Managing Childhood and Adolescent Obesity in Primary Care Settings

Motivational Interviewing: The Antidote to Frustration and Finger Wagging

Learning Objectives

Following completion of this session, participants will be able to:

1. Describe the basic components of motivational interviewing and its potential application in treating childhood obesity

Handouts

- Motivational Interviewing Overview

Presentation slides for today’s session will be available on the Web at www.jumpinforhealthykids.org/cme.

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Motivational Interviewing Overview

Components of the MI Spirit

- Collaboration
- Acceptance
- Evocation
- Compassion

Four Processes in Motivational Interviewing

- Engaging
- Focusing
- Evoking
- Planning

Communication Skills Involved in Motivational Interviewing

- Asking
  - Open-ended questions – Not followed by closed-ended question
  - Fit the assessment to the interview
  - Clarifying questions
  - Avoid premature focus/action awareness

- Listening
  - Determine patient’s concern
  - Understanding of perspective and experience
  - Listen by reflecting, but not repeating
  - Summarizing
  - Acknowledgment of barriers
  - Reflecting change talk – DARNCAT

- Informing
  - View the patient as a person, not an information receptacle
  - What does the patient care about and how is the information related?
  - Positive framework for message
  - What others do
  - Elicit-Provide-Elicit (Filling in gaps of knowledge)

Remember the RULE

R – Resist the righting reflex
U – Understand motivation(s)
L – Listen
E – Empower

Identifying and Reflecting Change Talk

Desire: “I want to.”
Ability: “How would you do it?”
Reasons: “Why does this matter?”
Need: “How serious is this to you?”
Commitment: “I’ve decided.”
Activation: “I’m ready.”
Taking Steps: “This is what I am doing.”