Childhood Obesity in Primary Care
Attendees: Prior to the start of the activity, please review the below information to ensure successful participation in this Enduring Activity

Accreditation and Designation Statements
• The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

• The AAP designates this enduring material for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

• This activity is acceptable for a maximum of 1.0 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

• The American Academy of Physician Assistants (AAPA) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by ACCME. Physician assistants may receive a maximum of 1.0 hours of Category 1 credit for completing this program.

• This program is accredited for 1.0 NAPNAP CE contact hours of which 0 contain pharmacology (Rx), (0 related to psychopharmacology) (0 related to controlled substances), content per the National Association of Pediatric Nurse Practitioners (NAPNAP) Continuing Education Guidelines.
Purpose of Course
The Childhood Obesity in Primary Care Modules are designed to provide evidence-based practice for obesity prevention and treatment and use of effective strategies with families. The modules also aim to create healthcare systems that better supports evidence-based practice, increasing the likelihood of effective and sustainable changes in practice. In addition, the modules also enhance collaboration of providers with other healthcare professional and with broader community initiatives.

Learning Objectives
Upon completion of this activity, participants will be able to:
- Explain the key elements of Motivational Interviewing (MI)
- Describe the process to assess motivation and confidence of patient/family
- List key MI techniques that can be integrated into your practice
Disclosure of Commercial Support for AAP CME Activities

The AAP gratefully acknowledges support for Childhood Obesity in Primary Care: Module 6 in the form of educational support from Nestlé Nutrition.

Disclosure of Financial Relationships and Resolution of Conflicts of Interest for AAP CME Activities Grid

The AAP CME/CPD program develops, maintains, and improves the competence, skills, and professional performance of practitioners and healthcare professionals, by providing quality, relevant, accessible, and effective educational experiences that address gaps in professional practice. The AAP CME/CPD program strives to meet the educational needs of practitioners and healthcare professionals and support their lifelong learning with a goal of improving care for children and families. (AAP CME/CPD Program Mission Statement, May 2015)

The AAP recognizes that there are a variety of financial relationships between individuals and commercial interests that require review to identify possible conflicts of interest in a CME activity. The "AAP Policy on Disclosure of Financial Relationships and Resolution of Conflicts of Interest for AAP CME Activities" is designed to ensure quality, objective, balanced, and scientifically rigorous AAP CME activities by identifying and resolving all potential conflicts of interest or to the confirmation of service of those in a position to influence and/or control CME content. The AAP has taken steps to resolve any potential conflicts of interest.

All AAP CME activities will strictly adhere to the Accreditation Council for Continuing Medical Education (ACGME) Standards for Commercial Support: Standards to Ensure the Independence of CME Activities. In accordance with these Standards, all following decisions will be made free of the control of a commercial interest: identification of CME needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content, selection of educational methods, and evaluation of the CME activity.

The purpose of this policy is to ensure all potential conflicts of interest are identified and mechanisms to resolve them prior to the CME activity are implemented in ways that are consistent with the public good. The AAP is committed to providing learners with commercially unbiased CME activities.

Activity Title: Childhood Obesity in Primary Care Module 6: Motivational Interviewing: A Strategy for Stimulating Change Talk
Activity Location: Online/Enduring Material
Activity Date: November 1, 2015 – November 1, 2018

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<th>Name of Commercial Interest(s)*</th>
<th>Nature of Relevant Financial Relationship(s)</th>
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<tr>
<td>Robert Schwartz, MD, FAAP</td>
<td>Faculty</td>
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<tr>
<td>Victoria Rogers, MD, FAAP</td>
<td>Planning Committee</td>
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<tr>
<td>Jeanne Lundros, MPH</td>
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<tr>
<td>Janice Liebhart, MS</td>
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* A commercial interest is defined as any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or paid for by, patients.
**DISCLOSURE OF FINANCIAL RELATIONSHIPS**

All individuals in a position to influence and/or control the content of AAP CME activities are required to disclose to the AAP and subsequently to learners that the individual either has no relevant financial relationships or any financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in CME activities. Listed below are the disclosures provided by individuals in a position to influence and/or control CME activity content.

