



ADVANCING INTEGRATED HEALTHCARE

Pediatric Weight Management ECHO[®]

Session Topic: Difficult Conversations

Presenter(s): Sarah Hagin, PhD

Date: January 19, 2023

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Start the Recording

Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

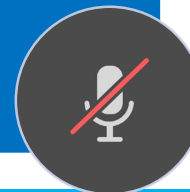
- Please turn on your video
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Introduce Yourself



- Please mute your microphone when not speaking

Microphones



- Introduction
- Lecture
- Case
- Discussion
- Close

Agenda



CME Credits

(currently available for MDs, PAs, Rx, RNs, NPs, PsyD, PhD)

- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:
<https://www.surveymonkey.com/r/PediWtMgmtCMEEvaluation>



The AAFP has reviewed ‘Advancing Community-Oriented Comprehensive Primary Care Through Improved Care Delivery Design and Community Health,’ and deemed it acceptable for AAFP credit. Term of approval is from 09/15/2022 to 09/15/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP’s partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Welcome & Introductions	Linda & Liz
7:35 – 8:00 AM	Didactic: Difficult Conversations	Sarah Hagin, PhD
8:00 - 8:10 AM	Case Presentation	Carolina Herrera, NP Santiago Medical Group
8:10 - 8:25 AM	Discussion	All
8:25 – 8:30 AM	Wrap up; Evaluation; Announcements	Linda

Today's Faculty

Sarah Hagin, PhD, is a pediatric psychologist in the Division of Child and Adolescent Psychiatry at Rhode Island and Hasbro Children's Hospitals, specializing in pediatric gastrointestinal and feeding disorders, an Assistant Professor in the Department of Psychiatry and Human Behavior at The Warren Alpert Medical School of Brown University, and the program manager for the Pediatric Psychiatry Resource Network (PediPRN) at Bradley Hospital.

Disclosures

Session presenters have no financial relationships with a commercial entity producing healthcare-related products used on or by patients.

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

Learning Objectives

- Understand factors that facilitate and impede having difficult conversations with patients
- Learn evidence-based strategies that promote patient-practitioner communication around weight management
- Learn available resources to support use of evidence-based weight management communication strategies

Why is it so difficult to talk about weight?

- Stigma (refer to Dr Darling's presentation regarding minimizing factors that contribute to weight stigma/bias)
- Worries about offending, alienating patients and families
- Time constraints
- Lacking training, tools, confidence
- Limited community resources/knowledge of resources
- Perceived familial resistance
- Challenges related to cultural competency
- Perceived environmental barriers
- Inadequate collaborative support

Pediatrics (2022) 149 (1 Meeting Abstracts February 2022): 224.
<https://doi.org/10.1542/peds.2021-052162>

Why it's important to talk about weight

- Childhood obesity is associated with increased risk of adult obesity and/or related medical conditions (e.g., diabetes, hypertension, etc.)
- Early intervention is associated with better outcomes
- Patient/family expectations – if it's not discussed it's not a concern.
 - Wt related discussions with practitioners can influence health behavior efforts
- **Strongest predictor of treatment engagement and successful health behavior change = having the conversation**

<https://stop.publichealth.gwu.edu/sites/g/files/zaxdzs4356/files/2022-05/why-weight-guide-stop-provider-discussion-tool.pdf>
<https://www.apa.org/obesity-guideline/discussing-weight/weight-related-conversations.pdf>
<https://stop.publichealth.gwu.edu/why-weight-guide>

Factors to consider when initiating weight related discussions

- Who should participate
 - Practitioner(s)
 - Family/child – Developmental considerations
 - Extended family
- Timing
 - Privacy
 - Length of visit/other topics to be addressed
 - Resources available
- Language used
- Cultural factors
- Communication that facilitates health behavior change

<https://www.apa.org/obesity-guideline/discussing-weight/weight-related-conversations.pdf>
<https://doi.org/10.1542/peds.2021-052162>

