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## Sixth International Conference on Motivational Interviewing



# Teaching and Evaluating BAP-MI:

A Stepped-Care Approach to Self-Management  
Support and Health Behavior Change

Cole S, Ahuja T, Frum-Vassallo D,  
Jadotte Y, Romero C, Sannidhi D, Weiner J



# Disclosures

The presenters have no disclosures.



# Agenda

- |   |                 |
|---|-----------------|
| I. What is BAP? Brief Overview                | (Cole)          |
| II. What is BAP-MI? Overview of Core Concepts | (Cole)          |
| III. BAP-MI at Zucker School of Medicine      | (Ahuja)         |
| IV. BAP-MI at UC San Diego                    | (Sannidhi)      |
| V. BAP-MI at Stony Brook/Northport VA         | (Frum-Vassallo) |
| VI. Discussion                                | (Ernst)         |



# Acknowledgements

For contributions to the development of BAP

- Connie Davis
- Damara Gutnick
- Kathy Reims
- Centre for Collaboration, Motivation, and Innovation  
[www.CentreCMI.ca](http://www.CentreCMI.ca)



# Acknowledgments

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- Yuri Jadotte
- Igor Koutsenok
- Camila Romero
- Deepa Sannidhi
- Kelley Skeff
- Joseph Weiner



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# I. What is Brief Action Planning (BAP)?

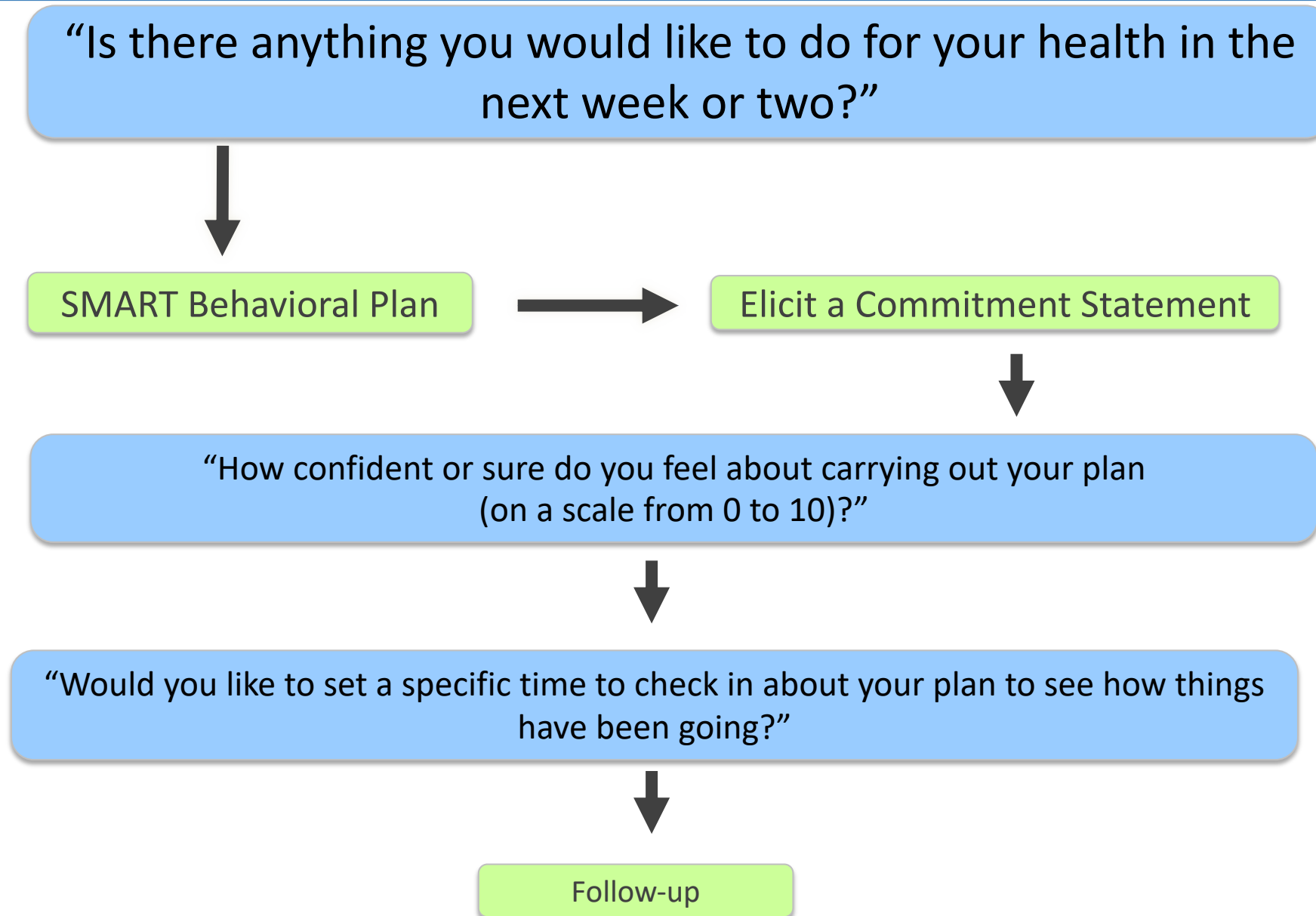
- *Pragmatic*
- *Evidence-informed*
- *Versatile*

