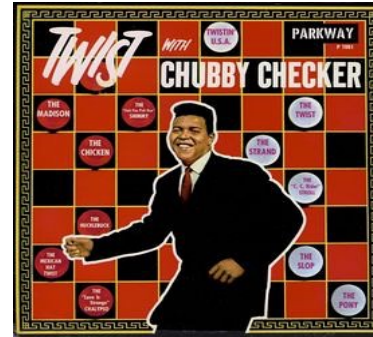


# BAP-MI: MI with a Twist?



MINT Forum, Virtual  
November 8, 2023

Cole S, Bolter H, Frum-Vassallo D, Miles C, Hartlieb K (discussant)

# Acknowledgements

For contributions to the development of BAP:

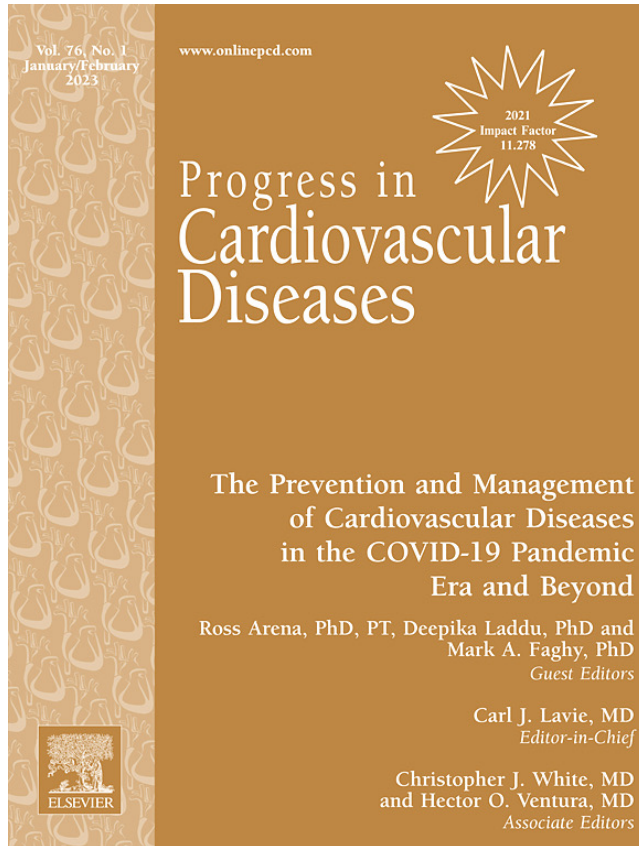
- Connie Davis
- Damara Gutnick
- Kathy Reims
- [www.CentreCMI.ca](http://www.CentreCMI.ca)

# Acknowledgments

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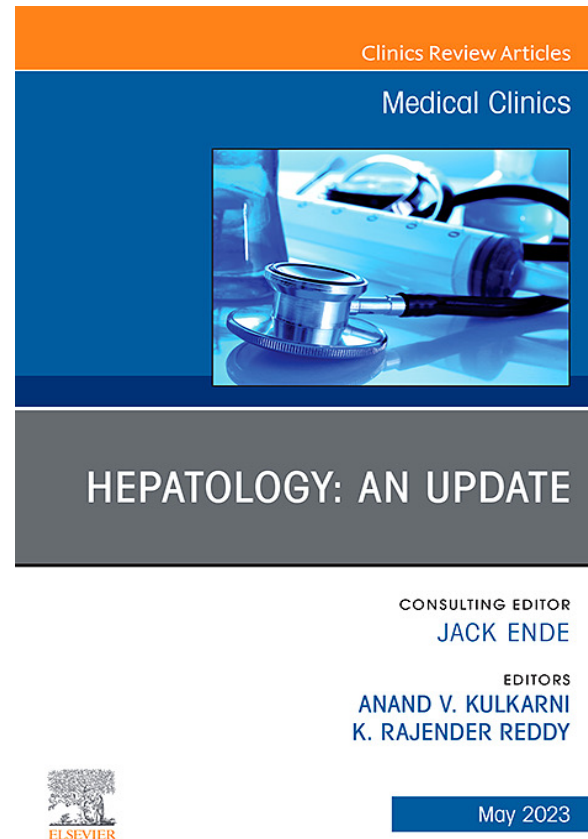
- Taranjeet Ahuja
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- Denise Ernst
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- Deirdra Frum-Vassallo
- Damara Gutnick
- Ali Hall
- Kathryn Hartlieb
- Yuri Jadotte
- Igor Koutsenok
- Christine Miles
- Camila Romero
- Deepa Sannidhi
- Kelley Skeff
- Roy Stein
- Joseph Weiner

