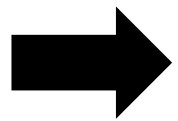
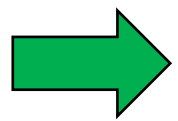


# Patient Engagement



Animation



Animation Complete



Participation  
from learners



Video

# Welcome!

## House Keeping



# Virtual Etiquette

## **Video and Audio:**

- Unless distracting, please turn video ON. This is crucial for building trust and engagement.
- Test your video and audio before the meeting begins.
- Try to look at the camera when talking (to mimic the feeling of in-person eye contact).
- When possible, try to use good camera quality and sound.
- Adjust your camera if it is too high or low.

## **Meeting:**

- Please hold off eating during the meeting as it can be distracting.
- Try not to multitask too much or make sure you're muted.

## **Environment:**

- Be aware of your backgrounds to not be distracting.
- Position yourself in the light.
- Find a quiet place to join or mute yourself as necessary.

# Mi-CCSI Patient Engagement Course: Disclosures

## **Nursing:**

- There is no conflict of interest for anyone with the ability to control content for this activity.
- Successful completion of the Patient Engagement course includes:
  - Attendance at the entire session
  - Completion of the course post test: need to have a score of 80% or greater on the post-test
  - Completion of the course evaluation
  - Participate in a phone practice session with a course presenter
- Upon successful completion of the Patient Engagement course, the participant will earn 6.5 Nursing CE contact hour.
- This nursing continuing professional development activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)
- ONA Activity #2022-0000000186
- Expiration date: 5/27/2024

## **Social Work:**

- Upon successful completion of the Patient Engagement course, the participant will earn 6.5 Social Work CE Contact Hours
- This course, Engagement is approved by the NASW-Michigan Social Worker Continuing Education Collaborative. Course Approval Number: 071222-07.

# Michigan Center for Clinical Systems Improvement (Mi-CCSI)

## Who We Are

Regional Non-profit Quality Improvement Consortium

## What We Do

Mi-CCSI works with stakeholders to:

- Facilitate training and implementation....
- Promote best practice sharing,
- Strengthen measurement and analysis

## Mission

**Mi-CCSI Partners to Better Care We do so through...**

- Evidence-based Trainings
- Sustainable Training Impact
- Collaborative and Customized Approaches
- Engaging Heart and Mind
- Enhanced Body Mind Spirit Patient Focus

## Vision

Mi-CCSI leads healthcare transformation through collaboration

# Successful Completion of Patient Engagement includes:

- Attend the entire Patient Engagement course, **in-person or live virtual**  
**Attendance criteria:**
  - If the Learner misses > 30 minutes; the Learner will not be counted as “attended” and will need to retake the course.
  - If the Learner misses < 30 minutes; the Learner will be counted as “attended”. The Learner will need to review the missed course content located here: <https://micmt-cares.org/training>
  - If course is virtual – must attend by audio and video/internet
- Complete the Michigan Institute for Care Management and Transformation (MICMT) Patient Engagement **post-test** and **evaluation**.
  - **Achieve a passing score on the post-test of 80% or greater. If needed, you may retake the post-test**

**You will have (5) business days to complete the post-test.**

# Patient Engagement

**Lisa Nicolaou**, Northern Physicians Organization

**Jamie Mallory**, Wexford PHO

**Christen Walters**, Integrated Health Partners

**Erika Perpich**, Olympia Medical

**Lynn Klima**, Cure Michigan

**Ewa Matuszewski**, MedNetOne/PTI

Curriculum developed in partnership with:

**Sarah Fraley**, MICMT

**Sue Vos**, MiCCSI

**Robin Schreur**, MiCCSI

**Tiffany Turner**, Infinity Counseling

**Ruth Clark**, Integrated Health Partners

# Patient Engagement Curriculum Development

- Material based off of the Patient Engagement course developed through a collaborative effort by the following Michigan organizations: NPO, Wexford PHO, IHP, Olympia Medical, Cure Michigan, PTI, MICMT, MiCCSI, Spectrum Health, and Infinity Counseling.
- Questions about using or replicating this curriculum should be sent to: [micmt-requests@med.umich.edu](mailto:micmt-requests@med.umich.edu). Please follow this link to apply to become an approved trainer for this curriculum: [www.micmt-cares.org](http://www.micmt-cares.org)



# Introductions

# Poll

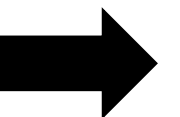


## Please introduce yourself:

- What you “do” in your role (nurse, SW/BHS, CHW, MA, Rx)
- Have you had training on motivational interviewing
- How comfortable are you with using some of the motivational interviewing skills (Very, somewhat, not at all)
- What would you like to learn in this session (Engagement skills, OARS and practical use, create a self-management action plan, Understanding barriers and actions to take to overcome)

# Objectives

- **Describe** the patient-centered approach of MI
- **Explain** the conversation style that is the Spirit of MI
- **Demonstrate** basic MI skills
- **Discuss** how to use patient language cues (change talk and resistance) in the application of MI skills
- **Explain** how to engage the patient in the four processes in MI necessary for health behavior change
- **Identify** barriers to patient engagement and behavior change
- **Identify** how to make cultural adaptations to MI
- **Demonstrate in** real-time simulation the skills and content necessary for patient engagement and partnership



# Competencies We Will Cover Today

B	D	E	F	G
<b>Skill Priority Indicators</b> H=high priority M=moderate or significant L=low or minor		<b>Competency Rating Scoring Indicators</b>		
		Rating Scale: 1= Not at all, 2=Infrequent, 3= Adequate, 4= Good, 5= Very Good		
<b>Priority Rating</b>	<b>Category</b>	<b>SP Competency Rating</b>	<b>SP Written or Verbal Feedback</b>	<b>Attendee Competency Rating of Self</b>
	<b>Engage through Acknowledgment:</b>			
H	Acknowledged while greeting when entering the exam room (smile, eye contact, hello, etc.)			
H	Acknowledged using patient/family name as appropriate – (engaging with the patient)			
	<b>Introduction:</b>			
H	Introduces self and purpose of the call.			
H	Describes Role			
M	Identifies agency and physician they are working with and relationship to provider			
M	Highlighting the value of self and the team/clinical provider/organization/ personal experience/training/skill set, etc.			
M	Inquire on the patient's understanding on the referral reason to care coordinator			
H	Review agenda or reason for visit with patient and obtain agreement			
H	Ask permission for today's discussion			
	<b>Duration:</b>			
H	Gave time expectation for today's discussion			

