

# BAP-MI: A Stepped-Care Approach to Health Behavior Change

Cole S, Frum-Vassallo D, Koutsenok I, Stein R, Hartlieb K (discussant)

MINT Forum  
November, 2021

# BAP-MI: A Stepped Care Approach to Health Behavior Change

- |   |            |        |
|---|------------|--------|
| • BAP: Brief Overview<br><i>Goal: Define Brief Action Planning</i>                                    | Cole       | 10 min |
| • Demonstration/Discussion<br><i>Goal: Demonstrate/Review 5 core skills of BAP</i>                    | Cole/Stein | 10 min |
| • BAP Practice/Discuss in Small Groups of 3<br><i>Goal: Get a "Feel" for BAP in Real-Play/Discuss</i> |            | 10 min |
| • Plenary Discussion of BAP   |            | 05 min |

# BAP-MI: A Stepped Care Approach to Health Behavior Change

- |  |               |        |
|--|---------------|--------|
| • BAP-MI: Stepped-Care Approach<br><i>Goal: Explain, Describe BAP-MI</i>                     | Cole          | 10 min |
| • Three Models of Application of BAP-MI<br><i>Goal: Demonstrate Potential and Variations</i> |               |        |
| BAP-MI at UNC  | Stein         | 10 min |
| BAP-MI at Stony Brook/Northport  | Frum-Vassallo | 10 min |
| BAP-MI Reflections (UC San Diego)  | Koutsenok     | 10 min |
| • Practice/Discussion (BAP-MI): 5 Groups<br><i>Goal: Discuss</i>                             |               | 15 min |
| • Small Group Reports/Plenary Discussion   | Hartlieb      | 30 min |

# BAP: Brief Action Planning\*

Steven Cole, MD

Professor of Psychiatry, Emeritus

Stony Brook University School of Medicine and

Clinical Professor of Scientific Education

Zucker School of Medicine at Hofstra/Northwell

\*developed circa 2000, with contributions from Connie Davis, Damara Gutnick, and Kathy Reims

# What is Brief Action Planning (BAP)?

## General Definition

***Brief Action Planning (BAP) is a highly structured, efficient and versatile Motivational Interviewing (MI) consistent tool designed to help people change and to support self-management for health and well-being.***

# What is Brief Action Planning (BAP)?

An MI - relevant definition

(For practitioners of Motivational Interviewing)

*Brief Action Planning (BAP) is a highly structured, efficient and evidence-informed roadmap that can be flexibly applied to help guide the transition from evocation into and through the process of planning.*

# BAP Demonstration Videos

- Core Skills

- <https://www.youtube.com/watch?v=w0n-f6qyG54>

- Advanced Skills

- <https://www.youtube.com/watch?v=262CjvURVn0>

# BAP Demonstration



“Is there anything you would like to do for your health in the next week or two?”



SMART Behavioral Plan



Elicit a Commitment Statement



“How confident or sure do you feel about carrying out your plan (on a scale from 0 to 10)?”



“Would you like to set a specific time to check in about your plan to see how things have been going?”

# Practice/Discuss BAP in Groups of 3

- Brief Introductions (2 min)
  - We suggest real-play
  - One person asks BAP questions (“clinician”)
  - One person makes a plan for themselves (“patient”)
  - One person observes and provides feedback/suggests opportunities for re-practice
- 
- SWITCH ROLES
  - OR (for those familiar with BAP or your preference).....Discuss BAP

# Plenary Discussion of BAP Practice

- What was your experience of BAP?
- Observations/Comments?
- Challenges and Questions?

# What is BAP-MI?\*

*BAP-MI is a stepped-care integration of evidence-informed skills from BAP and MI for self-management support (SMS) and health behavior change (HBC).*

\*Thanks for thoughtful contributions in the development process:

Ernst D, Hartlieb K, Stein R, Frum-Vassallo D, Koutsenok I, Jadotte Y, Sannidhi D, Romero C, Ahuja T, Frankel R, Skeff K

# BAP-MI: 3 Steps

- I. Probe w/Question #1 of BAP and continue w/BAP (as clinically appropriate)  
Use with Spirit of MI, and only when there is good engagement (connection)
- II. Use MI skills for patients unable/unwilling to make action plans with BAP
- III. Re-probe with Question #1 of BAP and continue w/BAP (as clinically appropriate)

