

BAP Core Competencies

Practicum Four: Introduction to BAP-MI Motivational Interviewing for Efficiency in Healthcare

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Disclosure

The BAP Professional Network (www.BAPPN.org) is a nonprofit organization, 501c(3), with a mission to advance the development, study, and dissemination of Brief Action Planning (BAP) and its pragmatic integration with Motivational Interviewing (BAP-MI) across healthcare education, practice, and research. BAPPN offers online self-directed courses on BAP and BAP-MI for a fee.

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- Damara Gutnick
- Kathy Reims
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 - *www.CentreCMI.ca*

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Summer Course: BAP Core Competencies

Online Self-Directed Program + 4 Practicums

Goals	Online Course	Practicum
5 Foundational Skills (with Spirit of MI)	Modules 1 & 2	One
3 Stepped-Care Skills	Module 3 & 4	Two
Reaching Competency (Using BAP Checklist & MITI Partnership Scale)	Module 5	Three
“A Taste of BAP-MI” (Advanced Skills)	Modules 6 & 7	Four

Objectives

After Practicum Four, you will be able to:

1. Describe how BAP-MI integrates evidence-based skills from BAP and MI that can be used separately or together to facilitate change for patients with ambivalence and persistent unhealthy behaviors;
and
2. Begin to use selected skills of BAP-MI in your own practice.

Our hopes

You will feel enthusiastic about learning more about how to use skills of BAP-MI in your own practice.

Agenda: Practicum Four

- Introduction & Overview 05 min
- Discussion: BAP-MI (Readings & Videos) 05-10 min
- Introduction and Overview of BAP-MI 20-30 min
- A “Taste” of BAP-MI: Exercise 20-30 min
- Applications, Summary, Conclusion 10-15 min

Readings and Videos on BAP-MI



Comments? Questions?

**For Your Patients/Clients
with Persistent Unhealthy Behaviors**

Who are Not Ready for Change with BAP alone

Consider BAP-MI

**Let's Watch (or Review)
Two Short Videos:**

Pausing for Observations/Comments



Watch For:

1. Reflections

A. Cognitive – clinician repeats back what a patient has said
(or what may be deeper meaning)

B. Emotional - clinician repeats back what a patient has said
they feel (or what may be deeper feeling
(*"expressing empathy"*)

Watch For:

