Welcome to the MDAAP Childhood Obesity Quality Improvement Learning Collaborative Didactic Session

December 14, 2016
This project is funded by The Horizon Foundation
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No faculty disclosures

- Today’s presenters:
  - Dr. Ken Tellerman
  - Meagan Cox

- All presenters have signed disclosure statements indicating:
  - No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
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Didactic Session Agenda
September 7th, 2016
12:15PM – 1:15PM

Presenters:
12:15-12:20pm - Introduction and Welcome - Meagan Cox, QI Coach
12:20-1:05pm – Obesity Webinar - Dr. Ken Tellerman
1:05-1:15pm - Q&A
Learning Objectives

At the conclusion of this program, participants should feel confident in their ability to:

Better determine how to facilitate behavioral change in patients
HELPING PEOPLE
CHANGE
CATALYST
OR
CATTLE PROD !!
DISCLAIMERS

• Presenter has no relevant financial relationships to disclose

• Presenter has no plans to discuss off-label use of medications
HOW CAN WE FACILITATE BEHAVIORAL CHANGE IN PATIENTS?
MOTIVATIONAL INTERVIEWING

OVERVIEW
Weight control:
- reduction in BMI
- increased adherence to diet
MOTIVATIONAL INTERVIEWING
ADOLESCENT STUDIES

Tobacco use:
- Increased abstinence
- Increased self efficacy towards ability to quit

Alcohol use:
- Reduction in drinking and driving
- Reduction in alcohol related injuries
- Reduction in alcohol intake
MOTIVATIONAL INTERVIEWING

Applicable for parents who delay vaccines?
WHAT MOTIVATES US TO CHANGE?
WHO'S AWESOME?
You're awesome!
MOTIVATION

Positive:

• Pleasure/ gratification
• Improved health
• Increased self esteem and competence
• Diminished discomfort
MOTIVATION

- Meaningful ("what things are important to you?") - may occur in context (e.g. wt loss before prom)
- Social connection
  - Closeness/ acceptance
  - Competition
Active spouse can spur partner
COMMON OBSTACLES TO CHANGE
COMMON OBSTACLES TO CHANGE

- Lack of Information, Skill, and Confidence
COMMON OBSTACLES TO CHANGE

• Misconceptions/ Misperceptions/ Bias
  ➢ Default to Zero bias (low inertia)
  ➢ Invincibility bias ("It won’t happen to me")
  ➢ Ego bias ("I can change whenever I am ready")
COMMON OBSTACLES TO CHANGE

• Overgeneralization ("I can’t..., I always mess up")
COMMON OBSTACLES TO CHANGE

- Personal Costs (time/expense)
- Environmental/Logistical Barriers
COMMON OBSTACLES TO CHANGE

- Salience (How *important* is it to the patient...?)
COMMON OBSTACLES TO CHANGE

WINDOWS FOR CHANGE
(e.g. family member recently diagnosed with hypertension or diabetes)
Motivational Interviewing in essence is about facilitating and guiding patient self reflection
And in order to facilitate self reflection and change, patients must feel heard
Motivational Interviewing is about the process of creating an accepting non-judgmental space for patients to safely engage in self-reflection.
Motivational Interviewing is not a technique to manipulate patients to change and it is not a magic cure.
MOTIVATIONAL INTERVIEWING
PRINCIPLES

WHAT ARE THE KEY ELEMENTS
OF FACILITATING
BEHAVIORAL CHANGE IN
PATIENTS?
MOTIVATIONAL INTERVIEWING
PRINCIPLES

AN EQUAL PART OF ASKING, LISTENING AND INFORMING
MOTIVATIONAL INTERVIEWING
PRINCIPLES

1) Collaborating vs prescribing
2) Being empathetic and non judgmental
3) Exploring ambivalence
4) Avoiding confrontation
5) Providing encouragement and affirmations
1) Collaborating vs Prescribing

It can be difficult for clinicians to shift gears from prescriptive mode to collaborative mode (we tell patients what to do all day).
COLLABORATION IS MORE EFFECTIVE WHEN TRYING TO FACILITATE BEHAVIORAL CHANGE
Do our patients actually hear us when we are overly prescriptive towards behavior change?
What we say to dogs

Okay, Ginger! I've had it! You stay out of the garbage! Understand, Ginger? Stay out of the garbage, or else!