# A Metaphor for BAP-MI: BAP “Bookends” MI



# IN BAP-MI, Sometimes, BAP is Sufficient for HBC



- With engagement/connection
- With Spirit of MI

Sometimes, BAP-MI  
Begins with MI and Concludes with BAP





# BAP-MI is Adaptable and Flexible: Comes in Many Flavors/Styles



# BAP-MI: Step One

I. Probe with BAP Q #1 (when clinically appropriate) and BAP (w/Spirit)

- *Is there anything you'd like to do for your health in the next week or two?*

*Or alternatively*

- *Is there anything you'd like to do about ... (this concern) we've been discussing?*

*(eg smoking, exercise, problems at work, problems at home etc)*

- *If "yes," continue with BAP roadmap, to make specific action plan for health*

# BAP-MI: Step Two

## II. Use MI skills for patients unwilling/unable to make action plans w/BAP

- align empathically (engage) throughout
- elicit patient's concern/story (w/MI Spirit)
- recognize/respond to ambivalence
- develop the discrepancy
- evoke change talk throughout

# BAP-MI: Step Three

## III. Re-Probe with BAP Q #1 (when clinically appropriate) and BAP (w/Spirit)

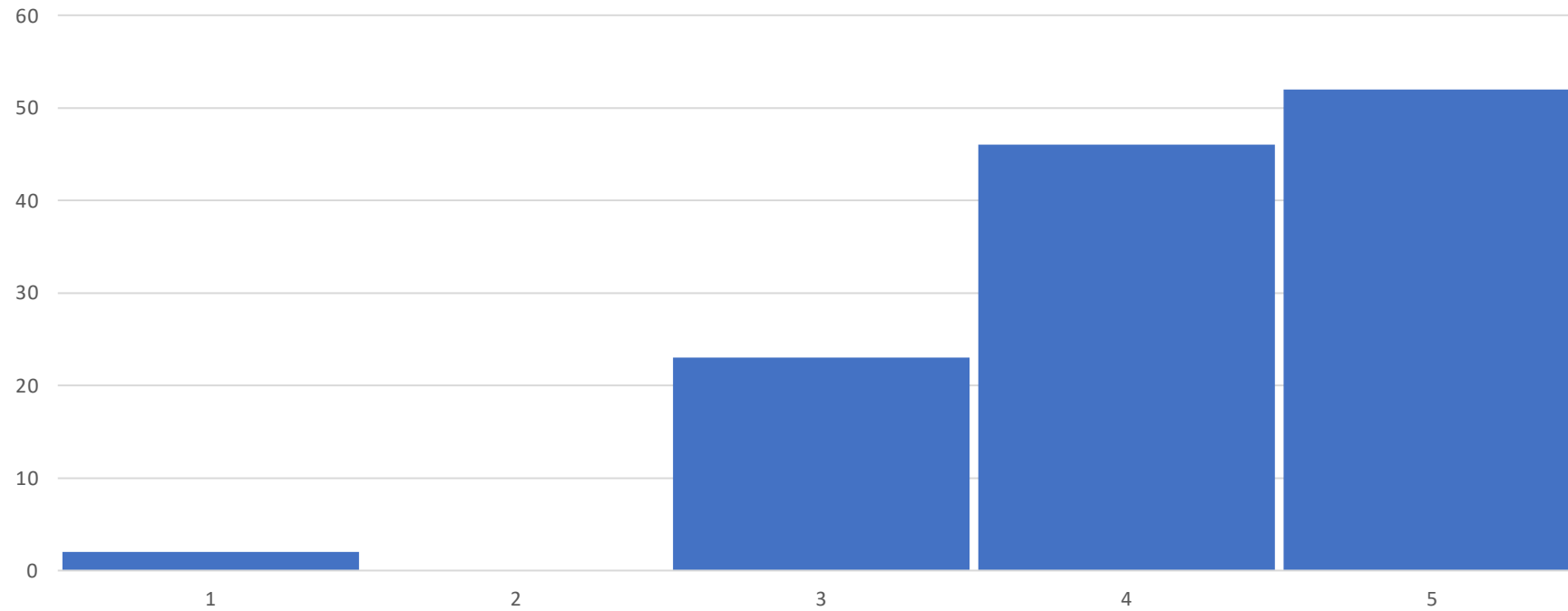
- *“Given what I hear you’re saying now....*
  - *“... Is there anything you’d like to go ahead and do about ...(this concern) we’ve been discussing?”*
  - *“....Would you like to make a plan about ....(this concern we’ve been discussing?”*  
(eg medication choices, smoking, exercise, problems at work/home etc)
- If “yes,” continue with BAP roadmap, to make specific action plan for health

