



MOTIVATIONAL INTERVIEWING FOR ADOLESCENT OBESITY

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OBJECTIVES

- Define motivational interviewing
- Identify the role of motivational interviewing in the treatment of adolescent obesity
- Implement the use of motivational interviewing in the care of adolescents with obesity

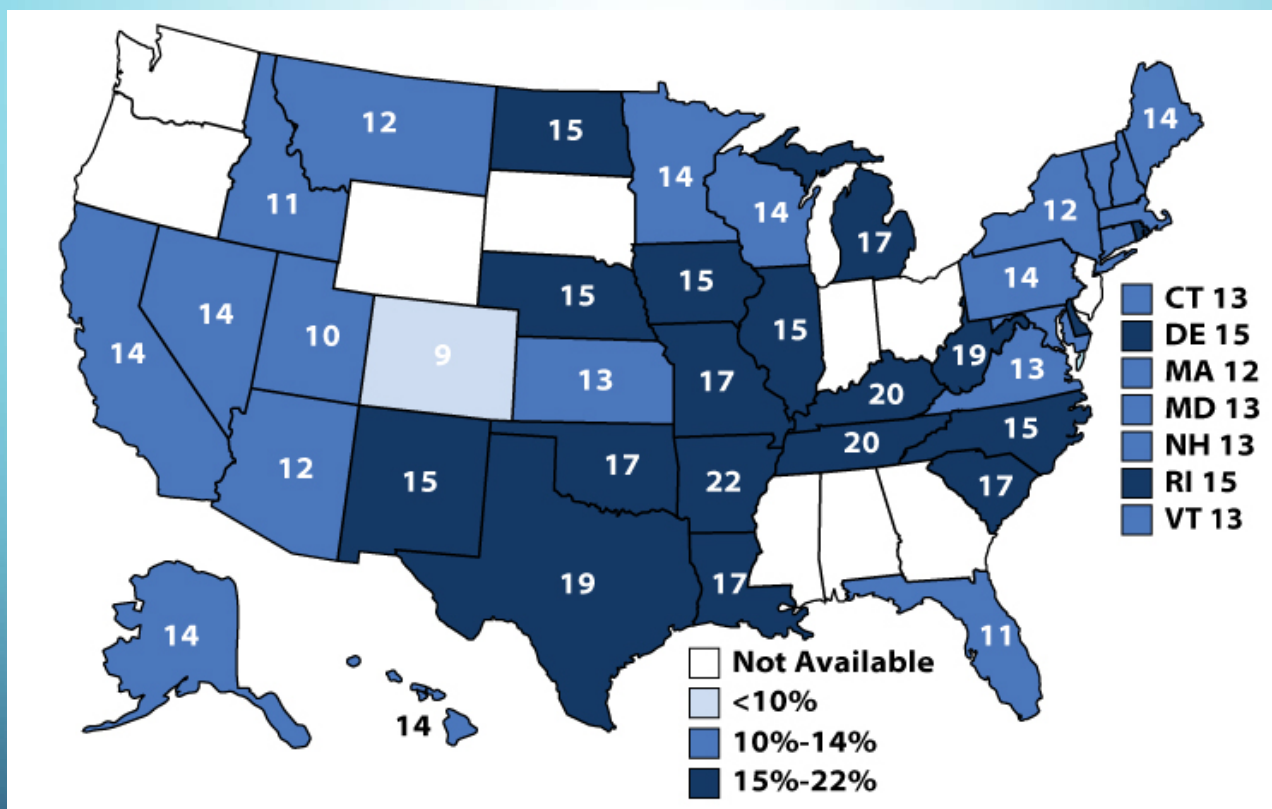
ADOLESCENT OBESITY

- Diffused and severe public health problems worldwide
- Rates of obesity have increased at a dramatic rate along with the prevalence of weight-related diseases
- CDC-1 in 5 school age children & young people (6-19 years) in the US
- Strong evidence that the majority of adolescents with overweight & obesity become adults with obesity

OBESITY OVERVIEW

- Unhealthy weight gain due to poor diet and lack of exercise is responsible for over 300,000 deaths each year
- Annual cost to society for obesity is estimated at nearly \$100 billion
- USPSTF concluded: comprehensive lifestyle-based weight loss intervention with a minimum 26 contact hours over 2 to 12 months are likely helpful

Percentage of high school students who had obesity, 2017



(Youth Risk Behavior Surveillance System, YRBSS)

CONCERNS

- 30% of pediatricians felt that their efficacy for obesity counseling was “good to excellent”
- 10% of pediatricians felt their counseling was effective
- 80% of pediatricians report feeling “very frustrated” treating pediatric obesity
 - Low patient motivation
 - Poor behavioral adherence



MOTIVATIONAL INTERVIEWING (MI)

WHAT IS MOTIVATIONAL INTERVIEWING?

