Brief Action Planning

A White Paper

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Overview

This White Paper defines Brief Action Planning (BAP), describes the eight clinical competencies to use it effectively, explains the rationale for its development, and discusses ways to use it in health care and medical education, health care systems, and Patient Centered Medical Homes. An appendix provides a demonstration clinical vignette.

What Is BAP?

Brief Action Planning (BAP) is a highly structured, patient-centered, stepped-care, evidence-informed self-management support (SMS) tool based on the principles and practice of Motivational Interviewing (MI).

Health care professionals and peers can use BAP in diverse settings to encourage people to set their own goals to self-manage chronic conditions and adopt healthier behaviors. Throughout this paper we use "clinician" to refer to helpers using BAP and "patient" to refer to people being helped, recognizing that other terms may be more commonly used or preferred in different settings.

Using BAP Requires Engagement and the "Spirit of MI"

Effective use of BAP requires that clinicians first engage their patients by establishing rapport. Most healthcare professionals do this already, but some styles of engagement are more supportive of self-management and healthy behavior change. Engagement and rapport are not sufficient conditions for behavior change.

The overall approach to care that most effectively facilitates health behavior change is described as the Spirit of Motivational Interviewing (Stott et al, 1995). Four elements comprise Spirit: Compassion, Acceptance, Partnership, Evocation (sidebar). Using BAP effectively requires the establishment of basic rapport and maintenance of the Spirit of MI throughout the entire process.

The Eight Clinical Competencies of BAP: Three Questions and Five Skills

BAP is organized around three core questions and five skills delivered with the Spirit of MI. The flow chart displayed in Figure 1 presents an overview of the key elements.

The three questions are highlighted in blue and the five skills are shown in yellow and green. The three questions and the yellow skills are applied during every BAP interaction, while green skills are used when clinically indicated.

Evidence has informed each question and skill in BAP. The explanations in this paper provide a brief overview of the rationale for each step and examples of commonly occurring clinical scenarios. Cited references provide interested readers with links to the evidence base for each competency.

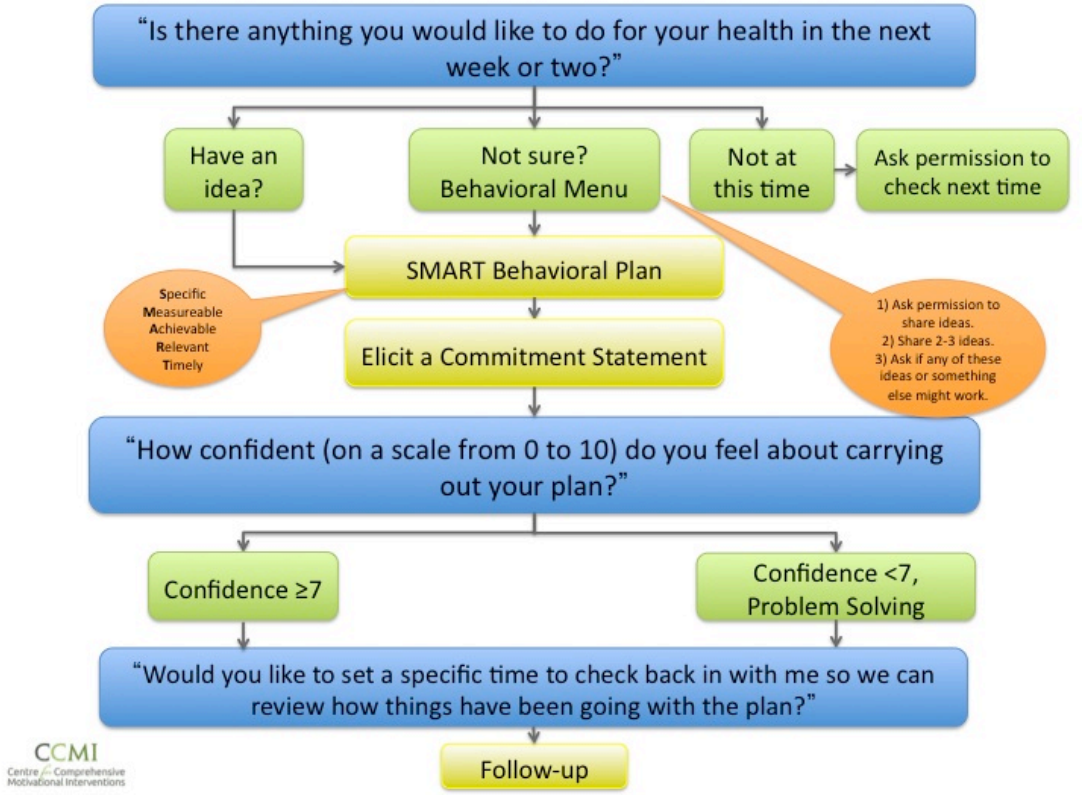

Figure 1. Brief Action Planning Flow Chart

Question 1 "Is there anything you would like to do for your health in the next week or two?"