2. Transition to BAP

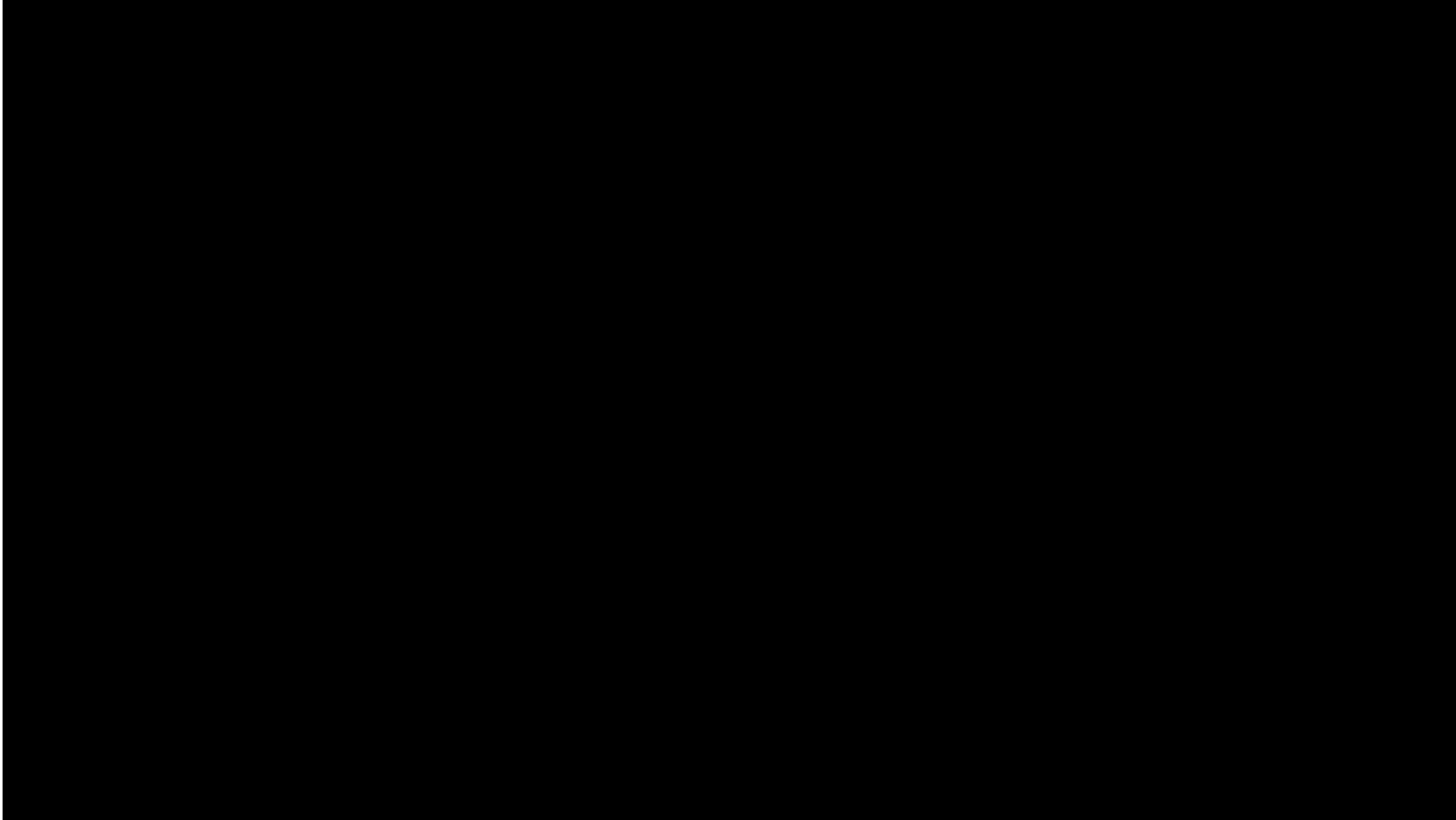
(Context-Specific Version of Question One)

A. When?

B. How?

C. Why?

Mr. Vanguard



<https://www.youtube.com/watch?v=Oplrho53Ga4&t=10s>

BAP-MI



What?

Why?

When?

Ambivalence

**Common and "Normal"
In Context of Persistent Unhealthy Behaviors**



BAP-MI: Linguistic Dynamics of Ambivalence

Sustain Talk

Sustain talk is the person's arguments against change.



Change Talk

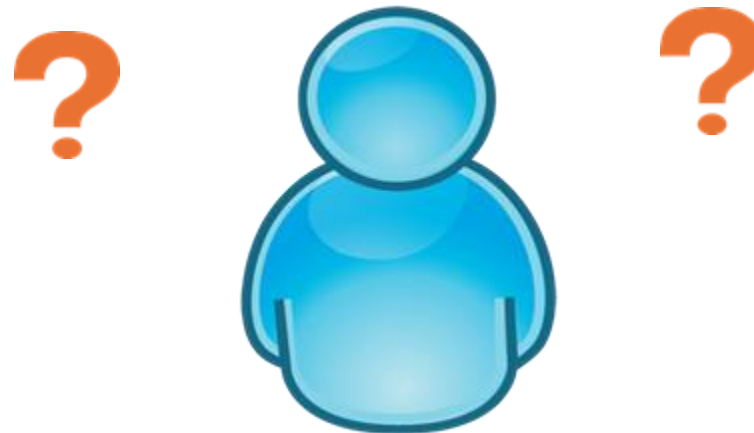
Change talk is the person's arguments for change

