Brief Action Planning in Health and Health Care A Scoping Review



Yuri Jadotte, MD, PhD, MPH^{a,b,*}, Benjamin Buchholz, MPH^c, William Carroll, MD^d, Deirdra Frum-Vassallo, PhD^e, Janelle MacPherson^f, Steven Cole, MD, MA^{f,g,h,i}

KEYWORDS

- Brief action planning Motivational interviewing Self-management support
- Health behavior change
 Mental health
 Prevention

KEY POINTS

- Brief action planning (BAP) facilitates patient self-management, health behavior change, and health coaching, to optimize health promotion and disease prevention.
- Using a comprehensive search strategy, this scoping review identified 143 relevant papers and clarifies the extent and type of evidence available about BAP to date.
- BAP has been applied primarily in North America, within community settings, and evaluated using relatively high-level research designs.
- BAP has mostly been used for health care, and is mostly grounded within the framework of motivational interviewing, as originally intended.
- The fidelity of BAP remains unclear or underreported, regardless of which fidelity domain is examined.

E-mail address: yuri.jadotte@stonybrookmedicine.edu

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^a Department of Family, Population, and Preventive Medicine, Renaissance School of Medicine, Stony Brook University, Stony Brook, NY, USA; ^b Northeast Institute for Evidence Synthesis and Translation, Division of Nursing Science, School of Nursing, Rutgers University, Newark NJ, USA; ^c Sickle Cell Center of Excellence, College of Medicine, Howard University, Washington, DC, USA; ^d Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles CA, USA; ^e Health Promotion Disease Prevention, Northport VA Medical Center, Northport, NY, USA; ^f BAP Professional Network, US; ^g Department of Psychiatry, Renaissance School of Medicine, Stony Brook University, Stony Brook, NY, USA; ^h Department of Scientific Education, Zucker SOM at Hofstra/Northwell, Hempstead, NY, USA

^{*} Corresponding author. Health Sciences Center, Stony Brook University, Level 3, Room 087, Stony Brook, NY 11794

INTRODUCTION

There is widespread agreement in the literature that the top 2 conditions that cause death both globally and regionally are ischemic heart disease and cerebrovascular disease.¹ However, it is also known that tobacco use, poor nutrition, inadequate physical activity, and the consumption of alcohol are the leading actual causes of death,² and that these factors are preventable, modifiable, and amenable to health behavior change interventions.³ Brief action planning (BAP) is a novel, teachable, feasible, and potentially high-fidelity approach to support patient self-management, facilitate health behavior change, and enhance health coaching. Originally conceptualized circa 2002 by one of the authors of this review (SC), as "ultra-brief personal action planning," and subsequently with contributions from others renamed BAP,⁴ it was designed to facilitate the self-management support component of the chronic care model for health care transformation.⁵ An important goal is to facilitate the uptake by primary care and mental health providers of a medical interviewing approach that transcends collecting information and engages the patient in action toward self-management and sustainable health behavior change for health promotion and disease prevention.⁴

The approach is considered teachable for several reasons. First, it consists of 8 competencies that aim to help clinicians acquire a set of techniques that can then be applied immediately to subsequent patient care or client cases. Second, the basic structure can be presented in a single didactic session, with asynchronous selfdirected online modules available to facilitate this teaching. However, skilled use of BAP also requires the presence of good rapport (eg, engagement, connection) as well as elements of the Spirit of Motivational Interviewing (eg, autonomy support, partnership, and empowerment). These are considerably more difficult to master than the straightforward competencies themselves, so teaching and learning BAP is often best conceptualized as occurring in stages. Recitation of the words tied to the core competencies can be learned and even utilized after a single session exposure. However, the effectiveness with which these competencies can be applied clinically, and whether they are being utilized with the suggested values and attitudes of the "Spirit of MI," has not yet been clarified. Third, there is evidence that BAP can be integrated into existing teaching models for physicians and other health professionals aiming to teach their trainees methods for encouraging patient and client health behavior change.^{6–8} Lastly, it does not require an extensive curriculum or training, unlike the closely related approach of Motivational Interviewing (MI), an older and more common methodology in the fields of health behavior change, self-management, and health coaching.

BAP is grounded in the principles and practice of MI. Both approaches place a high value on patient engagement and aim to train clinicians to use active listening, openended and reflective communication, as well as develop an orientation toward promoting change talk (ie, verbal communication from the patient or client that favors making a change) and minimizing sustain talk (ie, verbal communication from the patient or client that favors the status quo of not making a change). Moreover, BAP is explicitly informed by the "Spirit of MI," emphasizing the principles of partnership, acceptance/autonomy, compassion, and evocation.⁴ MI as an approach to help patients and clients change their health behaviors has been studied extensively and has been found to be effective via a wide body of literature.^{9,10} Tools, approaches, and methods for the application of BAP in clinical practice are widely available from a variety of sources, including peer-reviewed published articles^{4,6} and organizational websites.^{11,12}

The effectiveness of complex behavioral interventions, such as MI, has been found to vary widely across studies, sites, and providers, and has been linked to the fidelity of the treatment intervention.¹³ Fidelity is defined as the degree of exactness with which something is copied or reproduced.¹⁴ In the realm of health and health care, this is generally understood to mean the degree to which an intervention is delivered at the individual patient care level, or implemented at a systems level, relative to an established intervention that is known to be effective.¹⁵ The notion of effectiveness is grounded in the assumptions of evidence-based decision-making, which are that high-quality primary research studies (ie, randomized controlled trials) have shown that an intervention has a statistically measurable and clinically significant effect, and that the effect of the intervention has been verified further via a synthesis of the primary research studies (ie, systematic review [SR] with meta-analysis [MA]). A search of the Cochrane Library, JBI Evidence Synthesis, and Google Scholar has not identified an SR of the effects of BAP. However, a search of the PROSPERO database has identified a protocol on this topic,¹⁶ suggesting the work of assessing the effectiveness of BAP to date is actively being undertaken.

While the literature suggests that BAP has been widely adopted in different fields,^{4,17–19} the ways in which BAP is being applied in practice is unclear. For example, it is unknown whether each of the 8 competencies of BAP are being taught or applied as originally devised. Clinicians launch BAP with Question One: "Is there anything you'd like to do for your health in the next week or two?" This question is designed to be a grammatically closed-ended but generative and conceptually open question²⁰ that typically produces "change talk" (ie, speech that favors the direction of behavior change). Context-relevant adaptations of Question One are also considered fully aligned and acceptable BAP practice. For example, in the context of an ongoing discussion about smoking, a clinician could launch BAP, with a context-relevant version of Question One, for example, "I'm wondering now that we've been discussing your feelings about smoking and stopping smoking, whether you feel like you'd like to go ahead and make a plan about stopping smoking?"

Yet the authors find, based on their own pedagogic practice in BAP, that clinicians, trainees, and students newly exposed to BAP often modify this question as they attempt to emulate the approach or adapt it to fit other medical interviewing approaches (eg, "what would you like to work on today?"). In addition, although BAP was originally grounded in the "Spirit of MI," its algorithmic approach may lend itself to the adaptation or adoption of BAP to fit within other health counseling traditions, theoretic paradigms or approaches other than MI. Also, not much is known about how BAP effectiveness varies by small modifications in how the core competencies are delivered in practice.

Finally, the extent to which BAP has been adopted in the scholarly practice of different disciplines or professions is not known. A Google search for the exact term "brief action planning" on January 31, 2023, yielded 9280 results, suggesting that there is widespread adoption of at least this terminology in the searchable online ether. But the degree to which this terminological presence of BAP translates into scholarly work on BAP that is validated, replicable, and useable in pedagogic or clinical practice contexts is undetermined. Specifically, within the contexts of health and health care, the conceptual/theoretic grounding of BAP, and the applications of BAP in real world settings, in addition to the fidelity of its delivery or implementation, are currently unknown. Addressing these aspects is critical to facilitating the use of BAP as a health behavior change approach that optimizes health promotion and disease prevention.

A search of the Cochrane Library, JBI Evidence Synthesis, and Google Scholar has not identified a scoping review (ScR) or protocol on this topic. The objective of this scoping review is to explore the extent and type of evidence that exist in the literature regarding the use of BAP within the context of health and health care.

REVIEW QUESTION

The review question is: what is the extent and type of evidence that exists in the literature regarding the use of BAP within the context of health and health care?

INCLUSION CRITERIA Participants

Participants in this review were either adults or children, regardless of their professional status (eg, students or non-students, faculty, staff, clinical personnel, patients, educators, administrators), age, gender, race/ethnicity, sexual orientation, profession, specialty, and mental or physical health conditions.

Concept

The review considered articles that included BAP in any format (eg, as an algorithm for guiding planning within the context of or in the absence of MI, as a component of MI, as a research intervention, an educational program, or a practice/systems-based tool or technique for quality improvement).

Context

The context of interest is health or health care. However, articles that did not fit this context from the clinical practice standpoint were not excluded from the review. While the emphasis is on health and health care, it is critical to examine the full breadth of contexts within health and health care where BAP has been used to date in order to answer the review question. For example, health care research, health care education, public health research, and public health education were all considered valid contexts, given their relevance to the broader context of health and health care writ large.

