



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Speaking for Maryland Kids!



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

December 14, 2016

This project is funded by The Horizon Foundation

Welcome

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- Please **turn off** the sound on your computer
- Please **do not** use a speakerphone
- Please **do not** put the call on hold-if you must leave, hang up and call back when you can
- Please **keep** background noise to a minimum when you are speaking to the group
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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.
 - No unapproved or investigational use of any drugs, commercial products or devices



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



OBESITY WEBINAR DECEMBER 2016

Ken Tellerman M.D.

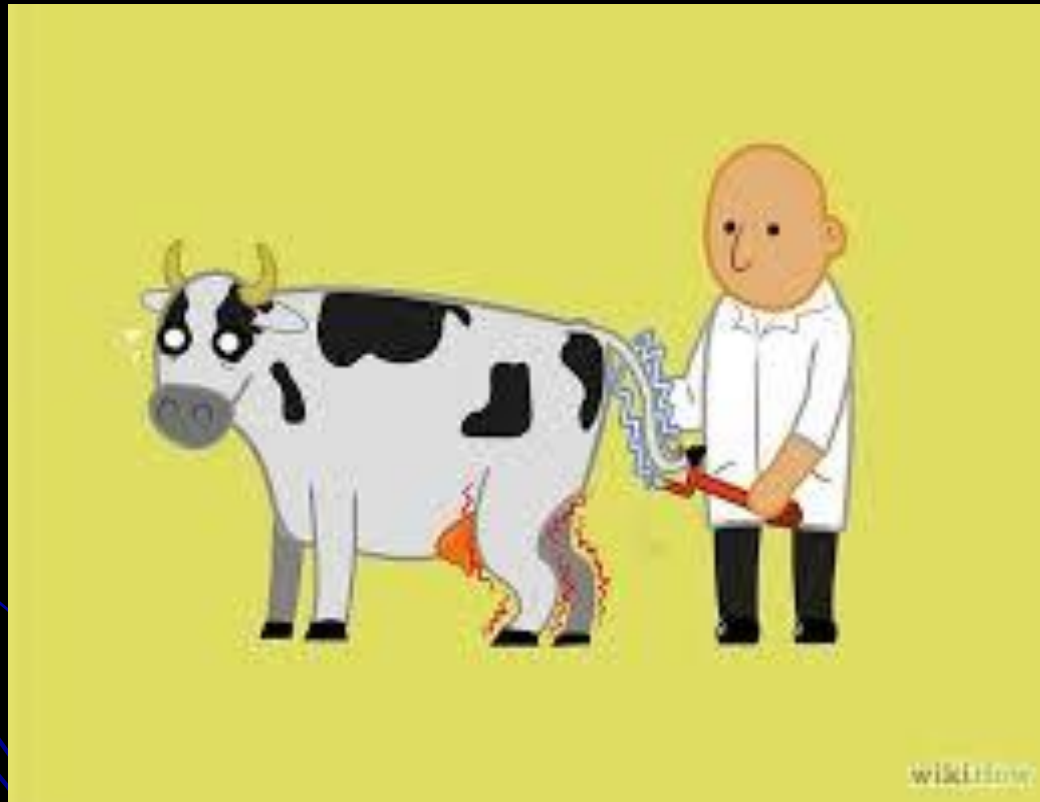
General and Behavioral Pediatrics

Chair, Committee on Emotional Health
Maryland Chapter AAP

HELPING PEOPLE
CHANGE
CATALYST
OR



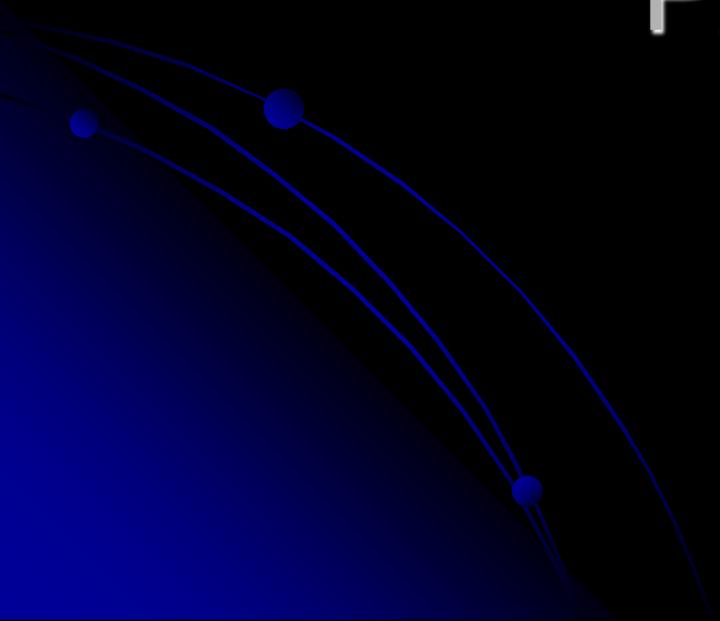
CATTLE PROD !!



DISCLAIMERS

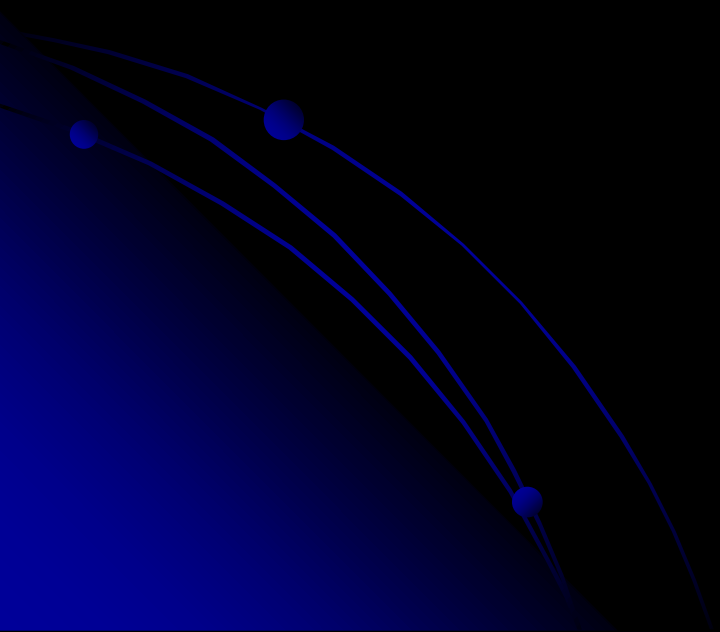
- Presenter has no relevant financial relationships to disclose
- Presenter has no plans to discuss off-label use of medications

HOW CAN WE FACILITATE BEHAVIORAL CHANGE IN PATIENTS?



MOTIVATIONAL INTERVIEWING

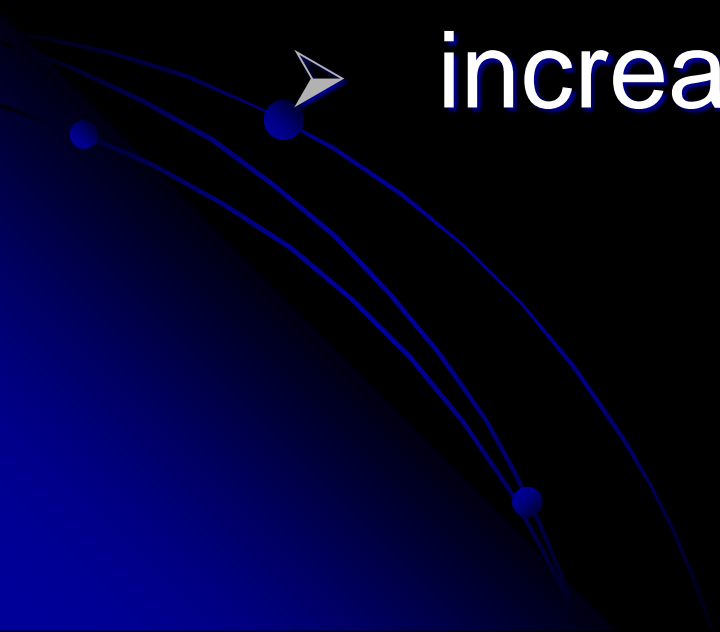
OVERVIEW



MOTIVATIONAL INTERVIEWING

Weight control:

- reduction in BMI
- increased adherence to diet



MOTIVATIONAL INTERVIEWING

ADOLESCENT STUDIES

Tobacco use:

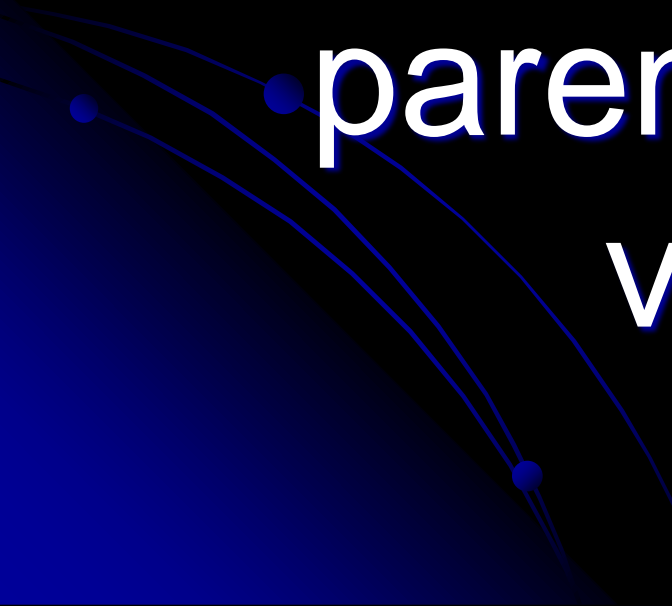
- Increased abstinence
- Increased self efficacy towards ability to quit

• Alcohol use:

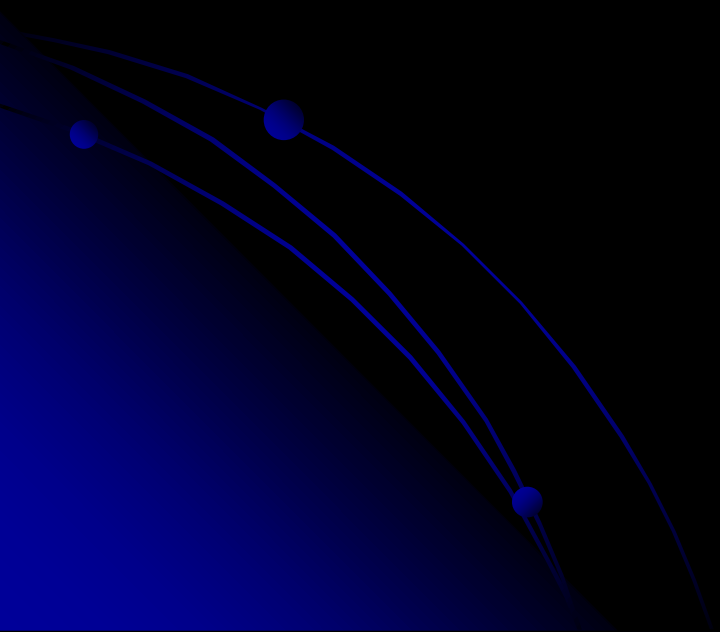
- reduction in drinking and driving
- reduction in alcohol related injuries
- reduction in alcohol intake

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


Baltimore Sun



COMMON OBSTACLES TO CHANGE



COMMON OBSTACLES TO CHANGE

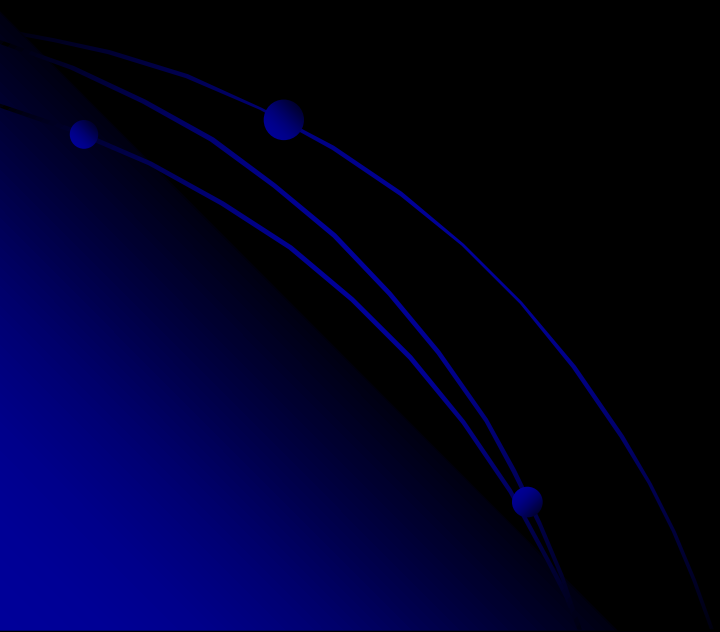
- Lack of Information, Skill, and Confidence
- 

COMMON OBSTACLES TO CHANGE

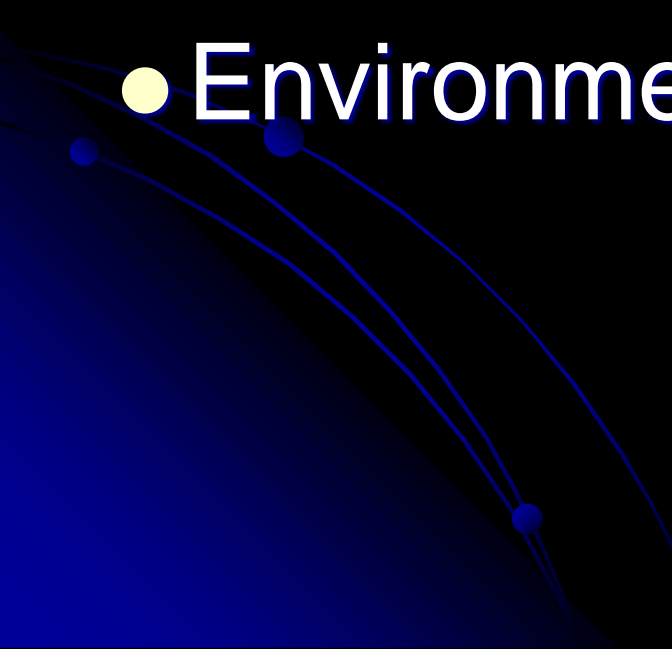
- Misconceptions/ Misperceptions/ Bias
 - Default to Zero bias (low inertia)
 - Invincibility bias (“It won’t happen to me”)
 - Ego bias (“I can change whenever I am ready”)

COMMON OBSTACLES TO CHANGE

- Overgeneralization (“ I *can't*..., I *always* mess up”)

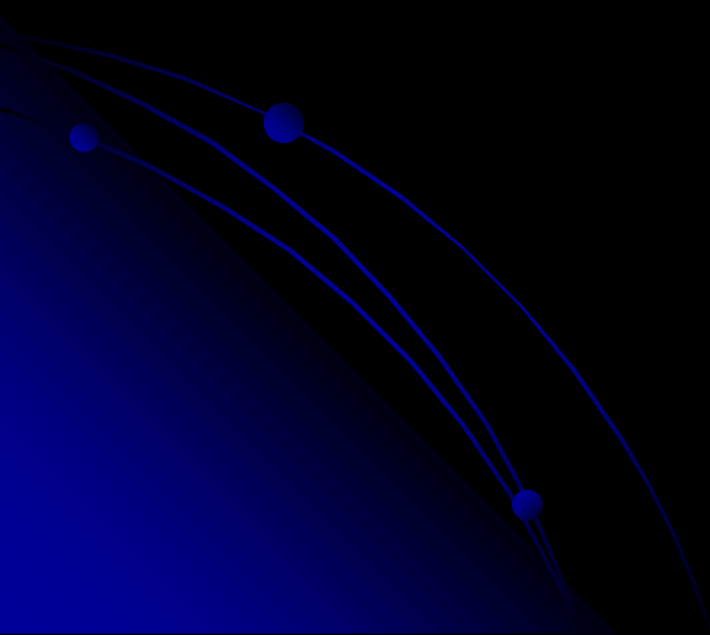


COMMON OBSTACLES TO CHANGE

- Personal Costs (time/expense)
 - Environmental/ Logistical Barriers
- 

COMMON OBSTACLES TO CHANGE

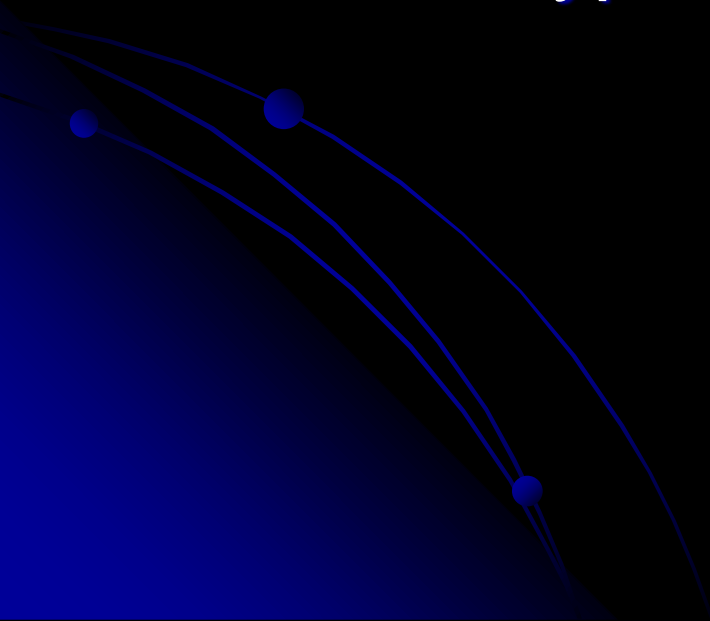
- Salience (How important is it to the patient...?)



COMMON OBSTACLES TO CHANGE

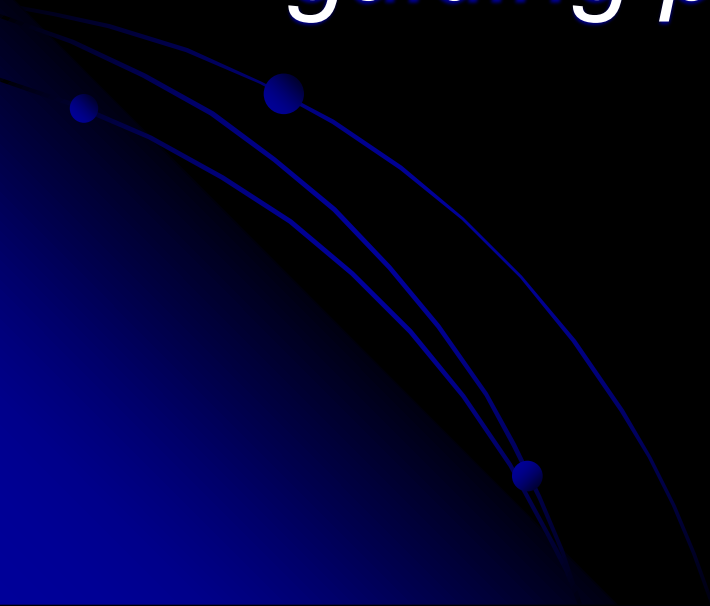
WINDOWS FOR CHANGE

(e.g family member recently diagnosed with
hypertension or diabetes)



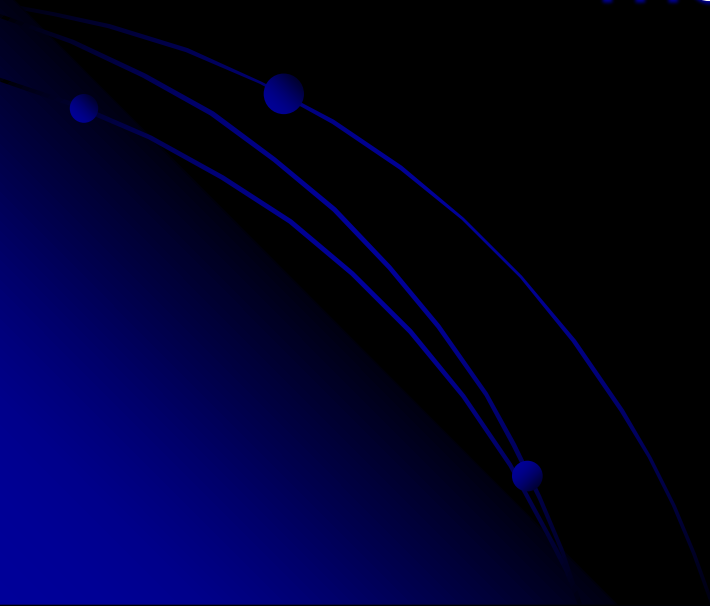
MOTIVATIONAL INTERVIEWING PRINCIPLES

Motivational Interviewing in
essence is about *facilitating* and
guiding patient self reflection