What they hear

blah blah GINGER blah
blah blah blah blah blah
blah blah GINGER blah
blah blah blah
blah blah blah blah...
MOTIVATIONAL INTERVIEWING

Applicable for parents who delay vaccines?
MOTIVATIONAL INTERVIEWING

Depends on whether clinician takes an prescriptive or collaborative stance
MOTIVATIONAL INTERVIEWING
PRINCIPLES

2) Being empathetic and non-judgmental
(Reflective listening)

(ACCEPTANCE IS NOT EQUAL TO AGREEMENT)
3) Exploring ambivalence

Explore *discrepancy* between patient goals or core values and current behavior

(“You say you need to lose weight to play ball—how do your current eating habits fit with your goal?”)
MOTIVATIONAL INTERVIEWING
PRINCIPLES

4) Avoiding confrontation
“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”
MOTIVATIONAL INTERVIEWING
PRINCIPLES

4) Avoiding confrontation

• Use “might” questions ( “Is this something you might consider?”)
MOTIVATIONAL INTERVIEWING
PRINCIPLES

Avoiding confrontation

• Know when to back off and avoid the “righting reflex”
  (“It sounds like you are not ready to… at this time”)

MOTIVATIONAL INTERVIEWING

PRINCIPLES

Avoiding confrontation

Lack of control by the practitioner is not the same as a lack of influence
Avoiding confrontation: Changing Gears
Shared Agenda Approach
(provide a menu of options)

“Many patients have questions about things like their bodies, sex, drinking or smoking...which of these or other concerns might you like to talk about?”
5) Providing encouragement and affirmations for commitment and effort
MOTIVATIONAL INTERVIEWING

Main Goal
Help patients to generate their own reasons for change and reinforce them (patient as expert)
MOTIVATIONAL INTERVIEWING

Patient should be doing the talking - if you are doing all of the talking and convincing,
MOTIVATIONAL INTERVIEWING TECHNIQUES

• Reflective listening ("sounds like eating has been a struggle…")

• Empathic listening ("you are frustrated by your inability to lose weight")

• Open ended questions ("Tell me about… how do you feel about…?")
MOTIVATIONAL INTERVIEWING

TECHNIQUES

• Scales (“On a scale of 1-10, how do you feel about...?”)

• Summarizing (“so let me see if I understand what you have been saying...”)
MOTIVATIONAL INTERVIEWING TECHNIQUES

- Informing (elicit-provide-elicit approach):

  Elicit (ask permission): “Is it ok if I share some information with you?”

  Provide: “I am concerned about your weight gain and the health risks it poses to you like high blood pressure and diabetes…”

  Elicit: “What do you think?”
MOTIVATIONAL INTERVIEWING

HOW DO PATIENTS CHANGE?
STAGES OF CHANGE

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance

Prochaska
Change is a process, not an event.
MOTIVATIONAL INTERVIEWING

REMEMBER

• CHANGE IS NOT EQUAL TO ACTION

• CHANGE OCCURS IN INCREMENTS
13 year old male who weighs 190 lbs with BMI > 95% and has gained 26 lbs since his last well child visit one year ago.
ASSESSING STAGE OF CHANGE: A MODEL
HELPING PATIENTS CHANGE: DECISION TREE

OPEN ENDED QUESTIONS
“How do you feel about…?” “What do you think about…” “Tell me about…”

DETERMINING THE STAGE OF CHANGE
“Is this a problem for you?” “Have you considered…?”