Types of Sources

This scoping review considered both experimental and quasi-experimental study designs including randomized controlled trials, non-randomized controlled trials, before and after studies and interrupted time-series studies. In addition, analytical observational studies including prospective and retrospective cohort studies, case-control studies and analytical cross-sectional studies were considered for inclusion. This review also considered descriptive observational study designs including case series, individual case reports, and descriptive cross-sectional studies for inclusion.

Qualitative studies were also considered that focus on textual data including, but not limited to, designs such as phenomenology, grounded theory, ethnography, qualitative description, action research, and feminist research. In addition, systematic reviews and other forms of evidence synthesis (eg, narrative/traditional literature reviews) that met the inclusion criteria were also considered, depending on the research question. Text and opinion papers were also considered for inclusion in this scoping review. Articles were not excluded based on methodology.

METHODS

The proposed scoping review was conducted in accordance with the JBI methodology for scoping reviews.^{21,22} This scoping review protocol was registered *a priori* in the Open Science Framework (OSF) project registry.²³

Search Strategy

This review utilized a three-step search strategy to identify both published and unpublished studies. First an initial limited search of MEDLINE (PubMed) and CINAHL (EBSCO) was undertaken to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop a full search strategy for 12 databases listed in Appendix 1. Due to the high specificity of the concept under study, the search strategy consisted of the use of a single term that needed to appear verbatim in each article for it to be eligible for inclusion (ie, brief action planning). Articles that did not use this term were not considered in this search, since they did not adhere to this basic and fundamental aspect of BAP.

In addition, keywords related to the population or context were considered too nonspecific and unlikely to yield meaningful results. For example, the key words "adult" and "children" would result in millions of irrelevant articles, while the key words "health" and "health care" would not only result in millions of irrelevant articles, but they would also potentially exclude valuable scholarship on BAP that was done in other related contexts, such as education, thereby precluding the synthesis of an evidence map situating BAP in the general literature. The search strategy, including all identified keywords and index terms, was adapted for each included database and/ or information source. The reference list of all included sources of evidence was screened for additional studies. Studies published in any language were included and recorded at the title and abstract phase, as long as the records of these were in English, but only English language articles were included at the full-text level. There were no date limitations. No authors of articles were contacted to retrieve data that was not available in the online databases due to time and resource constraints.

Google Scholar was searched to identify unpublished studies. Additional sources of unpublished studies and gray literature included Clinicaltrials.gov, the WHO international clinical trials registry platform, and the following organizations' websites: the American Psychiatric Association (APA) including the Mental Health Services Conference (IPS); the American Psychological Association; the Academy of Consultation-Liaison Psychiatry (ACLP); the American College of Physicians (ACP); the New York Chapter of the American College of Physicians (NYACP); the Motivational Interviewing Network of Trainers (MINT) including the International Conference on Motivational Interviewing (ICMI); the Institute for Healthcare Improvement (IHI); the Centers for Disease Control and Prevention (CDC); the Health Resources and Services Administration (SAMHSA); and the Indian Health Service (IHS). The NYACP site was searched because BAP was founded by one of the authors (SC) during his appointments at academic institutions in NY.

Study/Source of Evidence Selection

Following the search, all identified citations were collated and uploaded into EndNote version 20/y 2023 (Clarivate Analytics, PA, USA) with all readily identifiable duplicate records removed. Following a pilot test, titles and abstracts were then screened by two or more independent reviewers for assessment against the inclusion criteria for the review. Potentially relevant sources were retrieved in full. The full text of each selected citation was assessed in detail against the inclusion criteria by two or more independent reviewers. Reasons for exclusion of studies or other sources of evidence at full-text review that did not meet the inclusion criteria were recorded and reported. Any disagreements that arose between the reviewers at each stage of the selection

process were resolved through discussion, or with an additional reviewer. The results of the search and the study inclusion process are reported in full in this final scoping review report and presented in a Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram.^{24,25}

Data Extraction

Data were extracted from papers included in the scoping review by two independent reviewers using the JBI data extraction tool for ScR,^{21,22} modified by the reviewers to better suit the needs of this review. The modified tool excludes the "scoping review details" and the "inclusion/exclusion criteria" items in the original JBI data extraction tool as these are already stated in the protocol and will not result in the capture of use-ful data from the included studies. In addition, the results section of the tool was modified to specify the 4 domains of information sought from the included studies. The data extracted included specific details about the participants, concept, context, study methods, and key findings relevant to the review question. In extracting data on the fidelity of BAP from the included papers, we adhered to the recommendations from a prior scoping review that defined the 4 key elements of fidelity in intervention research studies: design, training, monitoring intervention delivery, and monitoring intervention receipt.¹⁵ We also included an additional domain of "Other aspects of fidelity" to capture any element of fidelity that could not be easily classified in one of the other 4 domains.

The data extraction form is provided in Appendix 2. No modifications to the data extraction form were necessary during the process of extracting data from each included evidence source. Any disagreements that arose between the reviewers were resolved through discussion, or with an additional reviewer. No authors of papers were contacted to request missing or additional data due to time and resource constraints, and sensitivity analyses showed that missing data had no meaningful influence on the interpretation of the results.

Data Analysis and Presentation

The data extracted from the included studies are presented in graphs, charts, tables, and diagrams, with the goal of developing evidence gap maps²⁶ that help to answer the research question, by demonstrating the extent to which BAP has been applied in different contexts, professions or disciplines, and by identifying the elements of fidelity to BAP (eg, whether all 8 competencies were taught, whether any elements of the BAP algorithm were modified, and whether MI was integrated into BAP or vice versa and how this was accomplished), and the conceptual/theoretic foundations that BAP was grounded in within the included articles. A narrative summary accompanies the graphed, charted, tabulated, and diagrammed results to describe how the results relate to the reviews objective and question.

RESULTS

Study Inclusion

The search strategy identified 508 papers from the databases and registers and 42 papers from other literature sources, as shown in **Fig. 1**. De-duplication using EndNote removed 170 records, resulting in 380 records that were eligible for screening. Of those, 76 were excluded by title and abstract, followed by an additional 65 that were further excluded as a full-text paper could not be retrieved after substantive attempts by the authorship team. Of the 239 full-text articles retrieved, 96 were excluded on the following bases: 78 did not address the concept of BAP, 14 were duplicate

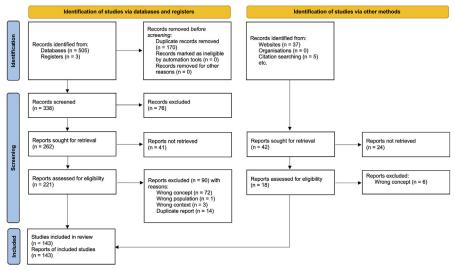


Fig. 1. PRISMA flow diagram. (Source: Page MJ, McKenzie JE, Bossuyt PM et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372: n71. Doi: 10.1136/bmj. n71.)

reports of the studies already included, 3 did not address any identifiable context of relevance (eg, health, health care, or education), and 1 was not about either adults or children. Appendix 3 lists the citations for the 96 articles excluded by full-text review with a reason for exclusion provided for each article. The remaining 143 articles were included in this review.

Characteristics of Included Studies

The articles were published between the years 2006 and 2023, with the great majority being published between 2012 and 2022. **Fig. 2** illustrates a distribution of articles related to BAP ranked by year of publication. Most articles using BAP originate from North America (ie, 46% in the USA, and 42% in Canada), with the remaining articles coming from a small number of other countries or regions (ie, 5% in the UK, 4% from multiple countries, and 1% each from Australia, Iran, Mexico, and Germany). **Fig. 3** illustrates these geographic proportions.

Nearly a third (29%) of all participants experiencing BAP were located in community settings, meaning that they were members of the general public, as compared to patients in a clinic setting, which represented a quarter of sites of BAP application (25%). School settings are also well represented in the literature on BAP, ranking 3rd among the identifiable sites at 13% of articles, while the setting was not specified in 15% of articles. The remaining sites are represented in single digits: 9% in various combinations of clinic, hospital, and community settings; 6% in health systems writ large; 2% in hospitals; and only 1% in research settings. Fig. 4 depicts the sites/settings where participants in BAP were located.

Lastly, there is wide variation in the types of evidence sources or study designs that the articles used with regards to BAP. Nearly a fifth (19%) of the articles were traditional parallel group randomized controlled trials or protocols for such trials, with an additional 6% being quasi-experimental (pre-test/post-test designs), 3% cluster randomized controlled trials, and 1% having an unspecified clinical trial design. Observational study designs were the 2nd most well-represented group, including 4%

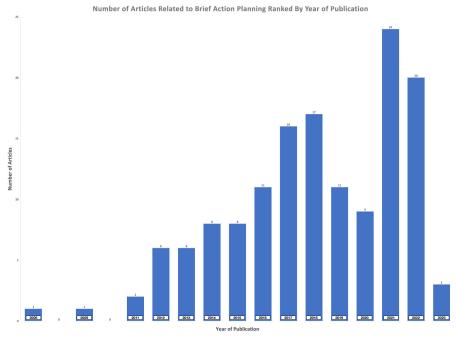


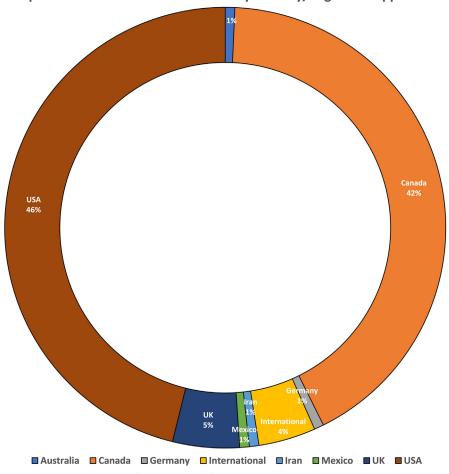
Fig. 2. Distribution of articles related to BAP by year of publication.

prospective cohorts, 6% retrospective cohorts, and 2% cross-sectional descriptive designs. Literature reviews were the 3rd most common type of article: 6% traditional literature reviews, 2% systematic reviews, and 2% scoping reviews. Different types of preliminary or early studies have also been conducted, including pilot studies (5%), and feasibility studies (3%). A large diversity of additional types of evidence sources were also used but in smaller proportions, as illustrated in Fig. 5. A table detailing the characteristics of all included studies and a list of citations for these studies are provided in Appendix 4.

