Brief Action Planning: Smart Steps to Support Behavior Change

Bill O'Connell, EdD, LMHC, NCC Friday, June 16, 2023

Acknowledgements and Disclosure

- The Centre for Collaboration, Motivation and Innovation (CCMI) provided consent for this presentation proposal and dissemination of Brief Action Planning handouts.
- The presenter has no conflict of interest and receives no financial compensation from CCMI or other relevant entity.

Learning Objectives

Brief Action Planning

- Assumptions
- Definition of BAP
- Spirit of MI
- Eight Competencies
- Demonstration
- Practice
- Review

Assumptions

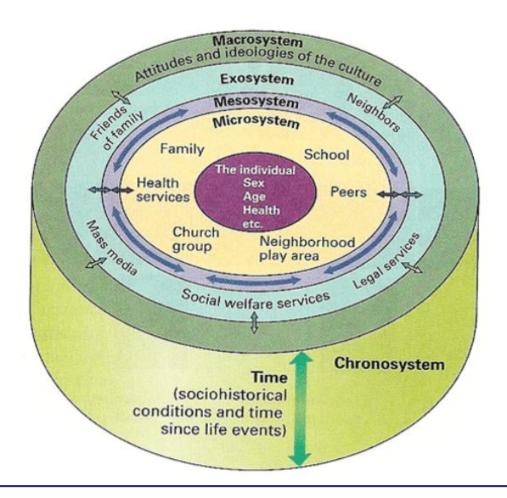


Assumptions

- Patient (client, person) has been assessed from a biopsycho-social framework.
- Helper has engaged in building a therapeutic alliance through active listening.
- Helper has incorporated culturally responsive strategies into the therapeutic alliance (see diagram).
- Person in need has had an opportunity to express their values, beliefs, needs and challenges.

Inclusive Cultural Empathy

Pedersen. (2008). A Response to "Social Privilege, Social Justice, and Group Counseling: An Inquiry": Inclusive Cultural Empathy and the Search for Social Justice. *The Journal for Specialists in Group Work*, 33(4), 370–376. https://doi.org/10.1080/01933920802424431





Integrated Care Training Program



Brief Action Planning

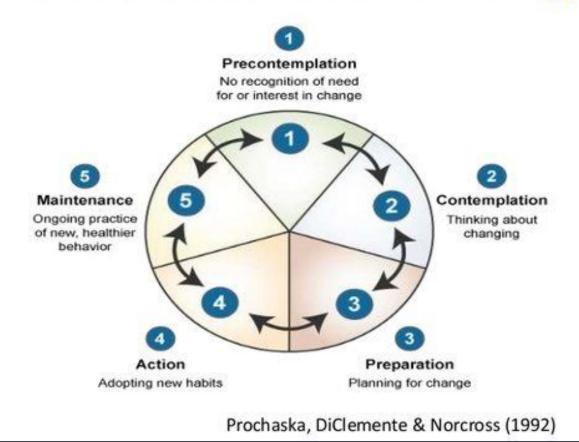
Brief Action Planning

- Structured
- Patient-Centered
- Evidence-Informed
- Self-Management Support Tool
- Based on Motivational Interviewing Principles
- Supports therapeutic interventions for chronic conditions, recovery and well being.



Spirit of Motivational Interviewing

"Stages of change" Transtheoretical model of behaviour change





When change is hard, it not usually because of

- Lack of information
- Laziness
- Oppositional Personality
- Denial



When change is hard, it is often due to ambivalence



Because ambivalence is uncomfortable, it often leads to:

- Procrastination....
- Which is often mistaken for....
- Resistance



Motivational Interviewing.....

Can help resolve resistance and elicit a person's own motivation to change



Spirit of MI

- Partnership
- Acceptance
- Compassion
 - Evocation

Evidence-based principles of Motivational Interviewing

Evidence tells us that:

- Many illnesses are preventable or remedial.
- People tend to believe what they hear themselves say and act on it.
- A person's own reasons for change vs. a helper are the most likely reasons to trigger behavior change.
- Listening to a patient (complex skill) is more likely to result in a patient finding their reasons for change.
- When patients take an active role and interest in their healthcare, outcomes improve.

Eight Core Competencies of Brief Action Planning

Eight Core Competencies of BAP

Three Core Questions

- Is there anything you would like to do for your health in the next week or two?
- 2. How confident (on a scale from 0-10) do you feel about carrying out your plan?
- 3. Would you like for me/us (helper) to check back with you so we can review how things are going with the plan?