Motivational Interviewing

- Evidence: associated with increased engagement in treatment, success with health behavior changes, and decreased BMI
- **#1 predictor of change is CHANGE TALK** (not increased knowledge/info)
- Key point: Patient/family centered – if generated by them they are more likely to follow through with the plan/next step.
- Patient/family generates:
 - The need for change and
 - The plan for that change
- Your role:
 - Collaborator
 - Facilitator
 - Advisor – when advise is requested/welcomed
 - Reflector

For more information:

<https://psychwire.com/motivational-interviewing/resources>

MI – Key techniques

- OARS
 - Open Ended Questions
 - Affirmations
 - Reflections
 - Summaries
- Ask-tell-ask
- Cultivating Change Talk
 - Questions assessing readiness, importance, confidence and barriers
 - Scales
- Planning

OARS SKILLS IN MOTIVATIONAL INTERVIEWING

The following techniques help to advance motivational interviewing.

Open-ended questions: Encourage the patient to think out loud.

Affirmations: Recognize the patient's strengths.

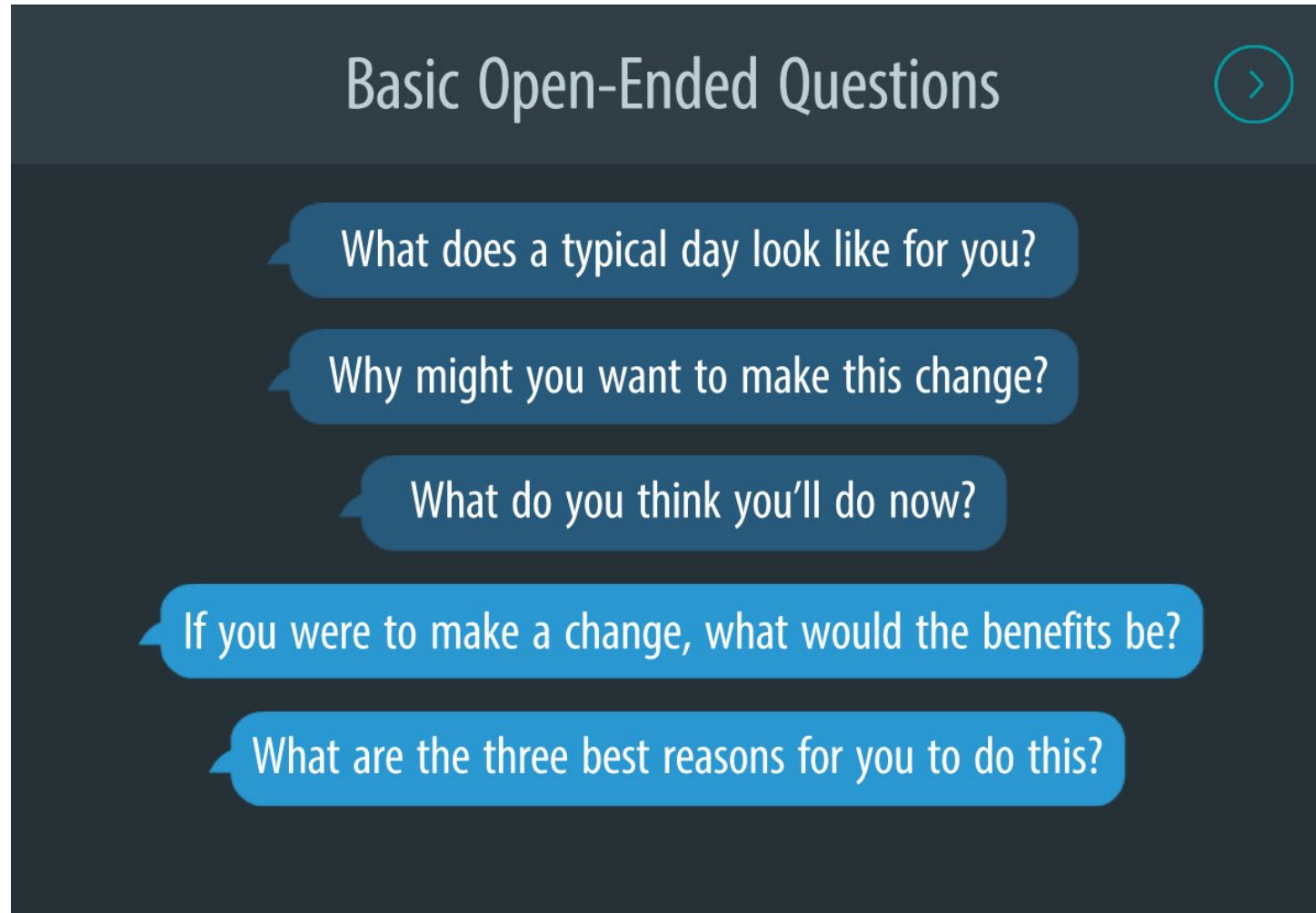
Reflections: Say back what you heard or what you thought was meant.

