



Motivational Interviewing in Childhood Obesity –

Experience from the BMI2+ study

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Childhood Obesity in South Carolina

- ▶ As of November, 2016:
- ▶ 14.2% of children age 2-4 years in the SNAP and WIC programs were overweight
- ▶ 12.6% of children age 2-4 years in the WIC program were obese
- ▶ 16.8% of adolescents were overweight
- ▶ 13.9% of adolescents were obese

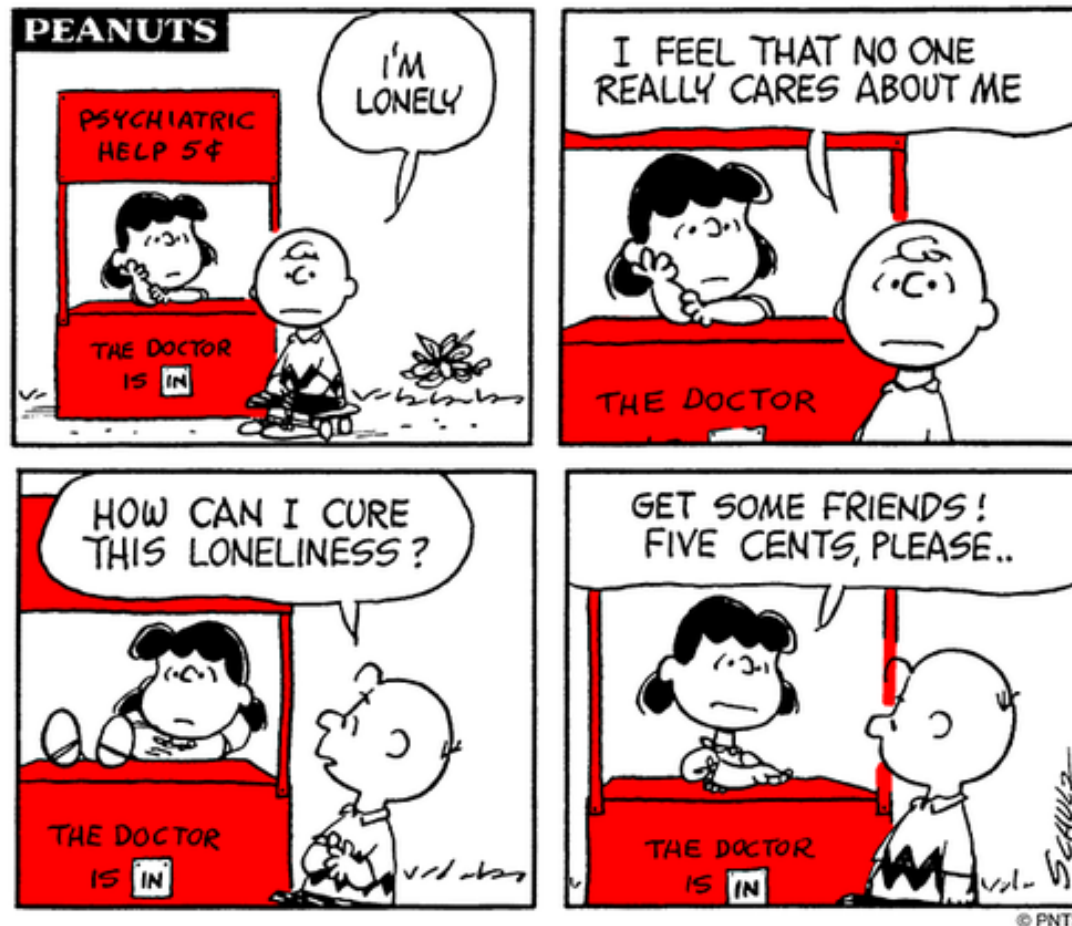
Initial BMI studies

- ▶ Compared motivational interviewing to standard care for childhood obesity. Included assistance from local dietitians.
- ▶ Results- The combination of Motivational Interviewing provided by pediatricians and local dietitians did result in a statistically significant decrease in BMI percentage. The persistence of this change over time is not yet known. Barriers to dissemination include availability of dietitians and availability of training for pediatricians.

What is the BMI 2+ study

- ▶ **Population Effects of Motivational Interviewing on Pediatric Obesity in Primary Care**
- ▶ Randomized (by practice) controlled study comparing usual practice with motivational interviewing provided by both pediatricians and dietitians.
- ▶ Initially targeted children ages 3 through 7 years old. Later expanded to include children through 10 years old.
- ▶ Pediatrician training involved a full 2 day on site training program.
- ▶ 6 phone sessions with a trained dietitian who then communicates with the pediatrician.

What Motivational Interviewing is NOT



STOP OVERTHEATING, STOP DRINKING,
STOP STAYING OUT LATE, STOP
FIGHTING, STOP WORRYING, STOP
EATING SWEETS, STOP GAMBLING...



WHAT DID
THE DOCTOR
SAY?

I DON'T
KNOW...

I STOPPED
LISTENING



What Motivational Interviewing IS- the Basics

- ▶ Patient centered/ Family Centered
- ▶ Explores family motivation and helps to resolve ambivalence
- ▶ Helps the patient/ family to develop autonomy
- ▶ Uses importance and confidence rulers to gauge readiness for change.

Motivational Interviewing- The Basics

- ▶ Open ended questions
- ▶ Reflective listening
- ▶ Identify the patient/family's goals and motivations
- ▶ Roll with resistance
- ▶ Comfort the afflicted/ Afflict the comfortable
- ▶ Ask permission before offering information
- ▶ Establish a team approach

OARS: Basic Skills of Motivational Interviewing

- Open Questions
- Affirmations
- Reflective Listening
- Summaries



Motivational Interviewing is not a series of techniques for doing therapy but instead is a way of being with patients.

William Miller, Ph.D.

Successes of Motivational Interviewing approach


- ▶ Family takes ownership of the process
- ▶ Family is working on a goal that they feel they can achieve
- ▶ Family and pediatrician create a partnership
- ▶ The intervention involves and hopefully motivates the whole family

Barriers to Motivational Interviewing for Childhood Obesity

- ▶ High no show rate
- ▶ Financial barriers- insurance copays or high deductibles
- ▶ food deserts
- ▶ Lack of access to safe places to exercise
- ▶ Some families are simply in a pre-contemplative stage

Where do we go from here?

- ▶ Completion of BMI²⁺ study
- ▶ Public Health interventions- Eliminate food deserts and ensure access to safe places for children/families to exercise
- ▶ Advocate for insurance coverage for care related to obesity
- ▶ Incorporate motivational interviewing skills into daily practice for obesity, smoking, etc. Anything that involves lifestyle changes.
- ▶ And remember...



"Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has."

~Margaret Meade

Resources

- ▶ CDC Division of Nutrition, Physical Activity and Obesity South Carolina State Profile:
- ▶ <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/profiles/south-carolina.html>
- ▶ Motivational Interviewing and Dietary Counseling for Obesity in Primary Care: An RCT. Kenneth Resnicow, PhD et al, PEDIATRICS Volume 135, number 4, April 2015