This broad question elicits a patient's preferences and desires for behavior change and functions as a powerful motivator for change. The question encourages the patient's interest in personal health or wellness. In some settings a broader question such as "Is there anything you would like to do about your current situation in the next week or two?" may be a better fit, or a more specific question may naturally follow the prior conversation, such as "about your diabetes, asthma, etc." Responses to this question generally take three forms (Figure 1).

1. Have an Idea. A group of patients immediately state something they are ready to do or consider doing. The content, domain, or depth of the plan itself is far less important than the critical step of initiating a plan for change and experiencing the success of carrying the plan to fruition. In order to nurture and maintain momentum for change, clinicians must acknowledge, respect, and affirm the patient's own ideas for change, even if they are small and may not be specific to current health issues. This may require a paradigm shift for both the patient and the clinician. For example, when asked to think of doing something for health, a patient with diabetes may think of cleaning up his basement. If a clinician seems disappointed in the plan or pushes for more, they have missed the point. Research suggests that once a person makes a statement that he or she is willing to do something, this initial statement of interest usually leads to a concrete action plan (Locke & Latham, 2002). Having a respectful conversation can help patients come up with a specific action plan. Patients who successfully complete one action plan are more likely to attempt another. For patients who respond with an idea, clinicians can proceed directly to skill #2, SMART Behavioral Planning.

2. Not Sure. Another group of patients may want or need suggestions before committing to something specific they want to work on. For these patients, clinicians offer a Behavioral Menu (described below).

3. Not at This Time. A third group of patients may decline interest in making a change at this time. This could be because they are healthy and don't need to make a plan, they have other priorities right now, or their situation is complex. The specifics of managing complex situations is beyond the scope of this paper and requires additional communication skills and motivational approaches.

Skill 1: Offering a Behavioral Menu

If the response to Question 1 is "I'm not sure," then offering a Behavioral Menu (Rollnick, Miller & Butler, 2008) may be helpful. A behavioral menu allows the clinician to offer some suggestions or ideas that will ideally trigger the patient to discover their own ideas.

Three Steps of a Behavioral Menu
1. Ask permission to share ideas. *"Would it be ok with you if I shared some ideas that have worked for other patients I work with?"*
2. Offer several brief suggestions or ideas. *"Some patients I work with have tried to modify their diet, some have included exercise into their daily routine, and another patient stopped taking the elevator."*
3. Ask if the patient has his or her own idea. *"Would you like to make a plan around any of these, or perhaps you have an idea of your own that would work for you?"*

There are three distinct steps to presentation of a Behavioral Menu which reflect the Spirit of MI:
1. Ask permission to offer a behavioral menu
2. Offer several ideas or suggestions in differing domains
3. Ask if any of your ideas appeal to the patient as something that might work for them, or if the patient has new ideas of their own

Asking permission respects the patient and avoids putting the clinician in the expert role, consistent with the Spirit of MI. BAP aims to elicit ideas from individuals themselves, but some people need or want other ideas to help jumpstart independent thinking.

An example of how a clinician might approach offering a behavioral menu is illustrated in the sidebar, above.

Some clinicians have found it helpful to design behavioral menus with visual prompts (Rollnick, Miller & Butler, 2008). These ideas include those changes others have made as well as blank choices to elicit additional changes not listed. One example of a simple visual behavioral menu is shown in Figure 2.

