MOTIVATIONAL INTERVIEWING, HEALTH BEHAVIOURS AND BODY IMAGE– HOW THEY WORK TOGETHER

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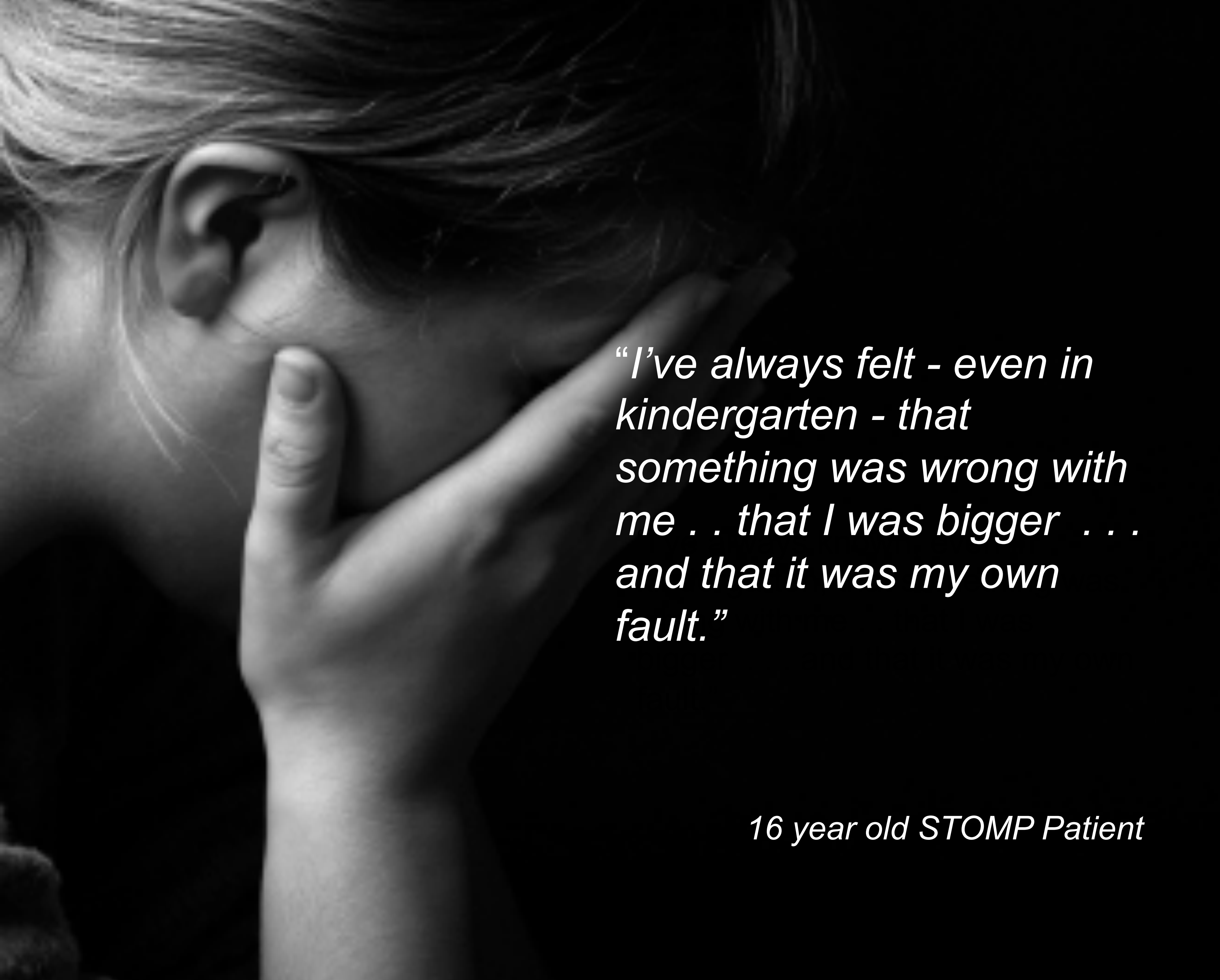
Outline

1. Review why children and teens/families are reluctant to talk about weight, body image, eating, & exercise.

2. Learn how families and children would like health care providers (HCP) to approach and work on weight issues.

3. Review fundamentals of Motivational Interviewing and practice specific techniques.


"I've always felt - even in kindergarten - that something was wrong with me . . that I was bigger . . . and that it was my own fault."
16 year old STOMP Patient

Kids are Prejudiced Against Heavier People at Age 4

Heavier Alfie was less likely to do well in school, to be happy with the way he looks, or to get invited to parties

They rated heavier Alfie as more likely to be naughty and as having fewer friends that Thomas to play with

Hill (2013). European Congress on Obesity (ECO).