B	D	E	F	G	H
H	Ask permission for today's discussion				
	<b>Duration:</b>				
H	Gave time expectation for today's discussion				
	<b>Assessing:</b>				
H	The patient's desire and choice to participate in self-management				
M	Attendee inquires why patient would like to make changes to his/her health				
H	See patient's permission before offering information or advice.				
M	Provides information or advice that is sensitive to client concerns and understanding.				
H	Setting a goal based on the patient's ideas ( <i>asking versus telling</i> ) SMART Goal				
M	Uses a range of open-ended questions (cannot be answered with yes, no, maybe)				
H	Affirmations: Uses words that recognize the patient's strengths & abilities (determined, persevere, persistent)				
H	The patient's confidence and/or readiness were evaluated				
	<b>Acceptance: Engagement that demonstrates respect and unconditional positive regard:</b>				
M	<b>Friendly tone of voice</b>				
M	- <b>Pace of Speech</b>				
M	- <b>Use of Plain Language</b>				
L	- Appropriate use of <b>inflection on keywords</b> ( <i>teamwork, timely service, respectful, manage pain, understand side effects, etc.</i> )				
H	- <b>Active listening</b> ( <i>nodding, no interrupting, confirmed what they heard customer say, etc.</i> )				

# Objective

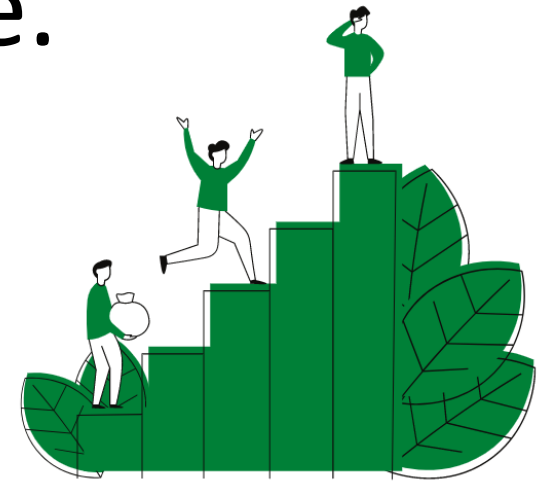
Describe the patient-centered approach of MI



# Motivational Interviewing Why

# Definition

Motivational interviewing is a **collaborative, person-centered, guiding** method designed to **elicit and strengthen motivation** for change.



# Looking Through a New Lens

<b>Standard Approach</b>	<b>Motivational Interviewing Approach</b>
Focused on fixing the problem	Focused on the patient's concerns and perspectives
Paternalistic relationship	Egalitarian partnership
Confront, warn, persuade	Emphasizes personal choice
Ambivalence means that the patient is in denial	Ambivalence is a normal part of the change process
Goals are prescribed	Goals are collectively developed



# Some practical advice

There's a time and place for everything!

- **Leading** is appropriate when...
- **Following** is good when...
- **Guiding with MI** is best when...





# Mr. Smith's Brief Action Plan



High  
Confidence  
Level

Arranged for  
Accessability

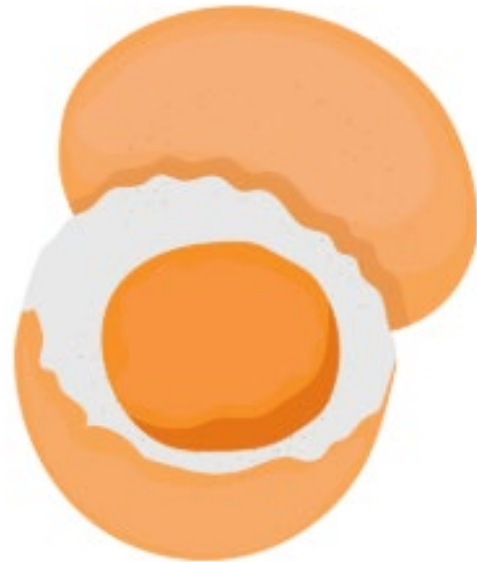


Link: <https://www.youtube.com/watch?v=0z65EppMfHk>



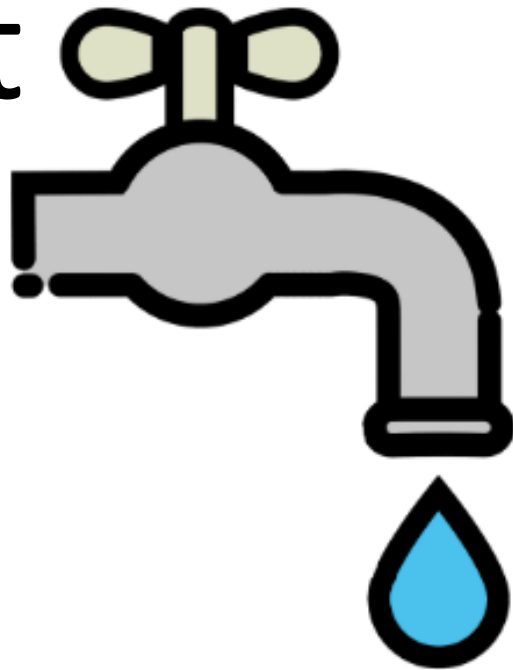
# MI facilitates change by:

Helping a person **identify, consolidate, strengthen,**  
and **act** upon their intrinsic motivation.