Review Findings

The review findings center around 4 aspects of BAP: the context of the application of BAP, the conceptual grounding of BAP, the discipline or profession applying BAP, and the fidelity of BAP. As demonstrated in **Fig. 6**, covering 77% of all articles, BAP has been applied primarily in health care contexts, which is where the clinical (ie, acute or chronic disease) care of patients takes place. General health contexts represent 13% of articles. These include public health and community health contexts. Educational settings constitute the remainder of settings, with medical education being the most identifiable subtype of education in this group.

As shown in **Fig. 7**, only 44% of articles specified the conceptual or theoretic framework that grounded their application of BAP. Of those, MI was by far the most well represented, at 63% of articles reporting a theoretic framework. Some articles reported BAP as its own theoretic framework, while others reported multiple theories (8% each). These theories included: action planning (5%), self-management support (5%), peer support (3%), shared decision-making (3%), brief counseling (1.5%), theory of planned behavior (1.5%), and the transtheoretical model (1.5%).



Proportion of Articles Related to BAP by Country/Region of Application

Fig. 3. Country or region of application of BAP.

Context/Site of BAP Application

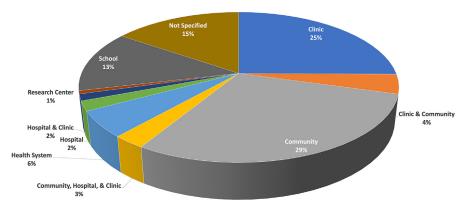
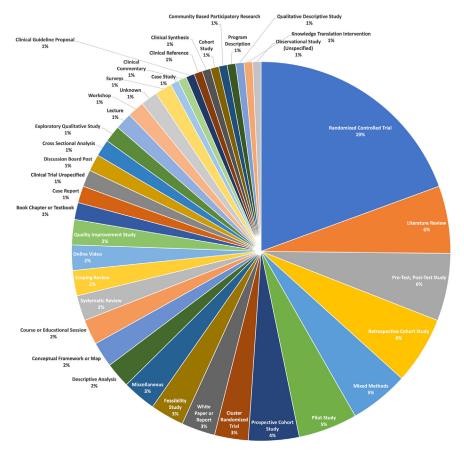


Fig. 4. Sites/settings where participants in BAP were located.

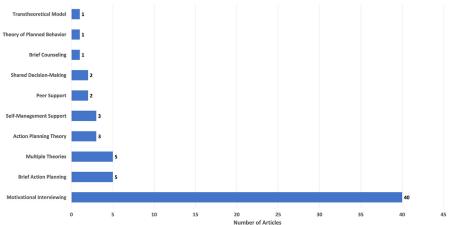


Types of Evidence Source/Study Design of BAP Application Fig. 5. Types of evidence sources/study designs.

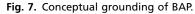


Number of BAP Related Articles By Context of Application

Fig. 6. Distribution of contexts of application of BAP.



Number of Articles Reporting the Conceptual or Theoretical Grounding of BAP



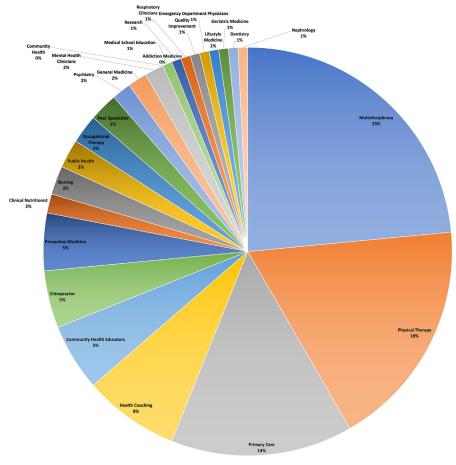
The disciplines or professions that have applied BAP have also been diverse. While multiple disciplines collaborating represented the largest group of studies (23%), physical therapy is the most well represented profession to date in the literature, followed by primary care (14%), though the specific primary care professions could not be disaggregated. Other well represented professions include health coaching (8%), preventive medicine (5%), community health education (5%), and chiropractic (5%). Other professions are also represented, but at smaller proportions (1%–2%), as shown in Fig. 8.

At least one aspect of fidelity of BAP was mentioned in up to 52% of articles, and only 2 of the 5 identified domains of fidelity were captured on average in each of these articles. Of the articles that did measure some aspect of fidelity, the following are the proportions represented: 62% for BAP design, 55% for BAP training, 36% for BAP delivery, 41% for BAP receipt, and 4% for miscellaneous aspects of fidelity.

DISCUSSION

This scoping review provides a map of the literature on when, where, how, and why BAP has been applied to date. One critical finding is that while BAP has been presented using a variety of types of study designs or scholarly evaluations, a large proportion of these have been high-level evidence for effectiveness, including both experimental and observational research. As recommended in guidelines for scoping reviews, this scoping review did not assess the methodological quality of the included studies,²² as this was not relevant to the objectives of this scoping review or most scoping reviews. This suggests that the literature may now be ripe for the conduct of a systematic review of this body of evidence on the application of BAP.

Of note, a limitation is that this scoping review did not pursue non-academic and non-organizational sources of evidence (eg, evidence from non-profit groups such as the Center for Collaboration, Motivation and Innovation, blog posts not affiliated with a known organization that works in this field such as the Motivational Interviewing Network of Trainers, and so forth). This may be an area to explore in future research studies to map the literature more comprehensively on the application of BAP. However, the choice to exclude these evidence sources is a delimitation of this review,



Discipline or Profession of BAP Application

Fig. 8. Disciplines or professions that have used BAP as recorded in the literature.

based on the pre-specified aim to map the terminological presence of BAP in scholarly works that are validated, replicable, and useable in pedagogic or clinical practice contexts. In addition, while the review aimed to identify the professions and disciplines that have utilized BAP to date, it became apparent that it would have been beneficial to extract data on the clinical topics where BAP has been used. Unfortunately, this would have been a substantial deviation from protocol which we concluded was not warranted. Anecdotally, we can report that certain clinical topics seemed well represented, such as spinal cord injury, physical activity, and chronic pain management.

As with most new concepts, tools, or approaches, it appears that BAP is following a steady trend of uptake over time, with few articles addressing BAP during the first decade after its creation (2002–2012), and most articles addressing BAP appearing during the second decade (2012–2022). There does appear to be a dip in BAP's uptake in the literature during the years 2019 and 2020. This could be explained either because of the COVID-19 pandemic, or as a limitation of this review's inability to locate the full-text file of about 10% of articles originally identified as citations from the literature databases. Although the number of articles discussing the application of BAP is

low to date for the year 2023, this is namely due to the timing of this review. In fact, even without needing to conduct an updated search, we are aware of several articles on BAP that have been published in the interim⁶ or that are being developed contemporaneously.¹⁶ Thus, we anticipate that the growth of BAP's application in the literature will continue.

That the bulk of articles are from North America is unsurprising, as most of the leading scholars on BAP, including the senior author of this paper, originate from and are currently based in this region. It may be initially surprising that BAP has been applied largely in the community (as compared to clinics or hospitals) and mostly in the context of health care, since generally health care is thought of as taking place within the walls of clinics and hospitals. However, given that BAP was developed to facilitate the self-management support component of the chronic care model for health care transformation, this trend in the literature confirms that BAP is being applied largely in the originally intended place (ie, the community), the intended context (ie, health care), which also aligns with the intended purpose of BAP (ie, an approach to facilitate chronic care via self-management support). That the dominant theoretic frameworks undergirding BAP in the literature is MI, self-management or peer support theory, and various iterations of action planning is further confirmation of the appropriate application of BAP globally.

The relatively unclear or under-reporting of the fidelity of BAP in the literature is a major finding of this scoping review. This finding held true regardless of the domain of fidelity that was examined. This suggests the need for greater dissemination and uptake of formal training methods and programs for students and professionals intending to use BAP in clinical practice or for systems-based change. We suggest this is an area ripe for future research and program evaluation. The authors are aware that some of this work is happening. However, given the rapid uptake of BAP, it may be worthwhile to accelerate specific attention to the measurement and enhancement of fidelity, in order to provide greater guidance on how to ensure that BAP is being taught and applied rigorously and reliably. Given that the fidelity of an intervention often determines its effectiveness in practice, there is an additional strong imperative to accelerate methods to ensure the fidelity of BAP education and application, so that optimal health outcomes can be achieved for the patients and populations for whom BAP is being implemented.