Teasing and Bullying in Adolescence

Adolescent reports of why peers are teased/ bullied, and observed frequency (N = 1555)

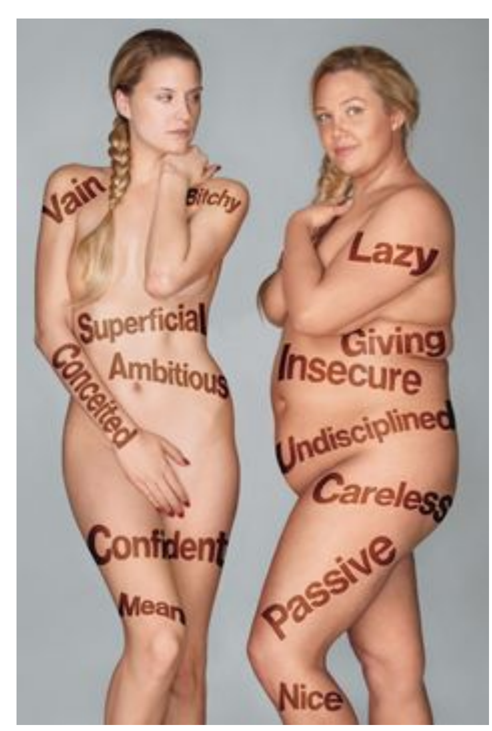
Reason for teasing	Primary reason students are teased	Observed sometimes, often, very often
	%	%
Being overweight	40.8	78.5
Gay/lesbian	37.8	78.5
Ability at school	9.6	61.2
Race/ethnicity	6.5	45.8
Physical disability	3.3	35.8
Religion	1.2	20.8
Low income/status	0.8	24.9

Yaleruddcenter.org (2014);
Puhl et al., J School Health (2011)

A Weight Obsessed World

Societal Pressures

- In Western Society the media is a powerful influence and pressure on youth today
- Body image messages are ever present and typically state:
  - Thin women are beautiful, successful and happy
  - Muscular, lean men are handsome and successful



Grabe et al. Psychological Bulletin (2003)

Mixed Messages in the Media Around Body Image and Food

Weight Bias at Home

- 47% of overweight girls and 34% of overweight boys report being teased about their weight by their parents
- 72% of overweight adults reported they had experienced weight bias from family members as children

Puhl RM et al., J Sch Health (2011);
Puhl RM et al., Psych Bull (2007)

The Negative Spiral

Culture of Valuing Thinness
Weight Bias

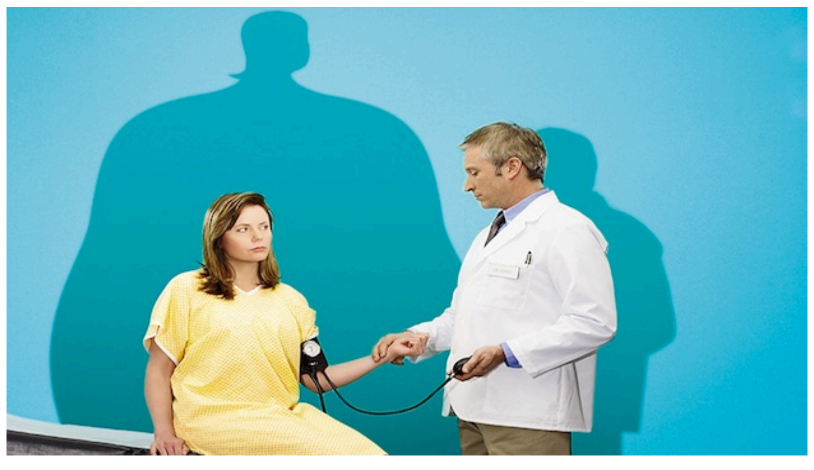
High Body Self-Conciousness
Low Body Esteem
High Weight Preoccupation

Dieting Practice
Weight Loss Strategies

Increased overeating
Emotional eating
Binge Eating

Shame, guilt, anger, sadness
Increased weight over time

Weight Bias



Body Image

- Strong psychological correlate of disordered eating and obesity.

