Motivational Interviewing

Tips for Successful Physician-Patient-Family Interactions

1. Avoid discussing weight status
   • Discuss BMI (including risks associated with a higher BMI)
   • Instead, focus on health and well-being
2. Always ask for permission to discuss nutrition, exercise, healthy eating, etc.
3. Use open-ended questions to initiate conversation.
   • What are your thoughts about healthy eating and exercise?
   • Can you tell me about what your family typically eats?
4. Create a SMART goal.
   • Specific, Measurable, Achievable, Realistic, Timely
   • Goals should be family-oriented and not entirely specific to the child.
   • Weight loss is an inappropriate goal because it is not a behavior. Sustainable goals focus on behavior change.
5. Assess readiness to change.
   • On a scale of 1-10, how motivated are you to make [insert specific behavior change]?
   • On a scale of 1-10, how confident are you that you can make [insert specific behavior change]?
   • Depending on the client’s/parent’s response, you can use a secondary probe to inquire why they chose the response they did, and what it would take to increase that response.
6. Refer to a Registered Dietitian Nutritionist (RDN).
   • RDNs are highly skilled professionals who are proficient in nutrition counseling and education. They are trained to elicit behavior change and can provide thorough counseling sessions.

Tips for Successful Conversation Starters

• Focus on the positives, not the negatives.
  – Avoid vilifying food by saying some are “good” and some are “bad.”
• Use always, sometimes, and rarely to describe how often to consume certain foods. Example: “Soda is a ‘rarely’ food you can enjoy once a week. Fruit is an ‘always’ food that you can enjoy daily.”
  – Focus on adding in foods, not taking them away.
• Taking foods away may lead to resistance. Example: “It sounds like fruits and vegetables are not a part of your family’s daily intake. Would you willing to make a goal of adding 2 servings of fruits and vegetables a day?”
• Roll with resistance.
  – Whenever there is resistance, the clinician should not be aggressive toward patients. Allow the patient to actively choose what’s important to him or her. When clients set their own goals, there won’t be resistance. Example: “It sounds like making a change to your family’s diet would be stressful. Is there a small change that you feel is more doable for you?”
  – Rather than stating facts to counter resistance, reflect back to the client/parent.
  – Allow for exploration of barriers and/or concerns regarding the child’s health. Example: “What are some things that concern you about your child’s health? Is there any area where you would like more information to better equip you?”
• Encourage positive-body talk at home. Example: “It is amazing what our bodies can accomplish when we fuel it with healthy food.”
• Consider family dynamics and access to food. Example: “How often do you grocery shop for your family?” “Who purchases the food?” “How would you describe your ability to purchase healthy food for your family?”

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