SUMMARY

This scoping review concludes that BAP is being widely disseminated and used with regards to its intended contexts, settings, and theoretic frameworks including in clinical, public health and community practice settings. However, because the fidelity of its application remains unclear or underreported, a high priority for future research should be the exploration of these under-evaluated aspects of BAP. The authors also suggest that greater practical guidance and formal assessment may be necessary for educators, clinicians, and researchers, to support optimal application of BAP in clinical practice or for systems-based change.

CLINICS CARE POINTS

- There is a broad base of evidence currently available about brief action planning (BAP), a pragmatic and motivational interviewing-consistent tool.
- BAP is an approach to health promotion and disease prevention that supports patient selfmanagement, facilitates health behavior change, and enhances health coaching.

- BAP has been applied primarily in North America, within community settings, and evaluated using relatively high-level research designs.
- BAP has mostly been used for health care, and is mostly grounded within the framework of motivational interviewing, as originally intended.
- Although BAP has been applied broadly in health care, the fidelity of BAP remains unclear or underreported, regardless of which fidelity domain is examined.

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DECLARATIONS

None.

CONFLICTS OF INTEREST

There is no conflict of interest in this project.

DISCLOSURE

The authors have no conflicts of interest to disclose.

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APPENDIX 1: SEARCH STRATEGY

Databases (Platform) or Registers	Search Date	Search Terms	Number of Articles
Medline (Ovid)	March 1, 2023	("brief action planning" OR "brief action plan").mp. [mp = title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, rare disease supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms]	13
CINAHL Plus (EBSCOhost)	March 1, 2023	"brief action planning" OR "brief action plan"	15
ScienceDirect	March 1, 2023	"brief action planning" OR "brief action plan"	42
PsycInfo (EBSCOhost)	March 1, 2023	"brief action planning" OR "brief action plan"	2
Google Scholar	March 1, 2023	"brief action planning"	280
Web of Science	March 1, 2023	(ALL=("brief action planning")) OR ALL=("brief action plan")	17
Academic Search Complete (EBSCOhost)	March 1, 2023	"brief action planning" OR "brief action plan"	7
Clinical trials.gov	March 1, 2023	"brief action planning" OR "brief action plan"	1
Cochrane Library	March 1, 2023	"brief action planning" OR "brief action plan"	20

(continued)			
Databases (Platform) or Registers	Search Date	Search Terms	Number of Articles
ProQuest	March 1, 2023	"brief action planning" OR "brief action plan"	96
PubMed	March 1, 2023	"brief action planning" OR "brief action plan"	13
WHO ICTRP	March 1, 2023	"brief action planning" OR "brief action plan"	2
TOTAL CITATIONS FROM DA	TABASES AND REG	ISTERS	508
Organization Websites	Search Date	Search Terms	Number of articles
American Psychological Association	March 15, 2023	"brief action planning"	0
American Psychiatric Association (APA)	March 15, 2023	"brief action planning"	0
Association of Consultation Liaison Psychiatrists (ACLP)	March 15, 2023	"brief action planning"	0
American College of Physicians (ACP)	March 15, 2023	"brief action planning"	0
New York Chapter of the American College of Physicians (NY ACP)	March 15, 2023	"brief action planning"	2
Motivational Interviewing Network of Trainers (MINT)	March 15, 2023	"brief action planning"	30
Institute for Healthcare Improvement (IHI)	March 15, 2023	"brief action planning"	4
Substance Abuse and Mental Health Services Administration (SAMHSA)	March 15, 2023	"brief action planning"	0
Health Resources and Services Administration (HRSA)	March 15, 2023	"brief action planning"	0
Centers for Disease Control and Prevention (CDC)	March 15, 2023	"brief action planning"	0
Indian Health Service (HIS)	March 15, 2023	"brief action planning"	1
Citation Chasing and Hand Searching	March 15, 2023	N/A	5
TOTAL CITATIONS FROM OT	HER SOURCES		42

APPENDIX 2: DATA EXTRACTION INSTRUMENT

Evidence Source Details and Ch	naracteristics
Citation details (eg, author/s, date, title, journal, volume, issue, pages)	
Country/Region	
Context (eg, community, hospital, clinic, school)	
Types of evidence source (eg, study design)	
Participants (details eg, age/sex and number)	
Details/Results Extracted from Source of Evidence (in Re	lation to the Concept of the ScR)
Context of BAP application (eg, health, healthcare, education, business)	
Assessment of BAP fidelity in clinical care delivery or systems implementation: design, training, monitoring intervention delivery, and monitoring intervention receipt (eg, whether all 8 competencies were taught, whether any elements of the BAP algorithm were modified, or whether MI was integrated into BAP or vice versa and how this was accomplished)	Design Training Monitoring intervention delivery Monitoring intervention receipt Other aspect of fidelity
Discipline or profession where BAP was used (eg, mental health, psychiatry, community health, nursing)	
Conceptual or theoretic grounding of BAP	

APPENDIX 3: LIST OF STUDIES EXCLUDED VIA FULL-TEXT REVIEW WITH REASONS FOR EXCLUSION

Databases and Registers.

(2011). "Motivate change: Use a few key questions." *Patient Education Management* 18(4): 41 to 43.

- Not available.

(2013). Active Lives: Transforming Ourselves and Our Patients, Part 3. *Academic Video Online*, Healthy Learning.

Not available.

(2017). "Brief Action Planning (BAP): A Self-Management Support Technique for Promoting Collaborative Goal Setting for Patients on Home Dialysis." *AMERICAN JOURNAL OF KIDNEY DISEASES* 69(4): A64.

- Not available.

(2017). "Dialysis Prescription, Sun Exposure and Vitamin D Levels in Hispanic Patients on Hemodialysis." *AMERICAN JOURNAL OF KIDNEY DISEASES* 69(4): A64.

- Not available.

Adamo, K., et al. "Desi-GDM Trial Protocol Version 6.0 A culturally-tailored personalizeD nutrition intErvention in South ASIan women at risk of Gestational Diabetes Mellitus (DESI-GDM)–a randomized trial Principal Investigator: Russell de Souza, ScD, RD."

- Not available.

Ahuja, T. K., et al. (2022). "Teaching Second-Year Medical Students How to Counsel Pediatric Patients with Unhealthy Body Mass Index." *Childhood Obesity*.

- Not available.

Akhter, K., et al. (2022). "A Systematic Review and Meta-analysis of Face-to-face Medication Adherence Interventions for Patients with Long Term Health Conditions." *ANNALS OF BEHAVIORAL MEDICINE* 56(12): 1218 to 1230.

- Wrong concept (not BAP or its application).

Albelbisi, Z. (2021). The Effectiveness of Information-Motivation-Behavioural Skills Model-Based Diabetes Self-Management Education Among Patients with Type 2 Diabetes (Imbdsme): Randomized Clinical Trial. England, The University of Nottingham (United Kingdom).

- Not available.

Bickley, L. and P. G. Szilagyi (2012). *Bates' guide to physical examination and history-taking*, Lippincott Williams & Wilkins.

- Wrong concept (not BAP or its application).

Bigand, T. L. (2019). "1E. 3. Risk for Overeating to Cope with Pain among Obese Adults with Chronic Pain." *PAIN MANAGEMENT NURSING* 20(2): 95.

- Wrong concept (not BAP or its application).

Brady, T. J. (2016). "Enhancing Clinical Practice with Community-Based Self-Management Support Programs." *Psychosocial Factors in Arthritis: Perspectives on Adjustment and Management*: 255 to 272.

- Wrong concept (not BAP or its application).

Brooks, A. J., et al. (2020). "Introducing integrative primary health care to an interprofessional audience: Feasibility and impact of an asynchronous online course." *EXPLORE* 16(6): 392 to 400.

- Wrong concept (not BAP or its application).

Brooks, A. J., et al. (2021). "Professional development in integrative health through an interprofessional online course in clinical settings." *EXPLORE* 17(6): 505 to 512.

- Wrong concept (not BAP or its application).

Bussières, A. (2017). "Canadian Chiropractic Guideline Initiative (CCGI) progress and future directions: December 2017." *The Journal of the Canadian Chiropractic Association* 61(3): 186.

- Wrong concept (not BAP or its application).

Bussières, A. E., et al. (2015). "Fast tracking the design of theory-based KT interventions through a consensus process." *IMPLEMENTATION SCIENCE* 10(1): 1 to 14.

- Wrong concept (not BAP or its application).

Bussières, A. E., et al. (2016). "The Treatment of Neck Pain–Associated Disorders and Whiplash-Associated Disorders: A Clinical Practice Guideline." *Journal of Manipulative and Physiologic Therapeutics* 39(8): 523 to 564.e527.

- Wrong concept (not BAP or its application).

Cadel, L., et al. (2020). "Exploring the perspectives on medication self-management among persons with spinal cord injury/dysfunction and providers." *Research in Social and Administrative Pharmacy* 16(12): 1775 to 1784.

- Wrong concept (not BAP or its application).

CARVLIN, A. and M. ELSNER "Piloting a Coordinated System of Care for Childhood Obesity." *IllinoisPediatrician*: 6.

- Wrong concept (not BAP or its application).