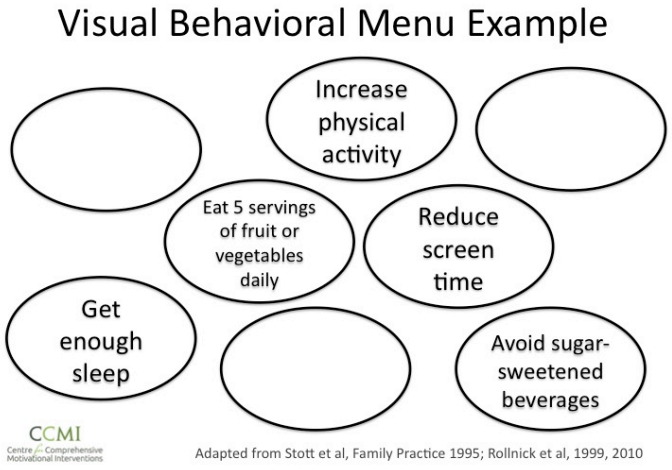

Figure 2. Example of a Healthy Weight Behavioral Menu

Skill 2: SMART Planning

BAP works over the long term by building a person's sense of self-efficacy or self-confidence through the successful completion of action plans. More specific plans are more likely to be followed (Bodenheimer & Handley, 2009). By being very specific, the patient understands what success looks like and thinks through the key components of what needs to happen for success. Patients often identify potential barriers as they work to specify what action they will take. By ensuring that an action plan is SMART - specific, measurable, achievable, relevant, and timed - a clinician can increase the likelihood that patients will succeed in making the desired change. A common tactic to gain specificity is to encourage patients to answer these questions (Lorig et al, 2012):

___ What?
___ When?
___ How much or how long?
___ How often?
___ Where?
___ When will they start?

Patients often benefit from guidance to be specific until they have some experience with goal setting. A brief example (sidebar) illustrates turning a vague plan into a SMART plan.

Guiding to SMART

Mrs. Jones has diabetes and is obese. She is worried about her weight and decides that being more active would help her lose weight. She states that her goal is "I want to walk more." The clinician guides her to a specific goal by asking questions about the plan and she ends with a plan, stating "I will walk for 20 minutes, in my neighborhood, starting Monday and then on every Monday, Wednesday and Friday before dinner." Mrs. Jones has a much clearer idea of what she is trying to do and will know that she has been successful each time she walks in her neighborhood as she intends.

Skill 3: Elicit a Commitment Statement

Once the patient has developed a SMART plan, the clinician asks them to "tell back" the specifics of the plan. This process is called elicitation of the commitment statement. The clinician might say something like, "Just to make sure we understand each other, would you please tell me back what you've decided to do?"

A clear "commitment statement" is a predictor of subsequent behavior change. The strength of the commitment language is the strongest predictor of success of an action plan (Aharonovich et al, 2008; Armhein, 2002). For example saying "I will" is stronger than "I will try." An example is in the sidebar.

People are more likely to believe what they hear themselves say, and are more likely to resist what they hear others say (Miller & Rollnick, 2013). Saying the plan out loud may lead to an unconscious self-reflection about the feasibility of the plan, which sets the stage for Question #2 of BAP.

Eliciting the Commitment Statement

In the example of Mrs. Jones, she might have said "I **could** walk for 20 minutes, in my neighborhood, every Monday, Wednesday and Friday before dinner" which may indicate that she has doubts about being able to follow her plan. Instead, Mrs. Jones indicated a higher level of commitment with her statement "I **will** walk for 20 minutes, in my neighborhood, every Monday, Wednesday and Friday before dinner."

Question 2: "On a scale of 0 to 10, where 0 means you are not at all confident,and 10 means you are very confident, how confident do you feel that you can carry out your plan?"

After creating a SMART plan and eliciting the commitment statement, the next step is to assess how

confident patients feel about plans they have made. This scaling question provides yet another opportunity for any uncertainty to surface. The scale of 0 – 10 allows individuals to quantify their confidence and higher confidence levels are associated with increased likelihood of success in carrying out the plan (Lorig et al, 2001; Miller & Rollnick, 2013). The word "sure" is often substituted for "confident."

Skill 4: Problem Solving for Low Confidence

Since BAP aims to build self-efficacy, clinicians use methods to maximize the chances of successful completion of every action plan (Lorig et al, 2012). When a person's confidence level is low (<7), the next step in Brief Action Planning is to collaboratively problem solve to make modifications to the action plan to increase the chance of success. Figure 3 and the sidebar illustrate problem solving for low confidence.

Patients may address barriers, modify their expectations, or decide that they want to focus on something else as a result of the problem-solving process.

