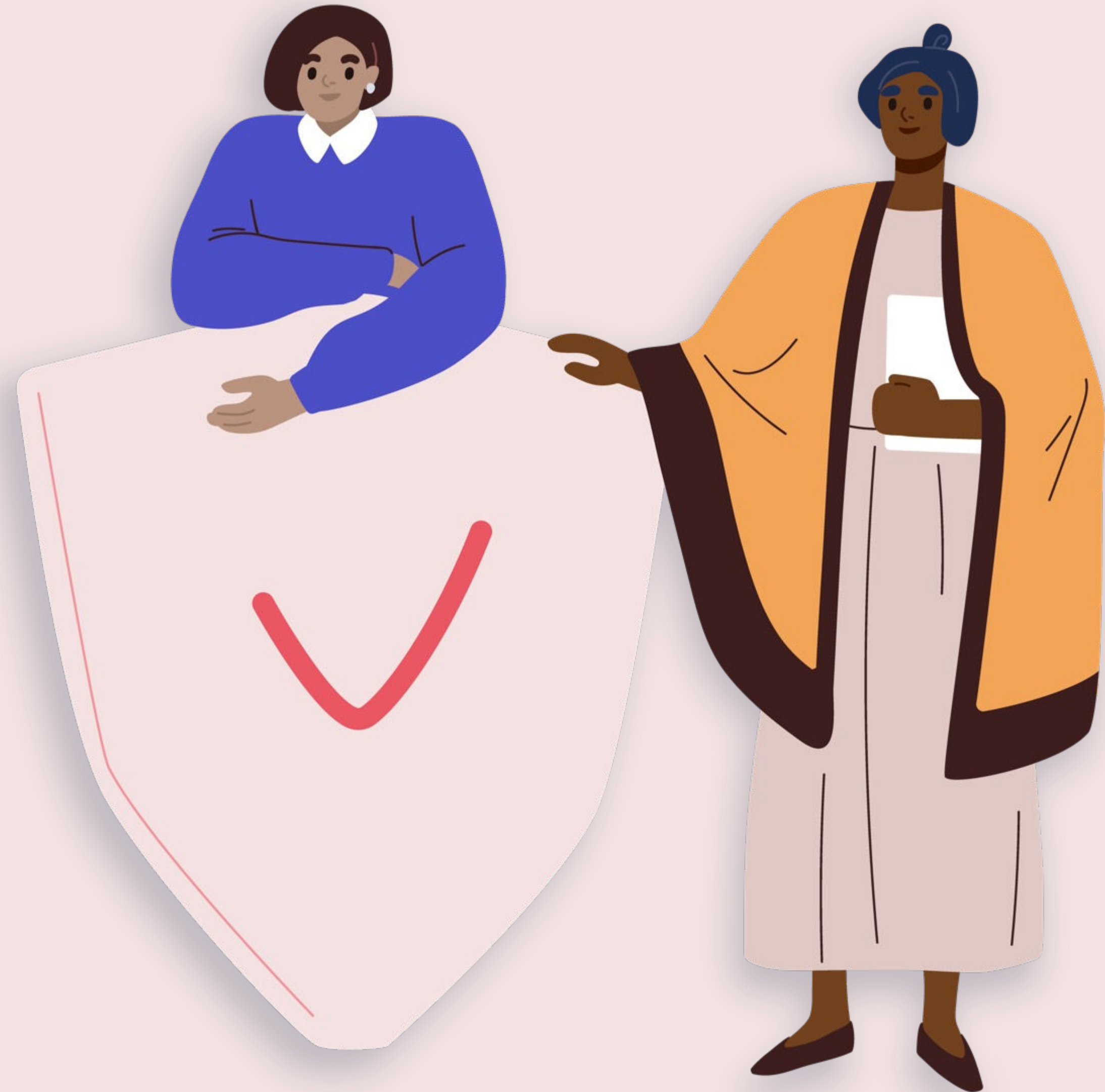


Preference for
type of help



Choices &
preferences
are treated as
strengths

Safety



Environmental Safety

Escalation Prevention

Early Intervention for Escalation

Low 'authority posturing'