◆ NO ◆ MAYBE ◆ YES
ASSESSING STAGE OF CHANGE: A SCHEMA

MATCH APPROACH TO STAGE OF CHANGE
ASSESSING STAGE OF CHANGE

ASK OPEN ENDED QUESTIONS AND LISTEN
ASSESSING STAGE OF CHANGE

Listening for Change Talk (DARN)

- Desire
- Ability
- Reason
- Need
ASSESSING STAGE OF CHANGE

Listening for Change Talk (DARN)

• Desire ("I wish that I could... I want to...")

• Ability ("I might be able... I can...")
ASSESSING STAGE OF CHANGE

Listening for Change Talk (DARN)

- **Reasons** ("Losing weight would make me play sports better")
- **Need** ("I really need to get more exercise")
ASSESSING STAGE OF CHANGE

ASK OPEN ENDED QUESTIONS AND LISTEN
ASSESSING STAGE OF CHANGE

• Tell me what you think about...?
  (“You (your child) gained 26 lbs since your last visit- what do you think? or how is that for you?”)

• How do you feel about...?
ASSESSING STAGE OF CHANGE

• If no or weak response try third person approach:

  “Some people are upset or frustrated when they gain a lot of weight, what is it like for you?”
ASSESSING STAGE OF CHANGE

AND THEN ASK:
ASSESSING STAGE OF CHANGE

• “Is this a problem or concern for you?”

• “Is this important to you?”

• “Have you considered...?”
ASSESSING STAGE OF CHANGE

NO
MAYBE
YES
NO.
ASSESSING STAGE OF CHANGE

NO
(precontemplation)
PLANT SEEDS
ASSESSING STAGE OF CHANGE

- Explore Pros and Cons
- Assess Readiness for Change
- Establish a Time Frame
NO (precontemplation)

PROS AND CONS OF CURRENT BEHAVIOR

• “What are the pros/ upside/ good things/ advantages/ positive things about …?” (“What are your favorite foods? What do you enjoy about them?”)

• “What keeps you doing what you are doing?”
NO (precontemplation)

PROS AND CONS OF CURRENT BEHAVIOR

“What are the cons/drawbacks/bad things/disadvantages/negative things about... the current behavior?”
NO (precontemplation)

PROS AND CONS OF CURRENT BEHAVIOR

“What will happen if you continue doing what you are doing?”
ASSESSING STAGE OF CHANGE

- Explore Pros and Cons
- Assess Readiness for Change
- Establish a Time Frame
NO (precontemplation)

ASSESS READINESS

POWER OF MIGHT

“Might” questions: “Do you think you might consider…?”
might may may may might might may may may
NO (precontemplation)

“What might it take to get from NO to MAYBE?”
NO (precontemplation)

ASSESS READINESS
(On a scale of 1-10, how ready are you…?)

- “Why did you give yourself a 3 and not a 1?”
- “What would it take to get from a 3 to a 5?”
NO (precontemplation)

MAKE YOUR PITCH RESPECTFULLY

Informing (elicit-provide-elicit approach):

Elicit (ask permission): “Is it ok if I share some information with you?”

Provide: “I am concerned about your weight gain and the health risks it poses to you like high blood pressure and diabetes...”

Elicit: “What do you think?”
ASSESSING STAGE OF CHANGE

• Explore Pros and Cons

• Assess Readiness for Change

• Establish a Time Frame
NO (precontemplation)

ESTABLISH A TIME FRAME

- “What is your time frame for...?”
  or better:
- “When might you begin...?”
Remember: You do not have to ask all of these questions:

It is the *process* and the *accepting non judgmental relationship* that you create that is effective, not the content questions.
NO (precontemplation)

CONCLUDING THE DISCUSSION

- Avoid “righting reflex” and back off
- Remember change does not equal action
- Leave the door open for the future
NO (precontemplation)

CONCLUDING THE DISCUSSION

• Summarize: “It sounds like you like to smoke for social reasons and that you are aware of the health risk”

  or

• Reflective Listening: “It sounds like you get frustrated when people tell you to stop…”
Acceptance: “And it seems like you are not ready to stop at this time”
“Perhaps we can talk about this sometime in the future”
“What other kinds of concerns do you have today?”
ASSESSING STAGE OF CHANGE