MOTIVATIONAL INTERVIEWING PRINCIPLES

And in order to facilitate self
reflection and change, patients
must feel *heard*

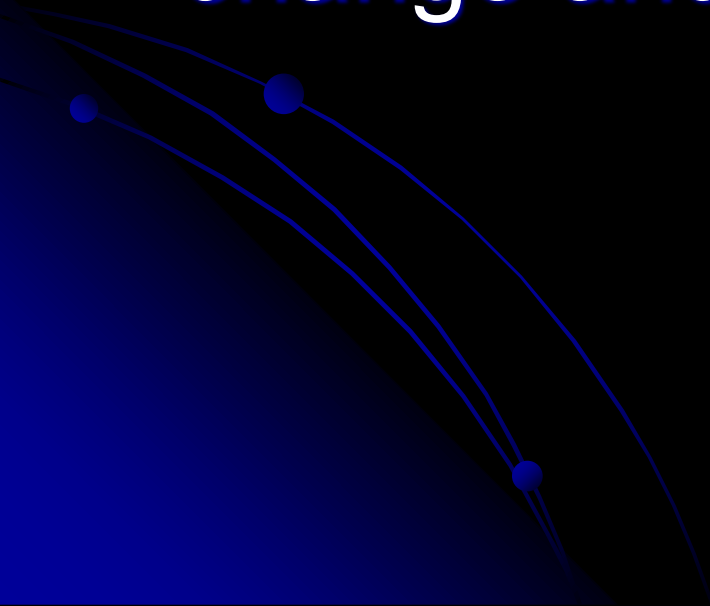


MOTIVATIONAL INTERVIEWING PRINCIPLES

Motivational Interviewing is about
the *process of creating an
accepting non judgmental space* for
patients to safely engage in self
reflection


MOTIVATIONAL INTERVIEWING PRINCIPLES

Motivational Interviewing is not a technique to manipulate patients to change and it is not a magic cure



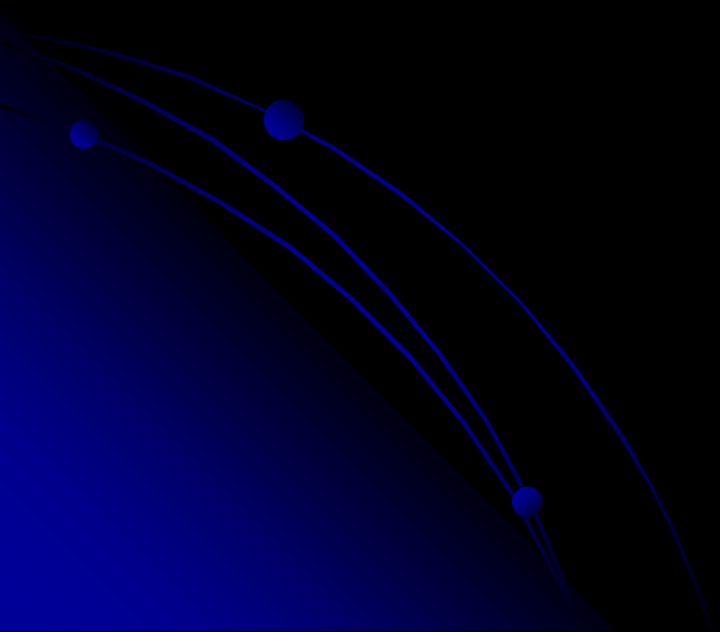
MOTIVATIONAL INTERVIEWING PRINCIPLES

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

MOTIVATIONAL INTERVIEWING PRINCIPLES

4) Avoiding confrontation

5) Providing encouragement
and affirmations



MOTIVATIONAL INTERVIEWING PRINCIPLES

1) Collaborating vs Prescribing

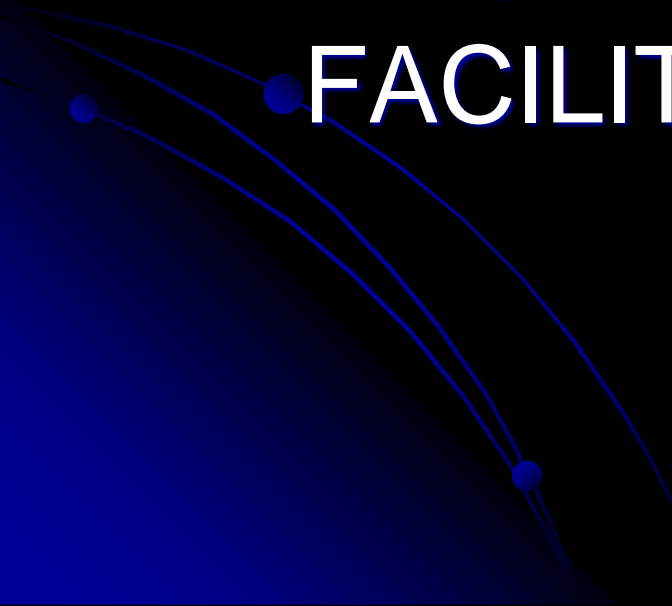
IT CAN BE DIFFICULT FOR CLINICIANS
TO SHIFT GEARS FROM PRESCRIPTIVE
MODE TO COLLABORATIVE MODE

(we tell patients what to do all day)



MOTIVATIONAL INTERVIEWING PRINCIPLES

COLLABORATION IS MORE
EFFECTIVE WHEN TRYING TO
• FACILITATE BEHAVIORAL
CHANGE



MOTIVATIONAL INTERVIEWING PRINCIPLES

- 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!



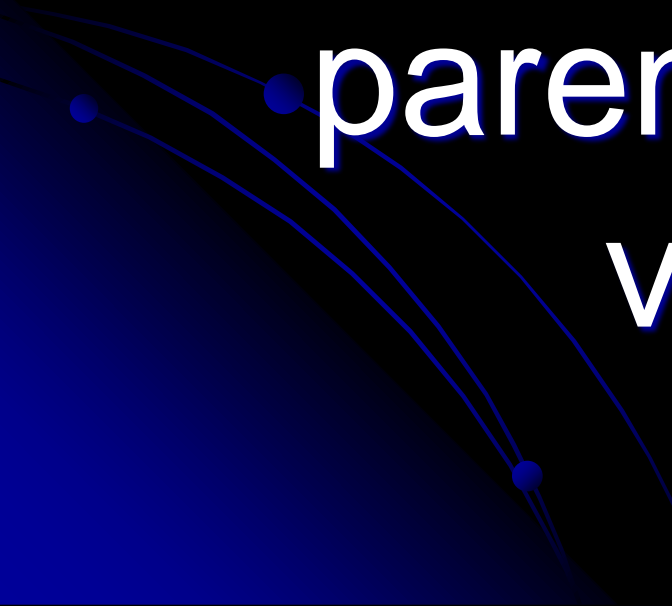
What they hear

blah blah GINGER blah
blah blah blah blah blah
blah blah GINGER blah
blah blah blah blah...



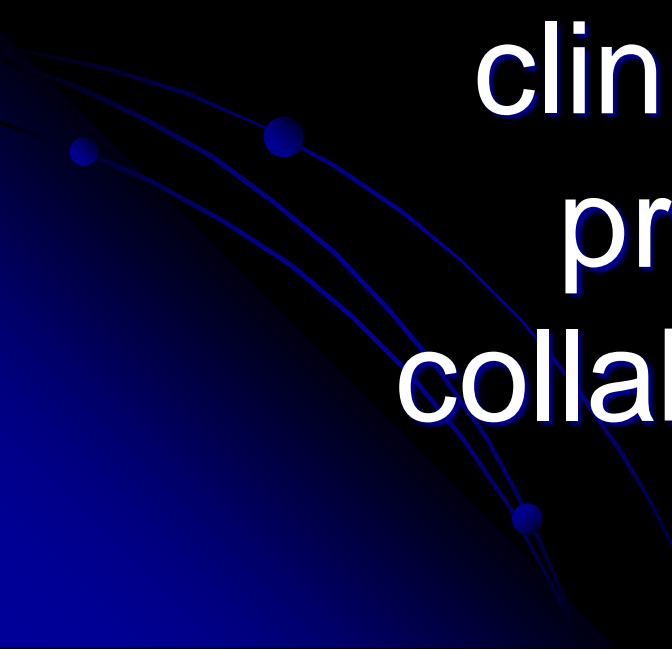
MOTIVATIONAL INTERVIEWING

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)



MOTIVATIONAL INTERVIEWING PRINCIPLES

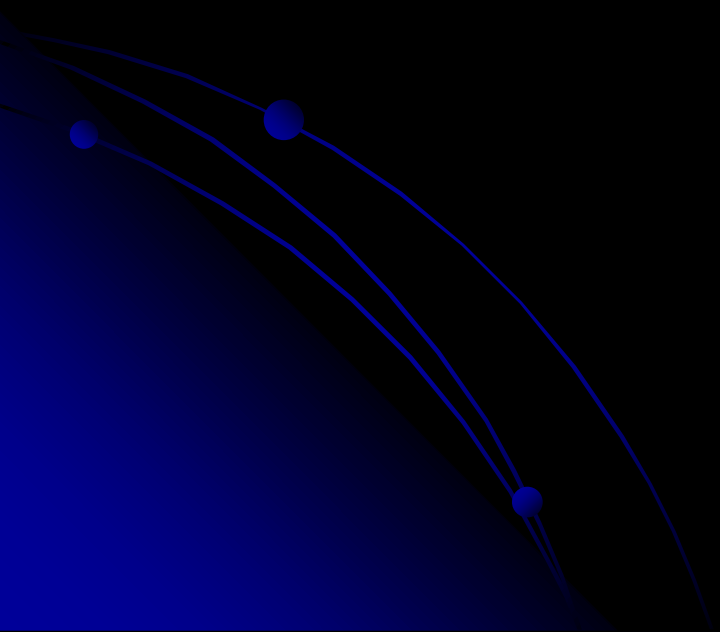
3) Exploring ambivalence

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



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**"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



MAYBE (CONTEMPLATION)

Avoiding confrontation:

Changing Gears

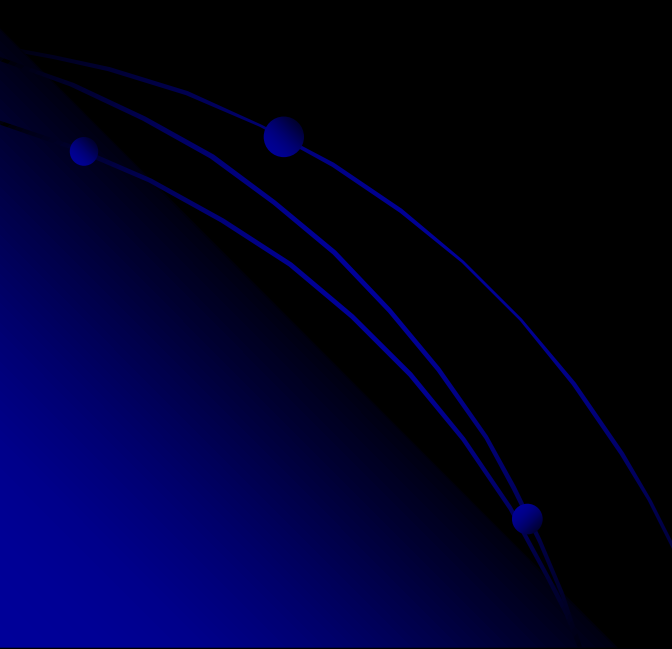
Shared Agenda Approach

(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?”)