BAP-MI: Linguistic Dynamics of Ambivalence

Sustain Talk



Change Talk



BAP-MI: Linguistic Dynamics of Ambivalence



BAP-MI: Linguistic Dynamics of Ambivalence

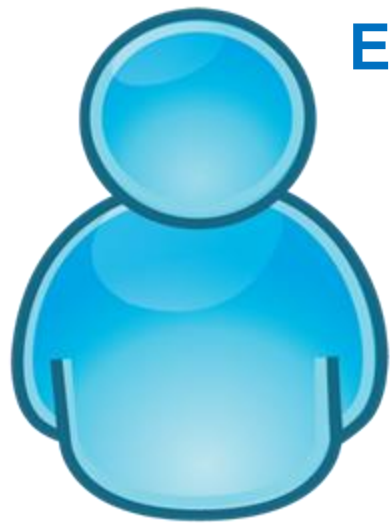
Sustain Talk



Change Talk



BAP-MI: Linguistic Dynamics of Ambivalence



Empathic & Strategic Reflections
Strategic Affirmations
Strategic Autonomy Support



Change Talk



Probe: BAP Q1

BAP



Change



BAP-MI



What?

- Empathic reflections
- Affirmation
- Autonomy Support
- BAP

Why?

- Emotional Distress
- Discord

When? (was BAP introduced)

- When "sufficient" change talk emerged

Let's Watch Another Short Video:

Pausing for Observations/Comments

**Mr.
Stabler**

**BAP-MI For Lifestyle Modification
In a Patient with Uncontrolled Hypertension**

Watch For:

1. Reflections

A. Cognitive – clinician repeats back what a patient has said
(or what may be deeper meaning)

B. Emotional - clinician repeats back what a patient has said
they feel (or what may be deeper feeling
("expressing empathy"))

Watch For:

2. Transition to BAP

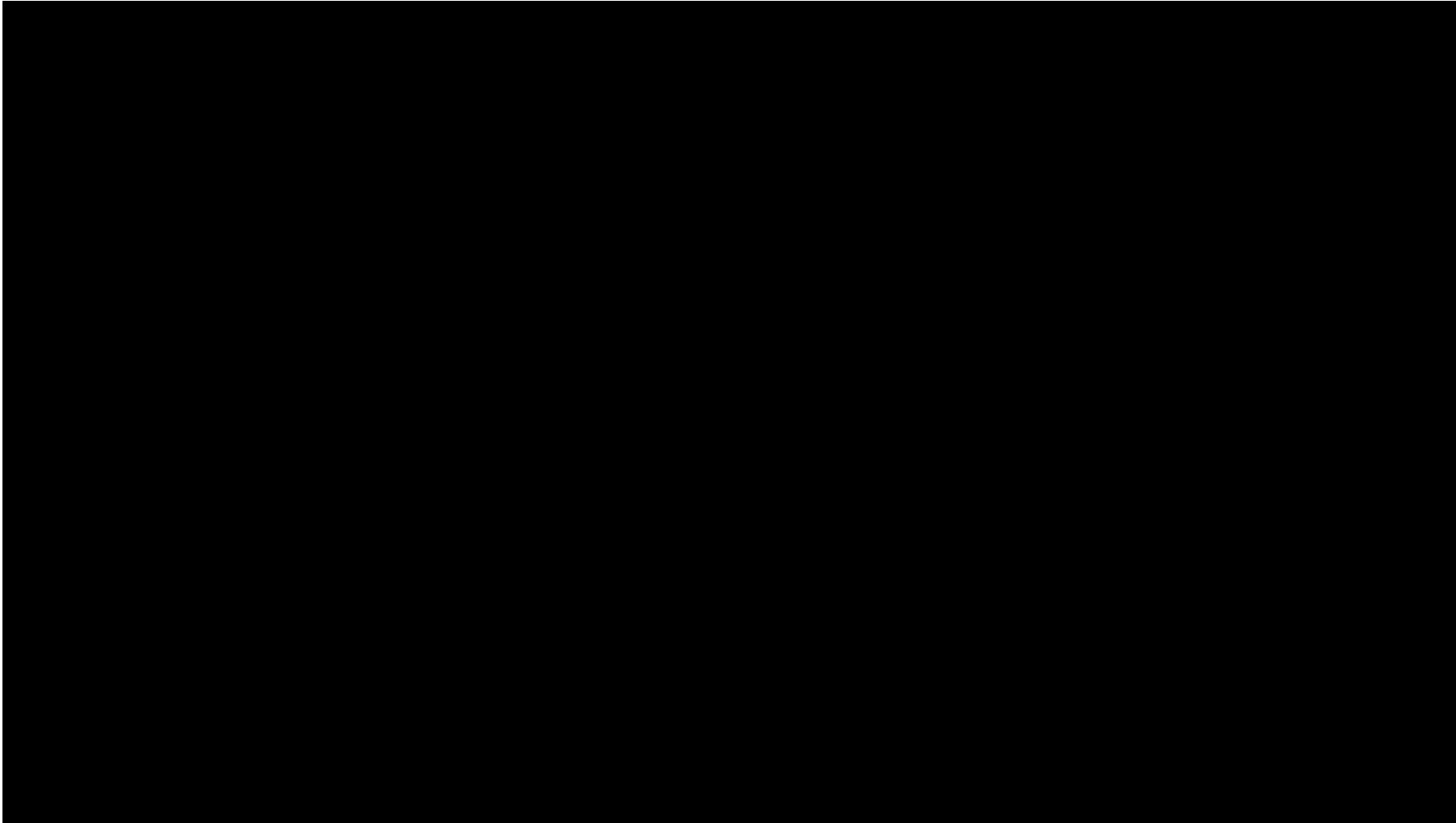
(Context-Specific Version of Question One)