Five Core Skills

- Offering a Behavioral Menu
- 2. SMART Planning
- Elicit a Commitment Statement
- 4. Problem Solving for Low Confidence
- 5. Follow Up

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

- Client has an idea
- Not sure
- Not at this time

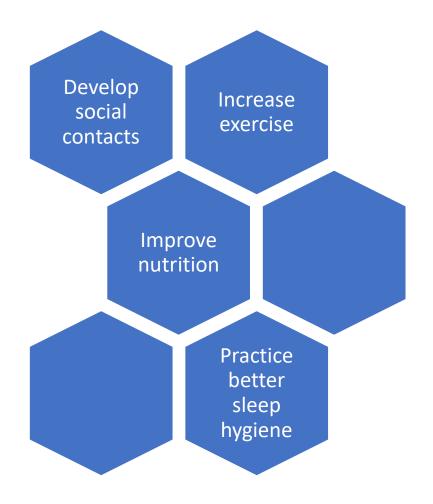


Skill 1: Offering a Behavioral Menu

- Ask the client to if they have their own idea.
- Ask permission to share ideas
- Offer several brief suggestions or ideas



Visual Behavioral Menu Example





Demonstration Question 1 Skill 1

Skill 2: SMART Planning

SMART

- Specific
- Measurable
- Achievable
- Relevant
- Time Based

Alternative

- What will you do?
- How much will you do?
- How often?
- Where?
- When will you start?

Demonstration Skill 2

Skill 3: Elicit Commitment Statement

- Nurses use "teach back" when helping patients remember skills to monitor their physical health
- After person repeats back their plan, helper asks the person to rate their level of confidence or commitment on a scale from 0-10.

Question 2

Use a scaling question to measure level of confidence in the plan.



What change are you considering?
How important is it for you to make this change?
How confident are you that you can make this change?
How ready are you to make this change?

Readiness Ruler									
1	2	3	4	5	6	7	8	9	10
Not at all ready				Somewhat ready					Extremely ready

Skill 4: Problem Solving for Low Confidence

- Persons address their barriers
- Modify expectations
- Decide to focus on another goal or activity



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?

Skill 5: Follow up

- Conveys acceptance, respect and concern
- Provide support regardless of how successful the person may be in acting on the plan.
- Provides an opportunity to revise the plan



Skill 5: Follow up outcomes

- Person followed through with plan and completed it-Celebrate!
- Person partially followed through with plan-Focus on accomplishment.
- Person did not follow through with plan-Something was wrong with the plan.

Demonstration
Question 2 & 3
Skills 3 & 4

Session Practice

Review: Eight Core Competencies of BAP

Three Core Questions

- Is there anything you would like to do for your health in the next week or two?
- 2. How confident (on a scale from 0-10) do you feel about carrying out your plan?
- 3. Would you like for me/us (helper) to check back with you so we can review how things are going with the plan?

Five Core Skills

- Offering a Behavioral Menu
- 2. SMART Planning
- 3. Elicit a Commitment Statement
- Problem Solving for Low Confidence
- 5. Follow Up

QUESTIONS?



Resources

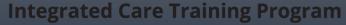
- Motivational Interviewing Books and Workbooks
- Motivational Interviewing mini-courses
- CCMI-Brief Action Planning



Resources

- Bahafzallah, Hayden, K. A., Raffin Bouchal, S., Singh, P., & King-Shier, K. M. (2019). Motivational Interviewing in Ethnic Populations. Journal of Immigrant and Minority Health, 22(4), 816–851. https://doi.org/10.1007/s10903-019-00940-3
- Burke, B. L., Arkowitz, H., & Menchola, M. (2003). The Efficacy of Motivational Interviewing: A Meta-Analysis
 of Controlled Clinical Trials. Journal of consulting and clinical psychology, 71(5), 843-861. doi:
 10.1037/0022-006X.71.5.843
- Keeley, R., Engel, M., Reed, A., Brody, D., & Burke, B. L. (2018). Toward an Emerging Role for Motivational Interviewing in Primary Care. Current psychiatry reports, 20(6), 1-12. doi: 10.1007/s11920-018 0901-3
- Knight, K. M., McGowan, L., Dickens, C., & Bundy, C. (2006). A systematic review of motivational interviewing in physical health care settings. British journal of health psychology, 11(2), 319-332. doi: 10.1348/135910705X52516
- Lundahl, B., Moleni, T., Burke, B. L., Butters, R., Tollefson, D., Butler, C., & Rollnick, S. (2013). Motivational interviewing in medical care settings: A systematic review and meta-analysis of randomized controlled trials. Patient education and counseling, 93(2), 157-168. doi: 10.1016/j.pec.2013.07.012
- Mallisham, S. L. (2016). The Spirit and Intent of Motivational Interviewing. Perspectives in psychiatric care., 53(4), 226-233. doi: info:doi/
- VanBuskirk, K. A., & Wetherell, J. L. (2013). Motivational interviewing with primary care populations: a systematic review and meta-analysis. Journal of behavioral medicine, 37(4), 768-780. doi: 10.1007/s10865-013-9527-4









Bill O'Connell, EdD, Associate Professor

Email: woconn@uw.edu

Profile page: Bill O'Connell – Department of Psychiatry & Behavioral Sciences (uw.edu)

