

Ultra-Brief Personal Action Planning (UB-PAP)

There are four critical elements to an effective personal action plan.

- a. The plan must be truly patient-centered, that is what the patient himself/herself actually wants to do, not what the doctor told him/her to do.
- b. The plan must be behaviorally specific – that is very concrete and specific about what, when, where, how long, etc.
- c. The plan should be associated with a level of confidence (on a one to ten scale) of 7 or greater. If the confidence level is <7, the provider and patient should begin problem-solving on strategies to modify the plan.
- d. There needs to be a specific date and mechanism for follow-up.

Ask patient for plan

“Is there anything you would like to do for your health over the next few days (weeks) before I see you again?”

Develop patient-centered and behaviorally specific plan.

Check confidence level

“That sounds like a great plan. But changing behavior and sticking with a plan is actually very hard for most people to actually carry out. If you consider a confidence scale of 1 to 10, where 10 means you are very confident you will be able to carry out the plan you just described and 1 means you are not at all confident, about how confident are you that you will be able to carry out the plan you described?”

Problem-solve with patients with confidence level <7.

“That’s great that you feel a confidence level of 5. That’s a lot higher than 0. I wonder if there are some ways we could modify the plan so you might get to a confidence level of 7 or more. Perhaps you could choose a less ambitious goal or think of some other way to make you more confident about carrying out the plan?”

Ask patient to re-state his personal action plan.

“So, just to review and make sure we are on the same page, why don’t you tell me the specific plan you have in mind?”

Arrange follow-up

“Great, so let’s make a date for our next appointment now, so we can go over what you were able to do and make more plans if you want.”