A. When?

B. How?

C. Why?

Mr. Stabler



<https://www.youtube.com/watch?v=an08oPVGcUw>

BAP-MI



**BAP-MI For Lifestyle Modification
In a Patient with Uncontrolled Hypertension**

What?

Why?

When?

BAP-MI: Linguistic Dynamics of Ambivalence



Strategic Empathic Reflections

Strategic Affirmations

Strategic Autonomy Support

Strategic Cultivating Change Talk



Change Talk

Probe: BAP Q1

BAP

Change



What is the relationship of BAP to MI?

Consider Two Metaphors/Symbols:

BAP \approx Bookends

MI \approx Books

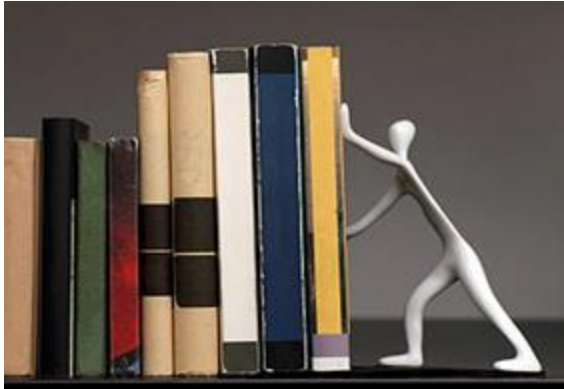
BAP as a Roadmap into and through Planning



BAP as a Roadmap into and through Planning



BAP as a Roadmap into and through Planning



BAP-MI: Summary

3 Ways that BAP “Bookends” Behavior Change Conversations....+/- MI

For patients
**ready or “nearly
ready”** for action
planning...

BAP is often sufficient.



Ambivalence I
For patients with
**emotional
distress ...**

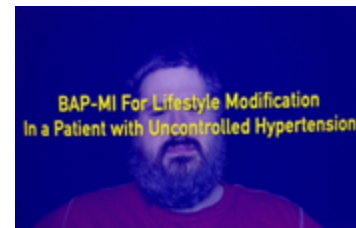
***Question 1 of BAP (“A”)** may uncover a need for empathy (“relational” skills) which may generate sufficient “change talk” to return to **BAP (“Z”)**.*



Ambivalence I & II
For patients with
**distress &
ambivalence...**

*Clinicians begin with **MI** using both relational & technical skills (CCT, SST) to generate sufficient change talk for **BAP (bookend)**.*