# Approach

Deficit



Competence



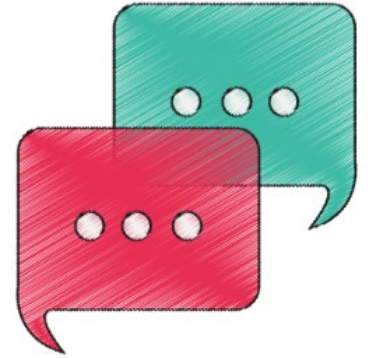


# Key Takeaways

- Patient's intrinsic motivation
- Strength based, competence approach
- Guiding method

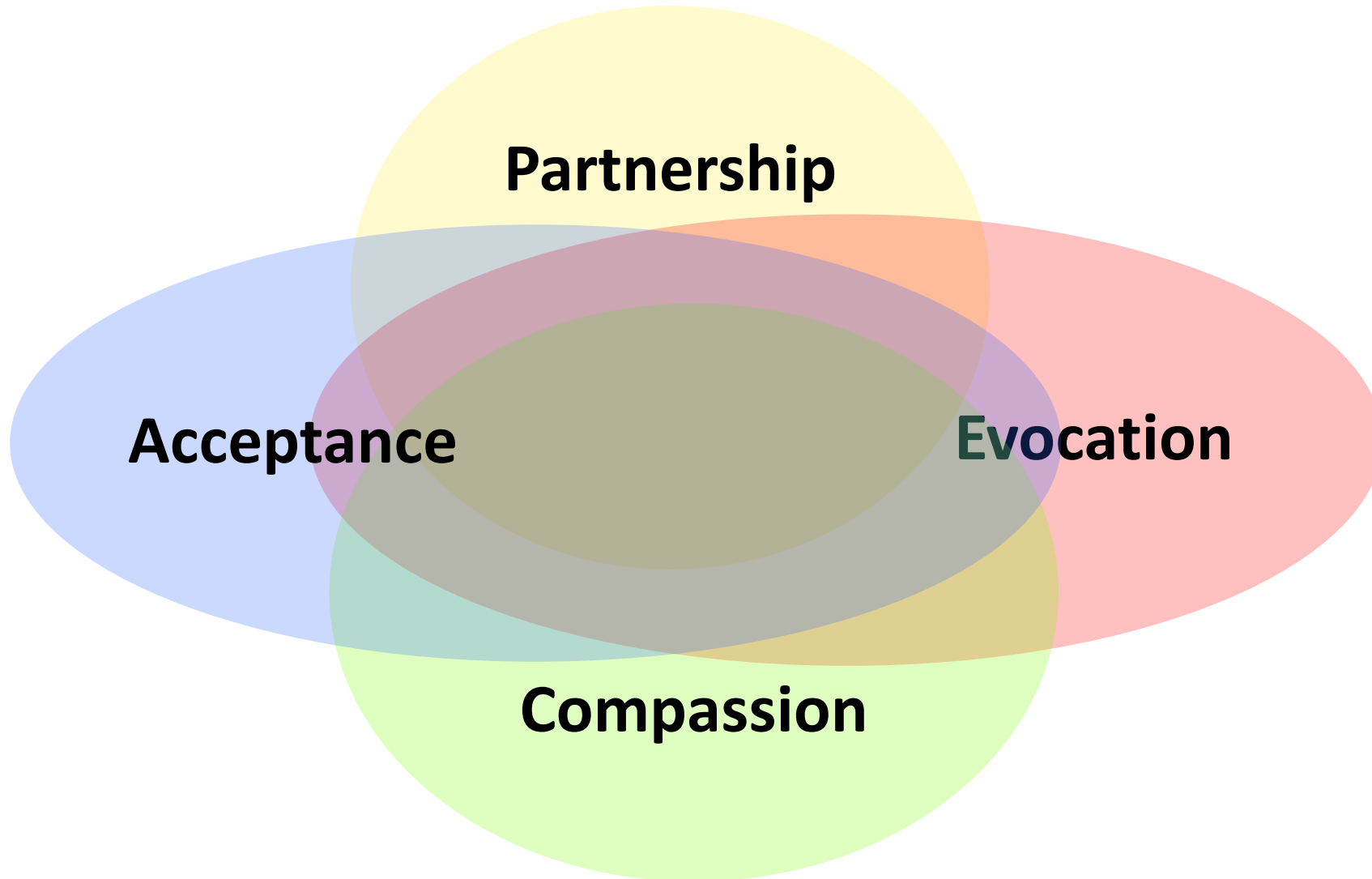
# Objective

Explain the conversation style that  
is the Spirit of MI



# SPIRIT MI

# Spirit of MI



# Motivational Interviewing

## Definitions

**Evocation:** the act of bringing something into the mind or memory.

**Partnership:** the state of being a partner.

**Acceptance:** the act of accepting something or someone.

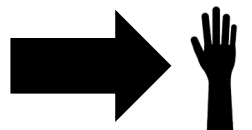
**Compassion:** sympathetic consciousness of others' distress together with a desire to alleviate it.



# Try This

Think of a patient who is described as “**Non-compliant**” by the care team.

**Group:** What are the characters of the patient that come to mind?



# Your Turn

Close your eyes



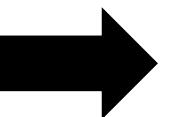
# Roll with Resistance

Resistance is what happens when we expect or push for change when the patient is not ready for that change.



Resistance often stems from fear of change.

**How we as providers respond to patient resistance is a big determining factor in the outcome of our interaction with that patient and the ability to help the patient move toward behavior change.**



# Engaging

Relational foundation

**Objective:** establish a collaborative working relationship with the other person.

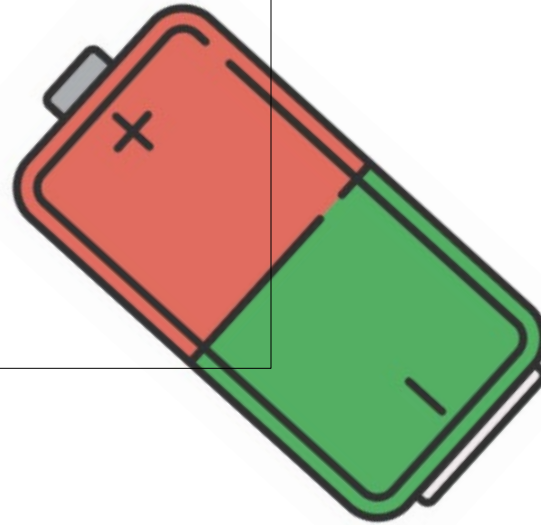
20% rule



# Attitudes and Engagement

## Not So Helpful Attitudes

- I'll **scare** you into change.
- I'll **get to the bottom** of this.
- You are **guilty**.
- **Overwhelmed**
- **I have a solution** – let me help.