* A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

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<tr>
<td>Corrie Pierce</td>
<td>Disclosure Admin</td>
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<td>None</td>
<td>Do not intend to discuss</td>
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<tr>
<td>D. Michael Foulds, MD</td>
<td>AAP Reviewer</td>
<td>No</td>
<td>None</td>
<td>Do not intend to discuss</td>
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<tr>
<td>Zoey Goore, MD</td>
<td>AAP Reviewer</td>
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<td>None</td>
<td>Do not intend to discuss</td>
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<tr>
<td>Ivor Hill, MD</td>
<td>AAP Reviewer</td>
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<td>I have a paid Consultant relationship with Abbvie Inc.</td>
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<tr>
<td>Robert Wiebe, MD</td>
<td>AAP Reviewer</td>
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<tr>
<td>Rickey Williams, MD</td>
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<tr>
<td>D. Corey Lachman, MD,</td>
<td>AAP Reviewer</td>
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AAP gratefully acknowledges support for its Childhood Obesity in Primary Care Modules in the form of an educational grant provided by Nestlé.

**Product-Specific Advertising / Links to Product Websites**
No product-specific advertising of any type appears in this activity. No links to product websites appear in this activity.

**List of Principal Faculty and Credentials**
- Robert Schwartz, MD, FAAP

**Method of Participation**
Participants will participate in the module online. Upon completion of the webinar, participants will complete an assessment in order to receive CME credit.

**Minimum Performance Level**
Per the 2010 revision of the American Medical Association (AMA) Physician’s Recognition Award (PRA) and credit system, a minimum performance level must be established on enduring material and journal-based CME activities that are certified for *AMA PRA Category 1 Credit™*. In order to successfully complete this Ambulance Safety for the 21st Century Webinar CME activity for *AMA PRA Category 1 Credit™*, learners must demonstrate a minimum performance level of 70% or higher on the post-activity assessment, which measures achievement of the educational purpose and objectives of the activity.
Medium or Combination of Media Used
Enduring Material

List of hardware/software requirements
Our Technical Support team would like to ensure that you have a great experience with our streaming media services. Due to variations in PC and network security configurations, we recommend that you test the ability to receive streaming media before the day of this event on the computer you will be using to view the event. To do this, click the "Test Your Computer Now" button below. You will hear a short announcement and see slide information.

If you are unable to open and play the presentation, the test has failed. In this case, you may either need to try another computer or consult with your network administrator to obtain privileges required to view streaming media. This process could take some time, so please conduct this test as soon as possible.

System requirements
The system requirements for viewing a streaming media event are:
Windows
• Windows XP, Windows 2003 or Windows Vista
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• Microsoft Internet Explorer 6.0 SP1 or later, Firefox 2.0 or later, or Google Chrome 1.0
• For Firefox and Chrome, Silverlight 1.0 or later
• Windows Media Player 9.0 or later
• Broadband Internet connection (256 Kbps & above)
• No network blocks or filters that disable streaming media
Mac
• Mac OS X 10.4.8 or later
• Safari 2.0.4 or later (or Firefox 2.0 or later)
• Silverlight 1.0
• Broadband Internet connection (256 Kbps & above)
• No network blocks or filters that disable streaming media

Need more help?
If you need further assistance, please call KRM Customer Service Monday–Friday at 800.775.7654 or 715.833.5426 between 7:00 am and 5:00 pm CT, or email us at support@krm.com.

Provider Contact Information
If you have questions about this course or encounter technical problems, please contact Nikki Berry at nberry@aap.org

Privacy and Confidentiality Statement
Childhood Obesity in Primary Care
Motivational Interviewing: A Strategy to Stimulate Change Talk

Robert Schwartz, MD, FAAP
Wake Forest School of Medicine, Winston-Salem, NC
Disclosure Statement

Robert Schwartz, MD, FAAP

✓ I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.