# Recent Peer-Reviewed Publications

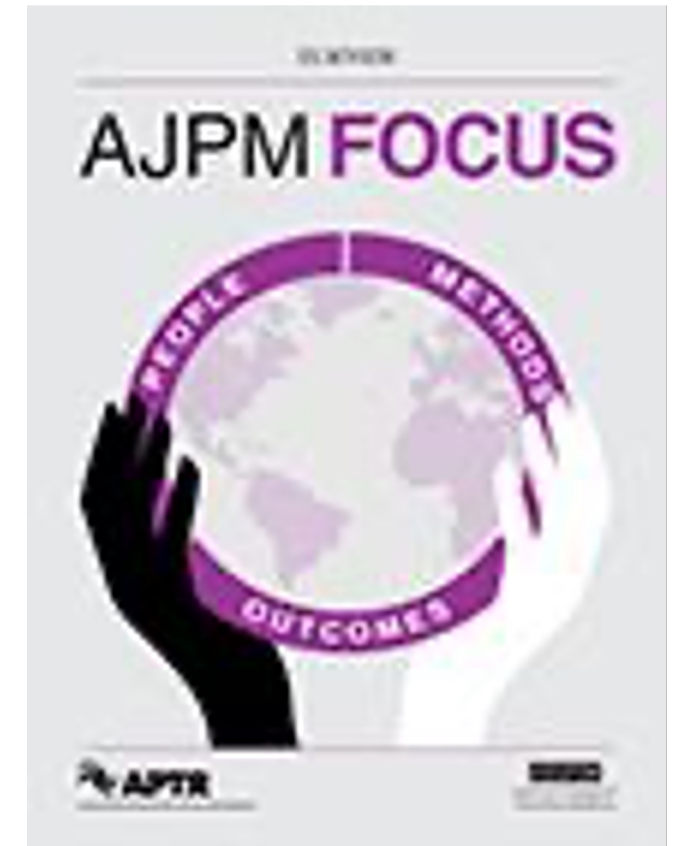


<https://www.sciencedirect.com/science/article/pii/S033062023000099>

*Using motivational interviewing and brief action planning for adopting and maintaining positive health behaviors, Feb 2023.*



*Brief Action Planning (BAP) in Health and Healthcare: A Scoping Review, September, 2023*



<https://www.sciencedirect.com/science/article/pii/S2773065423000457>

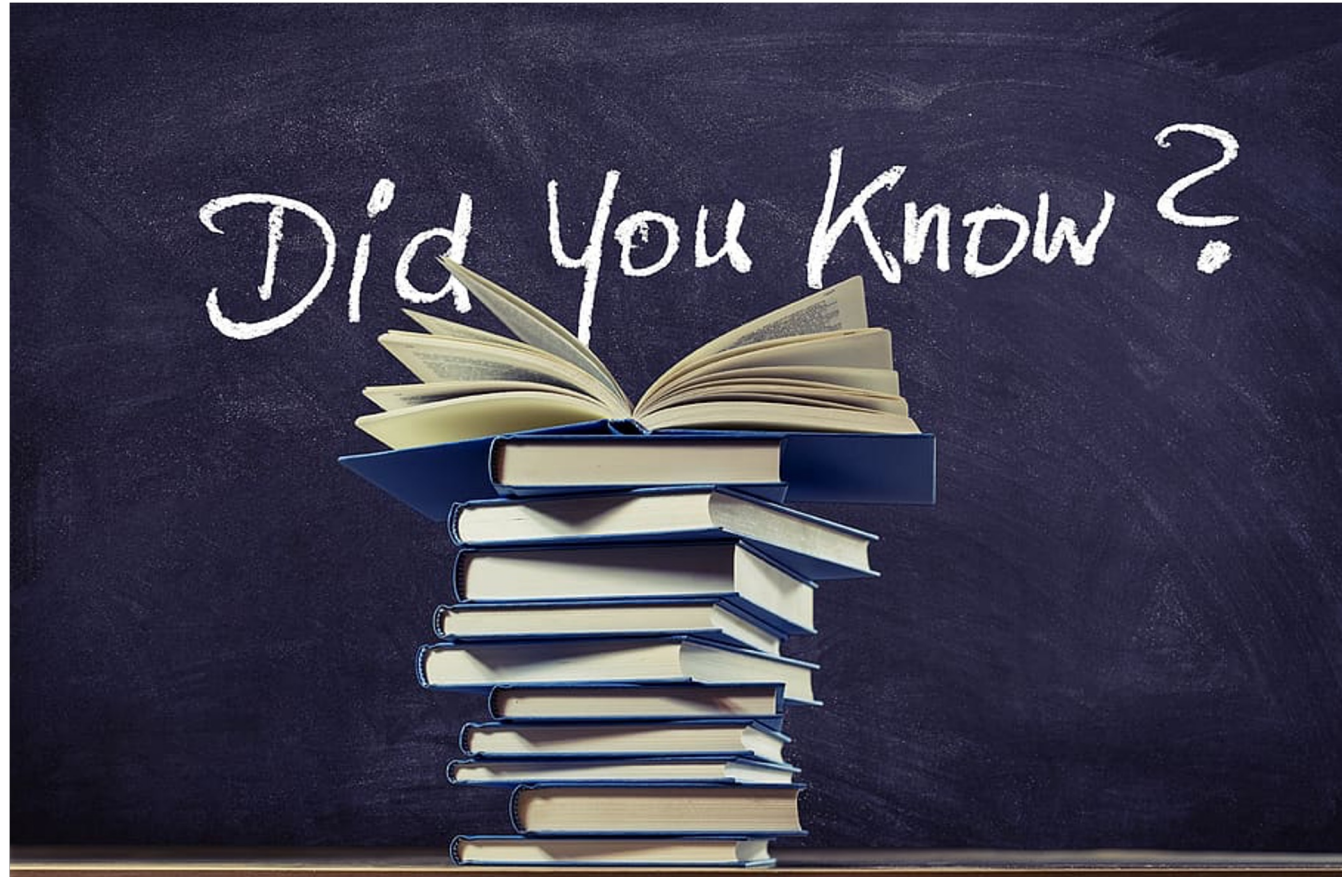
*BAP- MI: A Novel Stepped-Care Integration to Optimize Outcomes, November, 2023*