## Helpful Attitudes

- Curiosity
- Partnership
- Acceptance
- Evocative

# Listening: Expressing Empathy

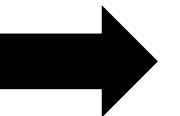


# Using the Spirit of Motivational Interviewing during Engagement



## From the other person's perspective:

- Do I feel **respected**?
- Does this person **listen to** and **understand me**?
- Do I **trust** this person?
- Do I **have a say** in what happens in our work together?



# Spirit of Motivational Interviewing

## Engagement Skill: Listening

EAR

聽

EYES

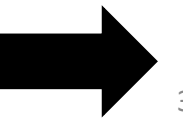
UNDIVIDED  
ATTENTION

MIND

HEART



**Professionals** are experts in **diseases**.  
**Patients** are experts about **their own lives**.



# Introducing your role that messages the Motivational Spirit

1. Acknowledge the patient
2. Ask permission for today's discussion and time expected
3. Eye contact, friendly tone, paced speech, plain language
4. Describe your role
  - A. Relationship with the provider and other team members
  - B. What the patient gains from your role
  - C. The patient's role in working with you
  - D. What the patient can expect – frequency and length of follow-up
5. Thank patient, any other needs now?, provide contact info





# Key Takeaways

- Patients have reasons-assume the best
- Engagement =-relationship building=listening
- Our attitudes matter
- Patients are experts on themselves



# Break

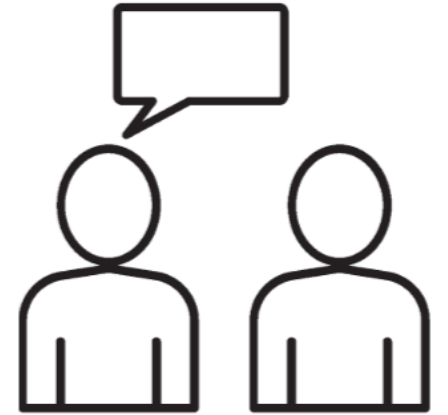
## 15 minutes



# Motivational Interviewing Skills

# Objective

Demonstrate basic MI skills



# O.A.R.S +I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

+Information Offering



# Open Ended Questions

- Many patients have never been asked how they **feel** about their health or what **they** would like to change.
- Asking open-ended questions can also **help us understand** why a patient may not be making progress.
- Questions, when asked in the right Spirit, help in the **engagement process**.





# Open VS Closed Questions

## When to use closed:

- Fact finding
- Confirming knowledge/understanding
- Limited patient response



## When to use open:

- Exploring
- Encourage client to give voice to thoughts, feelings, experiences, opinions, values, and motivations
- Expressing curiosity

# Closed VS Open Ended Questions

## Exercise – Polling Questions

- What has helped you to manage your stress?
- Do your knees hurt while walking?
- Have you ever tried quitting smoking?
- What are you currently doing to maintain your health?
- Do you check your blood sugar daily?
- Can you tell me more?
- What sorts of things are you eating these days?
- Are you exercising?
- How's your sleep?
- Have you taken any medicine?





# Open Ended Questions Activity



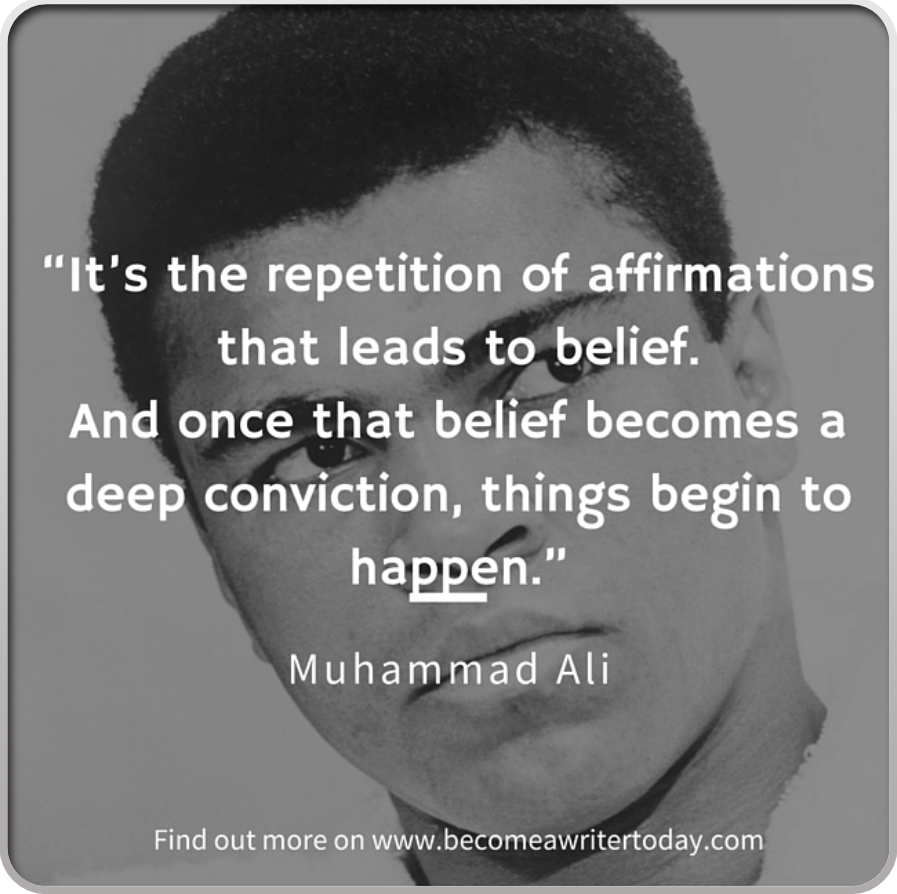
	Diabetes	Hypertension	Depression
WHEN			
WHO			
WHERE			
WHAT			
HOW			

# Affirmations

# Affirmations (O.A.R.S. +I)

## Things to affirm:

- Strengths and attributes
- Past successes future hopes
- Struggles and desires
- Current or past efforts to improve things
- The humanity and character of patient



“It’s the repetition of affirmations  
that leads to belief.  
And once that belief becomes a  
deep conviction, things begin to  
happen.”

