

## SUPPORTING BEHAVIORAL CHANGE

### Promote Self Efficacy

- Emphasize previous successes
- Identify successful role models
- Express your confidence in the patient
- Educate the patient on what to expect physically during the planned change

### Support Change Management

- **PRE-CONTEMPLATORS:** Address barriers to change; avoid breeding resistance.
- **CONTEMPLATORS:** offer a 'roadmap' to successful change, early goal setting, encouragement, information, and followup.
- **PLANNERS:** develop a practical plan reflecting barriers, motivators, and triggers. Incorporate SLAM goals (specific, limited, achievable, measurable).

## RESOURCES

### Substance Treatment

- National Council on Alcohol and Drug Dependence: [www.ncadd.org](http://www.ncadd.org)
- Substance Abuse and Mental Health Services: [samhsa.gov](http://samhsa.gov)
- Local: \_\_\_\_\_

### Interpersonal Violence

- National Domestic Violence Hotline: 1-800-799-SAFE [7233], [ndvh.org](http://ndvh.org)
- Local: \_\_\_\_\_

### Financial Resources

- Medication access: [needymeds.org](http://needymeds.org)
- Local: \_\_\_\_\_

### Housing

- Homeless Veterans: [va.gov/homeless](http://va.gov/homeless), 877-4AIDVET [877-424-3838]
- Local: \_\_\_\_\_

## KEY MEMBERS OF MY LOCAL CARE TEAM

### SOCIAL WORK:

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### CASE MANAGEMENT:

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### CLINICAL PHARMACY:

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### NURSING:

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### SUBSTANCE TREATMENT:

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### MENTAL HEALTH COUNSELING AND PSYCHIATRY:

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### OTHER:

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For suggestions on use of this tool, more extensive resources and didactic content, review the complete curriculum available at: [caringwithcompassion.org](http://caringwithcompassion.org)

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# Caring with Compassion

A Guide for Providing Clinical Care Across the Bio-Psychosocial Domains

[caringwithcompassion.org](http://caringwithcompassion.org)

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## HISTORY AND PHYSICAL

### Chief Complaint

### History of Present Illness

The narrative should include pertinent items of the 5 bio-psychosocial care domains (see figure) that directly impact the presenting condition. Effects of the present illness on functional status should be noted.

### Past Medical and Psychiatric History

Specifically enquire regarding mental health diagnoses, communicable diseases, and exposure-related conditions. Gynecologic history if indicated.

### Medications, Allergies

Include assessment of adherence related to resources, access to food/water, storage limitations, etc.

### Family History

Include mental health conditions and substance use disorders.

### Social History

- **SOCIAL SUPPORTS:** Friends, relatives, support programs, and professionals; negative relationships, high-risk sexual interactions and interpersonal violence
- **RESOURCES:** Housing status, living environment, food access and sufficiency, childcare, income, transportation, health insurance
- **BEHAVIORS:** Substance use, somatization
- **FUNCTION:** ADLs, IADLs, education level, occupation and employment, literacy, numeracy

### Review of Systems

Consider queries for weight loss/chills (HIV/TB); cough/hemoptysis (TB, tobacco-related disease, or other infectious pulmonary disease); skin lesions; foot concerns; genitourinary discharge or dysuria; mood concerns, hallucinations, or thought concerns.

### Physical Examination

With deference to patient comfort and tolerance, include assessment of skin, feet, mood, affect, and mental status.

## ASSESSMENT AND PLAN

### Assessment

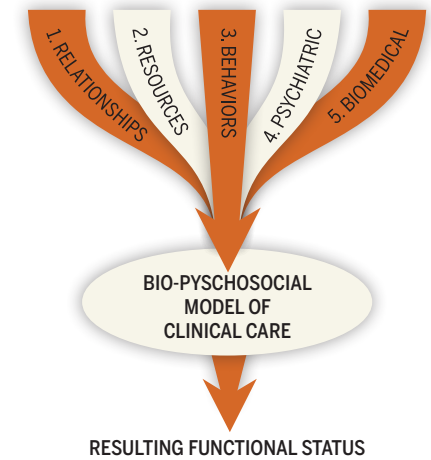
Summarize and interpret the presenting history. Include salient contributing concerns from the psychosocial domains. Summarize and interpret the pertinent findings from the physical exam and review of available data.

### Problem List

A comprehensive problem list with necessary related differential diagnoses, diagnostic plans, and therapeutic plans would include:

- **PRESENTING COMPLAINTS:** Findings related to chief complaint, urgent concerns, or unstable conditions
- **BIOMEDICAL CONDITIONS:** Chronic health issues requiring active management, minor medical findings
- **PSYCHIATRIC DISORDERS:** Conditions impacting self management, function, access to care, or quality of life
- **BEHAVIORAL AND SUBSTANCE USE DISORDERS:** Identified stage of behavioral change, assessment of self efficacy
- **SOCIAL SUPPORT SYSTEMS:** Conditions requiring monitoring, counseling, intervention; sources of positive support or role modeling or self management assistance
- **COMMUNITY AND ENVIRONMENTAL RESOURCES:** Identified concerns related to housing, community environment/safety, food security, childcare, transportation, health insurance, income, etc.
- **HEALTH MAINTENANCE:** Risk-based assessment for transmissible diseases, substance-related diseases, nutritional deficiencies, exposure-related conditions, and standard screening

## BIO-PSYCHOSOCIAL CARE DOMAINS



### 1. Social Support Systems

Personal connections, relatives, and friendships. May be positive (e.g. marriage) or negative (e.g. interpersonal violence).

### 2. Community and Environmental Resources

Health insurance, housing, transportation, community environment and safety, food security, childcare, income.

### 3. Behavioral and Substance Use Disorders

Personality disorders, substance use, somatization.

### 4. Psychiatric Disorders

Major conditions such as major depression, bipolar disorder, and schizophrenia.

### 5. Biomedical Conditions

Communicable diseases such as TB, HIV, STIs, hepatitis, and respiratory diseases; complications of exposure such as skin diseases, frostbite, and trench foot; complications of tobacco, alcohol, and substance use; vitamin deficiency and malnutrition; sequelae of chronic diseases.

### Resulting Functional Status

The net effect of all domains on a patient's life. Includes level of education, employment, social interactions, community roles, and life skills.

- **ADLS:** Eating, bathing/toileting, getting in and out of bed/chairs, dressing/grooming
- **IADLS:** Medication management, driving, food access and preparation
- Education level, occupation, literacy, numeracy, social and community engagement