- Patient-centered counseling style that explores, strengthens, and guides an individual's motivation for change
- Promising approach that might address both clinician confidence and treatment efficacy
- Considerable interest from public health, medical, and dietetics practitioners in adapting MI to address various chronic diseases behaviors

MI OVERVIEW

- It elicits behavior change by helping clients explore and resolve ambivalence
- Particularly effective for individuals who are initially less ready to change
- The tone is nonjudgmental, empathetic, and encouraging
- Nonconfrontational and supportive climate
 - Clients feel comfortable expressing the positive and negative aspects of their behavior

MI OVERVIEW

- MI assumes that behavior change is affected more by motivation than information
- Empathic listening is ESSENTIAL to minimizing resistance
- Empathy is one of the most important elements of MI
- High levels of empathy are associated with positive treatment outcomes

EMPATHY

- Listening in a supportive, reflective manner
- Demonstrating you understand their concerns and feelings
- Communicates respect for and acceptance of clients & their feelings
- The key to expressing empathy is REFLECTIVE LISTENING
 - Positive affirmations

REFLECTIVE LISTENING

- A form of hypothesis testing:
 - “if I heard you correctly, this is what I think you are saying...”
 - “where are you going with this...”
 - “it sounds like...”
 - “you are having trouble with...”

REFLECTIVE LISTENING

- Goals:
 - Demonstrating that the counselor has heard and is trying to understand
 - Affirming the client's thoughts and feelings
 - Helping the client continue the process of self-discovery
- One important element is to suppress the instinct to respond with questions and advice
- Reflecting ensure that the encounter remains client-driven

FIVE BASIC MI SKILLS

- Open-ended questions
- Reflective listening
- Elicit self-motivational statements
- Affirm
- Summary Statements

MI CORE PRINCIPLE

- Individuals are more likely to accept & to act upon those opinions and plans that they voice themselves
- Clients are encouraged to express their own reasons and plans for change
- This process is referred to as “eliciting change talk”

TECHNIQUE TO ELICIT CHANGE TALK

- Use of importance/confidence rulers
- Two questions:
 1. On a scale from zero to ten, with ten being the highest, how important is it to you to change (insert target behavior)?
 2. On a scale from zero to ten, with ten being the highest, assuming you wanted to change this behavior, how confident are you that you could (insert target behavior)?

IMPORTANCE/CONFIDENCE RULERS

- Follow each of these questions with 2 probes
- If the client answered “five”
 1. Why did you not choose a lower number, like a three or a four?
 2. What would it take to get you to a six or a seven?
- Elicit positive change talk and ideas for potential solutions from the client

HOW TO FIT MI INTO THE EVERYDAY PRACTICE?

- Place MI within a model of communication that comprises 3 naturally occurring communication styles:
 1. Directing style/anticipatory guidance
 2. Guiding style/rely less on persuasion
 3. Following/understanding & tracking patient's story
- Skillfulness:
 - Ability to move flexibly between these styles according to patient needs

HOW TO FIT MI INTO THE EVERYDAY PRACTICE?

- Guiding style is particularly suited to consultations involving behavior change
- MI is defined as a refined form of this naturally occurring guiding style
- The task for practitioners:
 - Improve their guiding abilities while suppressing the instinct to direct

APPLYING MI

- It is not known at what age youth and parents should be seen alone vs. together
- Obesity is NOT a behavior
- Work to identify what behaviors contribute to the weight status
- Additional strategies, such as behavior therapy or cognitive behavioral therapy, might be needed once an individual decides to attempt behavior change

The background is a blue gradient with a bright, glowing circular light in the center. In the four corners, there are white line-art illustrations of circuit boards or neural network connections, featuring lines and small circles.

EXAMPLE

<https://youtu.be/4z5D7660ols>

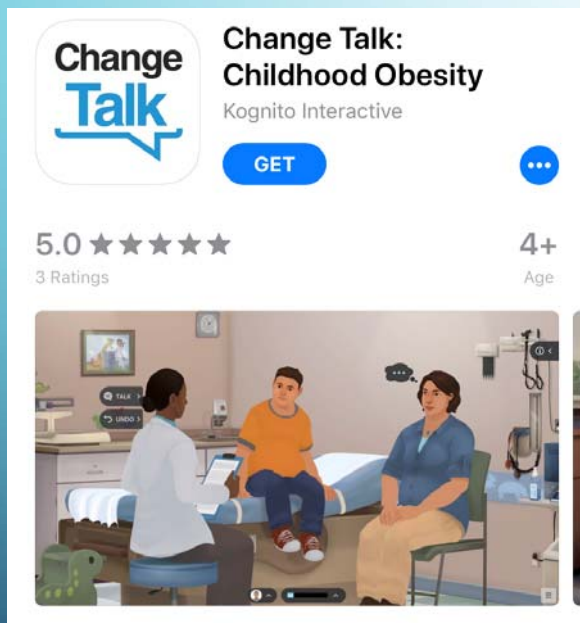
APPLYING MI

- MI is a tool to start CHANGE talk
- A teen usually will not start any change in behavior unless they are ready to do so
- MI allows them to plan and start changes on their own terms

APPLYING MI

- The more you practice the more confident you will be
- It does not need to be a long intervention
- Small changes

AAP & CHILDHOOD OBESITY



"Through this partnership with the American Academy of Pediatrics we are able to expand the application of our science-driven technology and learning methodology to address the need to change behaviors of families and young patients who are at-risk for childhood obesity," said Ron Goldman, CEO of Kognito. "Change Talk is our response to what healthcare professionals tell us is an important issue for them in their practices – how to motivate patients to adhere to treatment and adopt meaningful and positive behavior changes to improve their health."

"We decided to make Change Talk a free resource for health professionals and the general public. Our vision and goal is to continue expanding this approach to address additional challenging conversations and scenarios that are aimed at reducing childhood obesity across the country," added Dr. Hassink from the AAP.



QUESTIONS?

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THANK YOU!