MOTIVATIONAL INTERVIEWING PRINCIPLES

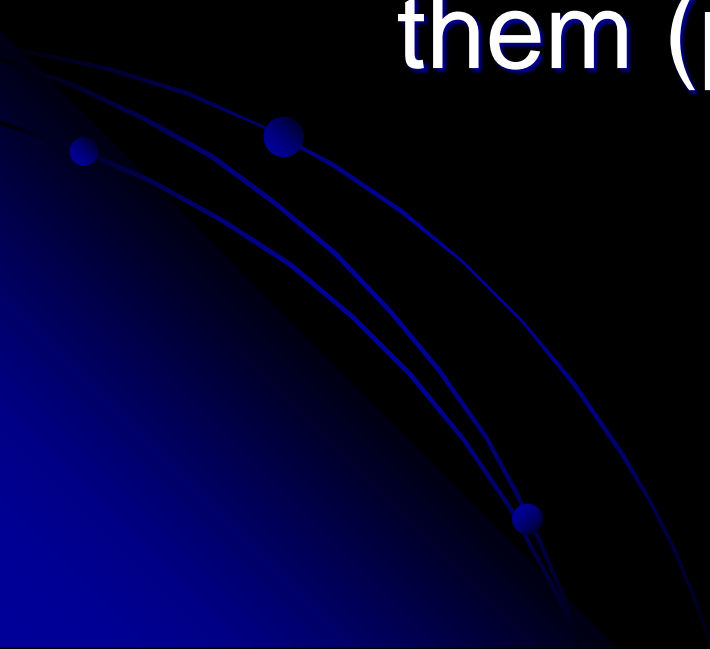
5) Providing encouragement
and affirmations for commitment
and effort



MOTIVATIONAL INTERVIEWING

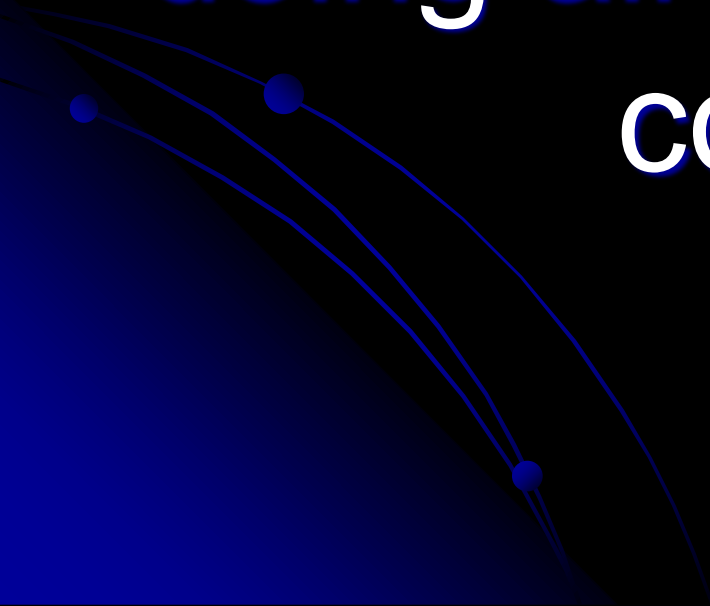
Main Goal

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,

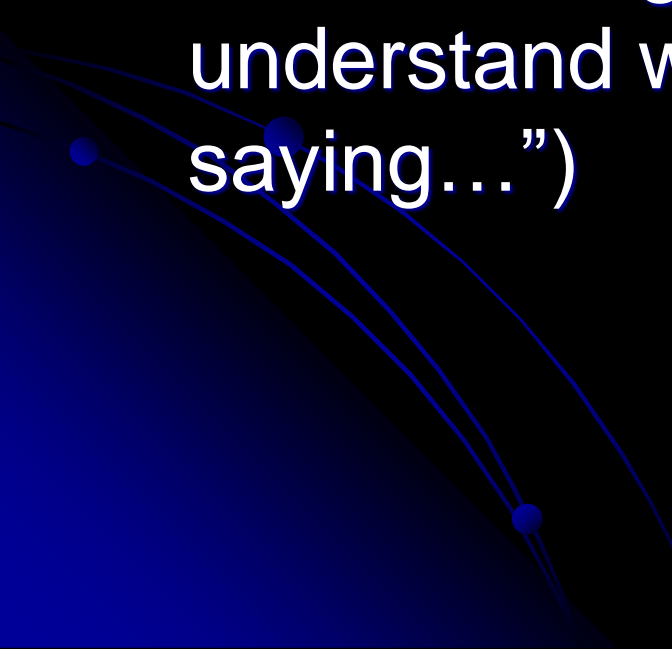




MOTIVATIONAL INTERVIEWING TECHNIQUES

- 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):

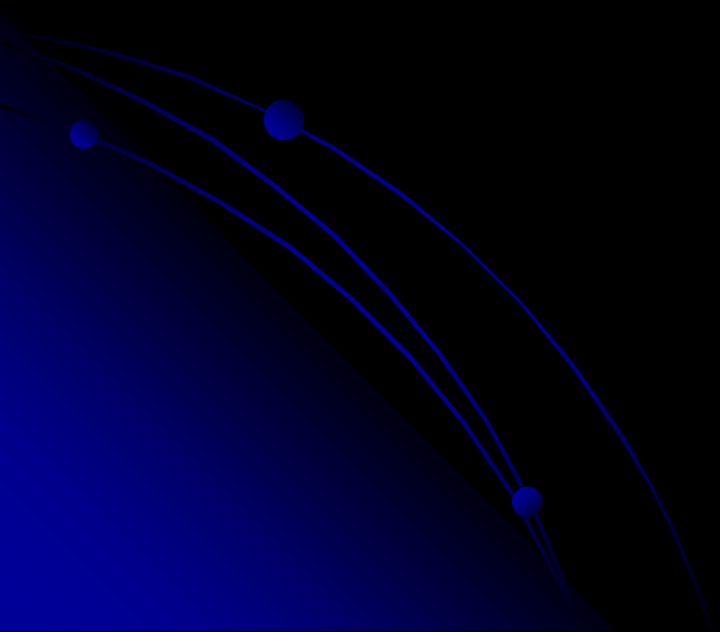
Elicit (ask permission): “Is it ok if I share some information with you?”

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.**

The image shows two footprints on a sandy surface. The top footprint is relatively clean and well-defined. The bottom footprint, positioned directly below the first, is significantly more worn and distorted, with the edges blurred and the overall shape less distinct. This visual progression from a clear footprint to a faded one serves as a metaphor for change as a continuous process rather than a single, discrete event.

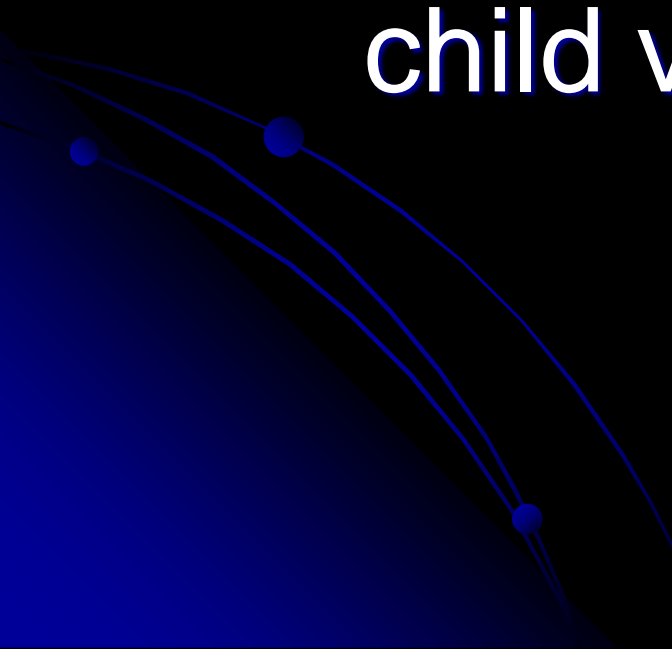
MOTIVATIONAL INTERVIEWING

REMEMBER

- CHANGE IS NOT EQUAL TO ACTION
- CHANGE OCCURS IN INCREMENTS

MOTIVATIONAL INTERVIEWING

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

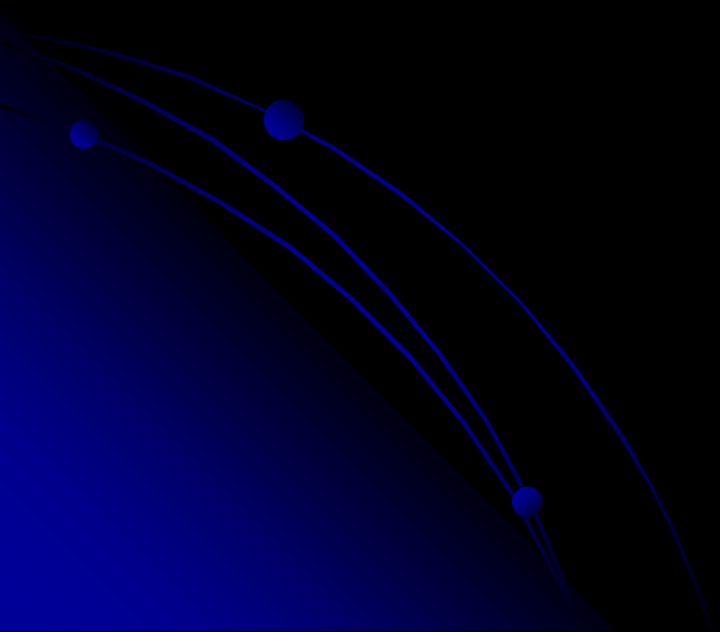
ASSESSING STAGE OF CHANGE: A SCHEMA

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...”)