Summaries: Summarize key parts of a conversation to help keep the conversation going or to transition to new steps.

MI techniques – weight management examples

- 1. ENGAGE** the family
Build rapport, listen, and gather information.
- 2. FOCUS** on a part of the problem
Collaboratively set the agenda.
- 3. EVOKE** their reasons for change
Elicit and strengthen change talk, gauge their readiness for action.
- 4. PLAN** one or two small changes together
If they're ready to change, work with the family on an action plan.

Open ended questions



Basic Open-Ended Questions

- What does a typical day look like for you?
- Why might you want to make this change?
- What do you think you'll do now?
- If you were to make a change, what would the benefits be?
- What are the three best reasons for you to do this?

Open ended questions

- Help patients sort through generate ideas and explore ambivalence
- Support the patient developing their own reasons for change

“ I don't think Sophie watches too much TV. No more than her friends do.

How much TV does she watch per day?

What's her typical TV watching schedule?

Do you have any concerns about the amount of TV she watches?

Reflections

- Simple
 - Shows listening
- Complex
 - Reflects meaning, moves change talk forward
- Action
 - Only used when you and patient are in agreement re action step
 - Transforms barriers into plans
- Double-sided
 - Highlight ambivalence - reflect both sustain talk and change talk
 - “planting seed”

Example reflections

- Simple

“ Jordan loves his junk food. No matter what I serve, he only wants the prepackaged junk.

It sounds like you don't like the food Jordan is choosing.

Jordan eats a lot of junk food.

Why do you let Jordan eat so much junk food?

- Complex

“ Snacks keep him going during the day, but then he won't eat anything healthy at mealtime.

Snacks have become part of his routine.

When he snacks, he doesn't eat at mealtimes.

What I'm hearing is you're worried his snacks may not be good for him.

Example reflections

- Action

“ Sometimes it's hard to get the kids to behave without the TV.

- If there were another way to get them to behave, you could cut back on their screen time.
- You have to find another way to get them to behave.
- TV is a convenient way to get them to behave.

- Double-sided

“ I try to cook healthy meals. It's not my fault the kids only like chicken nuggets.

- Your kids prefer particular foods. At the same time, they need to eat foods that are healthy, too.
- You want the kids to eat well. At the same time, chicken nuggets are an easy option.
- You want to serve food the kids like. At the same time, you want them to eat healthy food.

Affirmations

- Recognize the progress (even good intentions)
- Any progress no matter how small is a predictor of future change

“ I give Mary vegetables at every meal, but it's a battle to get her to eat them.



You give her vegetables at every meal.



It's important to you to help Mary eat better, and you're taking action to make it happen.



It's tough, but you just need to be consistent.



MI techniques – weight management examples

- ASK-TELL-ASK
 - It sounds like you are concerned about Julie's juice intake. Would it be okay if I share some information about juice drinking in children?
 - Research shows a strong connection between juice intake and higher weight in children... ETC.
 - What do you think about that? Or what are your thoughts about what I just shared? Or how does that fit with...

