



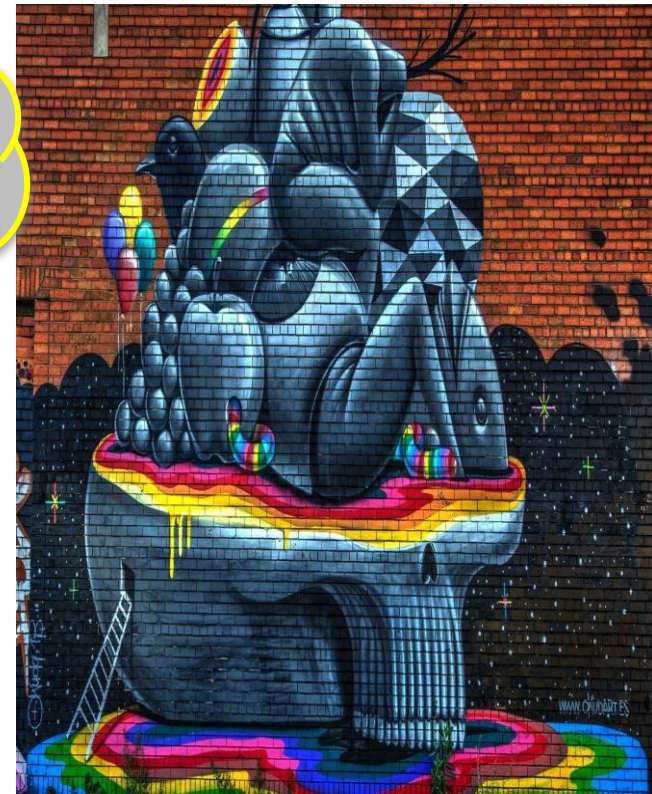
# What to Expect...



- Introduction of Presenters
- Introduction of Whole Person Theory and Approach
- Educational Objectives
- Definitions of Relevant Terminology
- WPA Case Examples
- WPA Activity
- Conclusion
- Questions and Open discussion

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# The Whole Person Approach

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*Illustration by Brett Ryder*





# What is Whole Person Approach



The Whole Person Approach is an integrative person-centered approach to human service work that utilizes an amalgamation of clinically proven theories, evidence based practices, neuroscience, patient/provider testimony, and common sense care to address psycho-social determinants relating to overall health. This approach is easily adaptable for any setting, and can be integrated with all level staff.

Psycho-Social Determinants relating to health include:

- Economic Stability
- Education
- Social and Community Supports
- Mental Health
- Physical Health
- Emotional/Spiritual Health
- Neighborhood and Family Environment

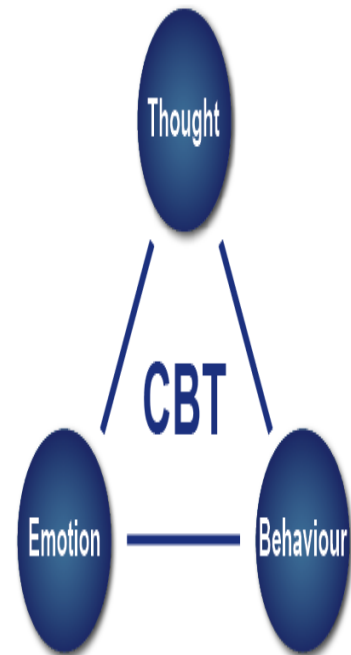




# What is WPA?

- Supported by Cognitive Behavioral Therapy, Narrative Therapy/Medicine, Clinical Empathy & Gestalt concept.

What we *think* affects  
how we act and feel.



What we *feel* affects  
how we think and do.

What we *do* affects  
how we think and feel.



Empathy is about  
connection;  
sympathy is about  
separation.

-Brené Brown

[www.thetoothlessgrin.wordpress.com](http://www.thetoothlessgrin.wordpress.com)





# WPA in Practice



- How do you greet a person when they walk through your doors?
  - Body language
  - Use of names, cultural references
  - Person's interests-how can this be incorporated in caregiving
  - Meeting a person where they are at-use of language/get on their level, profanity, idioms, etcetera...

