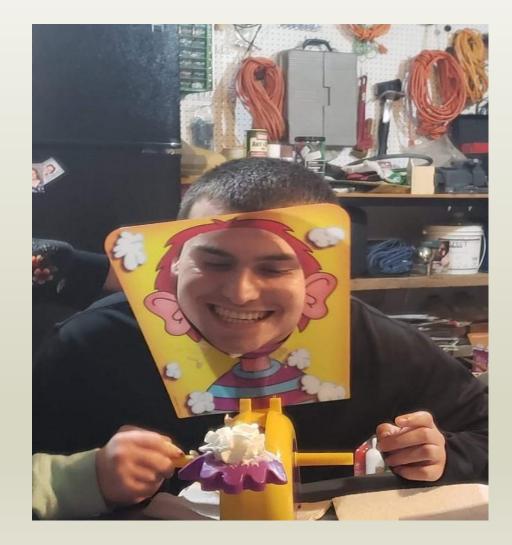
## **CUSTOMER EXPERIENCE**

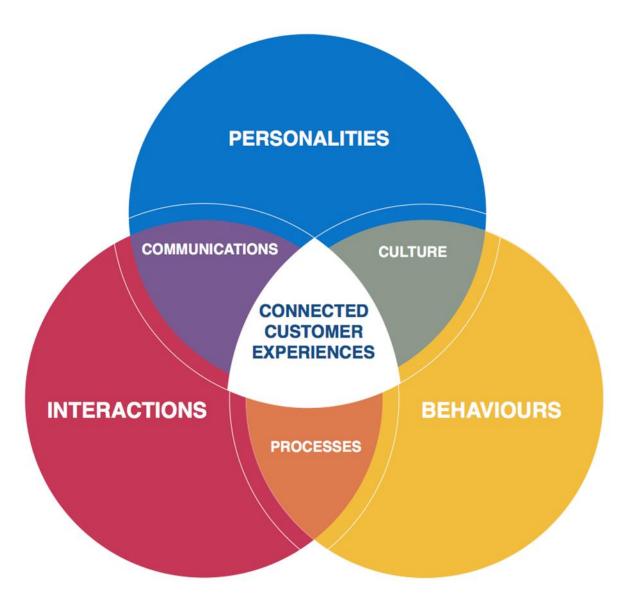
### **Cindy Nava**

Compliance and Benefits Coordinator Greene Co. Board of DD (937) 562-6526 cnava@greenedd.org