# BAP-MI at Six Academic Institutions

- Many approaches used
- 3/6 include the online BAP course (+ practice)
  - Zucker School of Medicine at Hofstra/Northwell
  - UC San Diego School of Medicine (Preventive Medicine)
  - Stony Brook University School of Medicine/Northport VA
    - Preventive Medicine/Internal Medicine/Health Psychology
- 3/6 use other/mixed methods
  - University of North Carolina School of Medicine
    - Addiction Medicine/Psychiatry/Medical School
  - Geisinger Commonwealth School of Medicine
  - Florida International University

## EVALUTION: (example)

*How useful do you feel this course on BAP will be in your current or future practice?*



**N= 123**

**(2016 - 2021)**

**Mean = 4.19**

# Motivational Interviewing and Brief Action Planning at the UNC School of Medicine

## **Curriculum Integration at Three Levels: A Work in Progress**

**Roy M. Stein, MD  
Clinical Professor of Psychiatry  
University of North Carolina School of Medicine  
Associate Professor Emeritus  
Duke University School of Medicine**

## Key points

- Teaching MI/BAP to multiple levels of learners has potential to broaden and amplify uptake and application of skills.
- MI skill development in medical trainees using the MITI with recorded patient interviews.



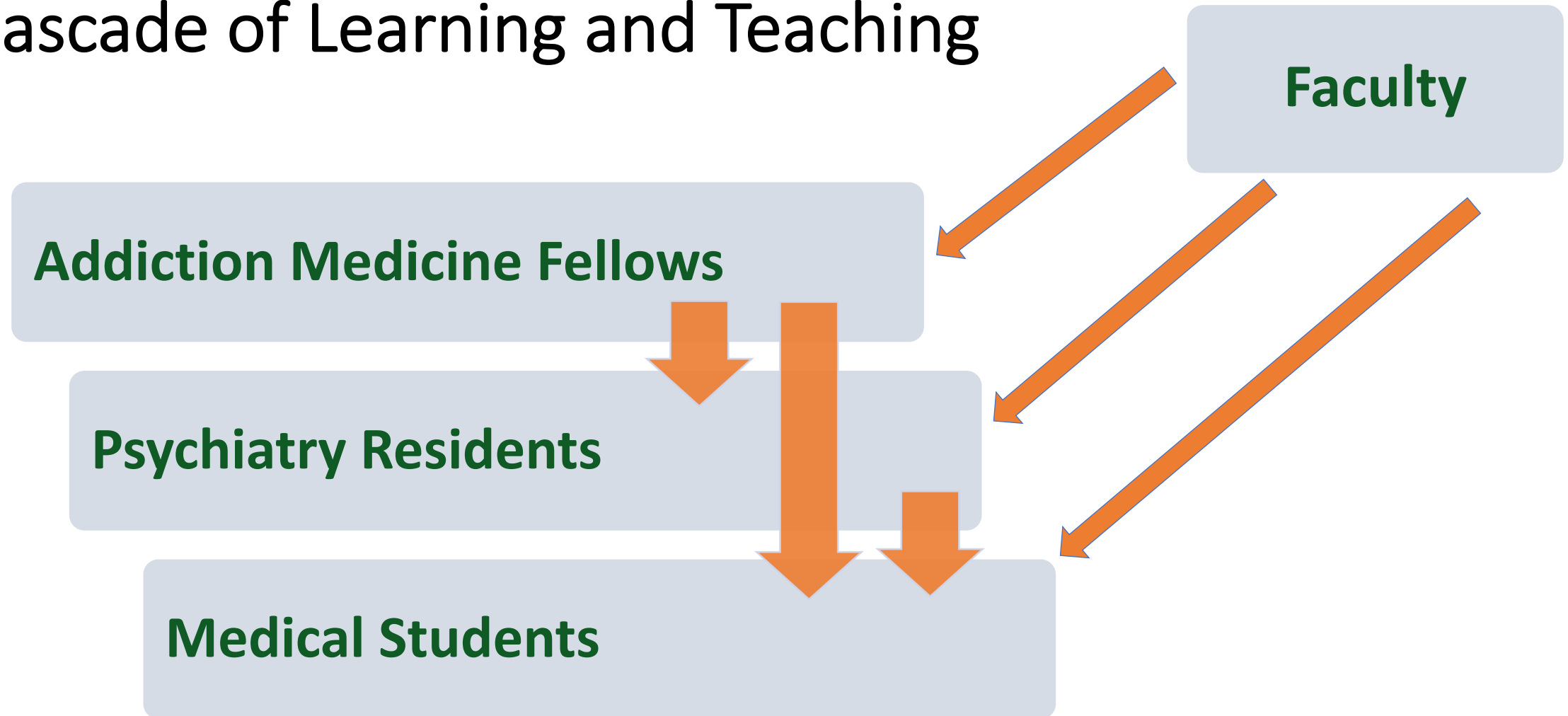
“Learning is an active process, and each of us learns more when we teach than when we are taught.”