Muhammad Ali

Find out more on [www.becomeawritertoday.com](http://www.becomeawritertoday.com)

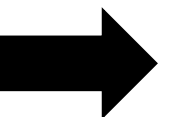
# Affirmations (O.A.R.S. +I)

- Most affirmations are reflections, but not all reflections are affirmations.
- Shy away from using the word "I" and focus on "you" language.

*You've taken a big step today, and clearly have a lot of determination.*

*You are the kind of person who cares a lot about other people.*

*You must have a lot of courage to come in today, despite your strong reservations.*



# Affirmations

- Personal characteristics
- Stable traits
- Strengths

see  
good in  
others



## Affirmation List

### Attributes of Successful Changers

Accepting

Determined

Patient

Adaptable

Eager

Persistent

Alert

Faithful

Reasonable

Ambitious

Flexible

Reliable

Assertive

Focused

Steady

Brave

Forgiving

Strong

Careful

Hopeful

Thorough

Committed

Ingenious

Trusting

Considerate

Mature

Truthful

Creative

Open

Willing

# Reflections

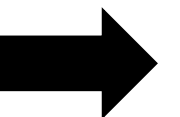
# Reflections (O.A.R.S. +I)

Reflections have the effect of encouraging the other person to **elaborate, amplify, confirm, or correct.**

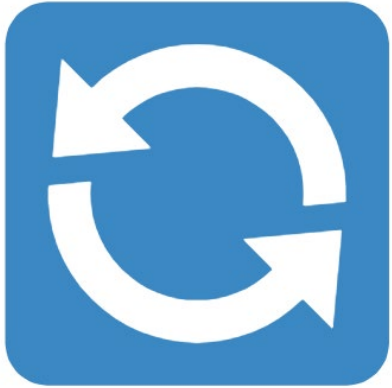
**Listen to understand, not to respond.**

Reflect Reflect Reflect

REFLECT REFLECT REFLECT



# Levels of Reflection



## Simple Reflection

- **Repeat**: uses same language
- **Rephrase**: uses new words
- Stabilizes conversation



## Complex Reflection

- **Paraphrase**: best guess of unspoken meaning
- Moves conversation forward

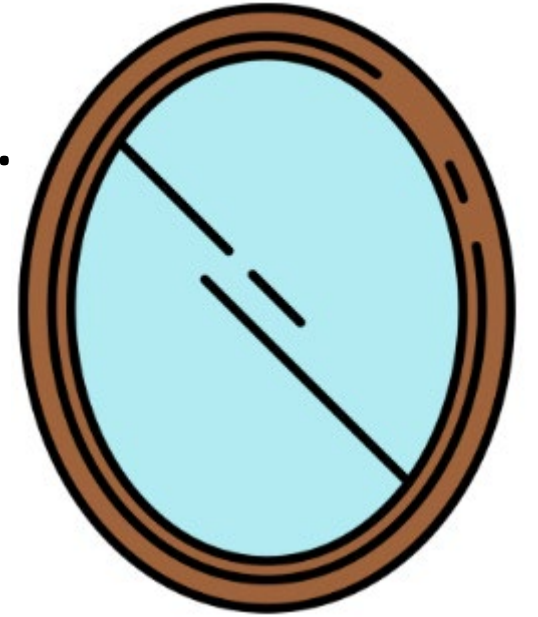
# Forming a Reflection

- Best guess about what the person means.
- In general, reflection is shorter than client statement.
- Voice inflection goes down at the end.
- Things to reflect on:

**Strengths**

**Change Talk**

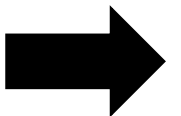
**Ambivalence**



# Sample Reflections

Smoking helps relieve my stress.

- **Simple:** You're looking for ways to reduce stress.

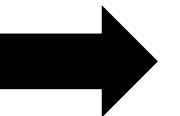


# Sample Reflections



No, I don't want to quit smoking.

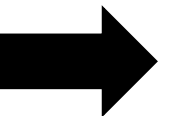
- **Simple:** You're not ready to quit.



# Sample Reflections

You don't know what it's like to quit smoking.

- **Simple:** Quitting is difficult for you.





# Reflections Breakout Activity (in the moment)



- “I’ve tried to quit smoking more times than I can remember.”
- “When I stop smoking I get crazy and restless.”
- “Thinking about quitting is easy. Doing it is another story.”
- I should quit for my children.”
- “How am I going to cope with cravings?”
- “I don’t think I’ll ever be able to lose weight. I’m too lazy and I like eating too much.”
- “It’s really hard to find time to exercise – and eat well – when I’ve got two little ones at home.”
- “My down-fall is fast food. I think I’m addicted to french-fries.”

# Active Listening



# Summaries



**Focus** on strengths and change talk

**Offer** summary then ask a follow-up question

- **Closed:** Did I get it all?
- **Open:** What – if anything – did I miss?

**Use** to transition into brief action planning

- **Offer** summary with follow-up question
- **Ask** “so what's your next step?”
- **Set** SMART goal

# Example

“Let me stop and summarize what we’ve just talked about.

You’re not sure that you want to be here today and you really only came because your partner insisted on it.

At the same time, you’ve had some nagging thoughts of your own about what’s been happening, including how much you’ve been using recently, the change in your physical health and your missed work.

Did I miss anything? I’m wondering what you make of all those things.”



# How to Respond to a “No”

- **Mine for the strengths** (they showed up to an appointment, agreed to meet/talk, etc.)
- **Thank them**
- **Follow-up question** (i.e. “we have X amount of time together. What – if anything – would you like to talk about?”)