*Motivational Interviewing (MI)-consistent tool to support self-management and facilitate health behavior change.*



# BAP Overview

- Eight Core Competencies of BAP
- Engagement (good rapport) precedes BAP
- Spirit of MI throughout







## 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 appropriate for patients who are not quite “ready” for action planning with BAP alone, patients who may be “resistant” (e.g. experiencing personal distress or discord in the relationship) or conflicted (that is ambivalent) about self-managing or changing unhealthy behaviors.*



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

Cole S, Koutsenok I, Stein R, Frum-Vassallo D,  
Hartlieb K, Jadotte Y, Ahuja T, Sannidhi D, Romero C, Weiner J

- \* Annual (Virtual) Meeting of the Academy of Consultation-Liaison Psychiatry, November 2021.
- \* Annual (Virtual) Forum of MINT (Motivational Interviewing Network of Trainers), November 2021.
- \* Annual Forum of MINT (Motivational Interviewing Network of Trainers), Chicago, October, 2022.
- \* American Psychiatric Association (APA), Summer and Enduring CME Course, 2022
- \* 6th International (Virtual) Conference on Motivational Interviewing (ICMI), June, 2022
- \* Editorial, *AJPM Focus* in press.
- \* *Progress in Cardiovascular Disease*, in press.

[www.BAPProfessionalNetwork.org](http://www.BAPProfessionalNetwork.org)



# BAP-MI: BAP “Bookends” MI



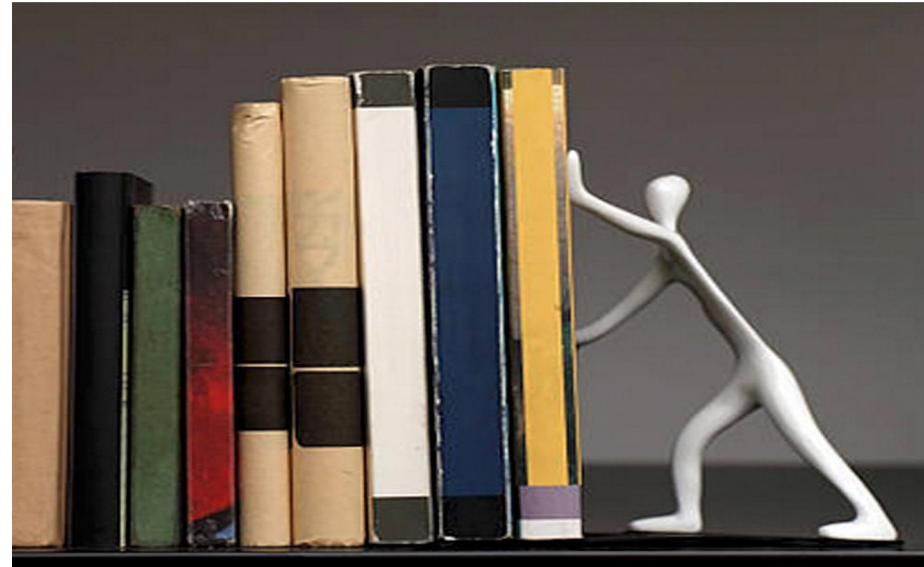


# Sometimes, BAP is Sufficient





# **Sometimes, BAP-MI Begins with MI and Concludes with Selected Skills of BAP**



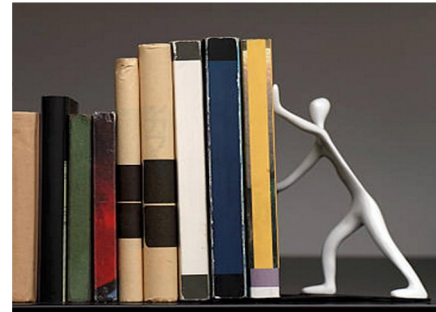


# **Sometimes, Selected BAP Skills “Bookends” Targeted MI Interventions.**





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





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# Three Step “Bookending” in BAP-MI: A Video

1. The clinician “probes” for readiness for action planning with Question One  
*“Is there anything you’d like to do for your health in the next week or two?”*





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# Three Step “Bookending” in BAP-MI: A Video

2. If patient distress (discord) emerges, the clinician uses (MI: Process One) engagement skills to communicate empathy and partnership and (in this case) “soften sustain talk.” Change talk emerges, and the clinician may then use (MI) evoking skills to “cultivate change talk.”



# Three Step “Bookending” in BAP-MI: A Video

OR....