MAYBE (contemplation)
ASSESSING STAGE OF CHANGE

“To get from no to yes you have to go through maybe”

Frank Underwood - House of Cards
ASSESSING STAGE OF CHANGE

MAYBE (contemplation)

PROCESS AMBIVALENCE
AMBIVALENCE

“[I know that I should… BUT…]”
AMBIVALENCE

Listen for pre commitment language
(“I am thinking about... I hope to... I am considering...”)
ASSESSING STAGE OF CHANGE

- Explore Pros and Cons
- Assess Readiness for Change
- Establish a Time Frame
MAYBE (CONTEMPLATION)

PROS AND CONS OF NEW BEHAVIOR

“What are the pros/ upside/ good things/ advantages/ positive things about the new behavior?”
MAYBE (CONTEMPLATION)

PROS AND CONS OF NEW BEHAVIOR

“What are the cons/ downside/ bad things/ disadvantages/ negative things about... the new behavior?”
“What is holding you back?”
MOTIVATIONAL INTERVIEWING

Address ambivalence and explore discrepancy between patient goals/ values and current behavior
Exploring Discrepancy

“How does your current behavior interfere with things that are important to you?”

(“You say you need to lose weight to play ball- how do your current eating habits fit with your goal?”)
ASSESSING STAGE OF CHANGE

• Explore Pros and Cons

• Assess Readiness for Change

• Establish a Time Frame
MAYBE (CONTEMPLATION)

ASSESS READINESS

- “How ready are you...?”
  (“On a scale of 1-10, how ready are you...?”)

- “How will you know when you are ready?”

- “How confident are you...?”
Eliciting Change Talk

“\ What kinds of things *might* you be able to do to....?”
MAYBE (CONTEMPLATION)

Eliciting Change Talk

“What might it take to get from MAYBE to YES?”
MAYBE (CONTEMPLATION)

Shared Agenda Approach
(provide a menu of options)

“We can focus on exercise, diet, or screen time—what would you like to discuss”
MAYBE (CONTEMPLATION)

Elicit-provide-elicit approach

• Elicit: “Is it ok if I make a suggestion?”

• Provide: “These are some things other patients have tried…”

• Elicit: “What do you think?”
ASSESSING STAGE OF CHANGE

• Explore Pros and Cons

• Assess Readiness for Change

• Establish a Time Frame
MAYBE (CONTEMPLATION)

ESTABLISH A TIME FRAME

- What is your time frame for...?
- How much time do you think you need?
MAYBE (CONTEMPLATION)

CONCLUDING THE DISCUSSION

• Summarize or have the patient summarize any ideas that they generated to change

(“What is the main thing that you took out of our discussion?”)

• “You have a lot to think about”
MAYBE (CONTEMPLATION)

CONCLUDING THE DISCUSSION

• “Where do we go from here?” “What’s next?”

• Follow up?
ASSESSING STAGE OF CHANGE

YES (preparation/action)
ASSESSING STAGE OF CHANGE

YES (preparation/action)

Listen for commitment language:

("I will... I plan to... I intend to... I am going to...")
ASSESSING STAGE OF CHANGE

YES (preparation/action)
YES (preparation/action)

PREPARING A PLAN

- Let the *patient* create the plan
- Keep it simple
- Start sooner than later
YES (preparation/action)

PREPARING A PLAN

• Set clear goals:
  ➢ Magic wand/ videotape
  ➢ What are you already doing?
YES (preparation/action)

PREPARING A PLAN

FOR THE PATIENT WHO IS STUCK

• What advise would you give a friend?

• What have you successfully done in the past to deal with this concern?