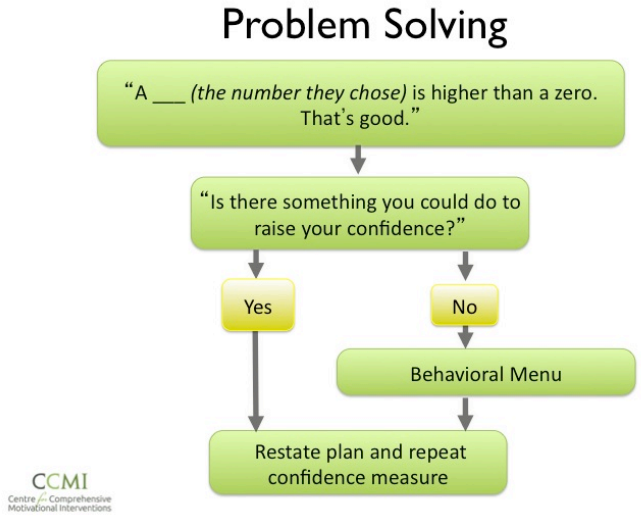

Figure 3. Steps to problem solve low confidence.

Question 3 "Would you like to set a specific time to check back in with me to see how things are going with your plan?"

This question or its equivalent reinforces the idea that the clinician considers the plan to be important. It also incorporates patient accountability. People are more likely to do what they say they will do if they choose to report back on their progress (Strecher et al, 1986). This check-back may be with the clinician s or a support person of the patients choice. The patient may also plan to be accountable to themselves by using a smart phone, calendar or diary.

Guiding to Improve Confidence

"That's great that you feel a confidence level of 5. That is much higher than a zero. I wonder if there are some ways you could modify the plan so you might get to a confidence level of 7 or more." If the patient doesn't have ideas, a behavioral menu is offered after permission is given. "Perhaps you could choose a less ambitious goal, ask for help from a friend or family member, or think of something else that might help you feel more confident about carrying out the plan? Or maybe you have a new idea about your plan?"

Skill 5: Follow up

Follow-up communicates the clinician's genuine interest and conveys acceptance, respect and concern for the patient's health. Providing support irregardless of how successful the patient has been in actually completing the plan can build self-efficacy (Artinian et al 2010). The conversation during follow-up includes a discussion of how the plan went, reassurance and next steps (Figure 4). The next step is often a modification of the current BAP or a new BAP.

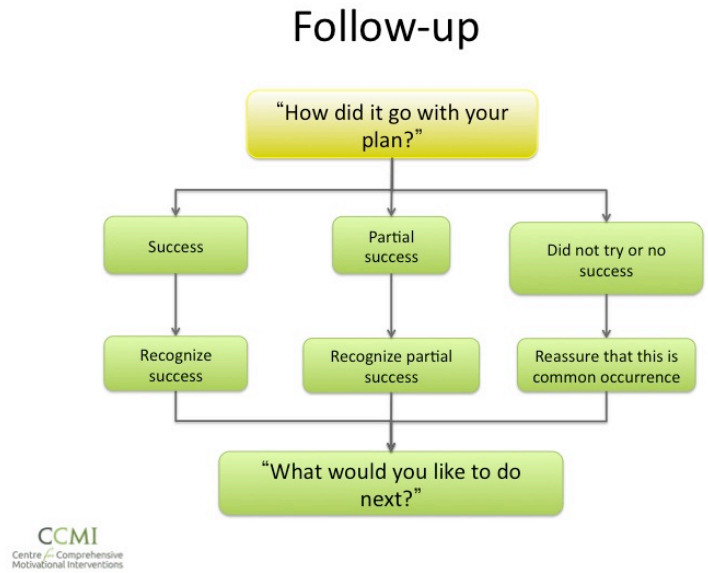

Figure 4. Follow-up

BAP Core Attributes

A completed Brief Action Plan has several core attributes:

1. The plan is patient-centered, representing what the patient actually wants to do, not what the clinician wants them to do.
2. The plan is behaviorally specific.
3. The patient's confidence in the plan is 7 or greater on a 0-10 scale.
4. The plan is associated with specific follow-up.

BAP in Practice

Skilled and experienced clinicians who use BAP routinely report that how often they use BAP varies considerably from patient to patient, depending on the urgency, complexity, and severity of the clinical issues at hand; the context of the visit; the amount of time available; and the specific desires of the patient. Clinicians who use BAP find that the questions and skills fit naturally into a typical patient encounter once rapport has been established.

Learning BAP

Training in BAP typically includes introduction to the Spirit of MI, a description of the process, explanation of the steps, demonstration, practice, feedback and re-practice. Training can be conducted via an online course or face-to-face training. Most clinicians require additional practice and feedback before becoming proficient. Practice can occur on the telephone since BAP was developed to be used in virtual interactions. Certification through demonstration of skills with a standardized patient and independent rating of the skills demonstration confirms proficiency.