MI techniques – weight management examples

Cultivating Change Talk

- Readiness
 - How would you like your health to be different?
 - Some people don't feel comfortable talking about weight at all, others don't mind. How do you feel about this?
- Importance
 - If you were to change, what would it be like?
 - Tell me how things would be different for you if you xx.
 - What do you think would happen if your weight doesn't change?
- Confidence
 - How can I help you succeed?
 - Are there things that you have found helpful from previous attempts to change?
 - What are some things you can do to achieve this goal?
- Barriers
 - What are some things that get in the way?

Scale for Assessing Goal Importance, Readiness to Change and Confidence

0 1 2 3 4 5 6 7 8 9 10



- For example, “On a scale of 0 to 10, how ready are you to start exercising daily?” Then, “On a scale of 0 to 10, how confident are you in your ability to actually exercise every day?”
- Ask what will move the number higher on the scale. The response will tell you what areas to address to help get to a higher number.
- Ask why the number is not lower on the scale. The response will reveal what the patient feels is already going well, which you can use for affirmation.

What to do when MI is “not working”

- MI is VERY HARD to do consistently
 - Requires practice, self-reflection, rehearsal
 - Providers with extensive training
- Resistance is a sign that the patient/family feels they are being asked to change something they are not ready to. Resistance is a natural, normal response.
- Types of resistance
 - Issue
 - Relational
 - Both
- Signs of resistance
 - Active
 - Arguing, interrupting, defensiveness
 - Passive
 - Disengagement (looking at watch, phone), yes-ing you, decreased verbalizations/communication
- You can't start the conversation over – what can you do
 - REFLECT

MI Training Resource



Kognito MARKETS PRODUCTS APPROACH RESEARCH ABOUT

ChangeTalk
CHILDHOOD OBESITY

CHANGING THE CONVERSATION ABOUT CHILDHOOD OBESITY

Engage in practice conversations with virtual families and learn to apply motivational interviewing to drive positive change in their health behaviors.

An initiative of the American Academy of Pediatrics Institute for Healthy Childhood Weight and Kognito.

 American Academy of Pediatrics Institute for Healthy Childhood Weight

Overview of Change Talk: Childhood Obe...

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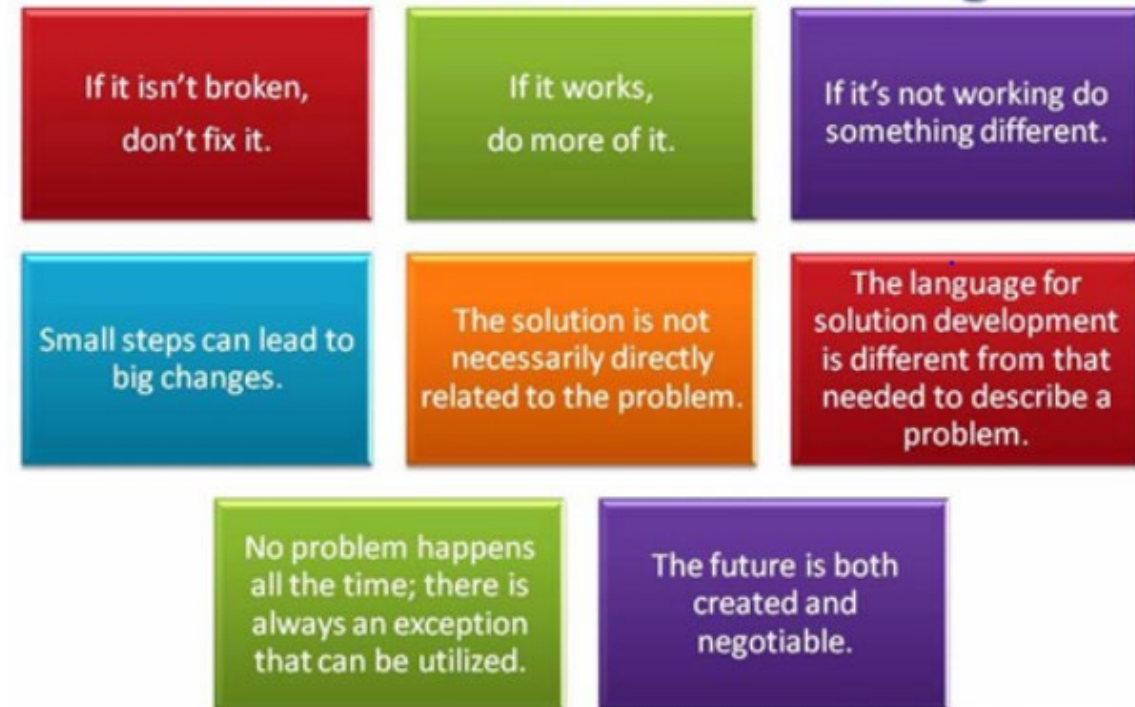
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Available on **amazon.com** Download from **Windows Store** **ACCESS ONLINE VERSION**