# O.A.R.S +I

Open Ended Questions

Affirmations

Reflective Listening

Summaries

+Information Offering



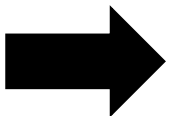
**“We guide, they decide”**

# Information Offering (O.A.R.S. +I)

**Explore:** Ask what the client knows, has heard, or would like to know

**Offer:** With permission, offer information in a nonjudgmental way

**Explore:** Ask client about thoughts, feelings, and reactions to information





# MI Process



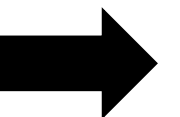
# Four Fundamental Processes of MI

Engaging

Focusing

Evoking

Planning



# Engaging

- Build rapport with the patient
- Open the conversation
- Style is key!
  - Warm and friendly
  - Support autonomy
  - Curious and open minded
  - Collaborative
  - Listen

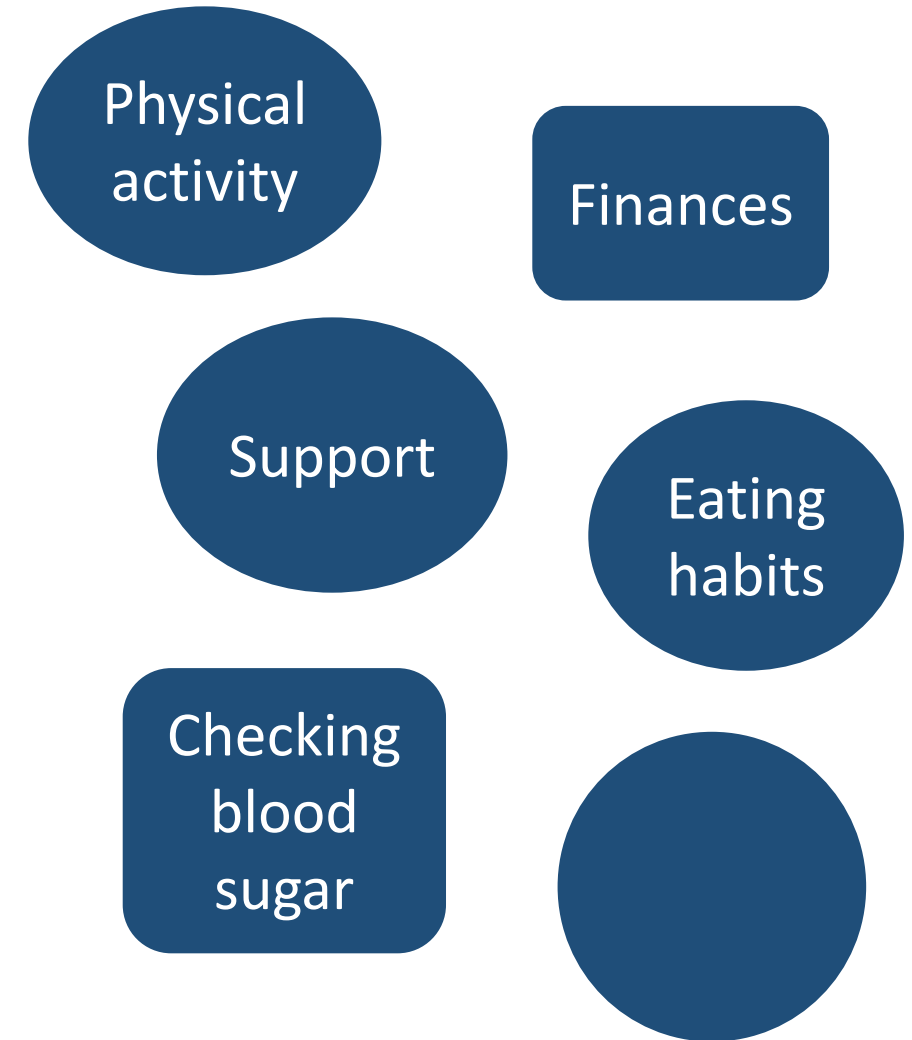
Bringing in the  
Spirit !



# Focus

## We guide, they decide

- Negotiate the agenda and timeframe
- Target behavior (patient self-management goal) vs. outcome goal (doctor care plan)
- Circle chart
  - Blank
  - Pre-filled (SDoH images)
- Of the topics you identified, which might you want to talk about today?
- In the circles are some topics we might talk about today. They include... Which might you want to talk about today? Or is there something else?
- Why did you choose...?



# Focus

What brings you here today?

What is going well for your health?

What are you currently doing to maintain your health?

What steps have you taken to better your situation?

What changes are you considering that might impact your health?

What do you already know that you could do to \_\_\_\_\_?

What have you heard about what you could do to \_\_\_\_\_?

If a friend of yours were facing something similar, what would you suggest they do?

Of all the things we've talked about today, which one would you like to start with?

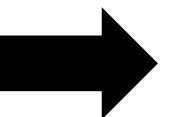
Where would you like to start?

# Evoke

- Most time in conversation spent exploring and building importance, confidence and motivation for behavior change.
- Patient makes argument for change.
- Style is key!
  - Curious and open-minded
  - Listening
  - Empathetic
  - Accepting and non-judgmental
  - Optimistic
  - Humble

*“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.”*

– Pascal



# Evoke

- What would be the benefits if you decide to make this change?
- How do you see your life being different if you decide to make this change?
- What are some reasons it's important to you to make this change?
- What are your motivations for making this change?

