

What Are Action Plans?

In the traditional paradigm, the physician advises the patient to make lifestyle changes: “You need to stop smoking.” “If you want to get your diabetes under control, you’ve got to exercise 30 minutes a day.” “I’m prescribing you a new pill for your cholesterol.”

In the collaborative paradigm, improving health-related behaviors is a decision the patient needs to make. In Stanford University self-management expert Kate Lorig’s experience, “If people don’t want to do something, they won’t do it.” Under the collaborative paradigm, an agenda for the visit is negotiated between the patient and caregiver, but the patient has the last word. If the caregiver wishes to discuss an issue with the patient, the patient’s permission for that discussion should be sought.

Let us assume that in the agenda-setting process, the patient agrees to discuss making a health-related behavior change. An collaborative way to initiate a behavior change discussion is to ask the question used by Kate Lorig in self-management classes: “Is there anything you would like to do this week to improve your health?” The “Kate Lorig” question allows patients to choose which behavior they are motivated to change, and forms the basis for agreement on a self-management goal.

Goal-setting involves patients and caregivers agreeing on a general self-management goal, for example reducing the HbA1c from 9 to 7 or losing ten pounds. Action plans are concrete and specific activities a patient agrees to do to help reach the goal; for example, walking around the block twice on Mondays, Wednesdays and Saturdays before lunch, or reducing consumption of cookies from three to one per day. With non-specific goals, e.g. to exercise or lose weight, patients cannot evaluate their success and often experience failure. To enhance the likelihood that patients will succeed, clinicians ask patients to estimate, on a 0 to 10 scale, how confident they are that they can carry out the action plan. Action plans can be downsized such that patient have a confidence level of at least 7/10 that they can succeed.

Evidence is emerging that goal-setting and action-planning are effective across the socio-economic spectrum. In one study, low-income patients receiving care in safety-net clinics were able to initiate behavior changes based on action plans as often as higher-income patients in private practices.

The theoretical basis for goal-setting and action-planning is the concept of self-efficacy: a person’s confidence that he/she can carry out a behavior necessary to reach a desired goal.

Studies from non-health-related industries conclude that a specific goal leads to higher performance than no goal or a vague goal such as “do your best.” In addition, proximal goals (short-term and specific) are associated with better performance than distal (long-term and general) goals. Setting proximal sub-goals (action plans) makes the reward of success come sooner and increases self-efficacy. Increased self-efficacy results in people setting and achieving higher goals, while reduced self-efficacy -- from failing to achieve a goal -- may lead to goal abandonment. In health-related behavior change, self-efficacy is also associated with healthier behaviors.

To summarize, collaborative behavior-change counseling involves the caregiver and patient agreeing on an agenda for the visit, and -- if the patient is in agreement -- collaboratively setting a goal and making an action plan.