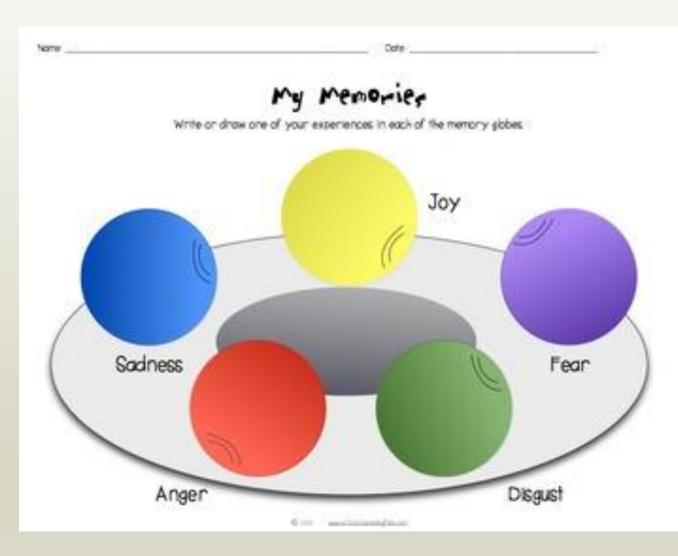




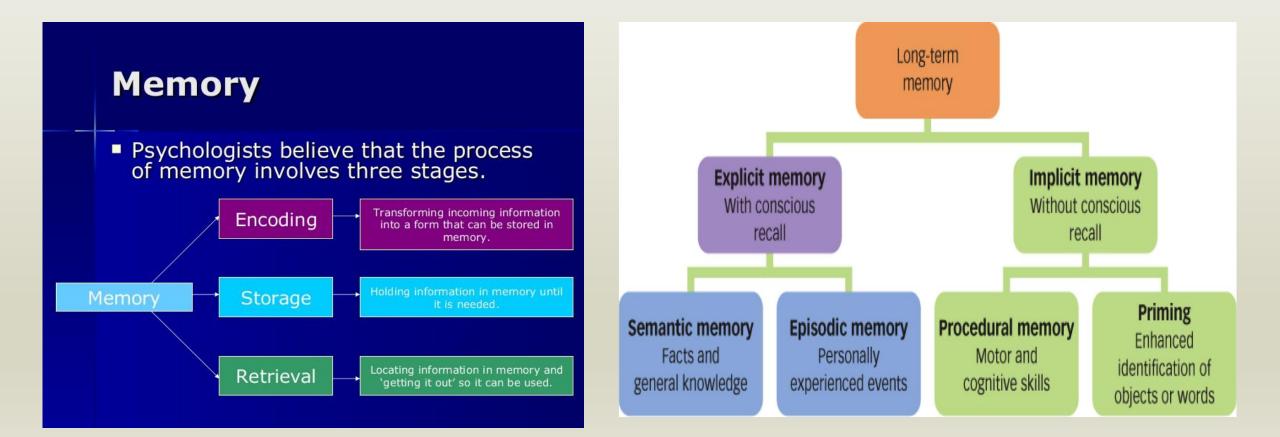








## **EMOTIONS CAN ENCODE A MEMORY PERMANENTLY**



## SEMANTIC MEMORY FACTS AND GENERAL KNOWLEDGE

\*Involves your capacity to recall facts and general knowledge such as:

- Words
- Numbers/Dates
- Concepts
- Names of colors
- Sounds of letters
- Knowledge of everyday objects you acquire over your lifetime

#### • Cite: Live Science

## EPISODIC MEMORY PERSONALLY EXPERIENCED EVENTS

\*Drawn from personal experiences and associated emotions

Time

Place

Associated emotion

Cite: Live Science

## **QUICK COMPARISON**

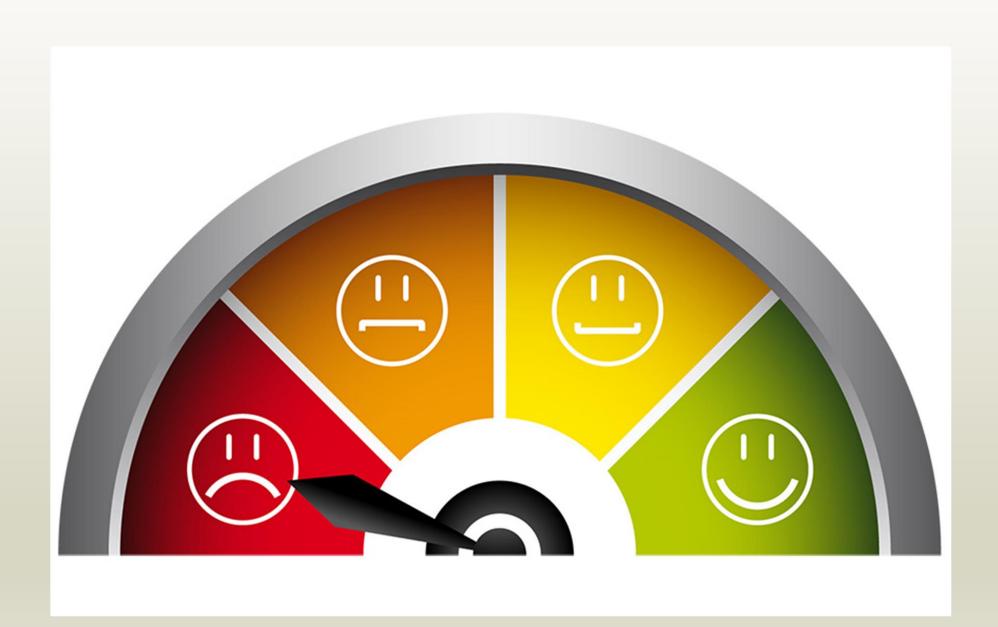
#### Semantic:

Do you know how to use a phone Do you know what color grass is? Is Ohio a State? What is the capitol of Ohio? Do you know what a dog is?

