



CENTER FOR BEST PRACTICES

Preventing ChildHood Overweight & Obesity Starts Early

1 IN 4 CHILDREN IN NEW YORK IS OVERWEIGHT OR OBESE.



MOTIVATIONAL INTERVIEWING: A STRATEGY FOR PREVENTING AND TREATING PEDIATRIC OBESITY

Traditionally, motivational interviewing has been used in the field of drug addictions as a way to assist individuals in working through ambivalence to change. More recently, health care providers have become interested in using motivational interviewing to address behaviors associated with chronic disease such as healthy eating and physical activity.

Most recently, providers are using motivational interviewing to respond to the rising rates of early childhood obesity. The pediatric obesity epidemic is burdened with complex family and societal dynamics that make it necessary to counsel caregivers to choose healthier lifestyles for their families. Preventing early childhood obesity will depend solely on the caregivers' ability to choose healthier foods and engage in physical activity with their children.

Research has shown that motivational interviewing can be particularly useful in encouraging behavior change among individuals who are initially less ready or willing to change. Motivational interviewing can help caregivers begin to choose healthier options for their families.

Some of the key concepts to keep in mind when using motivational interviewing in your practice:

1. *Express Empathy* by trying to understand the patient's reasons for continuing the unhealthy behavior. This can be achieved by reflexive listening, where the counselor listens to the patient and affirms the patient's thoughts and feelings by repeating what was heard.
2. *Develop Discrepancy* by guiding the discussion to a place where the patient starts to see that the benefits of changing the behavior through questions so that the benefits to changing outweigh the costs and barriers.
3. *Avoid Arguments* by avoiding the use of scare tactics and confrontation. Instead, try to use questions that facilitate the discussion and get the patient to open up about their reasons for and against change.
4. *Roll with Resistance* by acknowledging the ambivalence and letting the patient know that you understand that change can be very hard.

5. *Support Self-Efficacy* by getting the patient to make self statements such as “I can” or “I will”. When you start to hear these things, you know he/she is making progress.

Remember, during counseling, your role should not involve trying to persuade, convince or confront the patient, but rather to facilitate the discussion, listen, and help guide the patient towards a resolution that results in change.

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