# BAP-MI: MI with a Twist?

- |      |  |        |
|------|--|--------|
| I.   | What is Brief Action Planning (BAP)?<br><i>Survey [poll] + Demonstration[poll]</i>                     | 10 min |
| II.  | What is BAP-MI?<br><i>BAP &amp; MI: Many “Flavors &amp; Styles”</i><br><i>Two Video Demonstrations</i> | 20 min |
| III. | Break-Outs: BAP-MI: MI with a Twist?   | 15 min |
| IV.  | Brief Report Out/Plenary Discussion  | 5 min  |
| V.   | 6 “Twists” of BAP-MI ?   | 10 min |
| VI.  | BAP & BAP-MI: Some Current Directions (HB, CM, DFV)  | 15 min |
| VII. | Plenary Discussion   | 15 min |

# Poll 1

## Your Knowledge/Experience with BAP?



# Demonstration of BAP: Real-Play

# Poll 2

## Question One of BAP

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



## **Poll 3**

***“If, yes, would you like to make a specific plan about that?”***

**“What would you like to do?”**

*(as specific as possible)*

**When would you like to start?**

**For how long ?**

**How often?**

***etc.***

# *“Is your plan ‘SMART’?”*

*Specific?*

*Measurable?*

*Achievable?*

*Relevant?*

*Time-based?”*

*“Would you like to adjust your plan  
to make it SMART?”*

***“Please write down your complete action plan, with all the details.”***

## Poll 4: Scale for Confidence

*“On a scale from 0 to 10, where 0 means you are not at all confident you can complete your plan, and 10 means you are very confident you can complete your plan... about how confident do you feel about your plan?”*

# Problem- Solve for Low Confidence

*“If you chose a number less than 7, (but higher than 0) you should feel good that you picked a number demonstrating some degree of confidence that this is a plan that you think you may be able to carry out, at least in part.*

*We know that plans with confidence levels of 7 or higher are more likely to be associated with higher degrees of success.*

*Would you like to adjust your plan in some way, perhaps one that is a little less ambitious, or one that you ask a friend or family member to help you with, that might enable you to reach a confidence level of 7 or more?”*

*“If you’d like to adjust your plan, please write down your revised plan, and the level of confidence you now have with respect to completing the new plan.”*



# Ask About Accountability

*“Finally, would you like to add an element of accountability to your plan; that is, involve a friend or family member, keep track of your progress in a calendar or smart phone; or arrange a specific follow-up with me or someone on our team?”*

# What is Brief Action Planning (BAP)?

*BAP is a pragmatic, evidence-informed, and versatile MI-consistent tool to support patient self-management and facilitate health behavior change.*

*BAP is particularly appropriate for patients who are ready or nearly ready for action planning (for whom ambivalence is not a persistent barrier and advanced MI skills may not be needed).*

*In the practice of MI, with patients ambivalent about change, BAP can function as a flexible roadmap from “Evocation” into and through the MI task of “Planning.”*