Chemtob, K., et al. (2018). "Exploring the peer mentorship experiences of adults with spinal cord injury." *Rehabilitation psychology* 63(4): 542.

- Wrong concept (not BAP or its application).

Christison, A. L. (2015). *Pediatric Obesity Prevention in Primary Care: Employing Brief Action Planning with Obesigenic Behavior Screening*. 2015 AAP National Conference and Exhibition, American Academy of Pediatrics.

- Wrong concept (not BAP or its application).

Chung, H., et al. (2019). "Evaluation of a Continuum-Based Behavioral Health Integration Framework Among Small Primary Care Practices in New York State: Practice and Policy Findings and Recommendations." *United Hospital Fund and New York State Health Foundation*.

- Wrong concept (not BAP or its application).

Clark, W. (2013). "Risky Drinking and Interviewing About Alcohol Use." *The Medical Interview E-Book: The Three Function Approach*: 243.

- Wrong concept (not BAP or its application).

Clayton, C. (2016). A pilot randomized trial of a novel intervention to promote physical activity in people with knee osteoarthritis: protocol and baseline analysis from the TRACK-OA study, University of British Columbia.

- Wrong concept (not BAP or its application).

Cole, S., et al. (2013). "Function three: collaborate for management." *The Medical Interview E-Book: The Three Function Approach*: 34.

- Duplicate report.

Cole, S., et al. (2014). "Brief action planning: a self-management support and motivational interviewing technique for the routine practice of medicine, psychiatry, and disease management." *Psychosomatic Medicine* 76(3): A46-A47.

- Not available.

Cole, S., et al. (2013). "Stepped-care advanced skills for action planning." *The Medical Interview E-Book: The Three Function Approach*: 125.

- Duplicate report.

Cole, S. A. and J. Bird (2013). *The medical interview e-book: The three function approach*, Elsevier Health Sciences.

- Duplicate report.

Cradock, K. A., et al. (2022). "Design of a Planner-Based Intervention to Facilitate Diet Behavior Change in Type 2 Diabetes." *Sensors* 22(7): 2795.

- Wrong concept (not BAP or its application).

Cranston, K. (2019). Sustainability of motivational interviewing skills in new Small Steps for Big Changes coaches, University of British Columbia.

- Wrong concept (not BAP or its application).

Davis, A. (2017). Camp-Based Intervention for Overweight Children with Developmental Disabilities. United States–California, Loma Linda University: 81.

- Wrong concept (not BAP or its application).

Davis, C. (2014). "The Brief Action Planning Guide-A Self-Management Support Tool for Chronic Conditions, Health and Wellness."

- Not available.

Davis, C. and S. Cole (2013). "Communicating with Patients with Chronic Illness." *The Medical Interview E-Book: The Three Function Approach*: 145.

- Wrong concept (not BAP or its application).

DeShaw, K. J. (2019). Methods and Evaluation of a Health Coach Training Practicum Experience for Healthy Lifestyle Behavior Change. United States–Iowa, Iowa State University: 172.

- Wrong concept (not BAP or its application).

Dhopte, P. (2016). Chiropractors Can Do: Testing the Feasibility of Intervening to Optimize Chiropractic Care for Adults with Neck Pain Disorders: A Pilot Cluster Randomized Controlled Trial. Canada–Quebec, CA, McGill University (Canada): 117.

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Dhopte, P., et al. (2016). "Testing the feasibility of a knowledge translation intervention designed to improve chiropractic care for adults with neck pain disorders: study protocol for a pilot cluster-randomized controlled trial." *Pilot Feasibility Stud* 2: 33.

- Duplicate report.

Domke, A. (2022). Insights into the Mechanisms of Action Planning Interventions in the Context of Fruit and Vegetable Consumption.

- Wrong concept (not BAP or its application).

Domke, A., et al. (2021). "Immediate effects of a very brief planning intervention on fruit and vegetable consumption: a randomized controlled trial." *Applied Psychology: Health and Well-Being* 13(2): 377 to 393.

- Wrong concept (not BAP or its application).

Domke, A., et al. (2022). "Plan pursuit in the context of daily fruit and vegetable consumption: The importance of cue detection and the execution of the planned behavior for overall behavior change." British Journal of Health Psychology 27(3): 1172 to 1187.

- Wrong concept (not BAP or its application).

Dorstyn, D., et al. (2019). "Can targeted job-information for adults with spinal cord dysfunction be effectively delivered online? A pilot study." *The journal of spinal cord medicine* 42(1): 94 to 101.

- Wrong concept (not BAP or its application).

Duncan-Carnesciali, J. (2016). An evaluation of the innovation of e-health featuring a diabetes self-management program delivered using avatar-based technology: Findings with certified diabetes educators and adults living with type 2 diabetes mellitis. United States–New York, Teachers College, Columbia University: 250.

- Wrong concept (not BAP or its application).

Duong, M. T., et al. (2016). "Twelve-Month Outcomes of a Randomized Trial of the Positive Thoughts and Action Program for Depression Among Early Adolescents." *Prevention Science* 17(3): 295 to 305.

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Eilayyan, O., et al. (2022). "Promoting the use of a self-management strategy among novice chiropractors treating individuals with spine pain: A mixed methods pilot clustered-clinical trial." PLoS One 17(1).

- Wrong concept (not BAP or its application).

Elmaci, O. (2014). "A model proposal concerning balance scorecard (bsc) application integrated with resource consumption accounting (rca) in enterprise performance management." International Journal of Organizational Leadership 3(1): 1 to 9.

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Erder, M. and P. Pureur (2016). Chapter 6-Validating the Architecture. Continuous Architecture. M. Erder and P. Pureur. Boston, Morgan Kaufmann: 131 to 159.

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ES, B. "Bates. Guia de exploracion fisica 12ª edicion."

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Falck, R. S., et al. (2020). "Effect of a multimodal lifestyle intervention on sleep and cognitive function in older adults with probable mild cognitive impairment and poor sleep: a randomized clinical trial." *Journal of Alzheimer's Disease* 76(1): 179 to 193.

- Wrong concept (not BAP or its application).

Farnier, M., et al. (2017). "Long-term treatment adherence to the proprotein convertase subtilisin/kexin type 9 inhibitor alirocumab in 6 ODYSSEY Phase III clinical studies with treatment duration of 1 to 2 years." *Journal of clinical lipidology* 11(4): 986 to 997.

- Wrong concept (not BAP or its application).

Flood, S. M. (2018). Determining the Impact of an Educational Intervention on Family Medicine Residents' Social Cognitions and Behavior for Discussing Physical Activity. Canada–Ontario, CA, Queen's University (Canada): 198.

- Wrong concept (not BAP or its application).

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Fukumori, R. H. (2016). The Motley Tower: Master Plans, Urban Crises, and Multiracial Higher Education in Postwar Los Angeles. United States–California, University of Southern California: 438.

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Gainforth, H. L., et al. (2014). *Testing the feasibility of training peers with spinal cord injury (SCI) to learn and implement brief action planning to promote physical activity to people with SCI*. ANNALS OF BEHAVIORAL MEDICINE, SPRINGER 233 SPRING ST, NEW YORK, NY 10013 USA.

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Gainforth, H. L., et al. (2019). "Investigating characteristics of quality peer mentors with spinal cord injury." *ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION* 100(10): 1916 to 1923.

- Wrong concept (not BAP or its application).

Gainforth, H. L., et al. (2015). "Testing the feasibility of training peers with a spinal cord injury to learn and implement brief action planning to promote physical activity to people with spinal cord injury." *JOURNAL OF SPINAL CORD MEDICINE* 38(4): 515 to 525.

- Duplicate report.

Gainforth, H. L., et al. (2015). "Using network analysis to understand knowledge mobilization in a community-based organization." *International Journal of Behavioral Medicine* 22: 292 to 300.

- Wrong concept (not BAP or its application).

Gassaway, J., et al. (2017). "Effects of peer mentoring on self-efficacy and hospital readmission after inpatient rehabilitation of individuals with spinal cord injury: a randomized controlled trial." *ARCHIVES OF PHYSICAL MEDICINE AND REHABILITA-TION* 98(8): 1526 to 1534. e1522.

- Wrong concept (not BAP or its application).

Gierc, M. S. H. (2021). Development and Initial Testing of a Brief Mindfulness Meditation Training Intervention for Preoperative Patients: An Application of the Orbit Model. Canada–Ontario, CA, Queen's University (Canada): 459.

- Wrong concept (not BAP or its application).

Huang, Y. (2020). Internet of Things enabled sedentary behavior change in office workers: development and feasibility of a novel intervention (WorkMyWay), University of Nottingham.

- Duplicate report.

Isrctn (2021). "Promoting the use of a self-management intervention among chiropractic students treating individuals with back pain." https://trialsearch.who.int/Tria-I2.aspx?TrialID = ISRCTN17077842.

- Wrong concept (not BAP or its application).

Johnson, A. M. (2021). A Descriptive Study Exploring the Components of Academic Coaching Programs in Nursing Education Across the Midwest. United States–Nebraska, Bryan College of Health Sciences: 91.

- Wrong context (not health or healthcare).

Kasidi, J. (2022). "Quality Improvement Project Utilizing a Comprehensive Toolkit with Individualized Food Label Education and Brief Action Planning for Healthy Food Choices to Reduce the Burden of Chronic Disease Among Black People in the United States." *NURSING RESEARCH* 71(3): S104-S104.