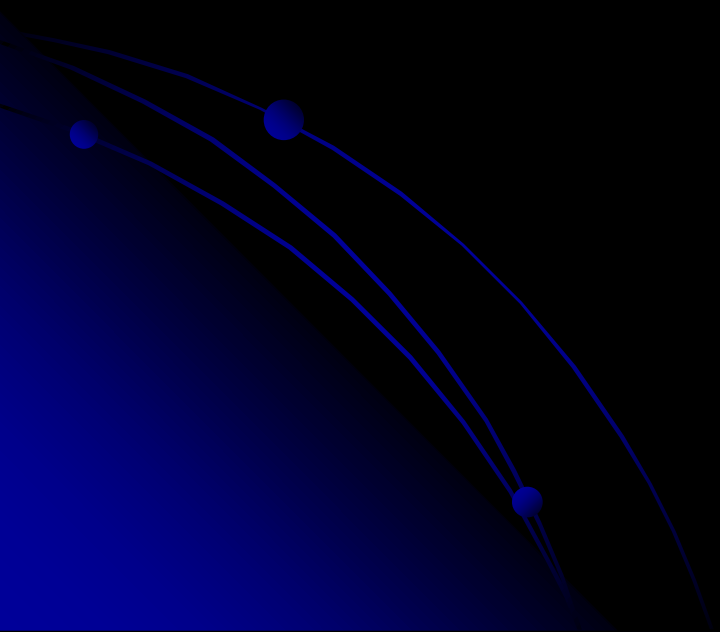
ASSESSING STAGE OF CHANGE

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...?

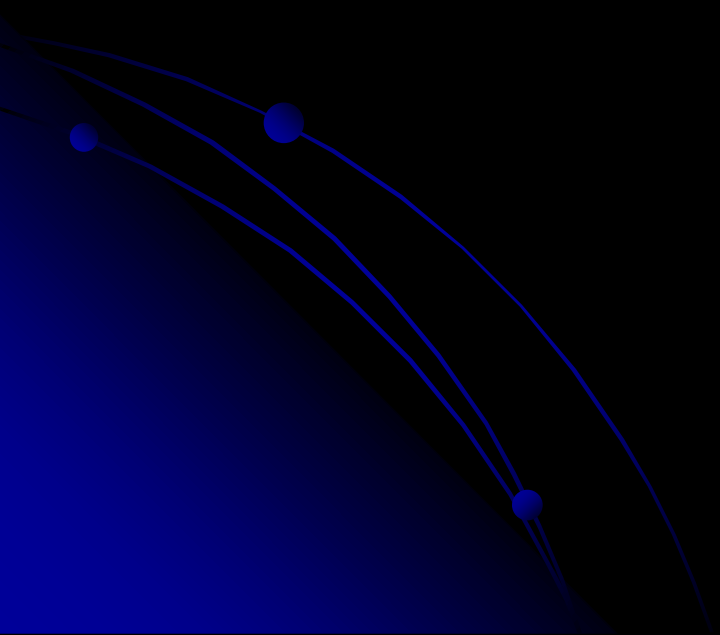
ASSESSING STAGE OF CHANGE

- 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

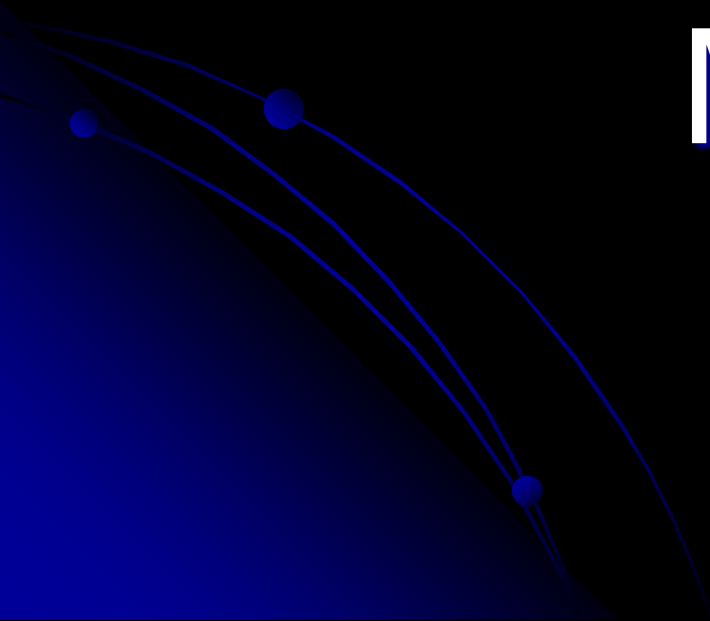
- “Is this a problem or concern for you?”
- “Is this important to you?”
- “Have you considered...?”

ASSESSING STAGE OF CHANGE

NO

MAYBE

YES



NO.



ASSESSING STAGE OF CHANGE

NO

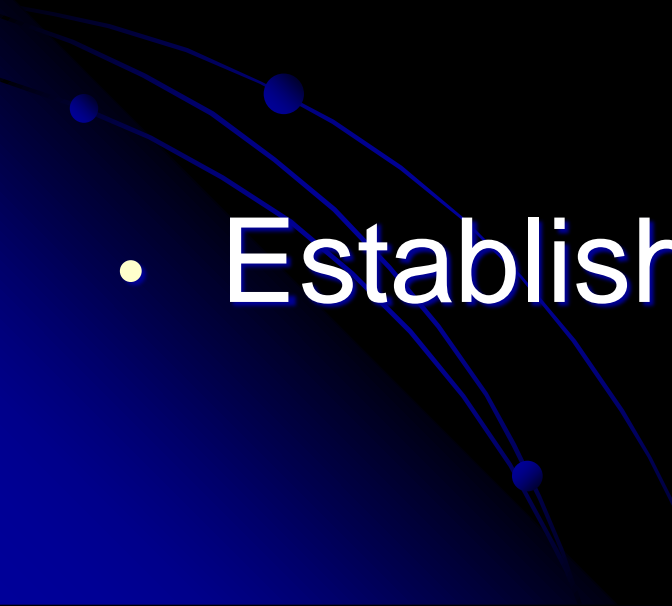
(precontemplation)



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)

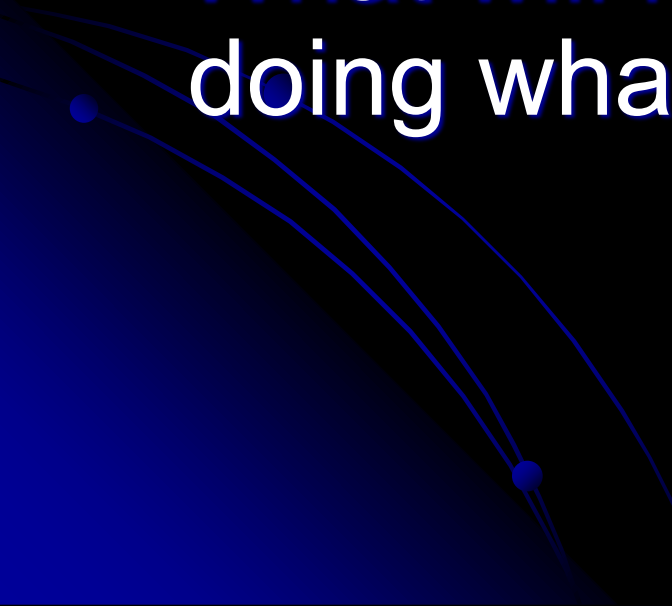
PROS AND CONS OF CURRENT BEHAVIOR

“What are the cons/ downside/ bad things/ disadvantages/ negative things about... the current behavior?”

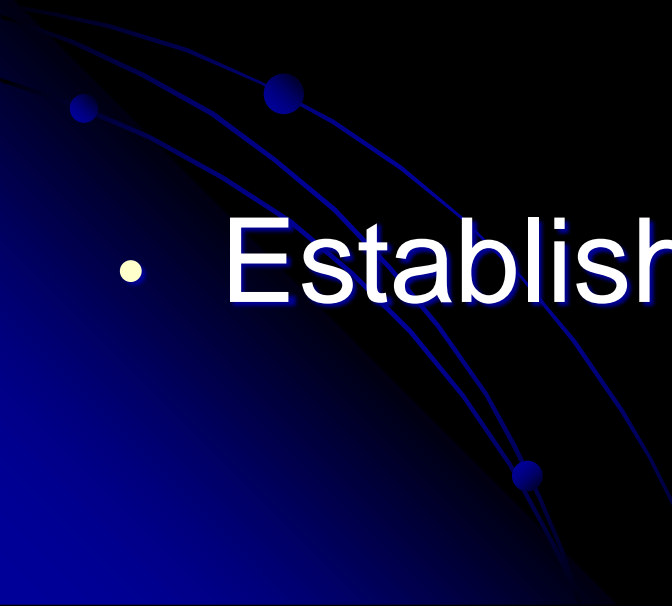
NO (precontemplation)

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

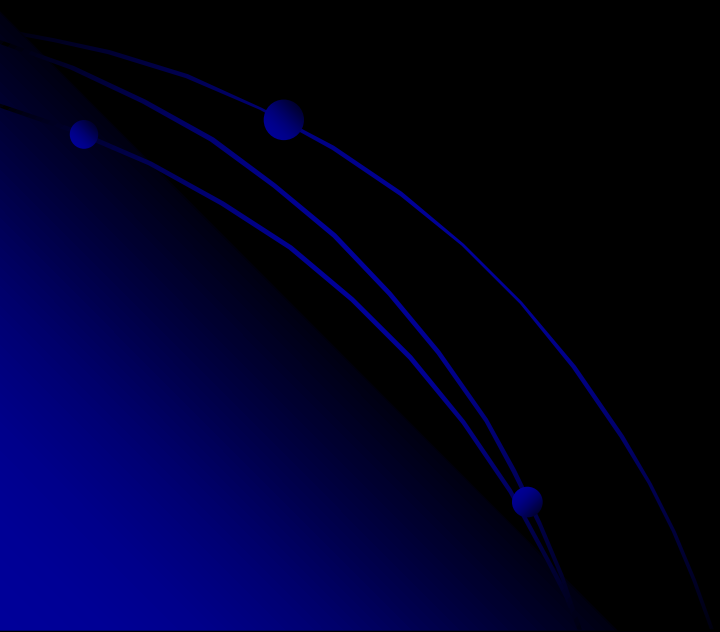
POWER OF MIGHT

“Might” questions: “Do you think you *might* consider...?”