#### **Episodic**

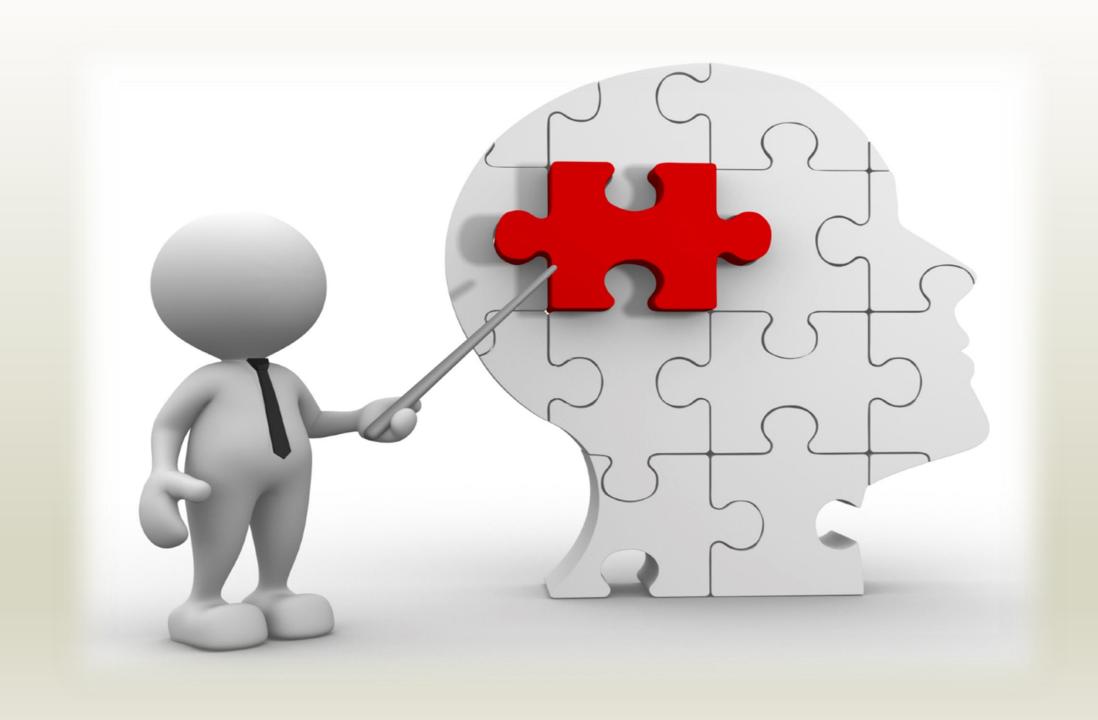
Where were you during 9/11? What was your wedding day like? First pet (name and breed First crush Special song that takes you back to a

moment





## JUST TRYING TO KEEP IT TOGETHER, TODAY, FOLKS



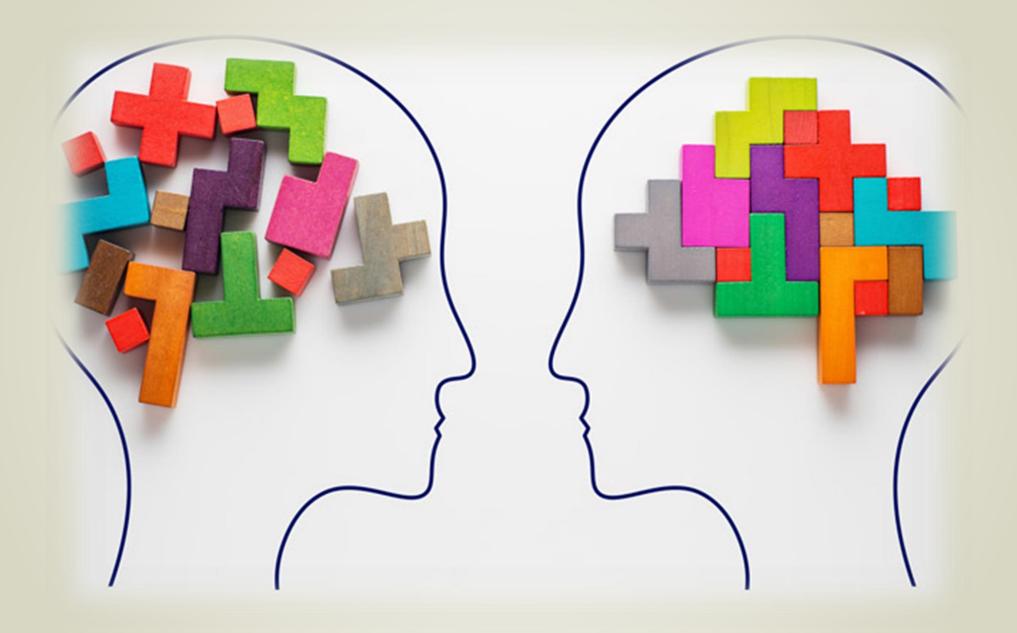
# I'm trying so hard to keep it together but don't think I can hold all the broken Dieces whisper



Pity: I acknowledge your suffering. Sympathy: I care about your suffering. **Empathy**: I feel your suffering. **Compassion**: I want to relieve your suffering.