Why Was BAP Developed?

Despite strong evidence supporting the efficacy of MI and efforts to disseminate MI into healthcare

systems, motivating busy clinicians to change the way they speak to patients about behavior change has been challenging. Many clinicians rightly feel that they do not have time to have motivational conversations, since it takes time to elicit patient preferences and have collaborative conversations about goal setting. In addition, learning MI and figuring out how to incorporate it into a short clinical encounter takes time, practice, feedback and re-practice.

BAP evolved because of the need for an efficient and effective tool to facilitate patient-centered goal setting in time-pressured clinical settings. Based on evidence from multiple theoretical frameworks, including self-management support research, behavioral psychology, and motivational interviewing, BAP has been tested by many clinicians in numerous healthcare settings. First developed by Steven Cole in 2002, with contributions from Damara Gutnick, Connie Davis, and Kathy Reims over the last 10 years, BAP provides a structured approach to behavior change.

How Has BAP Been Used?

Hundreds of clinicians have learned and used BAP in diverse clinical settings with multiple patients with varying conditions. This includes acute care including emergency department, home and community care, public health, mental health and substance use, primary care and specialty care. Peer mentors are also using BAP in community settings. Several university-based medical training programs integrate BAP education into core curricula and several large healthcare organizations integrate BAP training and clinical approaches into routine patient care. Topics addressed include increasing healthy behaviors such as physical activity, or decreasing unhealthy behaviors such as a high-fat diet. BAP is ideal for addressing the multiple concerns of patients with chronic conditions, such as diabetes, depression and asthma.

From a system point of view, organizations adopting BAP decide how they want to use BAP as a part of their overall self-management strategy, providing training for designated staff and then designing workflows to ensure patients benefit from patient-centered practices. Some organizations focus on physician training; others train all health care team members including nurse practitioners, physician assistants, nurses, medical assistants, community health workers and health coaches. Some practices already designated or working toward designation as Patient-Centered Medical Homes (PCMH) find BAP training helpful for their care teams as they work toward the new self-management support roles and responsibilities inherent in the PCMH model (Cole et al, 2010).

Summary

Brief Action Planning is a highly structured, patient-centered, stepped-care, evidence-informed self-management support tool based on the principles and practice of Motivational Interviewing. It can be used to help clinicians build patient self-efficacy for healthy behavior change and managing chronic illness care. It is useful for clinicians interested in providing patient-centered care as described in the Patient Centered Medical Home.

More Information about Brief Action Planning

Publications

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Video

Annotated video demonstrating the three core questions and two of the five skills of BAP:
http://www.youtube.com/watch?v=w0n-f6qyG54&feature=youtu.be

Experience using BAP in a busy internist practice:
http://www.youtube.com/watch?v=0z65EppMfHk

Training Resources and Tools

Centre for Comprehensive Motivational Interventions web site: http://www.centrecmi.ca/

Appendix

This scenario illustrates how a clinician might guide a patient toward an action plan using Brief Action Planning. The steps BAP that correlate to the dialogue are indicated in brackets.

Case Scenario

Ms. Simon is a 57 year old woman with hypertension. Recently her blood pressure (BP) has been poorly controlled and her primary care provider, Dr. James, suspects that adherence to her medications may be an issue. Ms. Simon also suffers from depression. In this scenario, Dr. James works with Ms. Simon using Brief Action Planning as a form of self-management support to help Ms. Simon manage her depression. Judy, Dr. James' nurse, provides additional support and follow-up. During the preceding conversation, it has been established that Ms. Simon sometimes gets so down that she doesn't bother to take her BP medicine. She recognizes that her depression is having an undesired impact on her health and agrees that she would be open to making some changes.