3. When the patient appears ready for action planning, the clinician may re-probe with Question One: *“Would you like to go ahead and make a plan to stop smoking?”*



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# Three Step “Bookending” in BAP-MI: A Video

1. The clinician “probes” for readiness for action planning with Question One: “Is there anything you’d like to do for your health in the next week or two?”
2. If patient distress (discord) emerges, the clinician uses (MI: Process One) engagement skills to communicate empathy and partnership and (in this case) “soften sustain talk.” Change talk emerges, and the clinician may then use (MI) evoking skills to “cultivate change talk.”

OR....

3. When the patient appears ready for action planning, the clinician may re-probe with Question One: “Would you like to go ahead and make a plan to stop smoking?”



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



# BAP-MI for Medical Students at Zucker School of Medicine (ZSOM): Teaching and Evaluation

Taranjeet Kalra Ahuja, DO, MSED

Assistant Professor of Science Education & Pediatrics

And

Joseph Weiner, MD, PhD

Associate Professor of Psychiatry



# Curricular Context

- Four-year longitudinal communication skills curriculum
- During the first 7 weeks of medical school, the students learn skills to co-construct a complete history, build trust and empathize
- Subsequent courses build on this foundation with advanced specialized skills
  - One example being Brief Action Planning



# Curricular Setting

- Most communication sessions begin with a large-group framing with all 100 students ~30 min
- Students then break off into longitudinal cohorts ~80 min
  - 2 Faculty to 8 Students
  - Small groups focused on skills-based training
  - Role-play with coaching and opportunities for re-practice



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# What is the curricular focus when BAP is taught?

- Brief Action Planning is taught in last course of MS1 year
- Students are in Pulmonary/Cardiology/Nephrology course
- Students clinical experience is Internal/Family Medicine



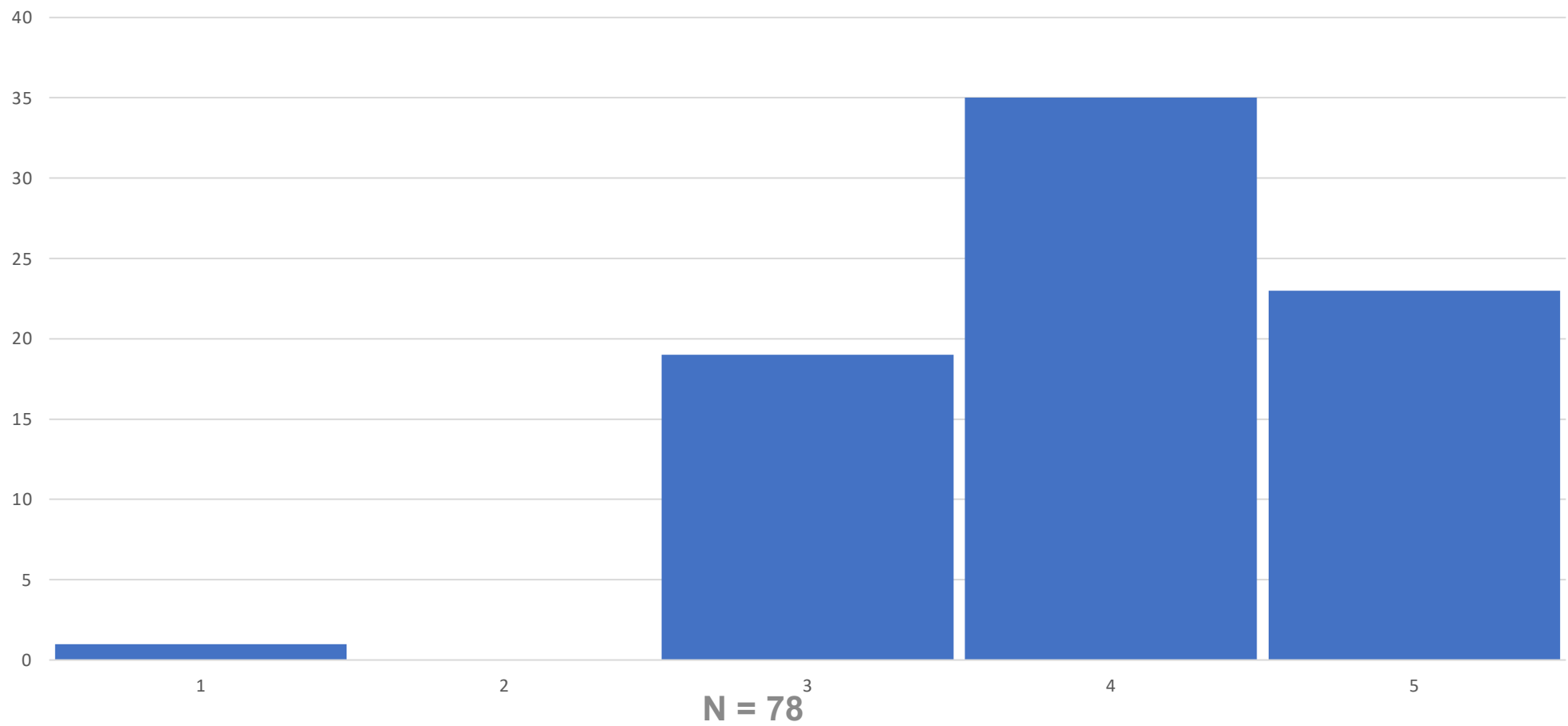


# BAP Class Plan

- Learning Objectives of BAP Session
  - Define the spirit of motivational interviewing
  - Define the steps in BAP
  - Appreciate BAP as a tool useful for behavior change to improve health
  - Practice the core skills of BAP
- Prework
  - Web-based Introductory Training in BAP (90 min)