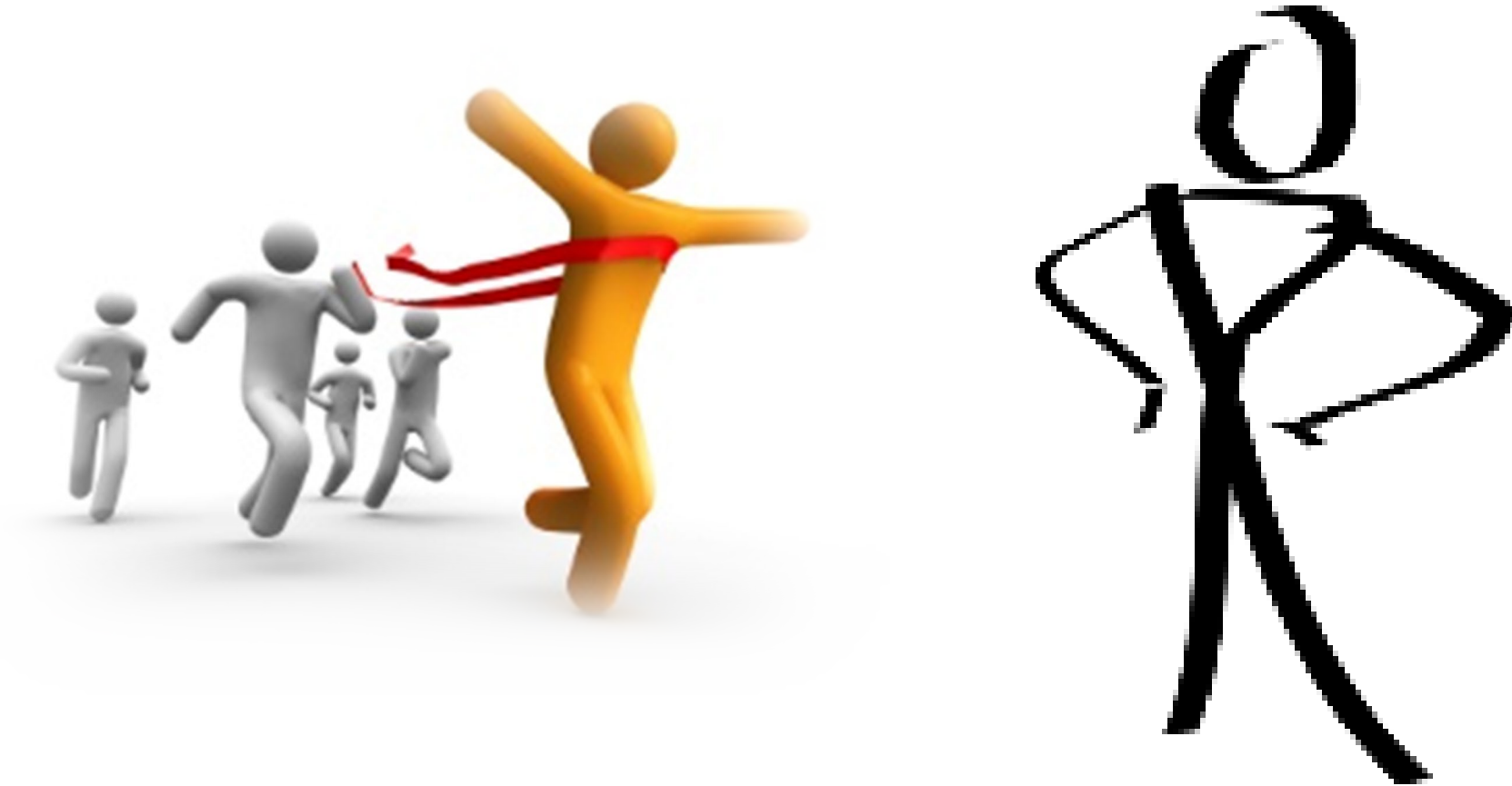


# Key Takeaways

- Open-ended questions show interest and learn the patient's perspective
- Affirmations recognize and call out a patient's strengths
- Reflections demonstrate active listening and promote deeper understanding
- Summaries-focus on strengths/change talk and transition to next steps
- +I-Information giving is a respectful way to offer information if needed and requested
- Four processes of Motivational Interviewing



# Assessing Readiness and Confidence



# Readiness Ruler

Using a scale to determine:

- **Importance**
- **Readiness**
- **Confidence**



# Assessing the Patient's Ability and Desire

- Assess the patient's readiness and confidence
  - How confident are they?
  - How interested are they?
- The patient's knowledge, desire, and ability, are key to creating a successful plan
- This information will be used to in creating the self-management action

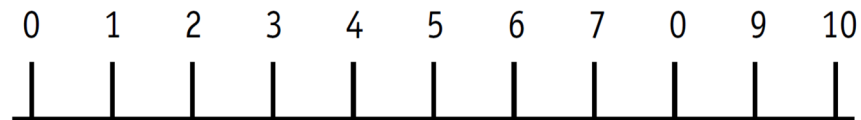


# Assessing Readiness

(Page 29 CM Toolkit)

Below, mark where you are now on this line that measures your change in \_\_\_\_\_.

Are you not prepared to change, already changing or somewhere in the middle?



Consider asking:

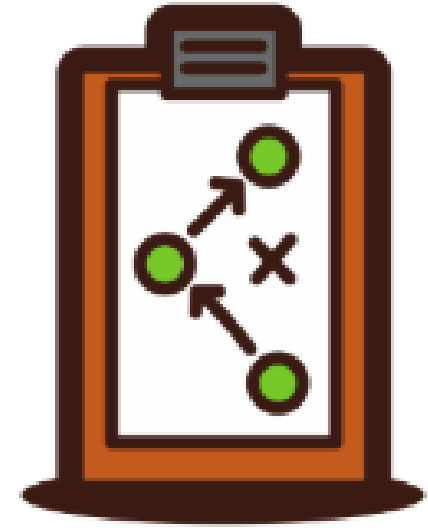
Why a (number provided) and not (number lower)?

We ask the lower number to promote the patients own reasons and to encourage “change talk”



# Planning

- Collaboratively developing a specific change plan that a patient is willing to implement.
- Use SMART



# Planning

S

- **Specific:** What? Where? When?

M

- **Measurable:** How often? How much?

A

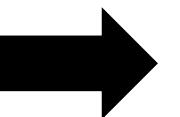
- **Achievable:** Does this seem doable?

R

- **Relevant:** How practical is this to do now?

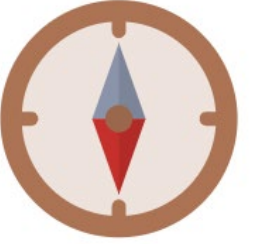
T

- **Time bound:** Start date? Goal length?



# Planning

What's your next step?  
Where do you go from here?



- **Problem Solving**

- What potential barriers do you see that might hinder you from achieving your goal?
- What have you thought of that might help you to overcome any potential barriers?

- **Confidence Ruler**

- What makes you a \_\_\_ and not a \_\_\_?
- What – if anything – would help you feel more confident?

- **Teach back**

- We covered a lot of information today and I'd like to make sure I've got everything. So tell me again what your plan is.

- **Confirm commitment**

- Is this what you are going to do?

# ACTION PLANS

40% of people are **not ready** to make an action plan.