# Brief Action Planning: BAP

With Rapport (Engagement) and  
With Spirit of MI: Empowerment + Partnership + Autonomy Support

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

Develop  
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?”*

## 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: Summary

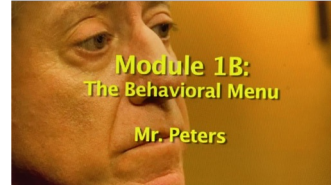
## Many Flavors and Styles (+ Videos)

[www.BAPprofessionalnetwork.org](http://www.BAPprofessionalnetwork.org);

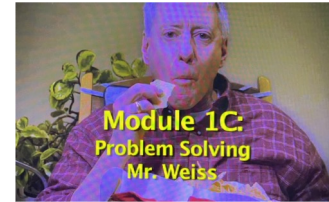
[youtube.com/@baprofessionalnetwork](https://youtube.com/@baprofessionalnetwork)



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



<https://www.youtube.com/watch?v=VdRcN6egxC>  
M



<https://www.youtube.com/watch?v=BrwKHC59C>  
24



### Ambivalence I

Use of MI relational skills (partnership & empathy) to address patient distress and/or discord in clinical relationship



Mr. Stabler



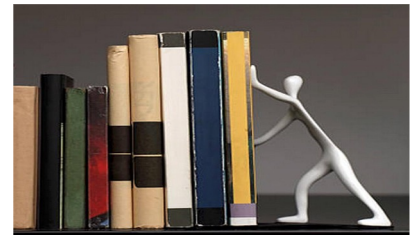
<https://vimeo.com/735607279/settings>

### Ambivalence I & II

Use of both MI relational skills & MI technical skills: CCT and SST



<https://vimeo.com/732497584/settings>





## Module 2: Responding to Emotions Mr. Vanguard

<https://www.youtube.com/watch?v=262CjvURVn0&t=136s>

# Initial Observations (Brief – 3 min)

# Mr. Stabler



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

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



# POLLS 5-8: MITI Global Scores

**Poll 5: Cultivating Change Talk (CCT)**

**Poll 6: Softening Sustain Talk (SST)**

**Poll 7: Partnership (P)**

**Poll 8: Empathy (E)**

# Gold Standard MITI Coding: (Mr. Stabler)

*(Denise Ernst Training and Consultation)*

## GLOBAL RATINGS

CCT	4
SST	4
PAR	4
EMP	4

# Behavior Counts (Mr. Stabler)

Giving Information (GI)	5
Persuade (Persuade)	0
Persuade with Permission (Persuade with)	0
Question (Q)	16
Simple Reflection (SR)	4
Complex Reflection (CR)	11
Affirm (AF)	3
Seeking Collaboration (Seek)	3
Emphasizing Autonomy (Emphasize)	1
Confront (Confront)	0

# **Break-Out Discussions**

**BAP-MI: *MI with a Twist?***

**15 minutes**

# **Brief Report Out/Plenary Discussion**

**5 minutes**

# 6 “Twists” of BAP-MI

1. BAP alone is often sufficient. BAP clinical care and training begins w/least behaviorally complex patients who are ready/nearly ready for change.
2. BAP-MI introduces higher-order skills in a stepped-care approach for patients with increasing levels of ambivalence/persistent unhealthy behaviors.
3. BAP-MI aims to “infuse” just enough MI to probe for readiness for action planning (with MI Spirit). (*“Test the Water” MI-4, p118*)

# 6 “Twists” of BAP-MI

4. BAP-MI recognizes that the use of relational skills alone may be sufficient for action-planning (with MI Spirit).
5. BAP-MI encourages a more directional/guiding “key question” for the transition from Evocation to Planning. (less neutrality/less equipoise)
6. BAP-MI encourages use of a special type of closed question: GCG (grammatically-closed, generative).

# MI-4 Definitions

## Open Question

*“An open question is one which offers the person broad latitude in how to respond” (p.324)*

## Closed Question

*“A question that limits the range of answers, such as asking for yes/no, a short answer, or specific information” (p. 328)*



# GCG: Grammatically-Closed, Generative A Third Type of Question?

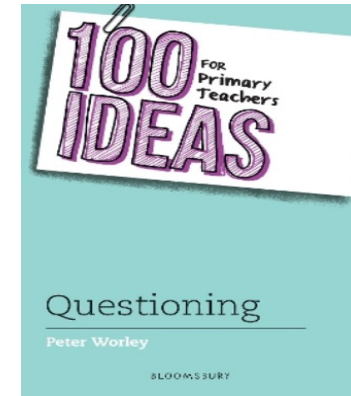


Peter Worley

Open thinking, closed questioning: Two kinds of open and closed questions

Peter Worley

Journal of Philosophy in Schools 2 (2):17-29 (2015)



2019

“In this paper, I identify a confusion that follows from how open and closed questions are ordinarily understood. I draw a distinction between two kinds of open and closed question: ‘grammatical’ open and closed questions and ‘conceptual’ open and closed questions. “

“Rehabilitate the closed question.....”

