

MBC ACT common concerns

ACT

Below are questions about circumstances that might arise during the ACT step of the MBC three-step process.



WHAT IF ...

 Not every adjustment or addition to treatment you decide on as a result of MBC needs to be done by you. The right plan may be to keep your treatment the same, while also referring the client to another provider, clinic, or service as an adjunct to the work you're already doing.



... if we don't agree on the plan?

This is where collaborative decision-making comes in. Both the provider and the client share their priorities and ideas for next steps in treatment. This may require some negotiation and compromising on both parts.



... if we still don't agree and I feel very strongly that we take treatment in a certain direction?

Be sure to give a clear rationale for why you feel a particular treatment is ideal. Linking the treatment and expected outcomes to the client's values and goals is important here. That said, unless there are safety concerns, the patient should have the final say.



... if lack of improvement is discouraging to the client?

While this can certainly be discouraging, and it's important to validate the client's reaction, MBC's ability to help providers detect lack of progress early in treatment is one of its most valuable functions. Lack of improvement serves as an cue that it's time to discuss how treatment is going, what might be impacting the outcomes, and to brainstorm ideas to try out or add in to get treatment back on track.

In fact, without a way to track progress, clients not improving may be more likely to become frustrated with their care and drop out or engage, but only half-heartedly.



... if the treatment just needs more time?

That's fine. You and the client may agree that the current plan is solid and to keep going as is, even in the lack of progress. Treatment can take time.

In this case, it can be helpful to agree when you'll circle back to re-evaluate progress.