Sometimes the goal is basic:  
**Goal: working with my care team member**



# Self-management Action Planning

Something you'd like to do to improve your health in the next 2 weeks

SMART Goals

Assess readiness

Commitment Statement

Follow up Plan




# Self-management Action Plan Real Play

## **Group Activity:**

- **One person takes on the role of the patient**
- **One person takes on the role of the care manager or care coordinator**
  - **Care Manager/Care Coordinator: Identify an area the patient would like to work on, “Is there something you would like to do to improve your health?”**
    - **Using open-ended questions**
    - **Get the patient to a SMART action (Specific, Measurable, Achievable, Relevant, Time bound)**
    - **Using the readiness ruler assess the persons readiness**
    - **Using the ruler concept, assess the persons readiness and or confidence in carrying out the plan**

## SELF-MANAGEMENT ACTION PLAN

<b>Patient Name:</b>		<b>Date:</b>									
<b>Staff Name:</b>	<b>Staff Role:</b>	<b>Staff Contact Info:</b>									
<b>Goal:</b> <i>What is something you WANT to work on?</i>											
1.											
2.											
<b>Goal Description:</b> <i>What am I going to do?</i>											
<b>How:</b>											
<b>Where:</b>											
<b>When:</b>		<b>Frequency:</b>									
How ready/confident am I to work on this goal? (Circle number below)											
Not				Very							
Ready	1	2	3	4	5	6	7	8	9	10	Ready

<b>Challenges:</b> <i>What are barriers that could get in the way &amp; how will I overcome them?</i>
1.
2.
3.
<b>What Supports do I need?</b>
1.
2.
3.
<b>Follow-up &amp; Next Steps (Summary):</b>
1.
2.
3.

# Planning Template

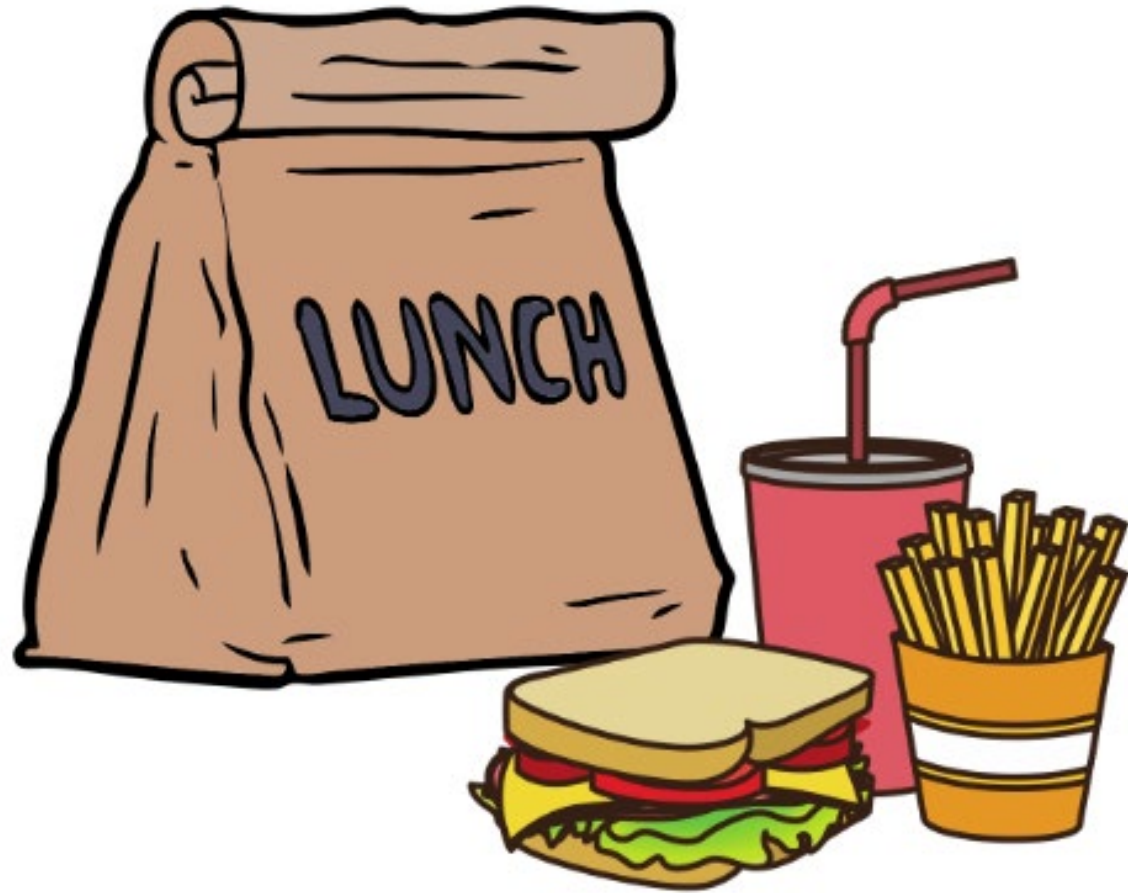


# Key Takeaways

- Listen for and respond to patient's reasons for change
- Mobilize change talk to resolve ambivalence and move towards change
- Using complex reflections to accentuate the change talk

# Afternoon Agenda

- Breakout Sessions
- Simulation: Creating the Self Management Action Plan
- Change Talk and Complex Reflections
- Health Literacy and Barriers





What will you do  
in your practice  
tomorrow?



# Reminder: Successful Completion of Patient Engagement includes:

- Completion of the one day **in-person/virtual training**.
- Completion of the Michigan Institute for Care Management and Transformation (MICMT) **post-test** and **evaluation**.
- Achieve a **passing score** on the post-test of **80% of greater**.  
\*If needed, you may retake the post-test.
- Complete **simulation**.

**You will have (5) business days to complete the post-test.**



# MICMT Resources

<https://micmt-cares.org/>

**MICMT**  
Michigan Institute for Care Management & Transformation

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**ADVANCING  
TEAM-BASED CARE**

**SHARING**  
best practices with statewide partners to improve and expand throughout Michigan.

**ENGAGING**  
providers through trainings, resources, and toolkits.

**MEASURING**  
impact on quality and utilization services.

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- <http://www.improvingchroniccare.org/index.php?p=Presentations & Slides&s=397>
- Centre for Collaboration Motivation and Innovation – <https://centrecmi.ca/brief-action-planning/>