- Wrong concept (not BAP or its application).

Larié, S. (2019). Provider Evaluation of a Lower Carbohydrate Nutrition Education Video for People with Type 1 and Type 2 Diabetes. United States–Arizona, The University of Arizona: 92.

- Wrong concept (not BAP or its application).

Leese, J., et al. (2021). "Experiences of wearable technology by persons with knee osteoarthritis participating in a physical activity counseling intervention study: a relational ethics lens." *Arthritis & rheumatology* 73(SUPPL 9): 2228 to 2229.

- Duplicate report.

Magasi, S. and C. Papadimitriou (2022). "Peer support interventions in physical medicine and rehabilitation: a framework to advance the field." *Archives Of Physical Medicine And Rehabilitation* 103(7): S222-S229.

- Wrong concept (not BAP or its application).

McIntosh, C. A. (2017). A mixed methods study of the motivational influences upon dietitian change of counseling practice, Nipissing University, Faculty of Education.

- Wrong concept (not BAP or its application).

McKay, R. C., et al. (2022). "Investigating the peer Mentor-Mentee relationship: characterizing peer mentorship conversations between people with spinal cord injury." *Disability and Rehabilitation*: 1 to 12.

- Wrong concept (not BAP or its application).

McNamara, M. and T. Bodenheimer (2019). "Training medical students in health coaching skills." *MedEdPublish* 8(106): 106.

- Wrong concept (not BAP or its application).

Med, T. B. (2014). "Ploughman and colleagues" Implement Sci 9: 30.

- Not available.

Mendoza, M. A. (2017). Teaching and motivating patients to achieve treatment goals. *Principles of Diabetes Mellitus: Third Edition*, Springer International Publishing: 823 to 842.

- Not available.

Miano, a. And e. Wegner "elise butkiewicz, antonia carbone, stuart green." *The Behavioral Health Specialist in Primary Care*: 73.

- Not available.

Mihalko, S. L., et al. (2023). Chapter 4-Core components of best evidence OA care: management planning, education, supporting self-management and behavior change. *Osteoarthritis Health Professional Training Manual*. D. J. Hunter and J. P. Eyles, Academic Press: 55 to 72.

- Not available.

Mikrut, C. L. (2022). Comparing the Effects of an Adjunct Brief Action Planning Intervention to Standard Treatment in a Heterogeneous Sample of Chronic Pain Patients. United States–Illinois, Illinois Institute of Technology: 103.

- Not available.

Milligan, J., et al. (2019). "Primary care perspective in managing sexual health for individuals with spinal cord injuries–Development of educational material for primary care providers." *The journal of spinal cord medicine* 42(S1): S242.

- Not available.

Mitchell, E. G., et al. (2020). *Characterizing Human vs. Automated Coaching: Preliminary Results*. Extended Abstracts of the 2020 CHI Conference on Human Factors in Computing Systems.

- Not available.

Moore, P. and F. Cole (2008). "The pain toolkit." London, UK: NHS.

- Wrong concept (not BAP or its application).

Munro, S., et al. (2020). "Decision-Making Needs, Challenges, and Opportunities Among Health Care Professionals Supporting Infant Feeding Choices: A Qualitative Investigation Involving Expert Interviews." *MEDICAL DECISION MAKING* 40(1): E16-E17.

- Wrong concept (not BAP or its application).

Muskin, P. R., et al. (2019). Study Guide to Consultation-Liaison Psychiatry: A Companion to The American Psychiatric Association Publishing Textbook of Psychosomatic Medicine and Consultation-Liaison Psychiatry, American Psychiatric Pub.

Not available.

Nct (2014). "Reducing Distress And Improving Glycemic Control In Adults With Type 1 Diabetes." https://clinicaltrials.gov/show/NCT02175732.

- Wrong concept (not BAP or its application).

Nct (2022). "Improving Comprehensive Care of Cancer Patients." https:// clinicaltrials.gov/show/NCT05323409.

- Wrong concept (not BAP or its application).

Nover, C. H. (2013). Effective primary care for individuals with serious mental illness: An intervention and systematic review. United States–Utah, The University of Utah: 112.

- Wrong concept (not BAP or its application).

O'Shaughnessy, D. F. and M. Tilki (2007). "Cultural competency in physiotherapy: a model for training." *Physiotherapy* 93(1): 69 to 77.

- Wrong concept (not BAP or its application).

Olivieri, C. "Short Term Intervention Using the Paleolithic Diet to Prevent Progression from Prediabetes to Type 2 Diabetes in Those with HgA1c 5.7% or Higher."

- Wrong concept (not BAP or its application).

Orbell, S. and L. Alison Phillips (2019). "Automatic processes and self-regulation of illness." *Health Psychology Review* 13(4): 378 to 405.

- Wrong concept (not BAP or its application).

Ovbiagbonhia, A. R. (2021). Learning to Innovate: How to Foster Innovation Competence in Students of Built Environment at Universities of Applied Sciences. Netherlands, Wageningen University and Research: 227.

- Wrong context (not health or healthcare).

Patel, M. L. (2018). Comparing Self-monitoring Strategies for Weight Loss: Does Developing Mastery Before Diet Tracking Enhance Engagement? United States–North Carolina, Duke University: 222.

- Wrong concept (not BAP or its application).

Pearlman, R. E. and C. Chou (2019). "Communication Skills Training to Enhance Patient Adherence." *Psychiatric Nonadherence: A Solutions-Based Approach*: 103 to 112.

- Not available.

Perrier, M.-J. and K. A. M. Ginis (2017). Communicating physical activity information to people with physical disabilities. *Persuasion and communication in sport, exercise, and physical activity*, Routledge: 233 to 249.

- Not available.

Pierce, J. D. (2015). Alliance-building strategies as a critical component of coaching: Effects of feedback and analysis on coach practice, teacher practice, and alliance. United States–Washington, University of Washington: 153.

- Wrong context (not health or healthcare).

Pomarensky, M., et al. (2022). "Management of Chronic Musculoskeletal Pain Through a Biopsychosocial Lens." *Journal of Athletic Training* 57(4): 312 to 318.

- Duplicate report.

Puatu, S. S. (2020). The Effects of Small Changes Approach in Combination with Motivational Interviewing on Behavioral Weight Loss Management among Overweight and Obese Adult Women. United States–California, Brandman University: 71.

- Wrong concept (not BAP or its application).

Pyle, S. "Updated: Motivational Interviewing: The One Tool Every Behavioral Health Provider Needs UPDATED: Motivational Interviewing: The One Tool Every Behavioral Health Provider Needs."

- Wrong concept (not BAP or its application).

Rai, R. K. (2004). Development and implementation of technology plans in Tennessee public school systems. United States–Tennessee, The University of Tennessee: 207.

- Wrong context (not health or healthcare).

Reyes Fernández, B. (2015). Social Support, Planning and Action Control in Self-Regulatory Health Behavior Processes.

- Wrong concept (not BAP or its application).

Reyes Fernández, B., et al. "A brief action planning intervention increases physical exercise among less active young adults." *Social Support, Planning and Action Control in Self-Regulatory Health Behavior Processes*: 97.

- Duplicate report.

Reyes, H. L. M., et al. (2022). "Web-Based Delivery of a Family-Based Dating Violence Prevention Program for Youth Who Have Been Exposed to Intimate Partner Violence: Protocol for an Acceptability and Feasibility Study." *JMIR Research Protocols* 11(8).

- Wrong concept (not BAP or its application).

Reyneke, R., et al. "The use of implementation theories, models, and frameworks in veterinary medicine-protocol for a scoping review."

- Wrong population (not adults or children).

Ryan, P., et al. (2020). "Self-management processes used by healthy middle-aged women to change behaviors." *Western Journal of Nursing Research* 42(5): 321 to 331.

- Wrong concept (not BAP or its application).

Schedule, D. "Advanced Motivational Interviewing."

- Wrong concept (not BAP or its application).

Schwartz, M. D., et al. (2014). "The use of panel management assistants to improve smoking cessation and hypertension management by VA primary care teams: a cluster randomized controlled trial." *Journal of general internal medicine* 29: S234-S235.

- Duplicate.

Shah, A., et al. (2015). "Protect your heart: a culture-specific multimedia cardiovascular health education program." *Journal of health communication* 20(4): 424 to 430.

- Wrong concept (not BAP or its application).

Shimazaki, T., et al. (2022). "The process of behavioral change in individuals who are uninterested in health: a qualitative study based on professional health knowledge." *Environmental Health and Preventive Medicine* 27: 32 to 32.

- Wrong concept (not BAP or its application).

Shleyaust, A. and N. L. CRAIG (2019). "Transgender Affirmative COgnitive-Behavioral Therapy." *Handbook of Evidence-Based Mental Health Practice with Sexual and Gender Minorities*: 74.

- Wrong concept (not BAP or its application).

Singh, H. (2020). Understanding the Complexity of Falls and Fall Prevention for Wheelchair Users with Spinal Cord Injury Across the Continuum of Care. Canada– Ontario, CA, University of Toronto (Canada): 172.

- Wrong concept (not BAP or its application).