Mr. Stabler



Mr. Dowd



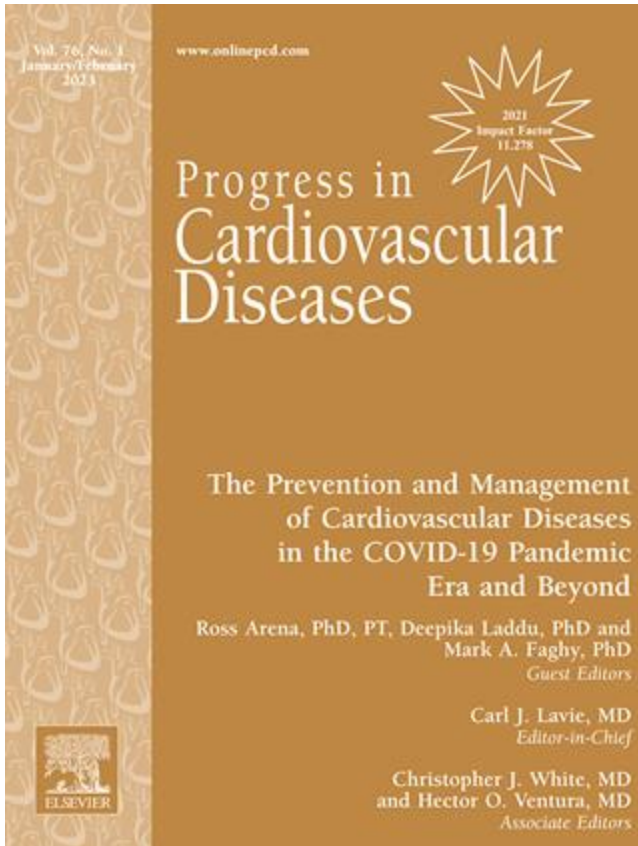
II. What is BAP-MI?

BAP-MI is a stepped-care integration of evidence-informed skills from Brief Action Planning (BAP) and Motivational Interviewing (MI) to support patient self-management and facilitate health behavior change.

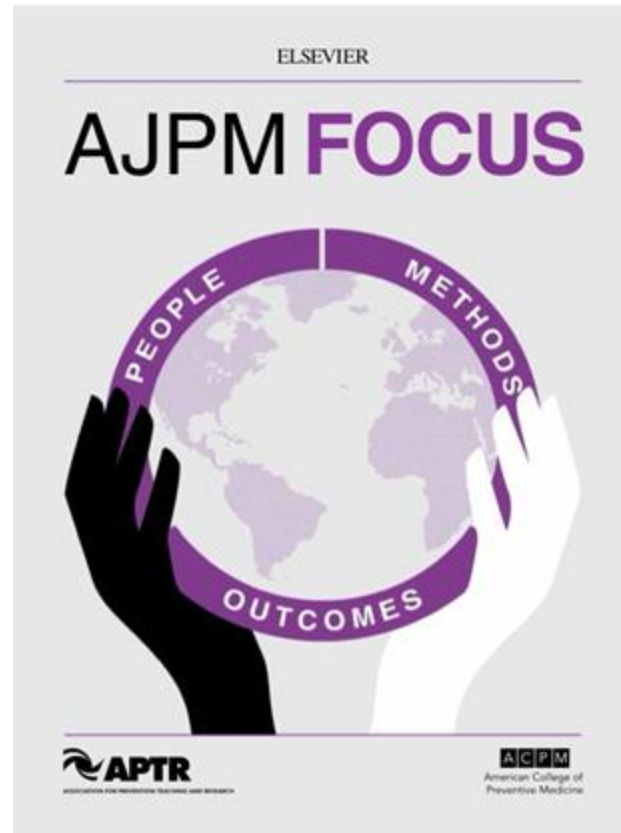
BAP-MI is particularly relevant for patients who do not make action plans with BAP alone, who typically have persistent unhealthy behaviors and ambivalence about change.

In the practice of BAP-MI (and/or MI), the 8 core competencies of BAP function as an evidence-based roadmap into and through Planning.





Using motivational interviewing and brief action planning for adopting and maintaining positive health behaviors, March-April 2023.



BAP- MI: A Novel Stepped-Care Integration of Brief Action Planning and Motivational Interviewing to Optimize Outcomes, September 2023

“BAP and MI are two evidence-based approaches which can be used separately or together to support patient self-management and health behavior change.”