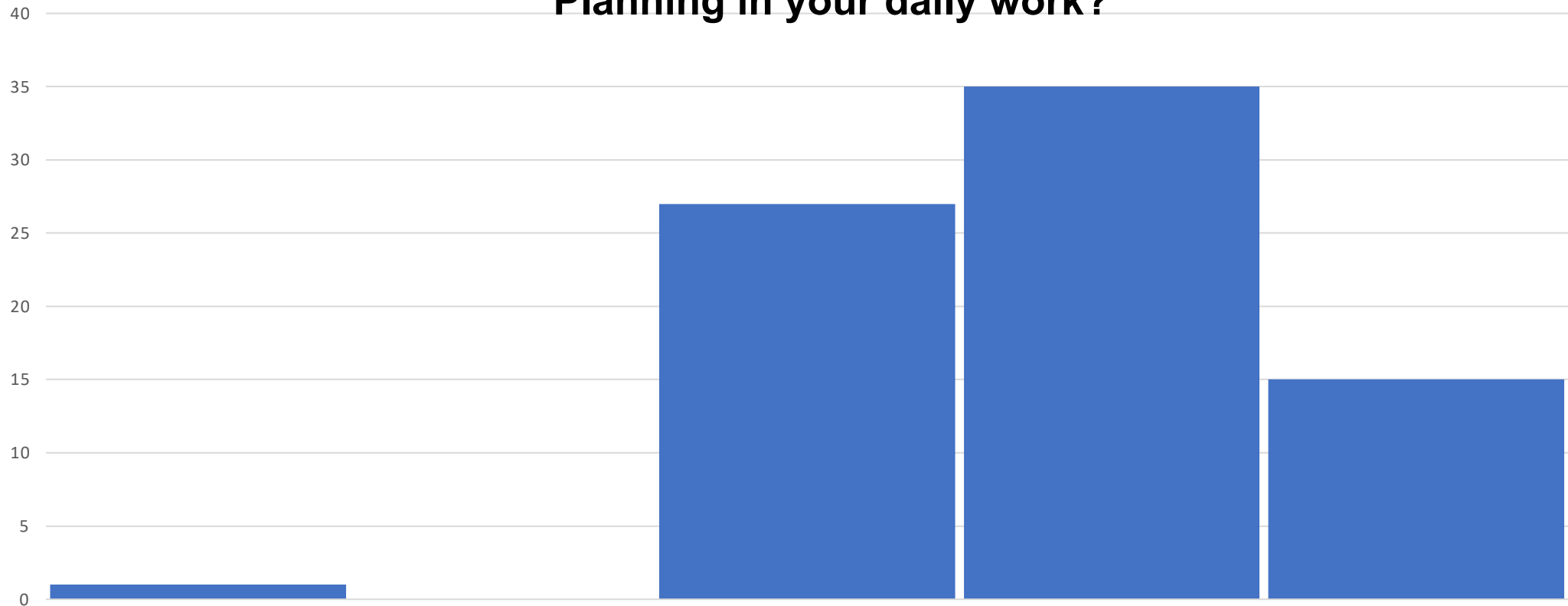
How useful do you feel this module will be in your  
current or future practice?



N = 78  
(2018-2021)  
Mean = 4.01



**After completing this module, about how confident do you feel in  
your ability to apply the knowledge and skills of Brief Action  
Planning in your daily work?**