Inclusivity & Belonging



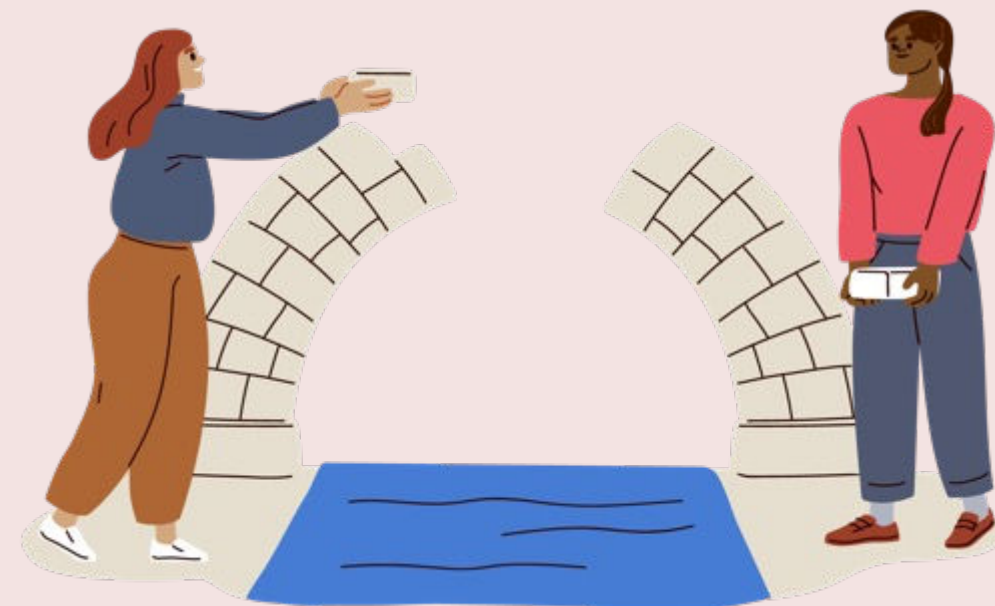
Respect



Safety



Autonomy



Connection

Date:	
Time:	
Location:	
Assessed by:	

Empathy can be difficult to measure. We often think of it as an internal feeling, making assessments. Yet most of us know when we feel cared about, respected, listened to and 'seen' in health interactions. This assessment aims to identify and capture some of the specific behaviors and physical indicators that often convey care, compassion and empathy. We will more purposefully and intentionally enhance empathy-based care in our systems.

This assessment is meant to be used empathically, in the same spirit as what it is trying to achieve. It is not meant to evaluate, discipline or criticize in any way. It is important to note that barriers to empathy-based care in a facility are not an individual problem, rather it is a problem of having receptionists (who are asked to 'receive' patients), nurses who do not look up to make eye contact with patients as soon as they enter the room, etc. For example, often reception staff do not look up to make eye contact with patients as soon as they enter the room. This is not an individual employee problem, rather it is a problem of having receptionists (who are asked to 'receive' patients), nurses who do not look up to make eye contact with patients as soon as they enter the room, etc. all tasks that crowd out the relationship.

Ideally, this assessment tool is shared with employees, and used only with their agreement and involvement of employees who are being observed. It has been tested at various sites and found to work best when the assessor/observer is from the same job class as those being observed, when those being observed are involved in the assessment and observation, and when the results are discussed in the spirit of compassion and learning.

EMPATHIC ENVIRONMENTS: ART, SIGNAGE, AND OTHER WALL POSTINGS

Empathy, or lack of, is communicated through the environment as well as in interpersonal interactions. Signage, art and other wall postings are an especially powerful way to show care and respect for those who are in the environment. Unfortunately, these visual indicators are also a powerful way to convey the opposite of empathy when they are not carefully considered. The following suggestions apply to public spaces such as waiting rooms, offices where patients are seen, and staff areas.

⊘ Avoid:

Art from only white culture on the walls; English-only signage

☑ Instead:

Art reflective of the population served, including race/ethnicity, gender, age and body size. All signage reflective of languages of populations served.

⊘ Avoid:

Signs with command language. Command language is anything that starts with a 'NO', such as 'NO SMOKING' or 'NO FOOD OR DRINK' or 'NO CELL PHONES' or 'NO VISITORS BEYOND THIS POINT'. Commanding the people we serve is not how we want to build relationships. It places the organization with power and authority over patients- not the collaborative dynamic we want.

☑ Instead:

Ensure all boundaries are communicated in a friendly and kind manner. 'NO SMOKING' can become 'Org X is a smoke-free environment'. Communicate the 'why' of the boundary, making sure the 'why' is around patient safety and well-being. For example: 'For your safety, and the safety of other patients, your family, friends and our staff, only you will be able to come into the exam room'. We can also show empathy through apology or wishes in our written communication, for example we could add 'we apologize for this difficulty' to the above boundary.



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