✓ I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
About Dr. Schwartz

- Professor Emeritus of Pediatrics at Wake Forest School of Medicine in Winston-Salem, NC.
- Served as President of the North Carolina Chapter of the American Academy of Pediatrics and Chairperson of the Section on Endocrinology.
- Member of the Executive Committee of the AAP Section on Obesity and Section Liaison to the Institute for Healthy Childhood Weight Steering Committee.
Learning Objectives

- Explain the key elements of Motivational Interviewing (MI)
- Describe the process to assess motivation and confidence of patient/family
- List key MI techniques that can be integrated into your practice
Definition of Motivational Interviewing

Patient-centered guiding style for enhancing motivation to change by exploring and resolving ambivalence.

Evidence for Effectiveness of Motivational Interviewing (MI)

- Randomized controlled trials have demonstrated the efficacy of MI in treating alcohol and substance abuse problems.
- MI is also being used to address other health behaviors, such as eating, physical activity, smoking, and adherence with treatment regimens.

Four Guiding Principles of MI

- Resist arguing and persuasion
- Understand your patient’s motivations
- Listen to your patient with empathy
- Empower your patient
Motivational Interviewing: What it’s Not

• Not arguing that a person has a problem and needs to change
• Not offering advice without patient’s permission
• Not doing most of talking
• Not giving a “prescription”
Motivational Interviewing is a Shift in How We Communicate with our Patients

- Follows and guides vs. directs
- Less focused on “fixing” and persuading
- More focused on seeking understanding and collaboration
- Sees any progress as progress
- Sees the patient as the “expert” on themselves
- Accepts patient ambivalence and fluctuations as normal
- Relapse is not a failure but a learning opportunity
Tools of the Trade

- Establishing rapport
- Agenda setting
- Getting permission
- Asking open-ended (starting) questions
- Using reflective listening
- Affirmations
Tools of the Trade

✓ Considering the pros and cons
✓ Eliciting “change talk” (importance and confidence)
✓ Providing menus vs. single solutions
✓ You provide information; patient interprets it
✓ Summarizing and closing the deal
Open-Ended Questions

Get the ball rolling!

- Can’t be answered yes/no
- Use patient’s own words
- Not biased or judgmental
Open vs. Closed-Ended Questions

Closed-Ended
• Did you have a great vacation?
• Are you depressed?
• Is your job going ok?
• Don’t you know you will get diabetes if you don’t quit drinking sodas?

Open-Ended
• Tell me about…
• Help me understand…
• What’s going on…?
• What connection, if any…?
Changing Closed-Ended to Open-Ended Questions

- Do you have any questions about your new medicine?
- Are you taking your insulin every day?
- You’re not experiencing any side effects from your new medicine are you?
- Does your child like the teachers and kids at his new school?
Changing Closed-Ended to Open-Ended Questions

- Do you have any major fears about your upcoming operation?
- Do you get along well with your boyfriend?
- Did everything go ok this week?
- Did this make you upset?
- Are you exercising every day?
Some are like this

Others like this

Where are you?
Changing Closed-Ended to Open-Ended Questions

- Do you feel like your weight is a problem?
- Will not buying sodas increase stress in your house?
- Can you start to make these changes in the next week?
- Do you think your son watches too much TV?
- Will Sarah be angry if you say “no” to eating at a fast food restaurant?
Probes: Can Follow Open or Closed-Ended Questions

Examples:

• Tell me more about that.
• How did that make you feel?
• What was that like for you?
• What were the reasons for your decision?
• What are your concerns about this?
Reflective Listening

*Keep the ball rolling!*

- Statement, not a question
- Restate and rephrase
- Clarifies meaning (hypothesis testing)
- Ends with a downturn
- Builds rapport and keeps patient thinking and talking
Universal Safe Reflections

- It sounds like you are feeling...
- It sounds like you are not happy with...
- It sounds like you are having trouble with...