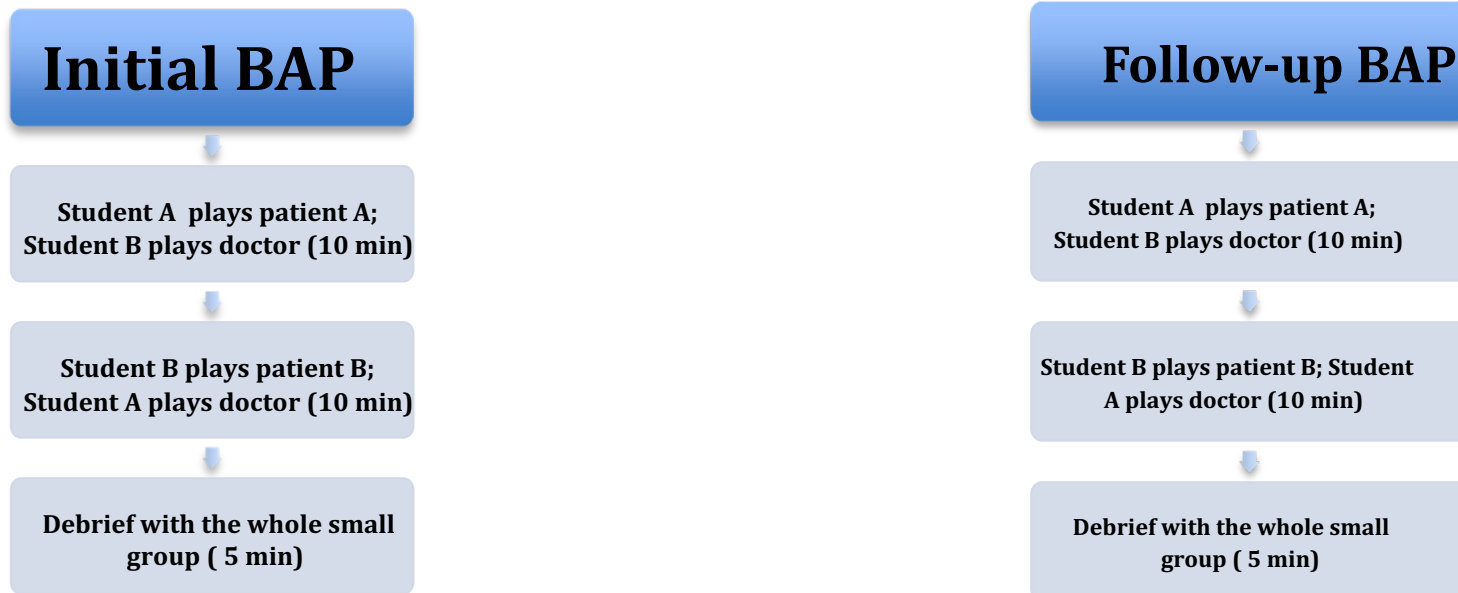


**N = 78**  
**(2018-2021)**  
**Mean = 3.81**



# BAP Class Plan (Continued)

- Large Group Session:
  - Framing Lecture on Brief Action Planning ~25 min
- Small Group Session:
  - Faculty Demo of BAP with Debrief
  - Students Provided with Case Vignettes to practice BAP:





# Reinforcement of Skills

- BAP skill learned and practiced in small-groups with coaching from communication faculty facilitators
- Required to practice with patients in their longitudinal ambulatory clinics
- Assessment Drives Learning!
  - BAP assessed in Objective Structured Clinical Examinations (OSCEs)



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# True Story!

- An MS1 student practiced the skills of BAP in his outpatient medicine office after learning about it in a classroom session and was able to successfully collaborate with a patient on their journey towards smoking cessation. He was so pleasantly surprised that he was able to help a patient at this stage of his learning.
- The student from this story just graduated from psychiatry residency in June 2020!



# Acknowledgements

- Dr. Steven Cole
- Dr. Richard Frankel
- Dr. Alice Fornari
- Faculty and Students at the Zucker SOM at Hofstra/Northwell



# BAP-MI for Preventive Medicine Residents at UC San Diego: Teaching and Evaluation

## **A Longitudinal Curriculum in Behavior Change for Preventive Medicine Residency**

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

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





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# Objectives

1. Understand the role for health behavioral counseling training in Lifestyle Medicine.
2. Describe the development of a longitudinal curriculum for health behavior change in Preventive Medicine Residency



# Context: Push for Lifestyle Medicine Education



AMA resolution 2017: 1) it recognizes 15 competencies of lifestyle medicine and urges physician to offer evidence-based lifestyle interventions as the primary mode of preventing and treating chronic disease; and will work to assist physicians via medical societies and medical organization to address lifestyle factors as the primary strategy for chronic disease prevention and management. 2) AMA supports policies to incentivize and/or provide funding for the inclusion of lifestyle medicine and social determinants of health in medical education.

# 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.



# Context: Lifestyle Medicine Curriculum



- Lifestyle Medicine is a core competency of Preventive Medicine. (ACGME Competency MK IV.B.1.c)
- UCSD GPM Residency becomes a site for Lifestyle Medicine Residency Curriculum (LMRC) which allows a path for becoming board certified in Lifestyle Medicine.
- Vigorous curriculum:
  - 40 hours of didactic
  - 60 hours of independent application activities
  - 80 hours of Intensive Therapeutic Lifestyle Change programs
  - 400 patient encounters