Is MI the only option?

- Short answer: No it's not the only option
 - While evidence supports use of MI in supporting health behavior change, there are other evidence based interventions (with similar techniques)
 - Any other type of strengths based interventions can help
- Solution focused coping

Major Tenets of Solution-Focused Coaching



"More Than Miracles". de Shazer pp. 2 - 3

www.create-learning.com



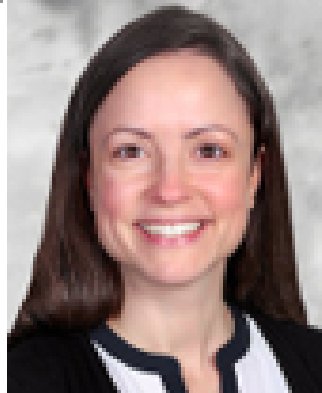
Solution Focused Coaching

- Evidence: weight and % body fat reduction, success with health behavior changes, increased motivation for change/satisfaction with progress
- Key Point: Solution focused language is different from problem focused language.
- Your role:
 - Facilitator
 - Reflector
 - Technical Assistance
- Key interventions (with weight management examples)
 - Contracting (aka supporting pt in identifying their concern/problem)
 - Exploring preferred future
 - Exploring precursors
 - Progress clues (plan/evaluation)

Resources

- <https://www.apa.org/obesity-guideline/discussing-weight/weight-related-conversations.pdf>
- <https://media.ruddcenter.uconn.edu/PDFs/MotivationalInterviewing.pdf>
- <https://go.kognito.com/changetalk>
- <https://youtu.be/HA-RW6hLolw>
- <https://www.nationwidechildrens.org/-/media/nch/specialties/center-for-healthy-weight-and-nutrition/documents/motivational-interviewing-for-weight-loss-counseling-in-pediatric-patients.ashx?la=en&hash=D189CE8D0B73082878D82D360BAEDF36>
- <https://www.aafp.org/dam/brand/aafp/pubs/fpm/issues/2016/0900/p32.pdf>
- <https://psychwire.com/motivational-interviewing/resources>
- <https://www.aap.org/en/patient-care/institute-for-healthy-childhood-weight/obesity-education-opportunities-for-healthcare-professionals/>

Contact information



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ADVANCING INTEGRATED HEALTHCARE

Pediatric Weight Management ECHO[®] Case Presentation

Presenter: Carolina Herrera, NP

Date: January 19, 2023

Contact Info: cherrera1109@gmail.com

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Stop the Recording

Reasons for Selecting this Case

Do Not Include PHI

Why did you choose this case?	Pt extremely overweight, has the highest abnormal liver function tests in the office, has high cholesterol, prediabetes, and patient/family has stopped getting involved in the weight loss program
What questions do you have for the group?	How can we continue to reach out if they do not answer anymore and continue to miss appointments in the office and the referral appointments and pt continues to gain weight?