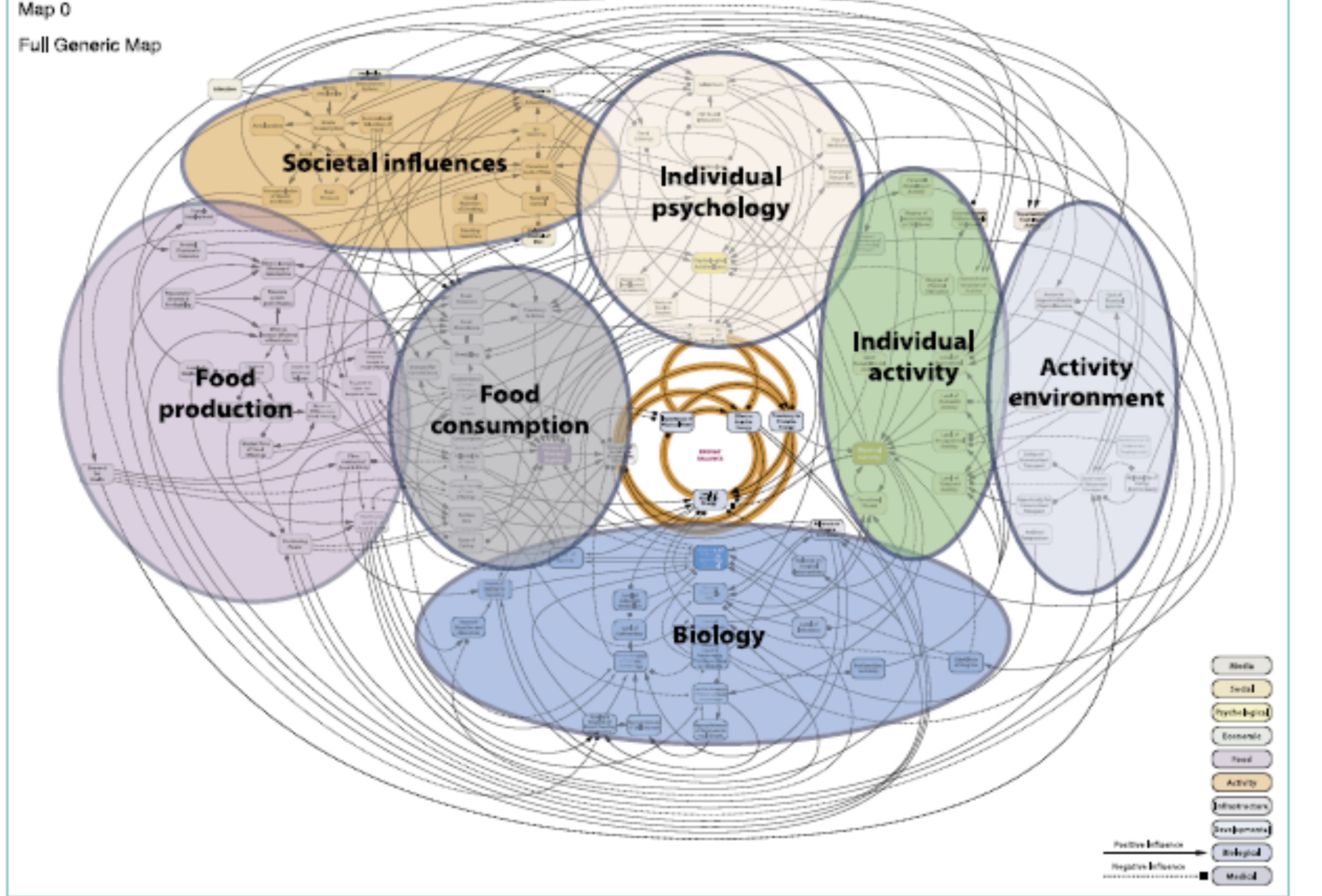
- The most important self--esteem domain in boys and girls, and men and women.

Harter, 1999; Attie & Brooks-Gunn, 1989; Stice & Shaw, 2002; Neumark-Sztainer, et al., 2006