# RACE-MI Curriculum: Tracks

## Exposure Track

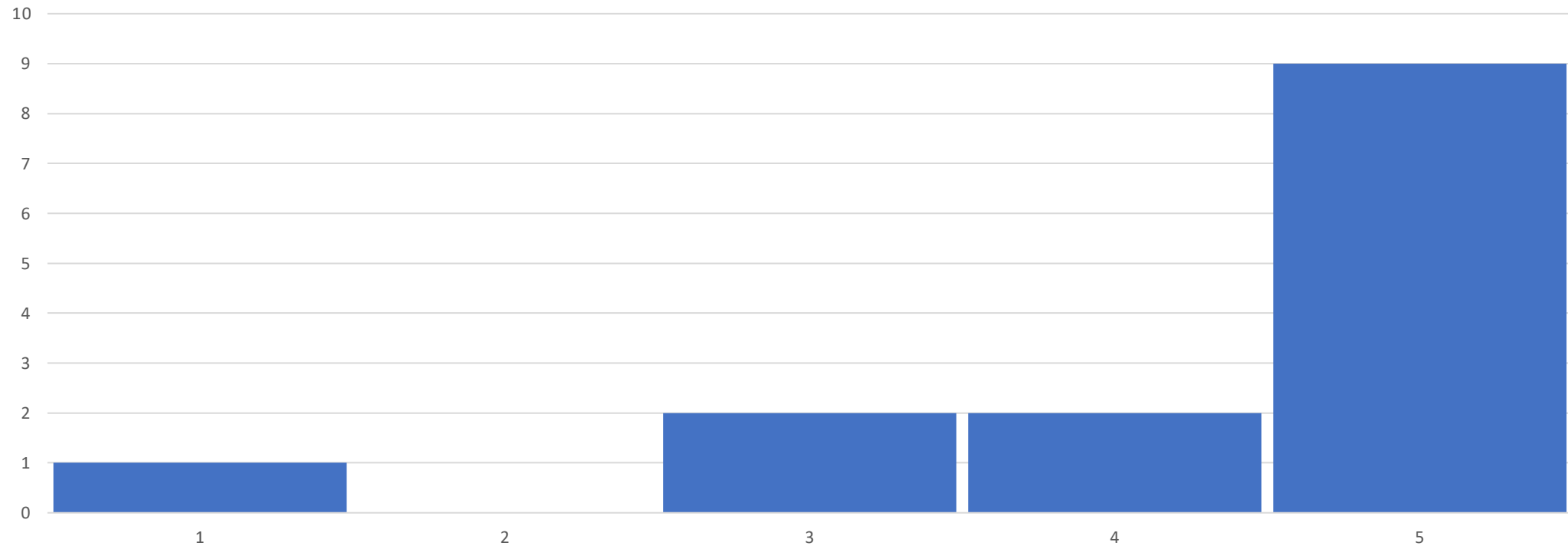
- BAP curriculum
  - 6 hrs. of virtual/group in-person learning
  - 8 hrs. BAP online course with CME
  - Live zoom practice in break-out groups and integration of LMRC
- Motivational Interviewing
  - MI lecture series
  - Personalized feedback on MI skills

## 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



## How useful do you feel this module will be in your current or future practice?



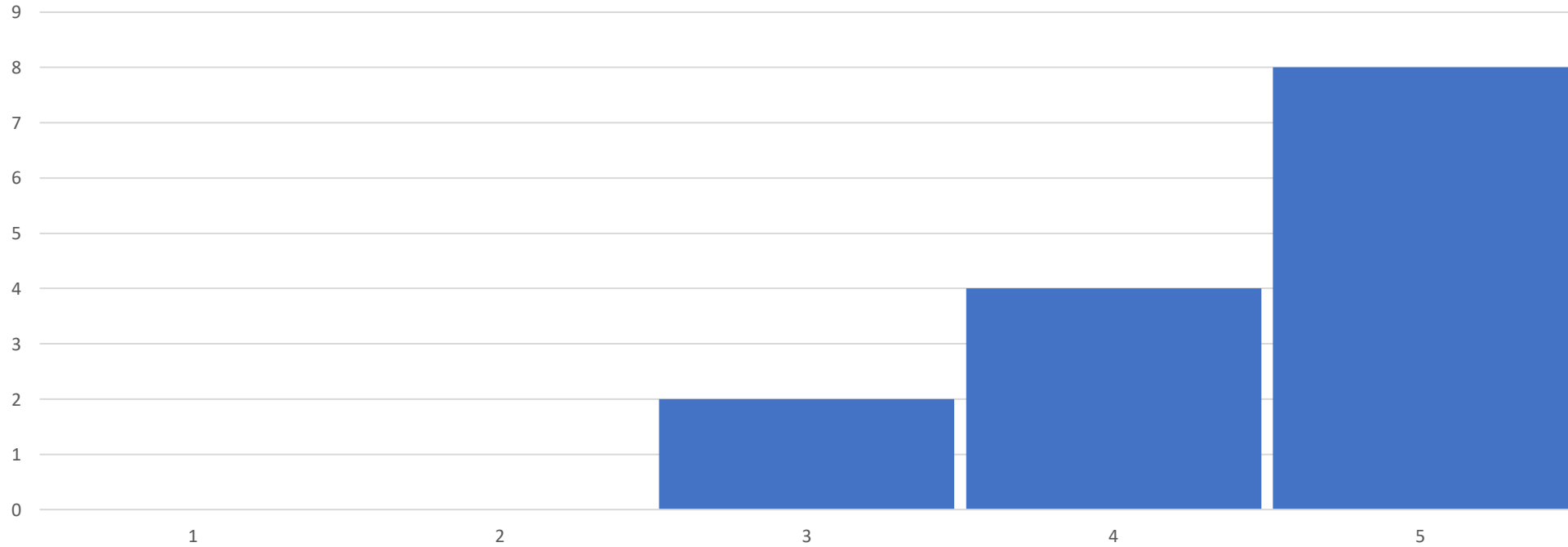
**N = 14**

**(2020, 2021)**

**Mean = 4.28**



**After completing this module, about how confident do you feel in  
your ability to apply the knowledge and skills of Brief Action Planning  
in your daily work?**