Download Handout: A “Taste” of BAP-MI

A “Taste” of BAP-MI

6/30/24

A “Taste” of BAP-MI

- Write short statement of something that is important to you, that you are considering changing (but which you have not already started)
 - Lifestyle
 - Interpersonal
 - Personal (e.g. well-being)
- This will be the content for real-play exercise

Is there some change in your life that you've been thinking about, that is important to you, but you have not (yet) begun making that change?

Use 1-2 reflection(s) to clarify meaning or feelings

Why is this change important to you?
Use 1-2 reflections to clarify meaning/feelings

How will your life be better if you make this change?
Use 1-2 reflections to clarify meaning/feelings

How might you go about it, in order to succeed?
Use 1-2 reflections to clarify meaning/feelings

Would you like to go ahead and make a plan ... ?

```
graph TD
    A["1. ELICIT PERSONAL GOALS  
1.1 What activities and life issues will be most important to you?"] --> B["2. ELICIT A CONCRETE BEHAVIORAL PLAN  
2.1 What actions will you begin to take?"]
    B --> C["3. ELICIT A COMMITMENT STATEMENT  
3.1 How committed are you to making these changes?"]
    C --> D["4. EVALUATE CONFIDENCE  
4.1 How confident are you that you will be able to make these changes?"]
    C --> E["5. ASSESS RESOURCE AVAILABILITY  
5.1 What resources do you have to help you make these changes?"]
    D --> F["6. EVALUATE OUTCOMES  
6.1 How well did you do?"]
    E --> F
    F --> G["7. EVALUATE OUTCOMES  
7.1 How well did you do?"]
```



A “Taste” of BAP-MI

- Write short statement of something that is important to you, that you are considering changing (but which you have not already started)
 - Lifestyle
 - Interpersonal
 - Personal (e.g. well-being)
- This will be the content for real-play exercise (something you can share in break-out)

“TASTE OF BAP-MI”

(Break-Out Groups of 2 or Program-Specific Grouping)

- Brief introductions
- Real-Play (“clinician,” “patient/client”)
 - Clinician asks 4 questions, followed with 1-2 reflection (s) (“attentive listening”)
 - Then, probe readiness with Question One of BAP (context-specific) & continue with BAP if appropriate
 - De-brief
 - Switch roles as time allows and/or work collaboratively in one exercise

1. Is there some change in your life that you've been thinking about, that is important to you, that you'd like to do, but you haven't begun making that change?

Use 1-2 reflection(s) to clarify meaning or feelings

2. Why is this change important to you?

Use 1-2 reflections to clarify meaning/feelings

3. How will your life be better if you make this change?

Use 1-2 reflections to clarify meaning/feelings

4. How might you go about it, in order to succeed?

Use 1-2 reflections to clarify meaning/feelings

Would you like to go ahead and make a plan about?



* Revised from Cole, Gutnick, Davis, & Reims: “Brief Action Planning Flow Chart,” 2016

Break-Out (20-30 minutes)

Return to Full Workshop



Observations? Questions?

Models of Implementation: 20+ Years

- Developed (\approx 2002) as a self-management support tool (in CCM) for teams in FQHCs for healthcare transformation (w/IHI)
- Healthcare teams
 - care managers, nurses, physicians, SW, psychologists, OT, PT, etc
- **Versatile** and **Pragmatic**
 - Useful across wide-range of clinical expertise and disciplines for patients at varying levels of readiness for change

Models of Implementation: 20+ Years

- Health and Life Coaching (ILCT)
- Criminology
- Psychiatry ACT teams

Models of Implementation:

>10 Academic/University Health Systems

- Northport VA/Stony Brook – Health Psychology, Prev Med & Internal Med Residents
- UC San Diego - Preventive & Lifestyle Medicine Residents
- University of North Carolina - Addiction Medicine Fellows
- Zucker SOM at Hofstra/Northwell – medical students
- UCLA – medical students
- Emory/Grady – Psychiatry ACT teams
- George Washington SOM – medical students

Acronyms

- FQHC = Federally Qualified Health Centers
- IHI = Institute for Healthcare Improvement
- CCM = Chronic Care Model
- ILCT = Institute for Life Coach Training
- ACT = Assertive Community Treatment

Email Us
questions/comments/feedback
scole@BAPprofessionalNetwork.org

Summary and Conclusion