Brief Action Planning (BAP): A Self-Management Support Tool and Technique Based on the Principles and Practice of Motivational Interviewing (MI) for the Routine Practice of Medicine, Psychiatry and Chronic Illness Care

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Background and Purpose
Brief Action Planning (BAP) is a highly structured, pragmatic, evidence informed, stepped care, self-management support tool and technique based on the principles and practice of MI, that builds self-efficacy and behavioral change. This poster describes pilot performance improvement studies of BAP in practices of psychiatry, medicine, psychology, and chronic illness care.

The eight competencies of BAP begin, after patient engagement, with a motivational probe, attempting to focus and evoke a patient’s personal concerns, with a closed, but generative question, called “Question One:” (Q1) “Is there anything you’d like to do for your health in the next week or two?” If a patient suggests an idea for change, the clinician follows up with questions for “SMART” behavioural planning (specific, measurable, achievable, realistic, time-specific), then elicitation of a commitment statement, scaling for confidence, arrangement for accountability, and follow-up planning. Presentation of behavioural menus and problem-solving skills are used when needed.

Methods
One psychiatrist, one psychologist, 3 internists, 1 nurse practitioner, and 13 social workers were trained to use BAP in consecutive patients and/or selected patients by clinical convenience. For consecutive patient samples, clinicians recorded whether or not they asked Q1 of BAP in each consecutive patient and, if not, why not. In addition, they recorded the results of the BAP dialogue, once they did ask Q1. In the selected patient sample, clinicians kept track of the extent to which patients were able to carry out the action plan: 50% or more of the time; some of the time; or very little or none of the time.

Results
Overall, among the 6 medical practitioners participating in consecutive patient studies, between 38-62% of patients were asked Q1, ranging from a low of 33% in an inner city, low-health literacy internal medicine practice, to a high of 62% among medical practices in a middle-class outpatient rheumatology nurse practitioner practice. In our one “non-medical” practice, our adolescent psychologist asked 100% of her patients Q1. Most common reasons in consecutive patient studies for not asking Q1 were “lack of time,” “acuity of medical problem,” “language or literacy barriers,” or “clinician forgot to ask.” Of patients asked Q1, a very high proportion of patients completed making an action plan in short periods of time: clinicians reported that approximately 80% of patients made an action plan for health in <10 minutes.

With respect to actual behavioral completion of action plans for health over time: in social worker driven telephonic chronic illness care programs, of 186 action plans made with 13 different clinicians, 73% of patients completed 50% or more of the action plans they made, 15% completed some, and 12% completed little or none of the action plans they made. These outcomes are consistent with results of other outcome studies of goal setting in primary care.

Conclusion
BAP seems to be a pragmatic, useful and well-accepted self-management support and motivational tool and technique for a wide variety of outpatient and chronic illness care settings.