“The effectiveness of the teacher must be judged by the things which happen after the student and teacher part company.”

-Eugene Stead, MD

Wagner GS, Cebe B, Rozear MP: *E.A Stead, Jr. What This Patient Needs is a Doctor.*  
Durham, NC, Carolina Academic Press, 1978.

# Cascade of Learning and Teaching



# UNC Addiction Medicine Fellowship

- Up to 8 fellows per year.
- Multiple specialties (Psych, FM, IM, EM, Ob-Gyn, Prev Med)
- Multiple sites: clinics, inpatient detox, inpatient consults
- 4-hour MI orientation workshop
- Required patient recordings for coding with Motivational Interviewing Treatment Integrity (MITI 4.2)
- Monthly group coaching with MITI feedback.

# UNC Psychiatry Residency

- MI and BAP incorporated in didactics in years 1, 3, and 4
- PGY1: 6 hours of MI/BAP didactic + skills practice.  
Addiction Med fellows assist.
- PGY3-4: Refresher sessions on MI/BAP.  
Addiction Med fellows assist.
- PGY3-4: Resident elective in Addiction Psychiatry Clinic with direct supervision and coaching in MI/BAP, MITI coding of recorded patient sessions.

# Undergraduate Medical Education

- Small group MI practice sessions with standardized patients and Addiction Medicine (AM) fellows assist.
- Psych residents reinforce MI skills with MS3's on psych rotation.
- Addiction Psychiatry elective includes clinical experience and supervision in use of MI/BAP.
- Extra MI/BAP training for Addiction Medicine Interest Group

# Observations

- Standalone workshops without follow-up have minimal impact.
- Teaching skills at multiple levels reinforces learning and practice.
- Observed practice (live or recorded) is essential. (Would your piano teacher rely on your verbal description of your playing?)
- Inpatient consult service is ideal setting for practice, supervision, and recording of extended MI sessions.
- BAP fits well in fast-paced clinical settings.

# MI with BAP-Primed Trainees

Smoking Cessation

Clinic Northport VAMC

Stony Brook University School of Medicine

# Hello - Nice to meet you

- Deirdra Frum-Vassallo PsyD (LaSalle University)
- Health Behavior Coordinator at Northport VA Medical Center
- Director of Clinical Psychology Postdoctoral Fellowship with Focus in Health Promotion Disease Prevention and Inter-professional Training in Primacy Care.
- Regional Trainer for Motivational Interviewing in VISN 2 (NY/NJ area)



# Health Promotion Disease Prevention at VA

- HPDP Provides comprehensive health education, clinical services and support to vets to enhance their health, wellbeing and quality of life
- Closely integrated with Primary Care Teams (PACT)
  - Providing support and training to Physicians and nurses on patient centered care techniques (MI)
- Provide MI training to Preventive Medicine residents from Stony Brook University Medical Center.