As you improve, you can truncate the reflection...
- You’re not ready to...
- You’re having a problem with...
- You’re feeling that...
- It’s been difficult for you...
- You’re frustrated...
Client: I’m very worried about my diabetes. It runs in my family...I’ve lost many relatives to it and I want to break that cycle.

Q: How many of your relatives have had diabetes?
Q: How have you thought about breaking the cycle?
R: There is a lot of diabetes in your family.
R: You might have some thoughts about how to break that cycle.
R: You are scared about your diabetes getting worse
Fast Food Restaurants

“I know I should fix more meals at home and not bring home food from fast food restaurants so often, but I’m exhausted after working all day, and I just don’t have the energy to spend two hours in the kitchen. And even if I do cook at home, the kids don’t want to eat what I fix and will ask for chicken nuggets or pizza.”

REFLECTION...
Television

“I know TV is bad for him, but I need some peace and quiet in the house. I am a single mom. I don’t have a lot of help. Having him watch TV lets me get my housework and schoolwork done. He is happy, content, and frankly, I don’t have to worry about entertaining him.”

REFLECTION...
You don’t have to hit a home run. Just get your bat on the ball.
## Levels of Change Talk

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<th><strong>Desire:</strong></th>
<th>Wish, like, think, want</th>
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<tr>
<td><strong>Ability:</strong></td>
<td>Can, could, able</td>
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<tr>
<td><strong>Reasons:</strong></td>
<td>Specific reason for change</td>
</tr>
<tr>
<td><strong>Need:</strong></td>
<td>Need, have to, important, must</td>
</tr>
<tr>
<td><strong>Commitment:</strong></td>
<td>Will, intend to, going to, ready</td>
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Motivation to change occurs when a person perceives a discrepancy or conflict between their current behavior and important life goals, such as being healthy.
Pros & Cons

• Could you tell me some things you like about _____?
• What things are not so good about _____?
• What might happen if you don’t change?_______
• How would changing __________ affect your family?
Providing Information
Elicit – Provide – Elicit

- Ask for permission.
- Provide nothing but the facts.
- Let patient interpret it.

- **Elicit**: Would it be okay if I shared information with you?
- **Provide**: Provide the information.
- **Elicit**: What does this mean to you?
## Importance and Confidence

**IMPORTANCE**
On a scale of 0 to 10, with 10 being the highest, how important is it for you to change (INSERT BEHAVIOR)?

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<th>4</th>
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**CONFIDENCE**
On a scale of 0 to 10, assuming you wanted to change, how confident are you that you can do it (INSERT BEHAVIOR)?

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Eliciting Change Talk: “The Three Probes”

1. “Why didn’t you choose a lower number?”  
   **Benefits**

2. “Why didn’t you choose a higher number?”  
   **Barriers**

3. “What would it take to get you to a higher number?”  
   **Solutions**
“If it’s okay, I would like to go over what we have discussed today.”

- Summarize pros and cons of change.
- **Closure** – “What do you think might be a first step?”

**If ambivalent**: “Would it be okay if I shared some strategies that have worked for other families?”

**If not ready to change**: “It seems that you are not ready to make a change at this time. Perhaps, if it is okay with you, we can discuss this again at your next visit.”
MI Road Map

- Use **guiding style, open-ended questions** and **reflective listening**
- Establish rapport and reinforce positive behavior
- Raise concern about unhealthy behavior
- Shared agenda setting
- Pros and cons of change
- Use Elicit-Provide-Elicit when providing information
- Assess importance and confidence in changing behavior
- Summarize – Pros and cons (emphasize pros) of change
- Closure – “What do you think might be a first step?”
Change Talk

- Online virtual reality training
- 20-30 minutes to complete the module
- Earn Continuing Medical Education (CME) credit
- Free app available at aap.org/healthyweight
It’s up to to you!