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

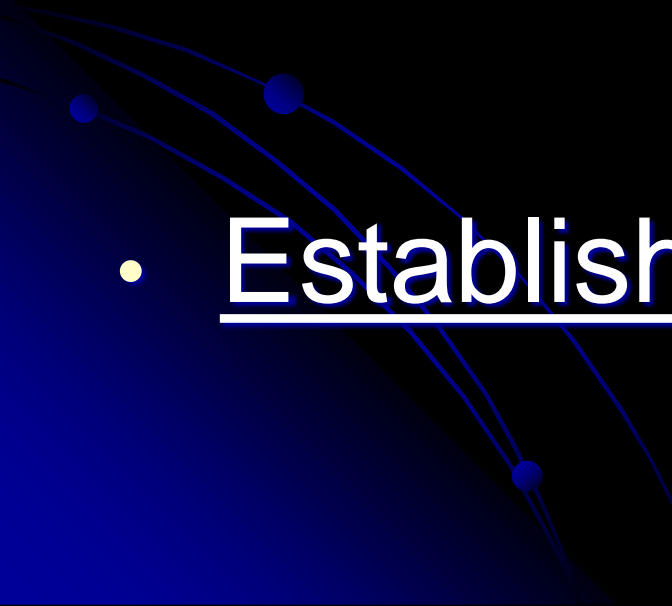
Informing (elicit-provide-elicit approach):

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...?”

MOTIVATIONAL INTERVIEWING TECHNIQUES

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...”

NO (precontemplation)

CONCLUDING THE DISCUSSION

- 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)

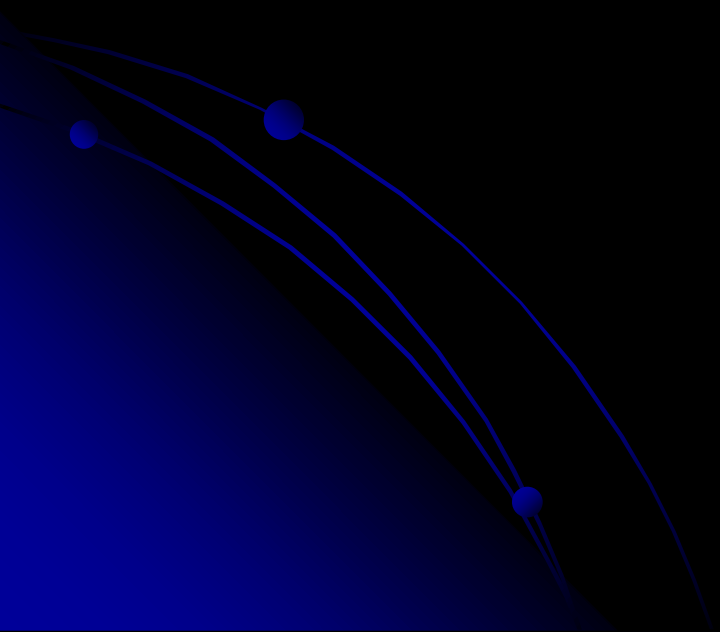


PROCESS
AMBIVALENCE



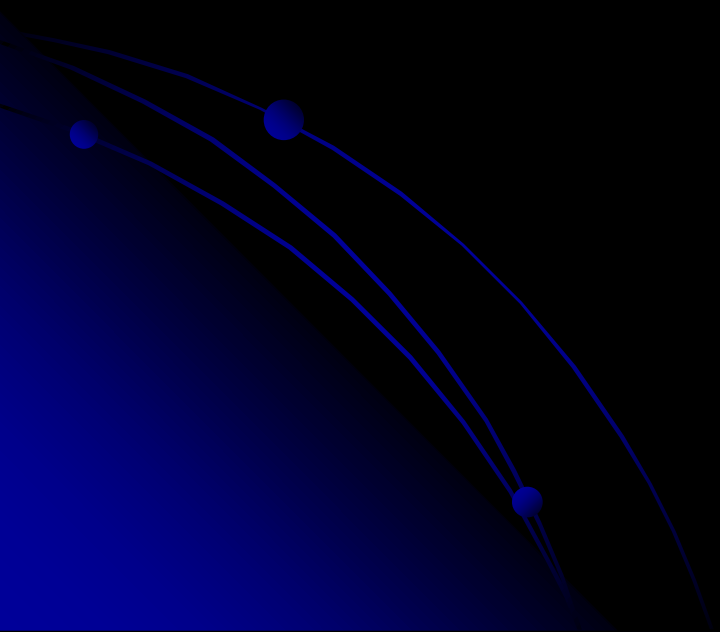
AMBIVALENCE

“I know that I should... BUT...”

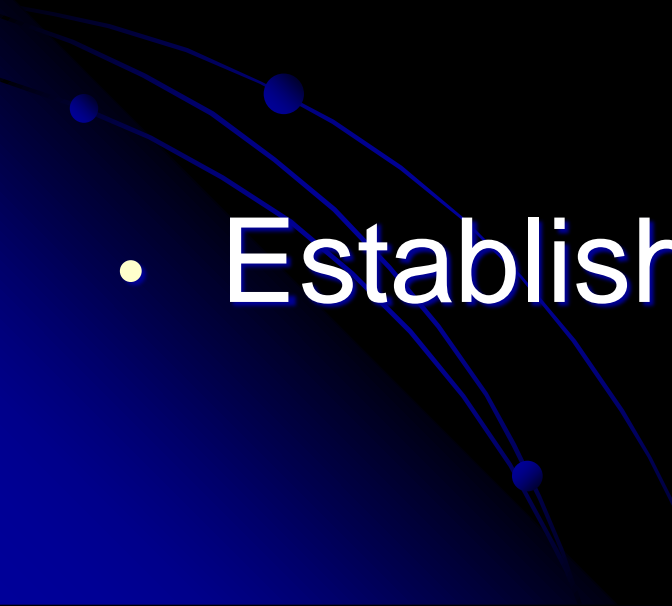


AMBIVALENCE

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)

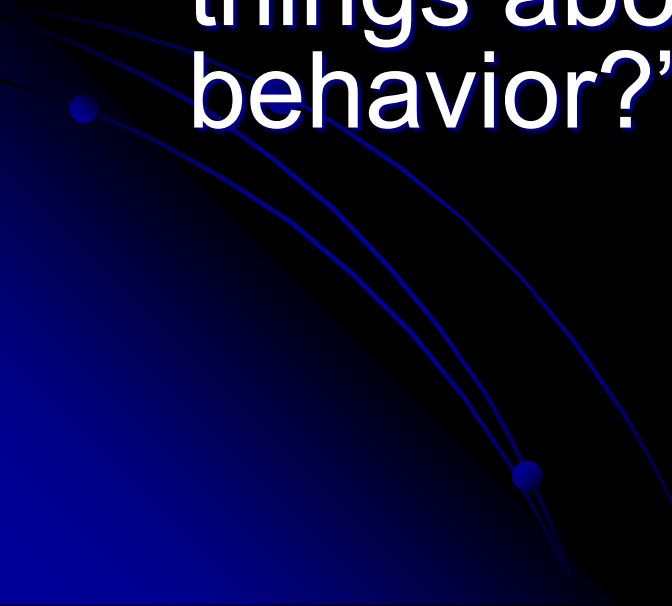
PROS AND CONS OF NEW BEHAVIOR

“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?”

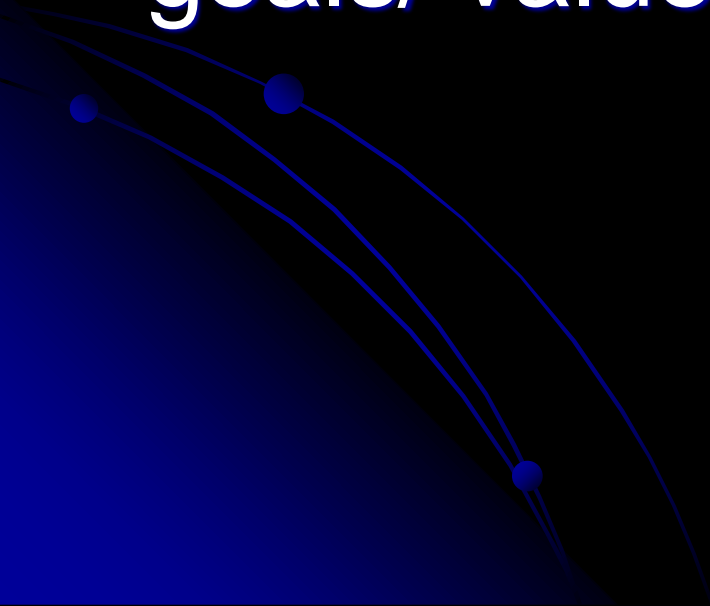


“What is holding you back?”



MOTIVATIONAL INTERVIEWING

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



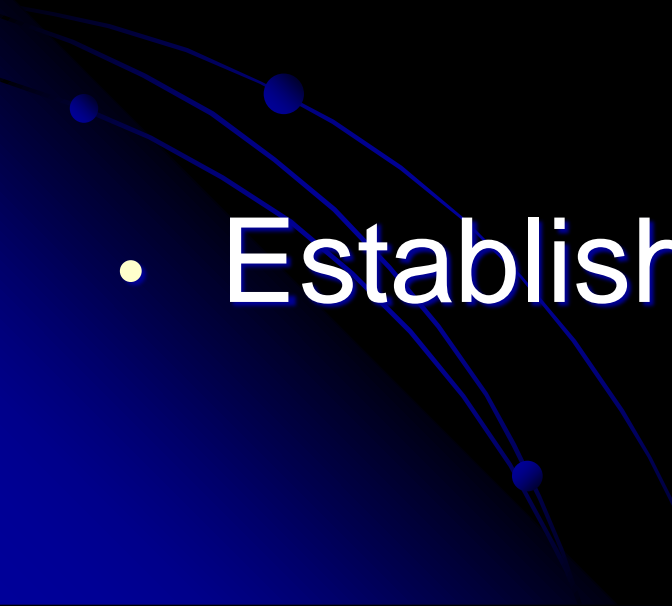
MOTIVATIONAL INTERVIEWING

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...?”

