## 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:

### CASE MANAGEMENT:

### CLINICAL PHARMACY:

### NURSING:

### SUBSTANCE TREATMENT:

### MENTAL HEALTH COUNSELING AND PSYCHIATRY:

### OTHER:

### RESOURCES

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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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**HISTORY AND PHYSICAL**

**Chief Complaint**
- Include specific details of the patient's complaint, focusing on the nature and duration of symptoms.

**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, smoking, drug use, self-harm, suicide ideation, violence.
- **FUNCTION:** ADLS, IADLS, education level, occupation and employment, literacy, numeracy, safety, mobility, self-care, home management, interpersonal skills, family and social roles, leisure activities.

**Review of Systems**
- Consider queries for weight loss, fatigue, fever, cough, dyspnea, chest pain, shortness of breath, other infections (e.g., sinusitis), gastrointestinal symptoms, mood changes, sleep disturbances, headaches, and systems that might directly impact the patient's functioning.

**Physical Examination**
- With deference to patient comfort and tolerance, include assessment of vital signs, skin, head, neck, eyes, ears, nose, throat, cardiovascular, respiratory, gastrointestinal, genitourinary, musculoskeletal, neurologic, mental status, and affect, as well as examination of any relevant systems.

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**BIO-PYSCHOSOCIAL CARE DOMAINS**

- **Assessment and Plan**
  - **Assessment:** Summarize and interpret the presenting history. 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.
  - **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.