### Engagement





IT WOULD BE TOO EASY TO SAY THAT I FEEL INVISIBLE. INSTEAD, I FEEL PAINFULLY VISIBLE AND ENTIRLEY IGNORED.



# An individual commitment to a group effort

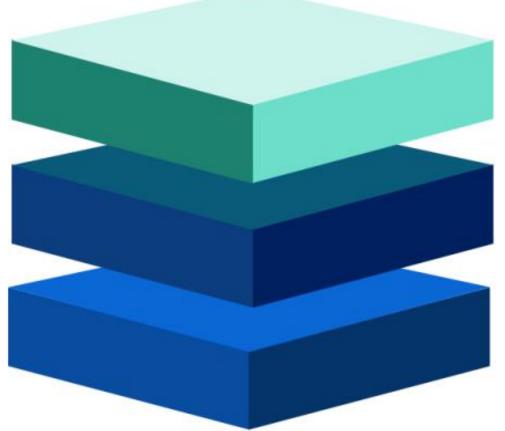


"emotions are among the primary determinants of behavior at work .... and profoundly influence both the social climate and the productivity of companies and organizations" Pekrun, R. and M. Frese,1992



## **Employee Experience**

#### **3 Layers of Empathy**





#### COGNITIVE

Logical: it's all about knowing how the other person feels and what they might be thinking.



#### EMOTIONAL

Feeling: you feel their emotions and experience almost as if it was contagious and that of your own.



#### COMPASSIONATE

Understanding: understand a person's predicament and feel with them, but are spontaneously open to help, if and when needed. It combines a nice balance of both cognitive and emotional empathy.

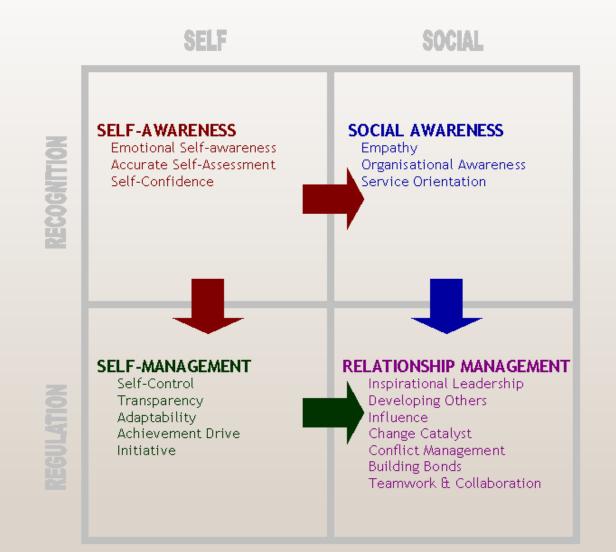
#### What is Emotional Intelligence (EQ)

Peter Salovey and John D. Mayer have defined emotional intelligence as, "the subset of social intelligence that involves the ability to monitor one's own and others' feeling and emotions, to discriminate among them and to use this information to guide one's thinking and actions (1990).



Daniel Goleman describes EQ as "managing feelings so that they are expressed appropriately and effectively, enabling people to work together smoothly toward their common goals."





Empathy allows us to bridge the gap between how we see things and how others experience them.

- Tanveer Naseer

As I read each experience, decide- Do you think this interaction had an impact that contributed to an emotional memory. <u>Is this interaction memorable?</u>

If you agree, the interaction could contribute to an emotional memory you will begin ripping a piece from your paper. <u>What degree of significance is this memory?</u>

If the interaction that contributed to an emotional memory, that you feel, is not that significant, you can do nothing, or rip one piece off of your paper.

If you feel the interaction that contributed to an emotional memory is severe rip a large piece, OR several pieces.

Detrimental=crumble your paper (whatever is intact) then smooth out. You are in a rebuilding phase now.

If you feel there has been a positive emotional contribution, write on the intact part of your paper how you feel (happy, heard, humbled, supported etc).