• What has someone you know done to deal with this concern?
Elicit-provide-elicit approach

- **Elicit:** “Is it ok if I make a suggestion?”
- **Provide:** “These are some things other patients have tried…”
- **Elicit:** “What do you think?”
YES (preparation/action)

PREPARING A PLAN

- Incorporate social connections (family members/peers)
- Incorporate rewards and consequences
- Change the environment
ASSESSING STAGE OF CHANGE

• Explore Pros and Cons

• Assess Readiness for Change

• Establish a Time Frame
PROS AND CONS OF THE PLAN

“What are the pros/ upside/ good things/ advantages/ positive things about the plan?”
PROS AND CONS OF THE PLAN

“What are the cons/ downside/ bad things/ disadvantages/ negative things about the plan?”

“What may get in the way?”

“What if…?”
ASSESSING STAGE OF CHANGE

• Explore Pros and Cons

• Assess Readiness for Change

• Establish a Time Frame
ASSESS READINESS

- “How ready are you…?”
- “How confident are you…?”

(“On a scale of 1-10, how ready/confident are you…?”)
ASSESSING STAGE OF CHANGE

- Explore Pros and Cons
- Assess Readiness for Change
- Establish a Time Frame
YES (preparation/action)

ESTABLISH A TIME FRAME

• “What is your time frame for...?”
YES (preparation/action)

POWER OF LANGUAGE

• “How soon will you begin?” vs “When might you begin?”
Provider alternatives:

“Do you think you can stop going to fast food restaurants for 3 months?... How about 3 weeks?”
YES (preparation/action)

POWER OF LANGUAGE
ANCHORING

• Planting a suggestion:
“Many people find that 3 hours per week is reasonable for exercise; how many hours per week will work for you?”
YES ( preparation/action)

CONCLUDING THE DISCUSSION

- Summarize the plan or have patient summarize

- Contingencies for slip ups ( “What will you do if…?”)

- Arrange follow up
YES (preparation/action)

FOLLOWUP/ MAINTENANCE

- Consider having patient keep a log/diary
- Encourage and provide positive feedback for commitment and effort
- Troubleshoot and modify the plan (It's ok to start over if you fall off track)
WHEN TO REFER

- Problem is outside of comfort level of practitioner
- Need for expertise of a nutritionist or mental health practitioner
- Significant risk taking behaviors
CASE EXAMPLES

OVERWEIGHT 9 YEAR OLD
CASE EXAMPLES

20 YEAR OLD SMOKER
CASE EXAMPLES

5 YEAR OLD WITH ADHD
MOTIVATIONAL INTERVIEWING

How feasible is it to engage in motivational interviewing during an office visit?

- Time considerations
- Reimbursement
REIMBURSEMENT

- **USE PROPER ICD CODES**

- **CPT CODES** (over 50% time in counseling)
  - 99214 (25 minutes)
  - 99215 (40 minutes)
  - 99354 (next 30-74 minutes face to face)
ASSESSING STAGE OF CHANGE

- “Can you tell me about...?”
- “How do you feel about...?”
- “Some people are upset or frustrated when.... how do you feel about...?”
ASSESSING STAGE OF CHANGE

- “Is this a problem or concern for you?”
- “Is this important to you?”
- “Have you considered...?”
ASSESSING STAGE OF CHANGE

- NO
- MAYBE
- YES
ASSESSING STAGE OF CHANGE

• Explore Pros and Cons

• Assess Readiness for Change

• Establish a Time Frame
ASSESSING STAGE OF CHANGE

NO (precontemplation)

PLANT SEEDS
ASSESSING STAGE OF CHANGE

MAYBE (contemplation)

PROCESS AMBIVALENCE
ASSESSING STAGE OF CHANGE

YES (preparation/action)

PREPARE A PLAN
RESOURCES

- MD AAP BI-PED WEB SITE
- Motivational Interviewing in Health Care - Rollnick
- Change Talk - AAP
- Letsgo.org
REFERENCES


• Schwartz RP. Motivational Interviewing (Patient-Centered Counseling) to Address Childhood Obesity. Pediatric Annals 2010; 39: 154-158.