**N = 14**  
**(2020, 2021)**  
**Mean = 4.43**





# 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: 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*

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Schultz, K., Griffiths, J., & Lacasse, M. (2015). The application of entrustable professional activities to inform competency decisions in a family medicine residency program. *Academic Medicine*, 90(7), 888-897.



# 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)

and

Yuri Jadotte, MD, PhD, MPH

Assistant Professor and Associate Program Director of the Preventive  
Medicine residency at Stony Brook University (SBU)



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# BAP-MI for Preventive Medicine Residents at Stony Brook and the Northport VA: Teaching and Evaluation

*MI with BAP-Primed Trainees*

Smoking Cessation Clinic

Northport VAMC

Stony Brook University School of Medicine



# Motivational Interviewing (MI) and Brief Action Planning Training (BAP) in Residency: A Longitudinal Model for Preventive Medicine

**Yuri T. Jadotte, MD, PhD, MPH**

**Assistant Professor & Associate Program Director of Preventive Medicine Residency**

**Department of Family, Population and Preventive Medicine**

**Renaissance School of Medicine at Stony Brook University**



# Longitudinal MI/BAP Training for Junior Preventive Medicine Residents

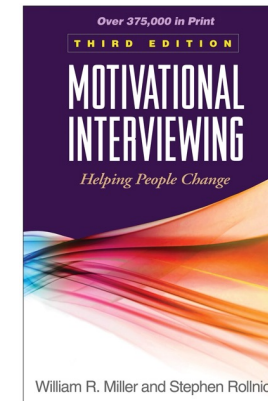
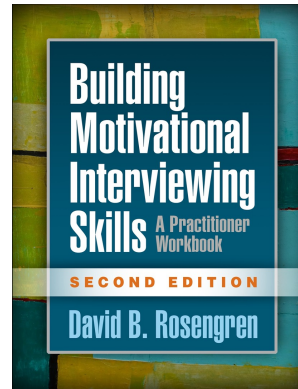
- July and August: completion of the online BAP (CME level) Online Course + 4-hour guided BAP skills training
  - Concurrent completion of a 32-hour (CME-level) module in lifestyle medicine from the American Medicine (ACPM)
- September-June: 6-month rotation in lifestyle cessation at VA HPDP
  - VA TEACH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





# Longitudinal MI/BAP Training for all Preventive Medicine Residents

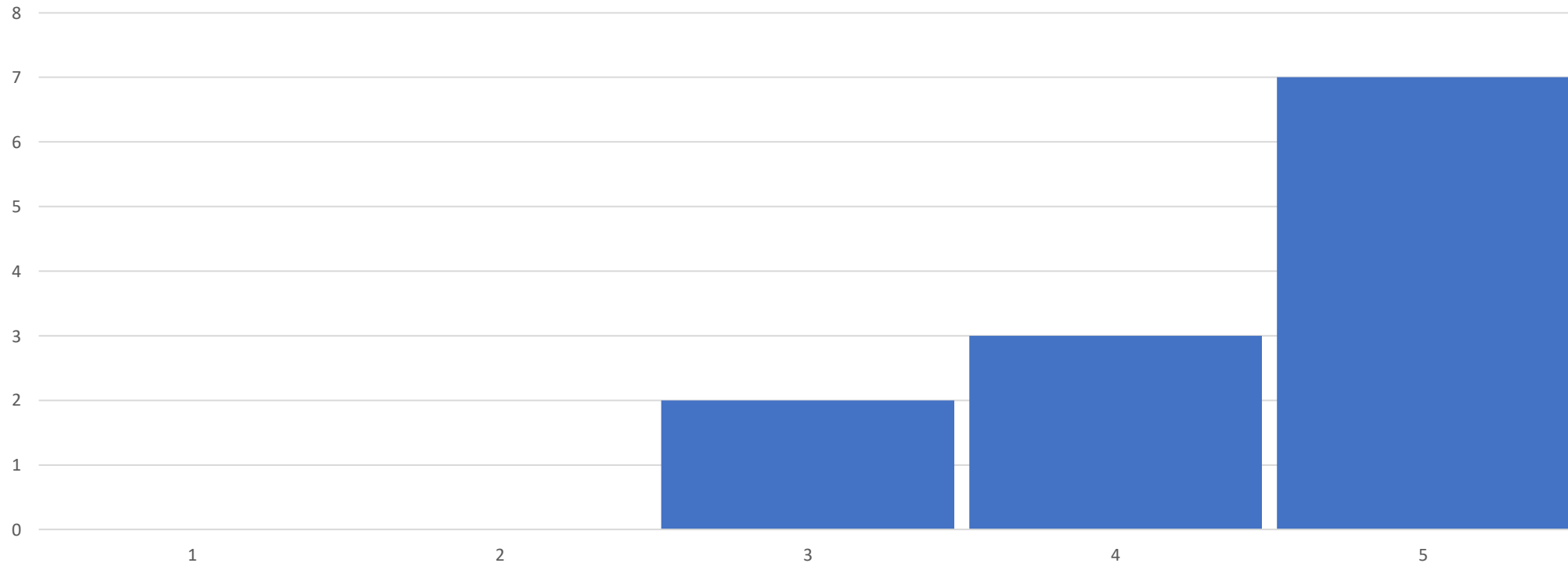
- September-June annually: Six 1-hour MI Practice sessions (12 total during residency) as part of our Population Health Rounds
  - Akin to floor rounds but with a prevention focus
- Clinical and Community Preventive Medicine course
  - BAP-driven OSCE