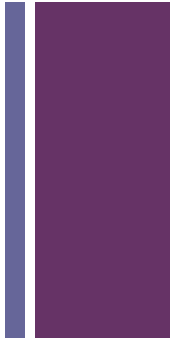
## **Check Your Bias!**

- Person not just patient/client
- Reflective listening

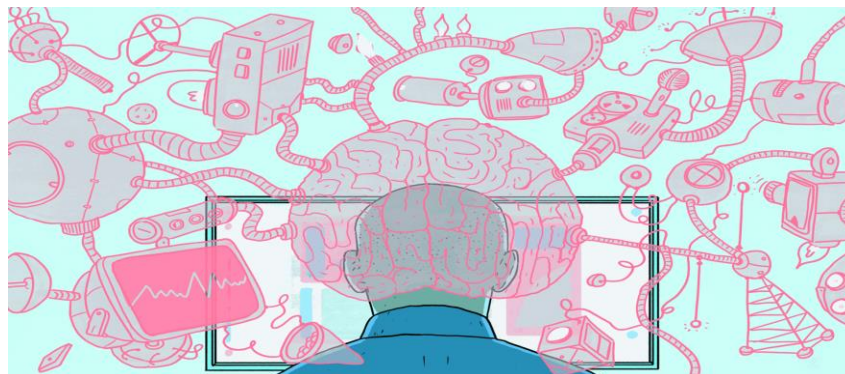




# Educational Objectives



- Learn how to “Gestalt” person care by treating psychosocial determinants as part of the diagnosis.
- “You are the System” – Does your provider style embody your agency mission. Making Common Sense Care out of abstract mission statements.
- “People, not patients” - Learn the benefits of Clinical Empathy and how employing CE leads to better patient outcomes, rapport building and cost effectiveness.







# Gestalt Person Care

The whole is greater than the sum of the parts...



- How to identify and treat/address Psychosocial determinants into person care.
  - Case Examples



# + Gestalt Person Care

## Narrative Therapy/Medicine Oliver Sacks

- A collaborative and non-blaming approach to counseling and community work that centers people as the “experts” of their own lives/treatment.
- Oliver Sacks- Father of Narrative Medicine
- “[Human Service workers] need to know the anatomy of a person’s story just as much as the anatomy of the human body”
- We call NMB that *what is missing in person care*. **THE PERSON!**

**CBT**-Time sensitive, structured, present-oriented psychotherapy directed towards solving current problems and teaching skills to modify dysfunctional thinking and behavior.

**SMART** Goals- **S**pecific **M**easurable **A**ttainable **R**elevant **T**imed



# + YOU are the System

Translation of Mission statement into Common Sense care.

- IFH's mission statement is to “improve access to high quality, patient-centered primary health care targeted to the needs of medically underserved communities.”
- Mission statement into action.
- Why are you here?
- Mission is My Mantra
- Common Sense Care
- Communication/translation element of WPA
- “Medical Humanist”



# + “PEOPLE not patients”

- **Clinical Empathy-** Society for General Internal Medicine defines empathy as “the act of correctly acknowledging the emotional state of another without experiencing that state oneself.
- Empathy is an intellectual rather than emotional form of knowing.
- Contrasts with Sympathy
- Can be taught and acquired like any other skill.
- Components of CE- Emotional attunement, timing, voice tones and inflections, silence.
- Words
- More than just “good bedside manner”

## Facial Expression/Mirror Neurons







# Successful Case Examples of WPA



## Case examples

- PHQ9 scores, appointment compliance, documentation
  - JR - A1C levels, appointment adherence. Patient testimony.
  - How I “Gestalted”
  - Common Sense Care
- T. Jones

- Can you pinpoint aspects of WPA weaved into these case examples?





# WPA Activity

Looking for 4 volunteers!

# + Conclusion/Wrap Up

- Real World Implications
- Further Research
- Training in Medical schools
- Training to Care/Case Management service providers
- Possible Limitations





# Questions & Open Discussion



*Illustration by Brett Ryder*

# LINKS to Articles Contact Information

What is Clinical Empathy by Jodi Halpern

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494899/>

How to Teach Doctors Empathy by Sandra G. Boodman

<https://www.theatlantic.com/health/archive/2015/03/how-to-teach-doctors-empathy/387784/>

Narrative Medicine: Every Patient Has a Story by Kim Krisberg

<https://news.aamc.org/medical-education/article/narrative-medicine-every-patient-has-story/>

Narrative-Based Medicine: Potential, Pitfalls, and Practice  
Remembering Oliver Sacks: A Pioneer of Narrative Medicine

<http://healthaffairs.org/blog/2015/09/30/remembering-oliver-sacks-a-pioneer-of-narrative-medicine/>

Helen Riess: Neuroscience of Emotions

<http://empathetics.com/about-us/>

What We Know Currently about Mirror Neurons

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3898692/>

Fee for value vs Fee for Service. What's the Difference?

<http://www.gohealthhero.com/blog/fee-value-vs-fee-service-whats-difference/>



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