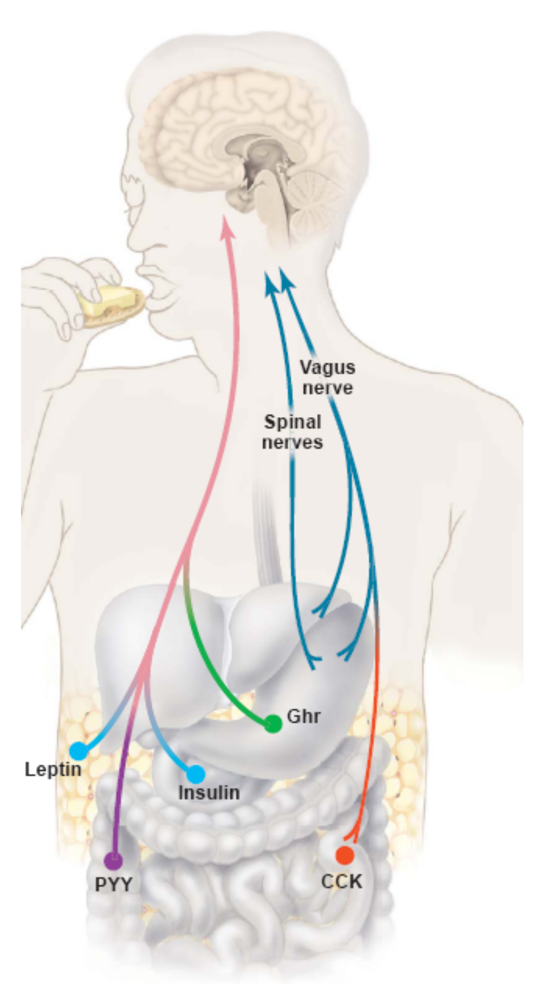
Key Principles

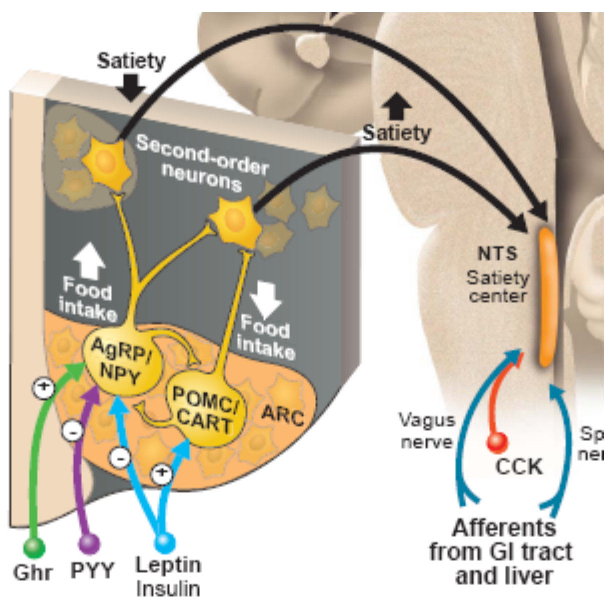
A Child’s ‘Best’ BMI May Never Be His or Her ‘Ideal’ BMI

Figure 8.1: The full obesity system map with thematic clusters (see Section 4 for discussion). Figure highlights broader determinants of health such as drivers of food production and components of the physical activity environment.



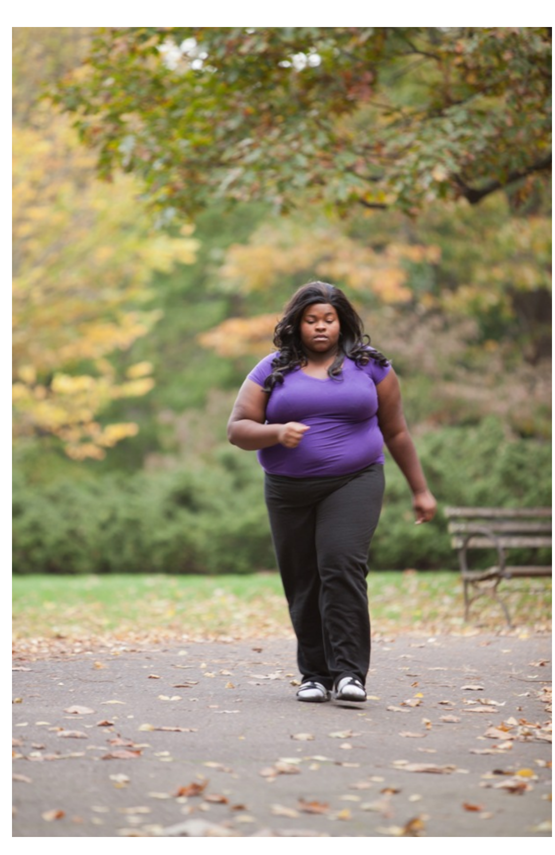
Neuroendocrine Control of Energy Balance





Science. Feb 7, 2003

Who is Healthier?



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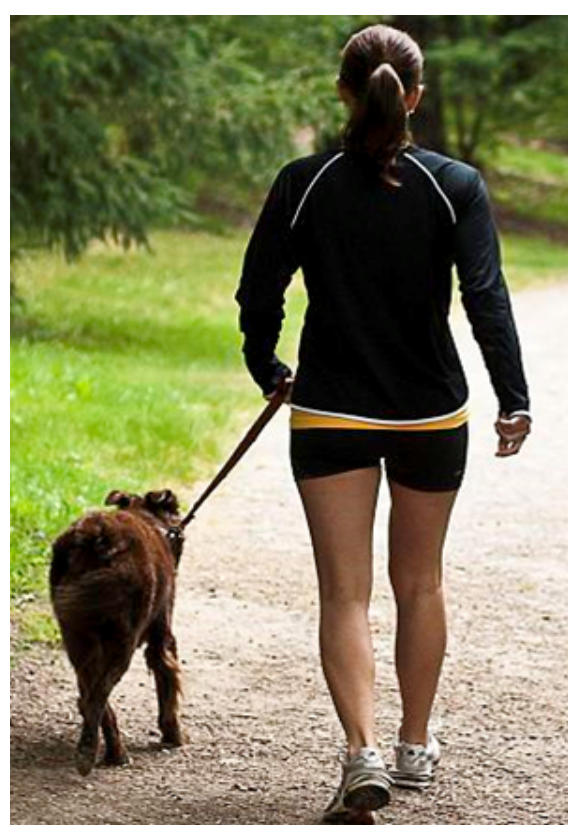