# BAP as Primer for MI learning

Understanding of MI Spirit

Skill in using Evocation

Ability to recognize opportunities for Affirmation

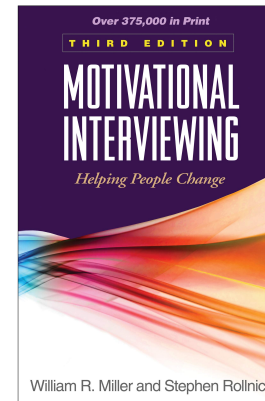
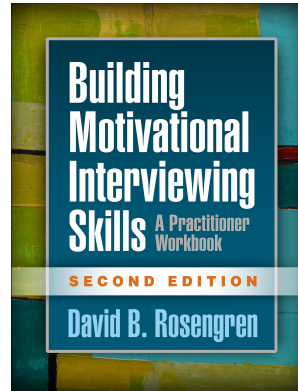
# Longitudinal MI/BAP Training for Junior Preventive Medicine Residents

- July and August: completion of the online BAP (CME-level) Online Course + 4-hour guided BAP skills training
  - Concurrent completion of a 32-hour (CME-level) module in lifestyle medicine from the American College of Preventive Medicine (ACPM)
- September-June: 6-month rotation in lifestyle medicine at VA HPDP
  - VA TEACH (patient health education)
  - MI Training



# Longitudinal MI/BAP Training for all Preventive Medicine Residents

- September-June annually: Six 1-hour MI Practice sessions (12 total during residency) as part of our Population Health Rounds
  - Akin to floor rounds but with a prevention focus
- Clinical and Community Preventive Medicine course
  - BAP-driven OSCE



# Integration between Health Psychology Fellows and Preventive Medicine Residents

- Health Psychology Fellows are given intensive MI training throughout the year including how to facilitate MI training to medical providers.
- Fellows and Preventive Medicine residents participate in group shared medical appointment utilizing MI therapeutic approach
- Fellows observe and provide Residents with real time feedback on MI skills

# Tobacco Cessation Clinic

Group Shared Medical Appointment with Physician (PM Resident) and Psychologist (Psych Fellow)

Physicians exchange information with Veterans on use of NRT and physiology of quitting smoking

Psychologist help facilitate and maintain a MI discussion modeling use of OARS for Vets and PM residents. Observe and provide feedback to PM residents on MI skill.

Opportunity for change planning as ambivalence resolves

# BAP as a Roadmap to Planning



SMART GOAL



CONFIDENCE RULER



ACCOUNTABILITY

# Future Directions

- Psychology Fellows to be formally trained in use of BAP-MI for health behavior change
- Increase formal MI feedback loop after Each Smoking Cessation clinic between Residents and Fellows
- Implementation of a formal BAP for Veterans who exhibits mobilizing change talk in the Tobacco Cessation Group.



# Residents Achieving Competence and Expertise in Motivational Interviewing (RACE-MI):

A Longitudinal Curriculum in Behavior Change  
for Preventive Medicine Residency

(Presented at Annual Meeting of the Academy of Psychosomatic Medicine, Nov 10, 2021)

Deepa Sannidhi MD,  
Assistant Clinical Professor  
UC San Diego School of Medicine ,  
Department of Family Medicine and Public Health, Herbert Wertheim School of Public Health

Camila Romero, MD, MPH,  
Adjunct Professor, UCSD Herbert Wertheim School of Public Health

*And Comments*

Igor Koutsenok, MD,  
Professor of Psychiatry

University of California San Diego, Department of Psychiatry

# 10 Primary Care Competencies for the Prescription of Lifestyle Medicine

July 14, 2010

## Physician Competencies for Prescribing Lifestyle Medicine

Liana Lianov, MD, MPH; Mark Johnson, MD, MPH

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2010;304(2):202-203. doi:10.1001/jama.2010.903

### Box. Suggested Lifestyle Medicine Competencies for Primary Care Physicians

#### Leadership

Promote healthy behaviors as foundational to medical care, disease prevention, and health promotion.

Seek to practice healthy behaviors and create school, work, and home environments that support healthy behaviors.

#### Knowledge

Demonstrate knowledge of the evidence that specific lifestyle changes can have a positive effect on patients' health outcomes.

Describe ways that physician engagement with patients and families can have a positive effect on patients' health behaviors.

#### Assessment Skills

Assess the social, psychological, and biological predispositions of patients' behaviors and the resulting health outcomes.

Assess patient and family readiness, willingness, and ability to make health behavior changes.

Perform a history and physical examination specific to lifestyle-related health status, including lifestyle "vital signs" such as tobacco use, alcohol consumption, diet, physical activity, body mass index, stress level, sleep, and emotional well-being. Based on this assessment, obtain and interpret appropriate tests to screen, diagnose, and monitor lifestyle-related diseases.