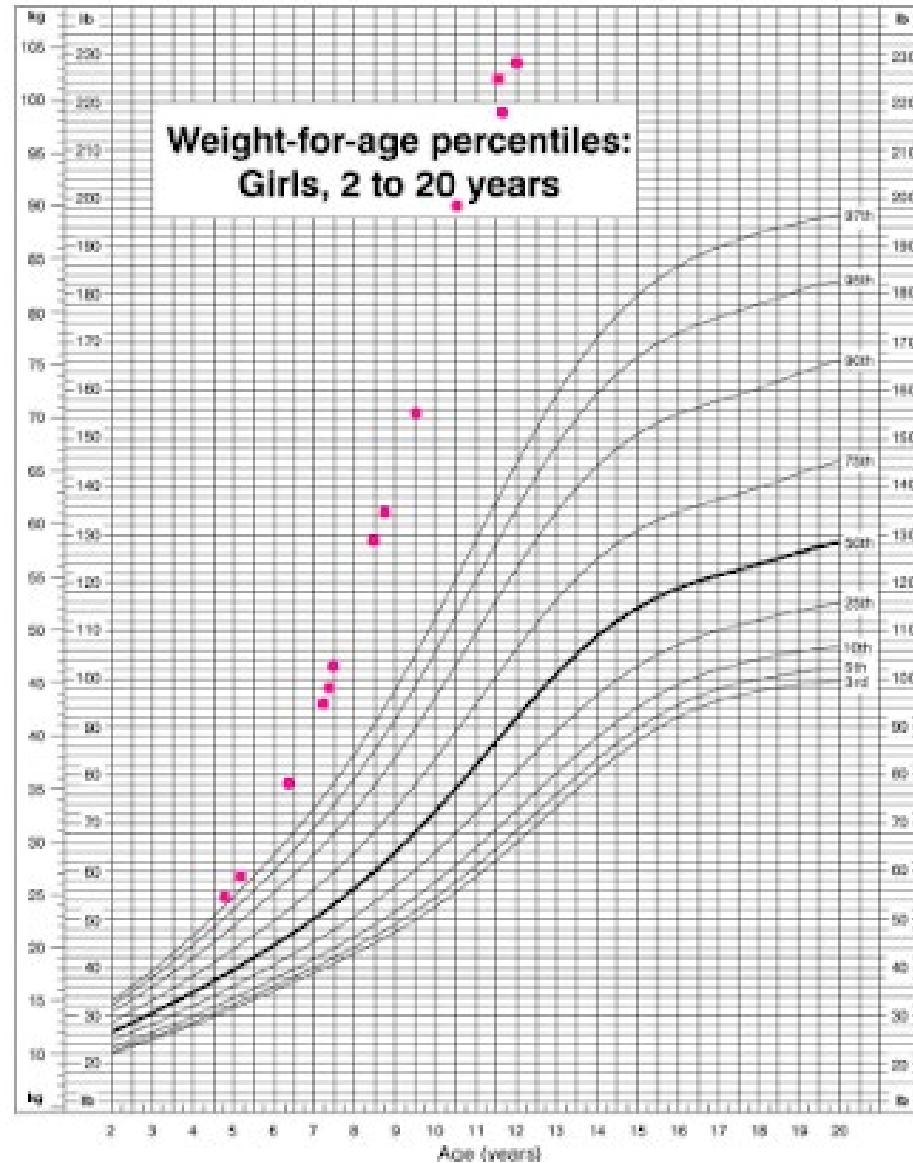
Basic Patient Information

Do Not Include PHI

Age	12
Gender Identity	Female
Race/Ethnicity	Hispanic
Current Weight and Height	Weight: 228.3 lb Height: 62 in
Current BMI and BMI%/Obesity class	BMI 41.8, BMI % 99.6
How long has the patient had concerning growth trends?	Since being a patient at the practice
How long has this individual been in your care?	7 years in the office
Insurance type (Commercial, Medicaid, Uninsured, Other)	Medicaid

Growth Curve

Do Not Include PHI



Does the Patient/Family have a weight management goal? Please describe.