Health Management

Jeff	Aaron
12 yo, BMI 22 kg/m^2	12 yo, BMI 22 kg/m^2
Excels in school, has many friends. Active with school sports teams. Has supportive parents. Sleeps 10 hours a night. Has no biochemical or clinical evidence of weight related health complications.	Plays 3 hours of video games a night, is being bullied at school, and has few friends. Skips breakfast. Sleeps 8 hours a night. Lives with his mom and has no contact with his dad.

Health At Every Size Framework

- Size acceptance
- Recognize stigma and biases
- Understand and validate body image concerns
- No-dieting approach
- Focus on health behaviours, not weight

Explain Benefits of Health Behaviours

- The first goal is to STABILIZE BMI
- Changes in health behaviours can result in substantial health benefits including improvements in:
  - Lipid profile
  - Blood glucose control
  - Blood pressure control
  - Fitness
  - Sleep
  - Body image
  - Self-esteem
  - Coping

Discussing Weight with Youth

- Approach with sensitivity

"How do you feel about your health, body?"

- Speak to their motivations

"Do you feel that your weight is interfering?"

- Promote/Protect Body Esteem

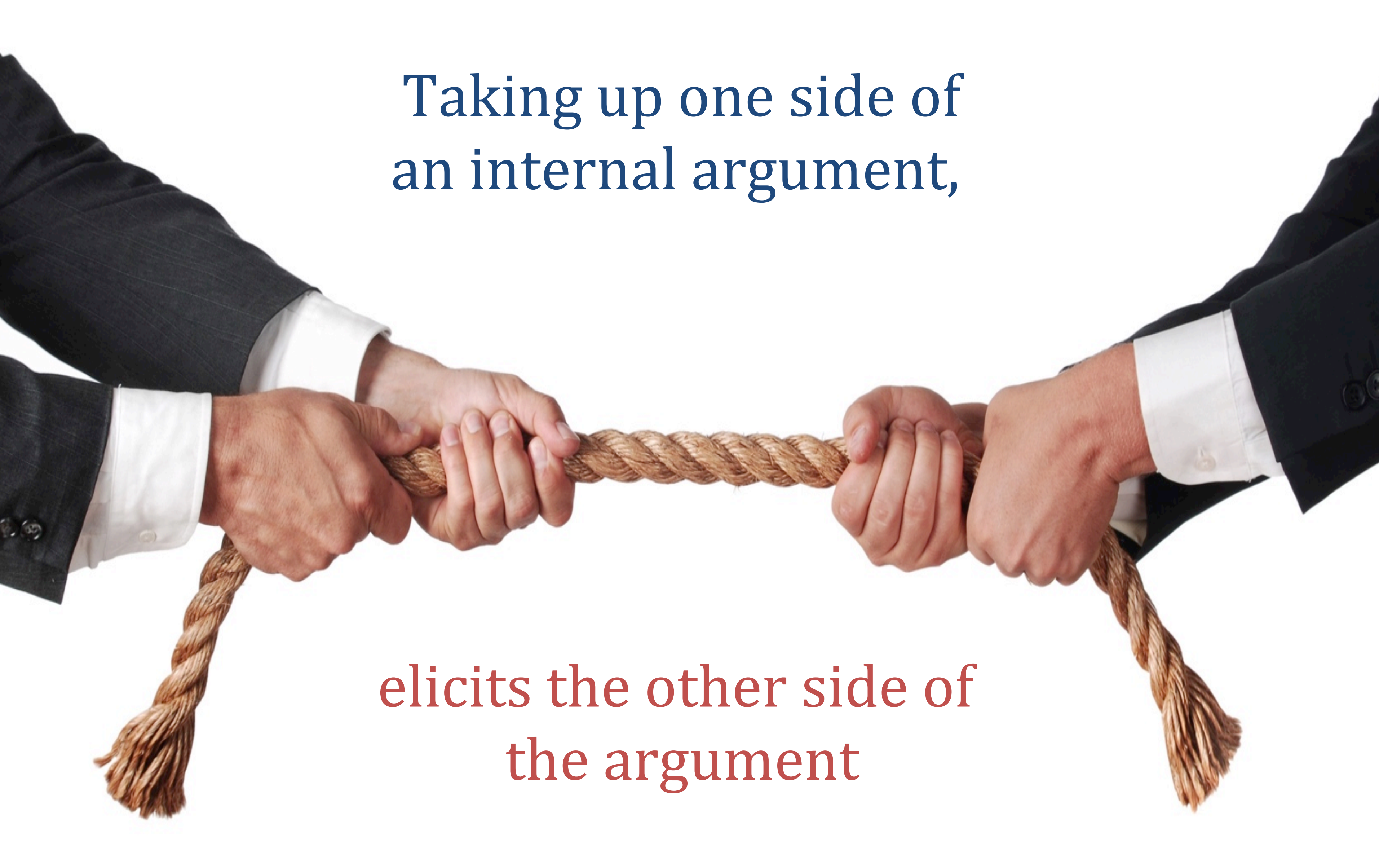
"At CHAL, we think that all body shapes and sizes are attractive and can be healthy; we are here to help you achieve your best physical and mental health"