Dr. James: In my experience, patients who actively try to improve their depression often have success and get better more quickly. Is there a plan you would like to make about your depression in the next week or two? [Question 1 of BAP, modified to incorporate the agreed focus on depression.]
Ms. Simon: I am not sure what you mean by a plan for my depression.
Dr. James: OK, Let me clarify. Would it be ok if I shared with you some examples about what other patients have done to improve their depression? [Skill 1: Offer a behavioral menu, asking permission to share ideas.]
Ms. Simon: Yes, of course.
Dr. James: Some of the patients I work with incorporate physical activity into their routines. Others plan to do something that they enjoy: like being in nature, or spending time connecting with an old friend either on the phone or in person. Some start up a hobby again, like gardening. [Skill 1: Offer a behavioral menu, share several ideas.]
Dr. James: Do any of these ideas seem like something that would work for you or perhaps something else that is important to you comes to mind? [Skill 1: Offer a behavioral menu, ask if any of these ideas or something else might work.]
Ms. Simon: Oh, I see what you mean. Well, I used to really enjoy knitting and haven't picked it up in a long while. I used to carry my knitting everywhere. Why, I even knit this sweater I'm wearing right now. I used to be quite the knitter.
Dr. James: Would you like to make a plan around knitting?
Ms. Simon: Yes.
Dr. James: OK, what would you like to plan to do? [Skill 2: SMART Behavioral Planning]
Ms. Simon: Well. . . I started knitting a hat and scarf for my husband around a year ago and then put it down when things got bad and I never picked it up again. I just didn't feel like doing anything. I guess I can pick it up and finish it.
Dr. James: When would you start this? [SMART Planning]
Ms. Simon: Well, I can start tomorrow morning.
Dr. James: And how long will you knit for? [SMART Planning]
Ms. Simon: I can knit on my way to and from work on the bus. So I guess that will be about an hour each day. I see other people knit on the bus.
Dr. James: Would you do it every day? [SMART Planning]
Ms. Simon: Well, weekends are too busy. I have a second job on Saturdays and drive to work so that wouldn't work, but weekdays should work.
Dr. James: Just so that we are both clear on the plan, can you repeat your whole plan back to me? [Skill 3: Elicitation of Commitment Statement]
Ms. Simon: OK. Starting tomorrow, I will knit on the bus on my way to and from work and aim to finish my husband's hat and scarf by his birthday next month. He will be surprised that I made him something. It's been so long since I knitted.

Dr. James: That sounds like something that is important for you. How confident or sure are you on a scale of 0 to 10 that you will be successful with your plan? [Question 2 of BAP]
Ms. Simon: Oh. . .I guess in the middle. Maybe a 5.
Dr. James: A 5 shows confidence and is a lot higher than a 0. People who have a confidence level of 7 or above are more likely to have success. Is there anything you can think of that might move your confidence from a 5 to a 7? [Skill 4: Problem Solving for Low Confidence]
Ms. Simon: Well, the truth is, I am not sure where I put the project that I started last year. I haven't seen if for a while. Maybe I won't be able to find it anywhere. If I can't find it when I get home tonight, I guess I could get more yarn and start a new one. There's a new yarn shop near my house and I've not gone there yet.
Dr. James: That sounds like an excellent idea. Can you please tell me back your new plan? [Skill 3: Elicitation of Commitment Statement]
Ms. Simon: OK. I will go home and look for the knitting I started last year. If I can't find it, I will go out and get some more yarn and start a new hat and scarf on the bus on my way to work tomorrow.
Dr. James: And how confident are you now, with this change in your plan? [Question 2: Scaling for Confidence]
Ms. Simon: Oh. Now I am a 9.
Dr. James: That's great. Would you like to set a specific time to check back in so we can review how things have been going with the plan? [Question 3 of BAP]
Ms. Simon: Well, I am going to be back here next week to see your nurse Judy. How about I speak to Judy about it next Tuesday when I come to get my blood pressure checked?
Dr. James: That sounds like a great idea. I will fill Judy in about your plan.

Follow-up one week later at the BP check with the nurse:

Nurse Judy: Hello, Ms. Simon. Your blood pressure is good today, it's 130/78. Dr. James also asked me to check in with you about how your knitting plan went. [Skill 5: Follow up, assessing results]
Ms. Simon: Oh yes, well, it didn't go so well. I went home and actually found my knitting and put it in my bag. On Wednesday I knit both ways on the bus to and from work, but Thursday the bus was crowded and I didn't have a seat, and the same thing happened on Friday.
Nurse Judy: So it sounds like you had some success up front and then things happened that made it difficult. You got a great start on your plan and that's good. [Skill 5: Follow up, recognizing partial success]
Ms. Simon: It did feel good to get started on the knitting. I really enjoyed knitting again and felt like I really accomplished something that one day. I haven't felt that way for quite a while. My husband will be so surprised.
Nurse Judy: So what would you like to do next? [Skill 5: Follow up, open-ended question to ask about next steps]
Ms. Simon: I want to continue knitting on the bus when I get a seat, but maybe I can set some time aside to knit in the evening on the days that I don't commute to work when my husband is out. I don't want him to know what I'm doing. Or maybe I can knit on my lunch break at work.

The nurse continues with Skill 3, SMART planning and completes a revised BAP with Ms. Simon.

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