- In the beginning, patient wanted to lose weight and be healthy.
- Pt wanted clothes to fit better
- Goal of lowering cholesterol, liver enzymes, A1c

Relevant Background

Relevant medical and/or behavioral comorbidities	Morbid obesity, high cholesterol, steatohepatitis, prediabetes
Relevant medications	N/A
Relevant lab results	ALT/AST 214/118 Fasting Glucose 166 A1c 6% Triglycerides 201
Relevant BH Screening results	PHQ-9 score 6 (mild depression) Sept 2022 GAD-7 score 3 (minimal anxiety)
Relevant SDOH Screening results	Negative screening results

Relevant Social History

Do Not Include PHI

Relevant obesity related family history?	Mother and sister overweight, unknown about father
Family/patient history of trauma?	N/A
School related concerns?	N/A; pt denies school issues (i.e. grades, bullying, etc.)
Other social history concerns?	Pt feeling down because of her weight

Nutrition

Do Not Include PHI

<p>What interventions have been tried? How responsive has the family been to nutrition interventions?</p>	<p>Conversations about meal planning, proper eating, healthy eating habits, etc. Nutritionist consult. GI consult</p>
<p>What barriers have the family identified for improving nutrition?</p>	<p>Mother states she will try to help pt but appears as if no effort has been made - appointments are missed, ignoring phone calls, pt continues to gain weight</p>
<p>Does the patient have any of the following: Excessive hunger Night-time eating or binging Sneaking food Other</p>	<p>Night-time eating, giving in to random food cravings</p>
<p>Other concerns with nutrition/eating (such as cultural considerations)?</p>	<p>None</p>

Physical Activity

<p>What interventions have been tried? How responsive has the family been to physical activity recommendations?</p>	<p>Talk to pt about simple physical activities that can be done at home, talk about joining a gym, etc. Mother stated she would help pt do more exercise</p>
<p>Does the patient engage in regular physical activity? (yes/no) Please describe</p>	<p>Pt was walking a little more for a couple weeks (August 2022) and stopped after a while (September 2022)</p>
<p>Is screen time a significant part of the patient's social time? (yes/no) Please describe</p>	<p>Yes. Pt prefers to be on phone or watching TV. Talked to pt about doing some exercises while watching TV but pt not willing</p>
<p>Other concerns with physical activity/exercise (such as physical restrictions, access, environmental safety)?</p>	<p>None</p>

Were other approaches used for managing this patient?

Do Not Include PHI

- In person weight checks every month
- Telemedicine visits in between to keep encouraging
- Talking about healthy eating and giving recipe ideas
- Encouragement of healthy weight loss
- Consults/referrals (i.e. Nutrition, GI)

Patient /Family Successes and Strengths?

Do Not Include PHI

- Patient was hopeful at first and seemed to be trying
- Mother appeared to be supportive in the beginning
- Good family dynamic – mom, pt, sister all get along, close
- Patient has supportive friend group

Summary & Clarifying Questions



Reasons for Selecting this Case

Do Not Include PHI

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What questions do you have for the group?	How can we continue to reach out if they do not answer anymore and continue to miss appointments in the office and the referral appointments and pt continues to gain weight?

Recommendations from the group

- Notify family of new treatment guidelines - would they like to come in to learn more/discuss
- Make sure weight mgmt goals are attainable in a short timeframe (daily, weekly)
- Make sure patient/family is aware that progress is never linear - to expect ups and downs - to minimize shame and keep expectations realistic
- Ask permission to pursue any further discussion
- Use the confidence ruler to help in discussions (how ready are they? helps to identify barriers)
- Confidence Ruler available in the 5-2-1-0 toolkit (in English), also a goal setting worksheet (in English)
- Provide the family with lots of affirmations (you've already made progress, done a lot, etc.)
- Might want to explore depression more - could she see a therapist?
- Consider connecting with school personnel (with mom's permission)
- Conversation with Mom about health concerns - would this be motivating?

CME Credits

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Announcements

Next Session: **February 16, 2023, 7:30-8:30**

Topic: **Family-based Behavioral Treatment**

Presenter: **Elissa Jelalian**

Case Presentation: **Atlantic Pediatrics**