Body Esteem Activities

- Educate about media and discussion about beauty
- Address social anxiety and body esteem
- Stop weighing your self-esteem
- Tell your child that he/she is beautiful often

let's talk.

change


Taking up one side of
an internal argument,
elicits the other side of
the argument

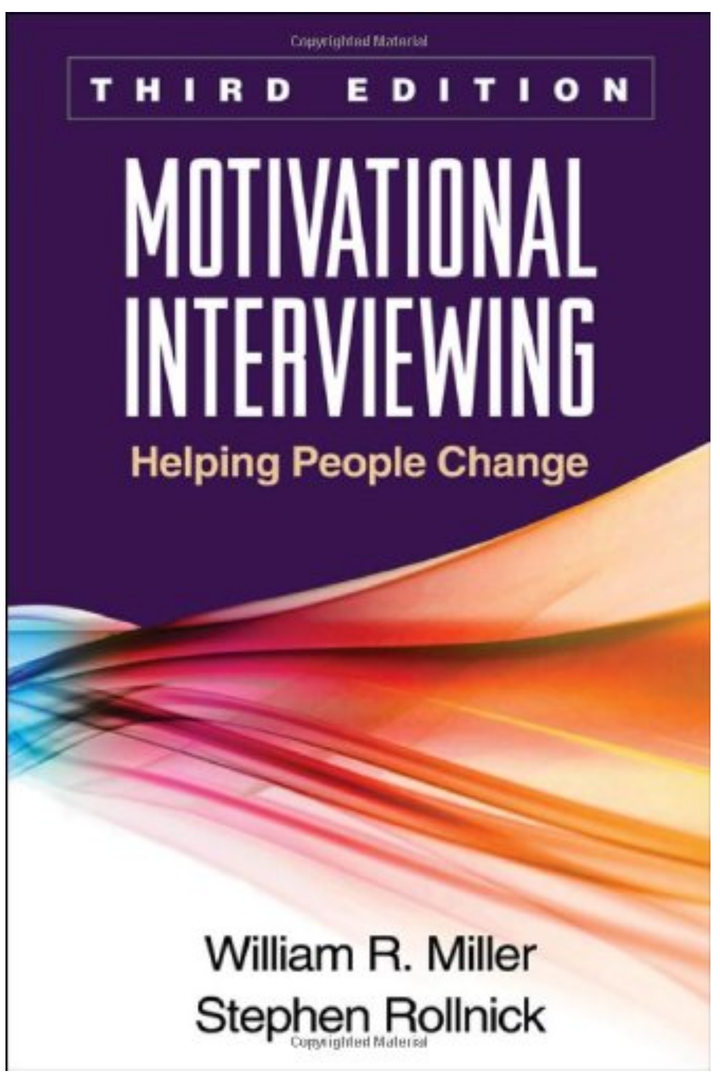
Bem's self perception theory

- We become gradually more committed to that which we voice.
- Eliciting counter-change arguments decreases the likelihood of change.

Confrontation & defensiveness

- Level of client defensiveness is strongly influenced by the interviewer
- A counselor's confrontation elicits defensiveness
- Client defensiveness predicts lack of behavior change

What is the best way to help people look at threatening information and let it change them?