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APPENDIX 4: CHARACTERISTICS OF INCLUDED STUDIES

Citation (Author- Title) Year	Country or Region	Context (ie, Site of Participants)	Types of Evidence Source (eg, Study Design)	Context of BAP Application	Discipline or Profession of BAP Use	Conceptual or Theoretic Grounding of BAP (Type)
Allin et al, 2019	Canada	Community	Mixed Methods	Healthcare	Peer Specialists	Motivational Interviewing
Allin et al, 2020	Canada	Community	Mixed Methods	Health	Health Coaching	Motivational Interviewing
American Psychiatric Association 2022	USA	N/A	Online Course or Workshop	Healthcare	Psychiatry	Motivational Interviewing
Applegate et al, 2021	USA	Clinic	Randomized Control Trial	Healthcare	Nursing; Health Coaching	Action Planning Theory
Ayyoub et al, 2017	UK	Community	Pre and post test	Health	Kinesiology; Community Health	Health Action Process Approach Self-Efficacy Theory
Brathwaite et al, 2018	USA	Community	Pilot study	Healthcare	Nursing; Geriatric	Motivational Interviewing
Brody et al, 2015	USA	Community	Pilot study	Healthcare	Peer Specialists	Peer Health Coach Model; Transtheoretical Model; Social Cognitive Theory
Bruckenthal 2019	USA	School	Educational Session	Education	Nursing; Pain Medicine	Motivational Interviewing
Clayton et al, 2015	Canada	Community	Feasibility study	Healthcare	Physical Therapy	Motivational Interviewing
Cole 2012	International	School	Online video	Healthcare	Primary Care	Motivational Interviewing

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Citation (Author- Title) Year	Country or Region	Context (ie, Site of Participants)	Types of Evidence Source (eg, Study Design)	Context of BAP Application	Discipline or Profession of BAP Use	Conceptual or Theoretic Grounding of BAI (Type)
Cole 2011	USA	N/A	Clinical synthesis	Education	Psychiatry	Motivational Interviewing
Cole et al, 2021	USA	School	Survey	Healthcare	Preventive Medicine; Psychiatry	Motivational Interviewing
Cole-Function Three 2013	USA	N/A	Book Chapter	Healthcare	Medical Education	Motivational Interviewing
Cole-Stepped Care 2013	USA	N/A	Textbook	Education	Medical Education	Motivational Interviewing
Connell et al, 2020	Canada	Community	Case Report	Healthcare	Chiropractor	Brief-Action Planning
Davis 2012	USA	N/A	Lecture	Healthcare		
Davis 2017	USA	School	Online Video	Healthcare	General Medicine	
Deegala & Champany, 2017	USA	School	Course	Healthcare	Dentistry	Motivational Interviewing
Dhopte et al, 2019	Canada	Clinic	Pilot Clustered Randomized Control Trial	Healthcare	Chiropractor	Motivational Interviewing
Duncan et al, 2018	USA	Community	Cross-section study with quantitative and qualitative paradigms	Healthcare	Nursing; Community Health Educator	
Eilayyan 2017	Canada	Clinic	Knowledge Translation Intervention	Healthcare	Primary Care; Nursing; Psychology; Physical Therapy	Brief-Action Planning

Eilayyan et al, 2018	Canada	School	Mixed methods design	Self- management support education	Chiropractor	Motivational Interviewing
Eilayyan et al, 2019	Canada	School	Prospective cohort study	Healthcare	Chiropractor	Motivational Interviewing
Falck et al, 2020	Canada	N/A	Systemic review of observation studies, randomized control trial	Healthcare	Physical Therapy	Motivational Interviewing
Falck-Buying-Time 2018	Canada	Community	Randomized control trial	Healthcare	Geriatric	
Falck-Can-We- Improve 2018	Canada	Community	Randomized control trial	Healthcare	Physical Therapy	Motivational Interviewing
Farmer et al, 2016	UK	Clinic, community	Two-arm adherence study within randomized control drug trial	Healthcare	Primary Care	
Gainforth, 2013	Canada	Clinic	Single group pre- post design	Health	Peer Specialists	Motivational Interviewing; Theory of Planned Behavior
Galaviz et al, 2018	USA	N/A	Systematic review	Healthcare	Lifestyle Medicine	
Gallegos-Carrillo et al, 2016	Mexico	Clinic	Cluster randomized trial	Healthcare	Primary Care	
Gaughan & 2017	USA	Community	Community intervention- design not specified	Health	Community Health Educators	
Gaughan & Brinckman, 2018	USA	Community	Prospective cohort study	Education	Community Health Educators	Motivational Interviewing

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Citation (Author- Title) Year	Country or Region	Context (ie, Site of Participants)	Types of Evidence Source (eg, Study Design)	Context of BAP Application	Discipline or Profession of BAP Use	Conceptual or Theoretic Grounding of BAI (Type)
Ghahari 2020	Canada	Community	Exploratory sequential mixed methods design	Education	Primary Care	
Gratton 2016	USA	Hospital	Unknown	Healthcare	Emergency Department Physicians	Motivational Interviewing
Gutnick 2012	International	School	Online Video	Healthcare	Mental Health	Motivational Interviewing
Gutnick et al, 2014	USA	N/A	Review of theory, literature review	Healthcare	Multidisciplinary	Motivational Interviewing
Haczkewicz 2022	Canada	Community	Randomized control trial	Health	Community Health Educators	Motivational Interviewing
Hanson et al, 2022	Canada	Clinic	Qualitative descriptive study	Healthcare	Physical Therapy	
Hesketh et al, 2021	International	Community	Parallel group randomized control group	Healthcare	Physical Therapy	
Hibbert et al, 2021	Canada	Clinic	Prospective open clinical trial, single group pre and post-test design	Healthcare	Nursing	Motivational Interviewing
Hobson & Curtis, 2017	USA	Health system	Literature Review	Healthcare	Primary Care	
Hoekstra et al, 2022	Canada	Community	Descriptive	Health	Health Coaching	Shared-Decision Making

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Houlihan et al, 2016	USA	Community	Qualitative pilot study	Health	Health Coaching	Peer Specialists
Houlihan et al, 2017	USA	Community	Single-blinded randomized control trial	Health	Health Coaching	Peer Specialists
Huang 2020	UK	Community	In the wild study	Health	Multidisciplinary	Motivational Interviewing
Hubner & Lippke, 2014	Germany	Community	Unknown	Health	Public Health	Action Planning Theory
Ingraham et al, 2016	USA	Clinic	Pilot testing of clinician training formats	Medical Education	Quality Improvement	Motivational Interviewing
ISRCTN 2016	Canada	Clinic	Clinical trial	Health	Primary Care	Shared-Decision Making
Jacquez et al, 2018	USA	Community	Community-based participatory research	Health	Community Health Educators	Action Planning Theory
Jadotte & Lane, 2022	USA	N/A	Clinical commentary	Healthcare	Preventive Medicine	Motivational Interviewing
Jadotte-Core 2021	USA	N/A	Descriptive	Healthcare	Preventive Medicine	
Jadotte-Definitions 2021	USA	N/A	Literature Review	Healthcare	Preventive Medicine	Brief-Action Planning
Jadotte-Population, 2021	USA	School	Description of a program	Medical Education	Preventive Medicine	
Jagnnathan et al, 2018	USA	Clinic, community	Prospective cohort study	Health	Health Coaching	Motivational Interviewing
Jay et al, 2014	USA	Community	Exploratory qualitative study	Healthcare	Primary Care	Motivational Interviewing
Johnson et al, 2016	USA	Community	Non-randomized feasibility study	Healthcare	Health Coaching	

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Citation (Author- Title) Year	Country or Region	Context (ie, Site of Participants)	Types of Evidence Source (eg, Study Design)	Context of BAP Application	Discipline or Profession of BAP Use	Conceptual or Theoretic Grounding of BAP (Type)
Johnson et al, 2019	USA	Health system	Prospective cohort study	Healthcare	Community Health Educators	
Jope 2023	International	School	Workshop (Webinar)	Healthcare	Mental Health	Motivational Interviewing
Kaminetsky & Nelson 2015	USA	Clinic	Management style intervention	Healthcare	Primary Care	
Kandula et al, 2011	USA	Health system	Non-randomized pre-test, post-test study	Health	Community Health Educators	Brief Counseling
Kasidi 2022	USA	Clinic	Quality improvement	Health	Primary Care	Motivational Interviewing; Sel Efficacy
Lane & Cole 2017	USA	School	Lecture (Webinar)	Healthcare	General Medicine	Motivational Interviewing; Stages of Change
Larson & Martin 2021	USA	School	Prospective cohort study	Education	Multidisciplinary	Motivational Interviewing
Leavens et al, 2022	USA	Clinic, community	Secondary analysis of one-arm of a randomized control trial	Health	Public Health	
Leese 2009	Canada	Community	Qualitative secondary analysis of a semi- structured interview dad in mixed methods study	Healthcare	Physical Therapy	Motivational Interviewing