MAYBE (CONTEMPLATION)

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)

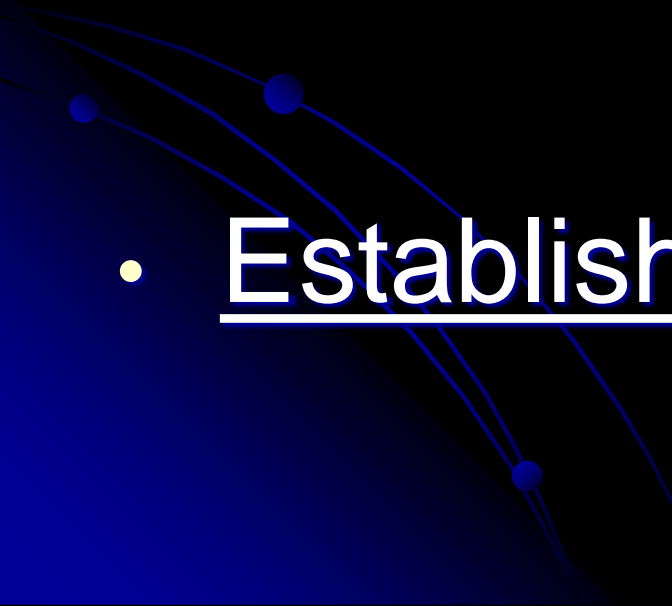
“We can focus on exercise, diet,
or screen time- what would you
like to discuss”

MAYBE (CONTEMPLATION)

Elicit-provide-elicited 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)

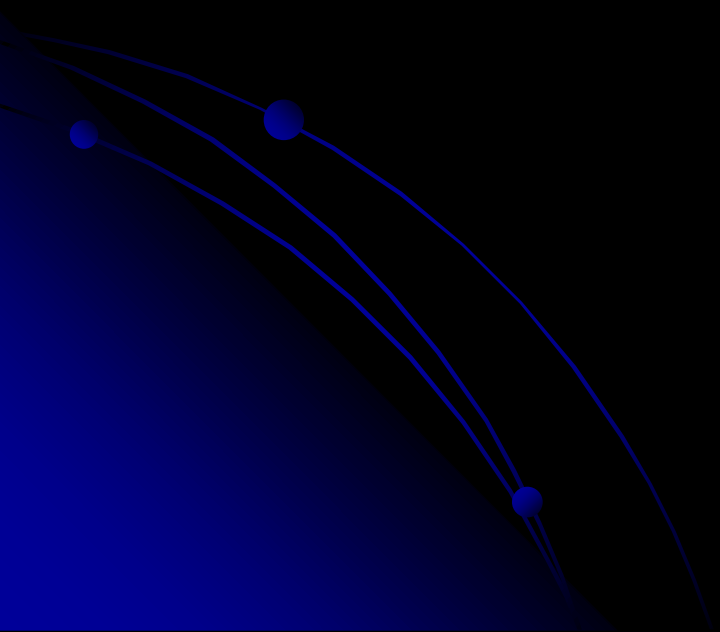
CONCLUDING THE DISCUSSION

- “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?

MAYBE (CONTEMPLATION)

Elicit-provide-elicited approach

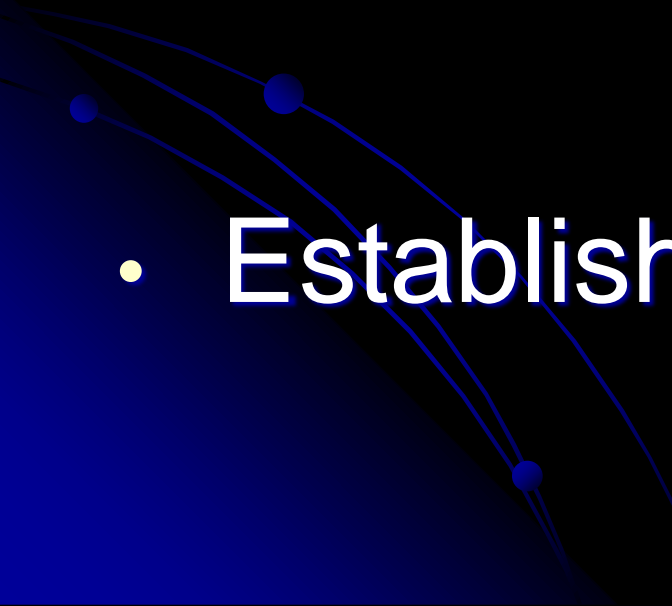
- Elicit: “Is it ok if I make a suggestion?”
- Provide: “These are some things other patients have tried...”
- Elicit: “What do you think?”

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
- 

YES(preparation/action)

PROS AND CONS OF THE PLAN

“What are the pros/ upside/ good things/ advantages/ positive things about the plan?”



YES(preparation/action)

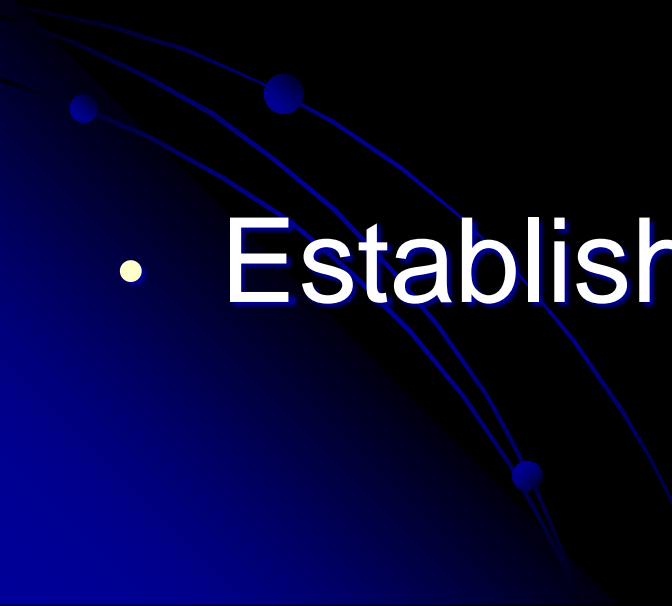
PROS AND CONS OF THE PLAN

“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
- 

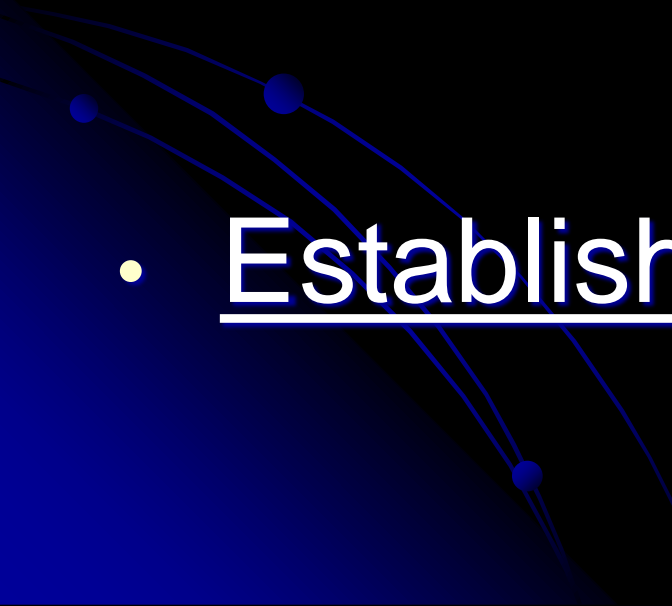
YES(preparation/action)

ASSESS READINESS

- “How ready are you...?”
- “How *confident* are you...?”

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

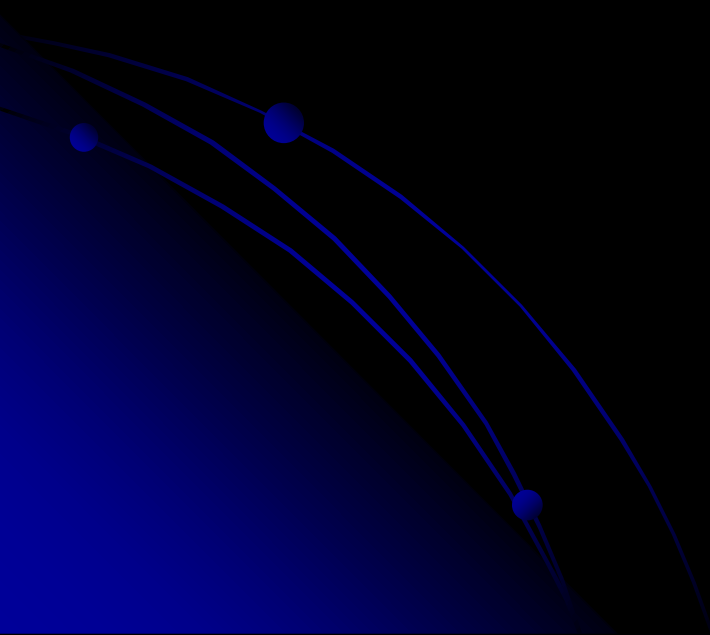
ASSESSING STAGE OF CHANGE

- Explore Pros and Cons
 - Assess Readiness for Change
 - Establish a Time Frame
- 

YES(preparation/action)

ESTABLISH A TIME FRAME

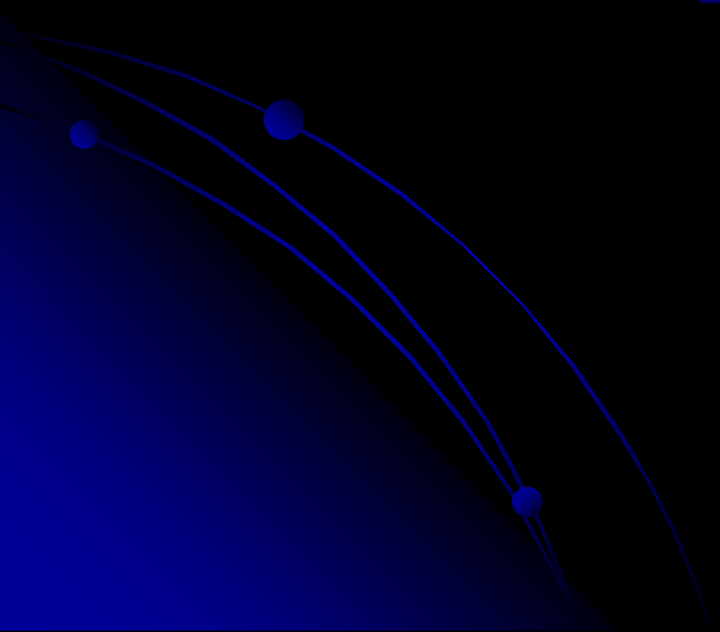
- “What is your time frame for...?”