- Empathetic counseling technique to elicit ‘change talk’
- Core principles:
  - Expressing empathy
  - Developing discrepancy
  - Rolling with resistance
  - Supporting self efficacy

Evidence for MI – Resnicow et al., 2015

- MI delivered by Primary Care Providers & Registered Dietitians to parents of overweight children (2-8 years) over 2 years
- Compared
  - Group 1: Usual care
  - Group 2: 4 PCP MI sessions to parents
  - Group 3: 4 PCP MI sessions + 6 RD sessions to parents
- Group 3 experienced statistically significant reductions in BMI percentiles

Evidence for MI – Pakpour et al., 2015

- MI delivered by trained interventionists (e.g. Registered Dietitians, Exercise Specialists) to adolescents (14 – 18 years) over 12 months
- Compared:
  - Group 1: Usual Care
  - Group 2: Six 40 minutes MI session with adolescent only
  - Group 3: Six 40 minute MI sessions with adolescent plus one 60 minute MI session to parents
- Group 3 showed experienced significantly improved health behaviors and greater weight loss (BMI z scores)

Eight Tasks in Learning Motivational Interviewing

1	Overall Spirit of Motivational Interviewing
2	OARS – Client Centered Counseling Skills
3	Recognizing Change and Sustain Talk
4	Eliciting and Strengthening Change Talk
5	Rolling with Sustain Talk and Resistance
6	Developing a Change Plan
7	Consolidating Commitment
8	Transition and Blending

Motivational Interviewing Training New Trainers,
September, 2014

Practice & coaching

- Mastery of a complex skill takes practice.
- Without reliable feedback one is unlikely to learn it well.
- A coach/teacher must be able to observe. The tennis coach has to watch you practice; the piano teacher must listen to you play.

Change
Talk

Overall spirit of MI

Good MI

- Talk less than your client does
- *Address feeling before fixing*
- Reflect twice for each question you ask
- When you do ask questions, ask mostly open questions
- Avoid getting ahead of your client's level of readiness
- Roll with resistance versus confront
- Elicit change talk versus inform/advise
- Affirm effort and commitment
- Give up the *expert* role

Fundamentals of MI - OARS

- Open ended questions
- Affirmations
- Reflections
- Summary statements

Open ended questions:

- Cannot be answered with a yes or no or very short phrase
- Examples: “What strategies have worked for you in the past?” “What kinds of healthy changes would you like to focus on this week?”

Affirmations:

- Statements that recognize the client’s emotions and strengths
- Examples: “Dealing with weight issues is difficult,” “You have worked so hard.”

Reflections:

- Let the patient know not only that you are listening but that you are hearing what they are saying
- Example: “So, you say your children won't eat vegetables, and they are expensive, but you feel you can prepare them for yourself.”

Summary Statements

- Collecting material that has been offered by the patient into a conclusive statement
- Example: “You've expressed concern about your weight, hypertension, and family health habits.”

Fundamentals of MI

Ask permission to-

- Approach a difficult topic
- Give advice

When giving options/advice-

- Provide at least 2 options
- Undersell – “This might work, I don’t know”

Examples of how to approach difficult topics

- *Would it be alright if we discussed your (child's) weight?*
- *Are you concerned about your (child's) health/weight?*
- *Can I share some information with you about cholesterol levels and why that information can be important?*

Give choices

Sleep

Sedentary Behaviour

Eating Behaviours

Mental Health/ Body Image

Physical Activity

Topic of your choice

Rolling with resistance

- Reflect the resistant statement:
  You don't like this idea.
- Reflect the tone of what you are hearing:
  You seem to feel hopeless.
  You're not happy about . . .
- Reflect ambivalence:
  On the one hand you want . . . and on the other you don't think you can . . .
- Acknowledge the resistance process:
  I've gotten us off track here.
- Support choice/control:
  It's up to you.
  You are in charge here.

Rolling with resistance - Exercise

- Write down 1- 3 resistant or sustain talk statements you have heard from patients and families
  - Examples: I really hate vegetables, I can't exercise because my joints hurt.
- Take turns reading these statements to the rest of your table.
- Collectively as a table give replies that dodge and/or roll with the resistance. You can use reflections, reframes or statements that emphasize that the patient has control.
- Write down the responses you like the best.
- Continue around the table until the workshop facilitators call time.
- Decide as a table which are your favorites and share with the larger group.

Ultimate goal – increase change and commitment talk

Types of change talk

- **D**esire – Why do you want to make this change?
- **A**bility – How mighty you be able to do it?
- **R**easons – What is one good reason for making the change?
- **N**eed – How important is it and why (0-10)?

- **C**ommitment – What do you intend to do?
- **A**ctivation – What are you ready and willing to do?
- **T**aking Steps – What have you already done?

Responding to change talk

Elaborate

Ask for elaboration or an example (it what ways, how, etc.)

Affirmation

Offer affirmation (agree, encourage, praise support)

Reflect

Reflect what the person has said

Remember –

it's about thinking ahead to avoid the roadblocks

Best response to increase change talk

"I really don't want to change the way I eat but I know that I should. I've tried before and it's really hard."

A. You really don't want to change your eating.
B. <u>It's pretty clear to you that you ought to make a change in your eating.</u>
C. You're not sure if you can change your eating.