Leese-Ethical-Issues 2021	Canada	Community	Conceptual framework	Healthcare	Physical Therapy	
Leese-Experiences 2021	Canada	N/A	Secondary analysis of qualitative interviews nested within a randomized control trial	Healthcare	Physical Therapy	
Lewthwaite et al, 2018	USA	Clinic	Randomized control trial	Healthcare	Occupational Therapy	
Li 2018	Canada	Community	Randomized control trial	Healthcare	Physical Therapy	
Li et al, 2021	Canada	Community	Clinical Guideline Proposal	Healthcare	Physical Therapy	
Li-Community 2017	Canada	Community	Randomized control trial	Healthcare	Physical Therapy	
Li-Effects-12-wk 2020	Canada	Clinic, community	Randomized control trial with a delay- control design	Healthcare	Physical Therapy	
Li-Efficacy 2020	Canada	Health system	Randomized control trial	Healthcare	Physical Therapy	
Li-Technology 2017	Canada	Clinic	Randomized control trial	Healthcare	Physical Therapy	
Lin & Mann 2012	USA	Clinic	Intervention creation and pilot testing	Healthcare	Primary Care	Transtheoretical Model
Linzon et al, 2018	Canada	Community	Pilot study	Healthcare	Nephrology	Brief-Action Planning
Liu-Ambrose et al, 2022	Canada	Research center	Single blinded randomized control trial	Healthcare	Community Health Educators	

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Citation (Author- Title) Year	Country or Region	Context (ie, Site of Participants)	Types of Evidence Source (eg, Study Design)	Context of BAP Application	Discipline or Profession of BAP Use	Conceptual or Theoretic Grounding of BA (Type)
Lofters et al, 2021	Canada	Community	Non-blinded randomized control trial	Healthcare	Preventive Medicine	Motivational Interviewing
Look et al, 2019	USA	Clinic	Cross-sectional stratified samples design	Healthcare	Multidisciplinary	
Lunn et al, 2019	UK	Hospital	Descriptive	Healthcare	Respiratory Clinicians	
Ly et al, 2021	Canada	Hospital, clinic	Retrospective cohort study	Healthcare	Health Coaching	Brief-Action Planning
Lynch 2016	USA	N/A	Summary Report of the Discussion from a Demonstration Video Series	Healthcare	Occupational Therapy	Motivational Interviewing
Manca et al, 2018	Canada	Clinic	Randomized control trial embedded in a mixed method design	Healthcare	Primary Care	Motivational Interviewing
Mann & Lin 2012	USA	Clinic	Clinical Trial	Healthcare	Primary Care	
Matthews et al, 2022	USA	N/A	Review of theory	Healthcare	Primary Care	
McElligot & Turnier 2020	USA	N/A	Framework overview	Education	Nursing	
Mitchell-Automated 2021	USA	Clinic	Randomized control Trial	Healthcare	Health Coaching	Motivational interviewing

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Mitchell-Enabling 2021	USA	Community	Cohort study, development study	Healthcare	Health Coaching	
Morgan- Collaborative et al, 2022	Canada	School	Curriculum map	Education	Medicine	Motivational Interviewing
Morgan- Dissemination et al, 2022	Canada	Community, hospital, clinic	Systematic scoping review	Healthcare		
Murgraff et al, 2006	UK	School	Randomized control trial	Healthcare	Community Health; Addiction Medicine	
Nalder et al, 2018	Canada	Clinic, community	Exploratory qualitative study	Healthcare	Occupational Therapy	
Nault 2013	USA	Community	Randomized control trial	Healthcare	Nutrition and Exercise Science	Theory of planned behavior
NCT-Brief-Internet 2021	Canada	Community	Randomized control trial protocol	Healthcare		
NCT-Chiropractic 2015	Canada	Clinic	Clustered randomized control pilot and feasibility trial	Healthcare	Chiropractor	Self- management theory
NCT-Family- Nutrition 2014	USA	Clinic	Randomized control trial	Healthcare	Clinical Nutritionist	Motivational Interviewing
NCT-The-SOAR 2021	Canada	Community	Randomized control trial protocol	Healthcare	Physical Therapy	
Oseko 2019	Canada	Clinic			Primary Care	Motivational Interviewing
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Citation (Author- Title) Year	Country or Region	Context (ie, Site of Participants)	Types of Evidence Source (eg, Study Design)	Context of BAP Application	Discipline or Profession of BAP Use	Theoretic Grounding of BAI (Type)
Oshman 2017	International	School	Discussion board post	Healthcare	Primary Care	Self-Management Support
Pakpour & Sniehotta 2012	Iran	School	Prospective study	Healthcare	Public Health; Dentistry	
Park et al, 2018	Canada	Clinic, community	One group pre-post study	Healthcare	Physical Therapy	
Paszat et al, 2017	Canada	Community	Cluster randomized control trial protocol	Healthcare	Public Health	
Perkins et al, 2022	USA	Community	Cross-case analysis	Healthcare	Primary Care	
Perry et al, 2015	UK	Community, hospital, clinic	Report	Healthcare	Primary Care	_
Ploughman et al, 2014	Canada	Community	Literature Review	Healthcare	Research	
Pomarensky 2022	Canada	Clinic	Literature Review	Healthcare	Physical Therapy	Motivational Interviewing
Pradhan 2014	Canada	Clinic	Scoping review, small study and survey	Healthcare	Primary Care	Self-management theory
Prior et al, 2023	Australia	Community, hospital, clinic	Systematic review with meta-analysis	Healthcare	Health Coaching	
Reims et al, 2013	USA	N/A	White paper	Healthcare, medical education		
Reims et al, 2015	USA	N/A	White paper	Healthcare, medical education		

Jadotte et al

Robin 2014	USA	Clinic	Randomized control trial	Healthcare	Primary Care; Pediatrics
Robinson et al, 2022	UK	Hospital, clinic	Machine learning assisted review of randomized control trials	Healthcare	Primary Care; Pharmacy
Rosciano & Brathwaite 2022	USA	School	Retrospective quantitative study	Healthcare	Nursing
Savarimuthu et al, 2013	USA	Health system	Plan-do-study-act	Healthcare	Multidisciplinary
Schedule 2016	USA	N/A	Workshop	Healthcare	Multidisciplinary
Schwab-Reese et al, 2021	USA	Community	Retrospective cohort study	Healthcare	Community Health; Obstetrics
Schwartz et al, 2015	USA	Health system	Cluster randomized control trial	Healthcare	Multidisciplinary
Shah et al, 2020	Canada	School	Delphi method with 2 interactions to reach consensus	Undergraduate medical education	Medical School Education
Shu et al, 2021	Canada	N/A	Single group pre- post design	Healthcare	Community Health; Peer Specialists; Physical Therapy
Siemens 2016	USA	N/A	Plan-do-study-act	Healthcare	Primary Care
Skeels et al, 2017	USA	Community	Randomized Control Trial	Health	Peer Specialists; Health Coaching
Sopcak et al, 2016	Canada	Clinic	Randomized Control Trial	Healthcare	Community Health; Peer Specialists
Sopcak et al, 2017	Canada	Clinic	Retrospective cohort study	Healthcare	Community Health; Peer Specialists
Sopcak et al, 2021	Canada	Clinic	Retrospective cohort study	Healthcare	Community Health; Peer Specialists
Sopcak et al, 2023	Canada	Clinic	Retrospective cohort study	Healthcare	Primary Care; Community Health; Nursing

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Citation (Author- Title) Year	Country or Region	Context (ie, Site of Participants)	Types of Evidence Source (eg, Study Design)	Context of BAP Application	Discipline or Profession of BAP Use	Conceptual or Theoretic Grounding of BAI (Type)
Stapleton 2014	Canada	Community	Randomized control trial	Health	Community Health; Peer Specialists	
Stephens 2022	Canada	Hospital	Retrospective cohort study	Healthcare	Community Health; Kinesiology	
Stephenson et al, 2018	USA	School	Retrospective cohort study	Healthcare	Clinical Nutritionist	
Tam et al, 2019	Canada	Clinic	Randomized Control Trial with delayed control design	Healthcare	Physical Therapy	
Toolkit 2015	USA	N/A	Clinical reference	Healthcare	Primary Care; Community Health	
Tumpa et al, 2019	USA	Community	Case study	Healthcare	Physical Therapy	
Tumpa 2021	USA	Health system	Pre and post cohort study	Healthcare	Physical Therapy	
Valdes et al, 2018	Canada	Clinic	Observational study	Healthcare	Physical Therapy; Occupational Therapy	
Viner et al, 2017	USA	N/A	Literature Review	Healthcare	Addiction Medicine	
Wasilewski et al, 2022	Canada	Community, hospital, clinic	Scoping Review	Health, Healthcare	Community Health	
Weisberg et al, 2021	Canada	Clinic	Case report	Healthcare	Chiropractor	
Whittaker- Feasiblity-Virtual 2022	Canada	Clinic	Quasi-experimental feasibility study	Healthcare	Physical Therapy	

Whittaker-SOAR Efficacy 2022	Canada	Clinic	Two arm step wedged assessor- blinded delay- control randomized trial	Healthcare	Physical Therapy	
Whittaker-SOAR Feasibility 2022	Canada	Clinic	Quasi-experimental feasibility study	Healthcare	Physical Therapy	
Wittleder et al, 2021	USA	Clinic	Cluster-randomized trial	Healthcare	Primary Care; Health Coaching	
Wolf 2019	USA	Clinic	Randomized Control Trial	Healthcare	Clinical Nutritionist	
Yang 2021	Canada	Community	Single group pre- post design	Healthcare	Primary Care; Health Coaching	
Zerler 2017	International	Health system	Discussion board post	Healthcare	Primary Care	Motivational Interviewing

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