# Are These: “Open” ? “Closed” ? “Both” ?

- *“Is the mind the same as the brain?”*
- *“Would it be useful to talk a bit about how you might do this?”* (MI-4, p. 119)
- *“Is there anything you’d like to do for your health in the next week or two?”* (BAP Question One)
- *“Would you like to go ahead and make a plan about that now?”*
- *“Would you be interested in talking more about your recent stresses?”*
- *“Has there been anything in particular that you’d like to talk about today?”*
- *“Has there been anything you’ve been thinking about changing that you might like to explore?”*

# Exploring “Both”?

- Advantages of this type of question, pedagogically and clinically, is that it gives educators/clinicians the best of both ...
- the focus and specificity of a closed question, but the inviting, elaborating character of an open question

# What is a GCG Question? Toward a Definition

GCG = grammatically closed, generative question

1. GCG is a grammatically closed question, which specifies and focuses
2. Preserves MI Spirit (especially autonomy support) and
3. Functions generatively to open discussion.
4. Often “forced choice” (eg “binary/two-tailed”), in which one choice may indeed “close” discussion, but the other choice is generative and opens discussion. (As above)

# Toward a Definition of GCG

## 1. Open Question

*“...offers the person broad latitude in how to respond.” (MI 4, p.324)*

## 2. Closed Question

*“...limits the range of answers, such as asking for yes/no, a short answer, or specific information.” (MI 4, p. 328)*

## 3. GCG: Grammatically-Closed Generative Question

***“GCG is a particular kind of closed question which nevertheless encourages and inspires broad latitude in responding.”***

- Useful to evoke/encourage expression of personal ideas or feelings (“feels open”)*
- BAP-MI encourages use of GCG’s, typically “directional,” supporting autonomy, to “cultivate change talk”*

# BAP Questions that are GCG

- Question One

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

- Context-Specific Question One

- *“I’ve been hearing you say a lot of reasons why and how you might want to cut down on cigarettes... I wonder if you’d like to go ahead and make a plan?”*

- Other BAP Questions that are GCG:

- *Would you like to make a plan about that?*
- *Would you like to specify the details of your plan?*
- *Would you like to arrange a check or accountability element to your plan?*

- Problem-Solving Invitation

*You said your confidence level is about 5. That actually shows quite a lot of confidence and commitment to your plan. You could have said a 4 or a 3. Our studies and experience suggest that confidence levels of 7 or higher are associated with more satisfying outcomes for patients. Would you like to talk with me about ways we might work together to increase your confidence?*

# Summary + Update

## BAP-MI: MI with a Twist?

1. BAP & BAP-MI has many “flavors and styles”
2. ”Adaptations” of MI aligned w/culture of healthcare learning and practice
3. Currently using in 7 university medical centers + MI Center for Change
4. Online Self-Directed Courses
  - Core Competencies (BAP)
  - Advanced Skills (BAP-MI)
5. Program evaluations presented at meetings (ICMI) & publications in process

# Current Directions

## Hillary Bolter

- MI Center for Change
- Personal experiences/observations
- Online/workshop experiences in BAP/BAP-MI + MI trainings
- BAP Network Contributor: “Coordinator for CE”
- Developing CE Certifications for BAP & BAP-MI
  - Core Competencies and Advanced Skills





# Current Directions

Christine Miles

- MI Center for Change
- Personal experiences/observations
- Using currently in Healthcare
  - Cardiac & Pulmonary Rehab outpatient settings
- BAP Network Contributor: “Co-Chair”
  - Working Group on Standards and Credentialing
- BAP: “CTC” (Coaching to Certification)



# Current Directions

Deirdra Frum-Vassallo

- Northport VA and Stony Brook Preventive Medicine (PM) Residents
- Health Psychology Fellows: MI training & throughout the year
- Fellows & PM Residents take online BAP and BAP-MI courses followed by live practice (coaching) session with me/Dr. Cole
- Fellows and PM Residents participate in group shared medical appointment utilizing MI therapeutic, relational approach
- Fellows observe, model and provide PM Residents with real time feedback/coaching on BAP-MI skills
- Fellows' PI Projects often utilize BAP-MI framework for HBC

# Discussion

Katheryn Hartlieb