Best response to increase change talk

"Family meals sound great in theory but we are too busy to make them work. The kids' schedules are all over the place and it is impossible for us to sit down at the same time."

A. Because of your family's busy schedule, you feel like family meals are impossible.
B. It's very hard to find a time that everyone can sit down together.
C. <u>You like the idea of family meals</u>.

Best response to increase change talk

"I have to be honest. I have not done the breakfast thing at all. I don't really have an excuse. I've done okay with eating a little bit at lunch and using the plate method at dinner but I just don't like eating breakfast."

A. It's really hard to eat breakfast.
B. <u>You're feeling good about 2 out of 3 of your goals</u>.
C. You you really don't like eating breakfast and you don't know how you will work it into your day.

5 questions to increase change talk

- Why would you want to make this change?
- If you did decide to make this change, how might you go about it in order to succeed?
- What are the three best reasons for you to do it?
- How important would you say it is for you to make this change, on a scale from 0 to 10, where 0 is not at all important, and 10 is extremely important?
- Why are you at ___ instead of ___ [a lower number]?

Follow-up to 5 questions

- After you have listened carefully to the answers to these questions:

  Give back a short summary of the person's motivations for change.

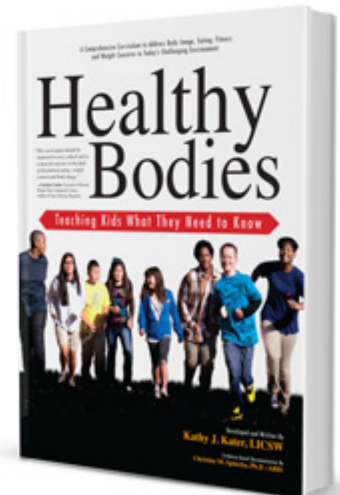
- Then ask:

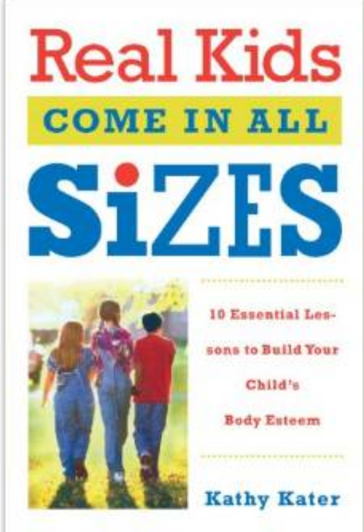
  So what do you think you'll do?

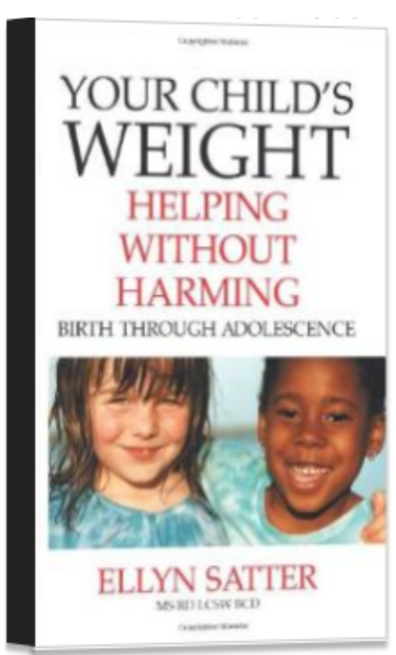
  Listen with interest to the answer.

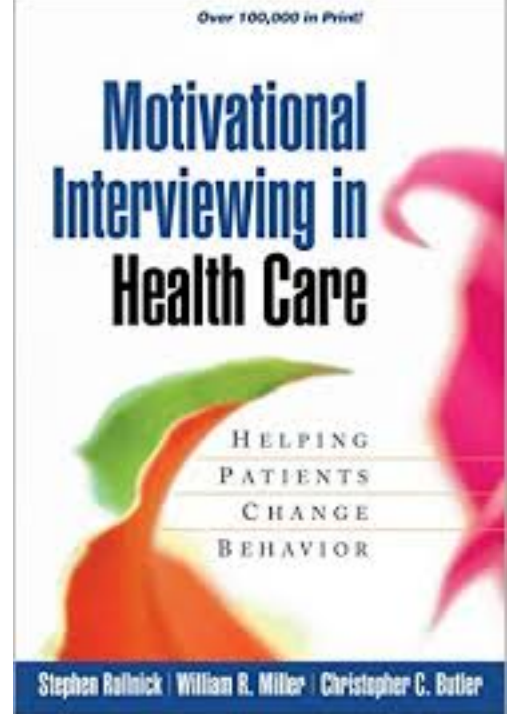
Role play

Resources









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