## How useful do you feel this module will be in your current or future practice?



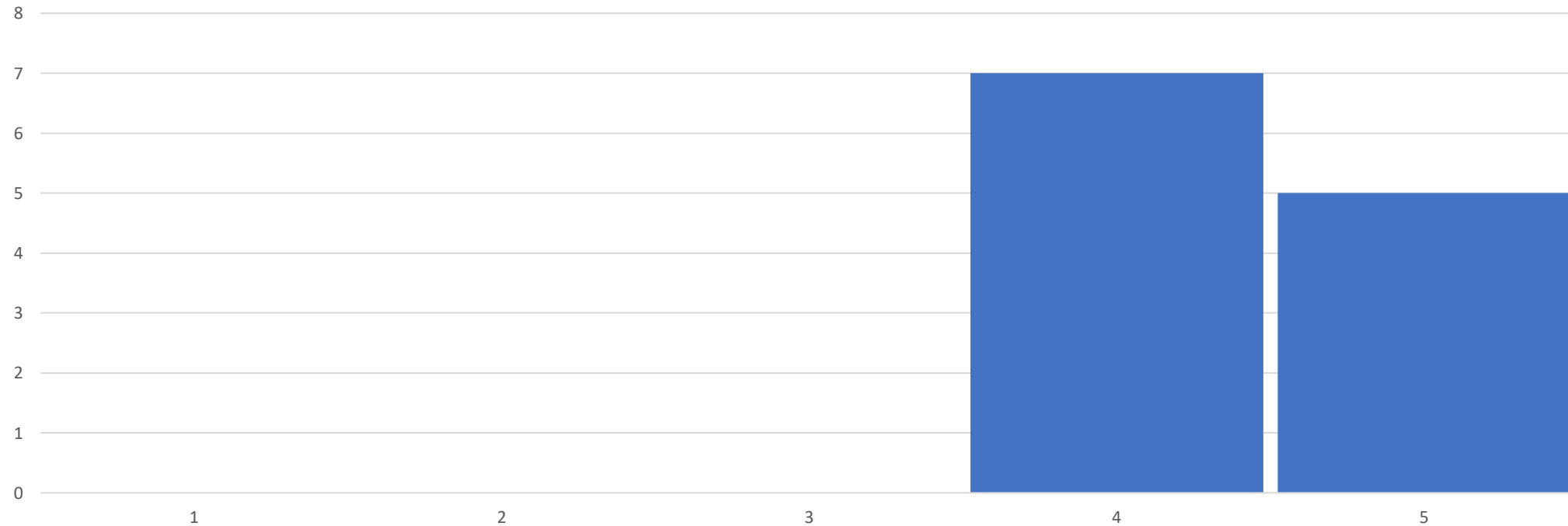
**N = 12**

**(2017, 2019, 2020, 2021)**

**Mean = 4.42**



**After completing this module, about how confident do you feel in  
your ability to apply the knowledge and skills of Brief Action  
Planning in your daily work?**



N = 12

(2017, 2019, 2020, 2021)

Mean = 4.42



# Summary

- ACGME program accreditation requirements for Preventive Medicine residencies mandate formal health behavior change training without specifying the required counseling skills or recommended pedagogic approach.
- The Stony Brook Preventive Medicine residency program has adopted and embedded MI and BAP in a longitudinal approach to teaching health behavior change counseling skills.
- Evaluation of the educational effectiveness of this pedagogic approach for health behavior change training is ongoing.



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- **Jadotte, Y. T.,** & Lane, D. S. (2021). Core functions, knowledge bases and essential services: A proposed prescription for the evolution of the preventive medicine specialty. *Preventive Medicine*, 143, 106286.
- **Jadotte, Y. T.,** & Lane, D. S. (2021). Population Health Rounds: A Novel Vehicle for Training in Population Medicine and Clinical Preventive Medicine. *Journal of Public Health Management and Practice* (in press).
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# 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



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# 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



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# 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



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# 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.



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# Discussion