#### Management Skills

Use nationally recognized practice guidelines such as those for hypertension and smoking cessation to assist patients in achieving health goals and lifestyle changes.

Establish effective relationships with patients and their families to effect and sustain behavioral change using evidence-based counseling methods and tools and follow-up. Collaborate with patients and their families to develop evidence-based, achievable, specific, written action plans such as lifestyle prescriptions.

Help patients manage and sustain healthy lifestyle practices, and refer patients to other health care professionals as needed for lifestyle-related conditions.

#### Use of Office and Community Support

Have the ability to practice as an interdisciplinary team of health care professionals and support a team approach.

Develop and apply office systems and practices to support lifestyle medical care including decision support technology.

Measure processes and outcomes to improve quality of lifestyle interventions in individuals and groups of patients.

Use appropriate community referral resources that support the implementation of healthy lifestyles.

Establish effective relationships with patients and their families to effect and sustain behavioral change using evidence-based counseling methods and tools and follow-up.

Collaborate with patients and their families to develop evidence-based, achievable, specific, written action plans such as lifestyle prescriptions.

Help patients manage and sustain healthy lifestyle practices, and refer patients to other health care professionals as needed for lifestyle-related conditions.

# BAP and MI practice, practice, practice and application



- LMRC requires behavioral change counseling skills not congruent with most resident's past training
- Collaboration with internationally recognized MI/MINT trained experts were key to practicing and refining these skills
- Individualized feedback on MI skills from Dr. Koutsenok
- Tailored BAP skills training program from Dr. Cole

# RACE-MI Curriculum: Tracks

## Exposure Track

- BAP curriculum
  - 6 hrs. of virtual/group in-person learning
  - 8 hrs. BAP online course with CME
  - Live zoom practice in break-out groups and integration of LMRC
- Motivational Interviewing
  - MI lecture series
  - Personalized feedback on MI skills

## Expert track

- Participation in monthly BAP faculty development group
  - BAP certification
- Psychwire Course on MI
- Experience as mentors during BAP course for the remaining residents
- Practicum Rotations



# RACE-MI Curriculum: Practicum



## Practical experience:

- SLIM Rotation
  - Shared medical appointment program for patients with Obesity
  - Residents follow a cohort of patients
  - Practice MI skills in small group setting
- Virtual Telemedicine Rotation
  - Behavioral health counseling for chronic disease management
  - Practice MI and BAP skills one-to-one
- Other rotations such as the Diabetes Prevention Project and Ornish Program
- Rotations fulfill practicum requirements for ACPM and LMRC

# Testimonials

*Learning BAP has provided me with a precise and effective tool to engage in conversation with my patients about lifestyle change. The language is simple but also effective at inquiring about my patient's interests in making lifestyle changes in a curious and non-judgmental way.*

*- Marsha-Gail Davis PGY-3*

*BAP is a goal setting technique that empowers patients to make small but significant changes towards health. With each successful goal towards health accomplished the patient is emboldened that they actually can make changes towards a healthier future. Created based off of a Motivational Interviewing foundation BAP is deceptively simple and can easily be fit into the end of an office visit. Patients are incredibly receptive and leave feeling good about themselves and what they want to accomplish. I wish I had learned this in medical school and am excited to see how it impacts my patients going forward.*

*- Anastasia Maletz PGY-3*

# Practice/Discuss BAP-MI: 5 Break-out Groups

- BAP as a stand-alone skill and/or
- BAP as a transition into/through MI process of planning

# DISCUSSION

Kathryn Hartlieb, PhD, RDN

Professor, Functional Nutrition, Parker University

and

Part Time Assistant Professor, Wertheim College of Medicine,  
Florida International University



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## Summary/Conclusion

- I. Probe w/Question #1 of BAP and continue w/BAP (as clinically appropriate)  
Use with Spirit of MI, and only when there is good engagement (connection)
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- III. Re-probe with Question #1 of BAP and continue w/BAP (as clinically appropriate)

# BAP-MI is Adaptable and Flexible: Comes in Many Flavors/Styles



**THANK YOU!**

## FOR INFORMATION, FEEDBACK or QUESTIONS

- [www.BAPProfessionalNetwork.org](http://www.BAPProfessionalNetwork.org)
- stevecolemd@gmail.com

# Discussion

- Observations/Comments?
- Challenges and Questions?
- Next steps?