YES(preparation/action)

POWER OF LANGUAGE

- “How soon will you begin?” vs
“When might you begin?”



YES(preparation/action)

POWER OF LANGUAGE

ANCHORING

- Providing 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

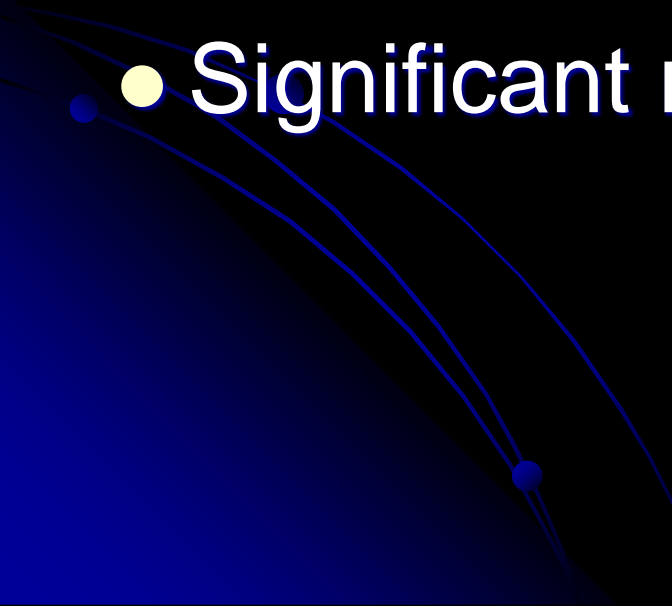
- Summarize the plan or have patient summarize
- Contingencies for slip ups (“What will you do if...?”)
- Arrange follow up

YES(preparation/action)

FOLLOWUP/ MAINTENANCE

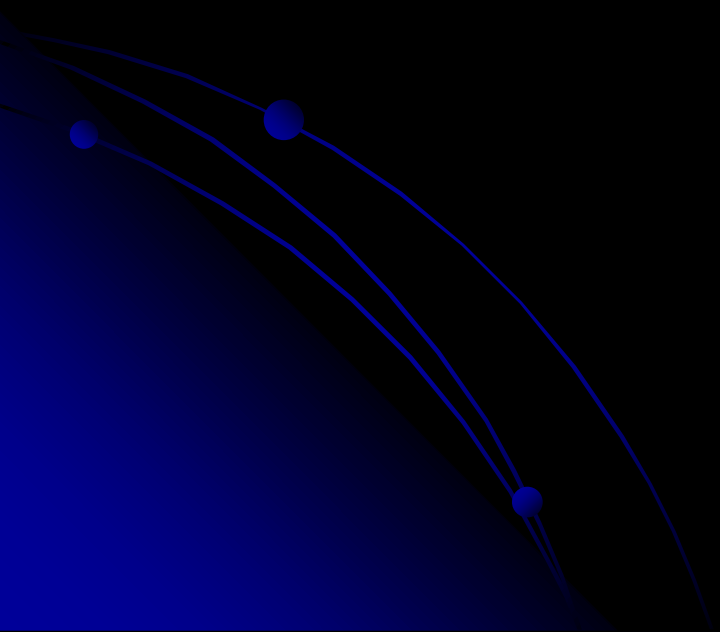
- Consider having patient keep a log/
diary
- Encourage and provide positive
feedback for commitment and effort
- Troubleshoot and modify the plan
(Its ok to start over if you fall off track)

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
- 

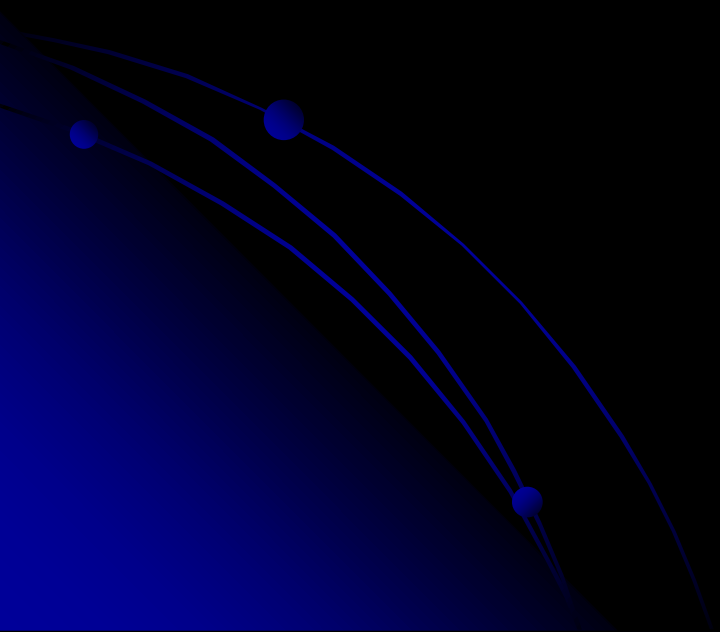
CASE EXAMPLES

OVERWEIGHT 9 YEAR OLD



CASE EXAMPLES

20 YEAR OLD SMOKER



CASE EXAMPLES

5 YEAR OLD WITH ADHD



MOTIVATIONAL INTERVIEWING

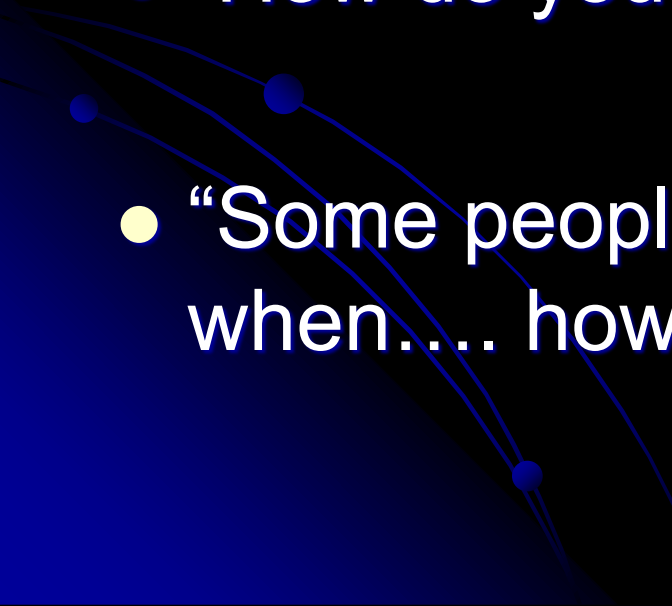
How feasible is it to engage in motivational interviewing during an office visit?

- 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

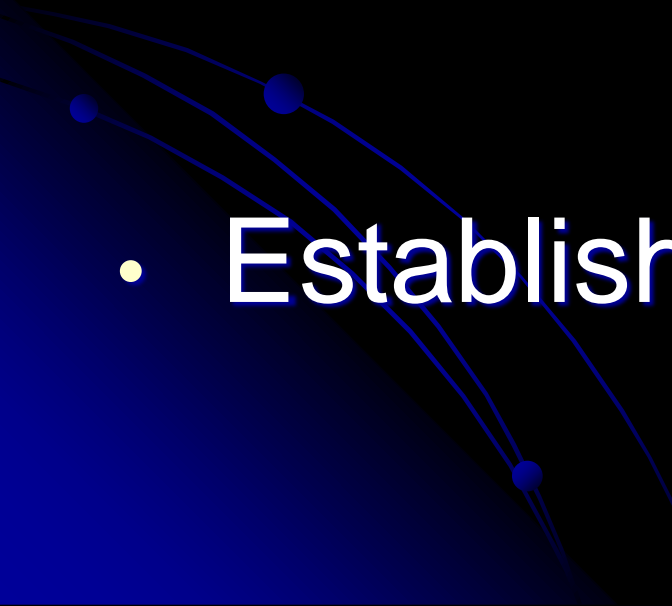
- NO

- 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

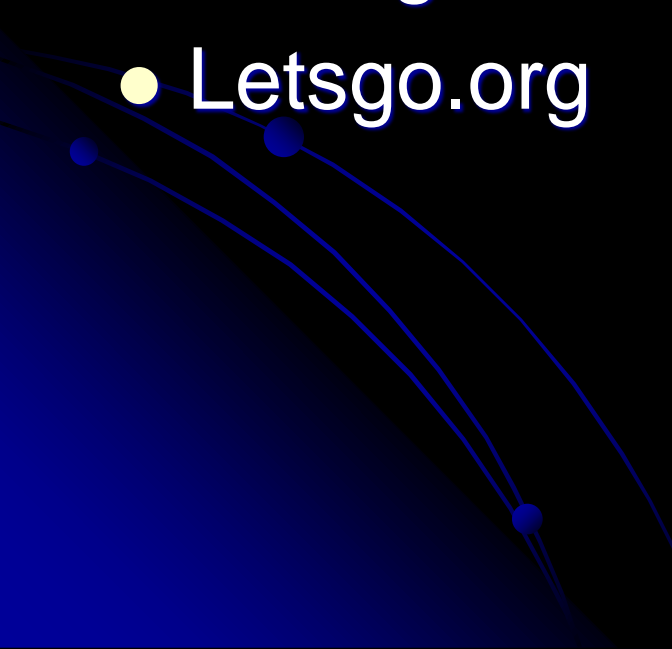
ASSESSING STAGE OF CHANGE

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

- **Barnes AJ, Gold MA. Promoting Healthy Behaviors in Pediatrics: Motivational Interviewing. Pediatrics in Review 2012;33 (9): e 57-68.**
- **Erickson S, Gerstle M, Feldstein SW. Brief Interventions and Motivational Interviewing with Children, Adolescents, and their Parents in Pediatric Healthcare Settings. Arch Pediatr Adolesc Med 2005; 159: 1173-1180.**
- **Pakpour A, Gellert P, Dombrowski S, Fridlund B. Motivational Interviewing with Parents for Obesity: An RCT. Pediatrics 2014; (on line) doi:10 1542: 1987.**

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- Rollnick S, Miller WR, Butler CC. **Motivational Interviewing in Health Care: Helping Patients Change Behavior.** New York: Guilford Press: 2008.
- Schwartz RP. **Motivational Interviewing (Patient-Centered Counseling) to Address Childhood Obesity.** *Pediatric Annals* 2010; 39: 154-158.
- Tellerman K. **Catalyst for Change: Motivational Interviewing Can Help Parents to Help Their Kids.** *Contemporary Pediatrics* 2010; 27 (12) Part 1: 26-38 and *Contemporary Pediatrics* 2011; 28 (1) Part 2: 47-54.