\*\*Depending on how you answer the questions, you may have to rip through some positive words your have written. \*This directly shows how a negative experience can take away from a positive one\*\* Our family is informed our newborn is **very ill**. We are told the medical staff are doing everything they can, and have called in specialists for guidance. At this time, Anthony has underwent two spinal taps, EKG's, extensive blood work, scans (etc.) and randomly stops breathing altogether. The hospital says it is our choice to transport him to Cincinnati Children's Hospital but recommends he stay there at Christ Hospital. The medical staff states without any answers at this time, our child may not "make it". With this being said, the staff exits the room leaving us stunned.

Due to a birth that was documented as "traumatic" I (mom) was not released immediately from the hospital. I recovered in my room, located on the maternity ward. I watch as families are arriving and leaving with their newborns not knowing if I will leave with my son. Nurses walk with me to the ICU as often as they can so I do not have to walk **alone**.

Our son has started head banging, rocking, chewing his shirts, and no longer wants to eat. I go to our Pediatrician who tells me "Your son is fine, just spoiled. It's probably because you are a new, young mom". During the course of our conversation, I am told I am a **bad mother** because I am letting my son get away with this "behavior".

I make an appointment with a new Pediatrician (based on the last experience with our former physician). I provide him the same information (head banging, chewing shirts, rocking and not wanting to eat). He states that although Anthony is young (18 months) he believes he may have Autism. I am told to record him during the time he is head banging in case I am accused of child abuse. (His head banging was leaving marks/bruises). I left with two referrals to the County Board Early Intervention and the Autism Clinic at Cincinnati Children's hospital.

The County Board Early Intervention team were reluctant for Anthony to attend their classroom playgroup due to concerns with transitions, noises, and the presence of others. Anthony at this time had severe anxiety, no language, and self injured. (He also bit, smacked and pulled my hair-a lot). The team decided to offer opportunities for Anthony to come to the small playgroup. Attending after everyone had arrived was a traumatic experience, so it was suggested he arrive before his peers. They sought to keep both Anthony and I **comfortable** and were **flexible** with schedules so Anthony would be **successful**.

Our son received County Board therapy services through the Early Intervention program. Anthony is resistant to touch, and does not like the fine motor activities and sound play. He is struggling with receptive and expressive language and mostly grunts. The therapists tells me "In (over the) 20 years I have been a therapist, he's the worst **I've ever seen**". All El team members were present during this statement.

The Cincinnati Children's Autism clinic has an available appointment. I do not know what to expect but quickly learned that any semblance of **privacy was now gone**, as I was expected to share everything that we have experienced with Anthony up until this appointment, including birth details. At the conclusion of the appointment, we are told Anthony is **too young** to enter their diagnostic program, and to come back when he is school age (five years old but preferably seven). Anthony is 18/19 months old at this time.

Anthony is ready for pre-school and the necessary school evaluations are complete. We are attending his first team meeting with school staff. His pre-school teacher wants to come out once a week (alternative services) with no classroom instruction/participation. I (mom) state how successful his classroom experience was with Early Intervention, and his El Specialist recommends he attend pre-school, classroom instruction. At this time, the pre-school therapist states, "In my opinion, if you put him in school, you will be psychologically abusing him".

# A stranger stared at Anthony and **smiled** even though he was having a public melt down

Anthony was invited to attend his first birthday party of a friend (school peer helper), only to be **disinvited** by the parent when she found out he has autism. Both Anthony and his friend were heartbroken and confused as to why Anthony could not go. (Anthony is in middle school)

A local church opened a special need Sunday school class. Anthony attended and was part of a church class for the first time.

Anthony received his first waiver (Level 1). The SSA discussed with me what a waiver could do to support our family, and helped set up interviews for summer programming.

Anthony is active in his school and is making friends. He is performing with his ALL-STAR dance group at public events. Strangers are giving high fives and congratulating him along with his peers on going a great job.

Anthony's teachers tell us now he is graduating, we should keep encouraging him on learning sight words, signs (restroom signs for example) and writing. Anthony is only able to copy written text, and cannot read. It is time to acknowledge his limitations may not improve, but keep trying because he works hard, has a willingness to learn and will do great things.

## Waiver services are delayed due to internal miscommunication. The **blame** game is happening.

While waiting to be seen at our appointment, staff are overheard talking poorly of some families and other staff members.

Anthony has his first independent provider. He is now on a PD SELF-Waiver. I cried throughout the ISP meeting as we added her to the plan. His SSA paused the paperwork and allowed me time to share what was hurting as she patiently listened.





