

# Counseling

Helping families adopt healthy behaviors is a major challenge for primary care clinicians. Most clinicians have received little training in the communication skills needed to engage families in making behavioral changes. This overview will introduce you to basic concepts, but you may want to pursue additional training or reading. Consult the **Community Resources and Resources & References** to get started.

Counseling for change and shared decision-making can be time-consuming. Explore a family's willingness for a second, follow-up visit to give adequate time for counseling.

While families are usually always involved, if you are working with an adolescent, it is important to acknowledge their independence.

## Goals for Treatment<sup>3</sup>

The primary goals of managing uncomplicated childhood overweight in still growing children should be **healthy eating and physical activity habits to maintain weight**, not weight loss.

Weight loss may be beneficial for children with secondary complications or a BMI greater than the 95th percentile, but this should be secondary to developing healthy habits. Refer to weight loss targets below.<sup>2</sup>

Once families demonstrate they can maintain the child's weight, recommend additional changes in eating and activity to achieve weight loss of approximately 1 pound per month.

## WEIGHT LOSS TARGETS<sup>2</sup>

	BMI 85-94 PERCENTILE	BMI 85-94 PERCENTILE WITH RISKS	BMI 95-98 PERCENTILE	BMI >= 99 PERCENTILE
Age 2-5 Years	Maintain weight velocity	Decrease weight velocity or weight maintenance	Weight maintenance	Gradual weight loss of up to 1 pound a month if BMI is very high (>21 or 22 kg/m <sup>2</sup> )
Age 6-11 Years	Maintain weight velocity	Decrease weight velocity or weight maintenance	Weight maintenance or gradual weight loss (1 pound per month)	Weight loss (average is 2 pounds per week)*
Age 12-18 Years	Maintain weight velocity After linear growth is complete, maintain weight	Decrease weight velocity or weight maintenance	Weight loss (average is 2 pounds per week)*	Weight loss (average is 2 pounds per week)*

\* Excessive weight loss should be evaluated for high risk behaviors

STAGE OF CHANGE	CHARACTERISTIC
Precontemplation	Unaware of problem. No interest in change.
Contemplation	Aware of problem.
Preparation	Beginning to think of changing. Realize benefits and thinking about how to change.
Action	Actively taking steps toward change.
Maintenance	Initial treatment goals reached.

## Brief Principles for Motivating Families

**Behavior change is affected more by motivation than information.**<sup>5</sup> The *Stages of Change* model<sup>6</sup> illustrated above, is a helpful conceptual framework for understanding how motivated or ready a patient is to make a change. Most families present in the precontemplation or contemplation stages. One way to gauge readiness to change is to ask, "On a scale of one to ten, with one being not at all ready and ten being extremely ready, how ready are you to make a change now?"

**The family is in charge.** The clinician's goal is not to get the family to change, but to create the conditions that help the family reflect on whether they want to change.

**Behavior change is rarely an emergency.** Primary care practitioners follow patients over time. This allows them to work with families in various stages of change. The goal in any visit is to either (1) move the family forward in their readiness to change to the point where they are actually engaged in a change, or (2) gain permission to bring the topic up again.

**All children and families have strengths.<sup>7</sup>**

Children with a weight concern may have some things they and their families need to change, but they also have assets or strengths that have helped them develop. A child's strengths (things like a supportive friend or family member; discipline in practicing an instrument; or independence in preparing their own meals at home) will help a child stick with any recommended behavior changes. Similarly, a parent's and family's strengths will help them make changes together with their child.



Asking one or two questions can help identify strengths and lets patients know these are important aspects of their lives.

You may want to give interested parents "A Strength-Based Approach to Healthy Weight" (page 23) so they can help their child maintain a positive attitude.

**Ask children:** *What are you good at?*

*What responsibilities do you have at home? At school?*

*Who are the important adults in your life?*

**Ask parents:** *Tell me about the things your child does well. What are some of the things you do together as a family? What makes you most proud of your son/daughter? Of your family?*

**Some Simple (and not so simple) Rules for Talking About Change**

**Begin with the positive.** Pave the way by first identifying and praising the personal assets and other resources the patient and family may have:

***It's great that you are doing so well in school.***

***That tells me you know how to work hard to achieve goals for yourself.***

***Ask permission when preparing to discuss a sensitive topic like a child's weight. I think it would be a good idea for us to talk about Amber's healthy growth and development. Would that be OK?***

**Avoid offering unsolicited advice.** A highly directive or confrontational counseling style often proves counterproductive.<sup>8</sup> Clinician comments like "She really needs to stop watching so much TV" or "Your family needs to give up the sugary beverages and drink more water," are not only unlikely to work, they may promote resistance to change.

**Use reflective listening.** When a parent responds negatively to a request to discuss weight, saying (for example) "I'm sick and tired of people getting on my case about Amber's weight," it is tempting to respond with, "Well, you know she's at high risk for diabetes and heart disease when she gets older." Instead, try something like, "You're feeling frustrated with people blaming you for Amber's being big." Reflective listening helps parents and patients open up. It takes lots of practice – a course in motivational interviewing that includes role playing is a great way to learn.

**Don't assume that families should want to change, need to change, or must change health behaviors simply because their child's long term health is at risk.**

**Avoid trying to do too much.** Set no more than one or two goals for change in one visit.

**Offer encouragement.** Making changes requires courage. Remind families they have tackled tough issues in the past, and have strengths that will support them once they are ready to change.

## Examples of Interactions with Patients and Families<sup>8</sup>

IF A PATIENT IS AT HEALTHY WEIGHT	
Offer praise and encouragement. Then ask for any questions the patient or family might have about nutrition or physical activity issues.	<p><i>Amber, it looks like you are making some healthy eating choices. And we've talked today about continuing to walk to school. Your decision to stay active is a very healthy choice! Do you have any questions about food choices at school? Any questions about being active at home?</i></p>
IF A PATIENT IS OVERWEIGHT OR OBESE	
Offer praise and encouragement to the patient and parent. Then ask for any questions the patient or family might have about nutrition or physical activity issues.	<p><i>Jacob, it is wonderful that you are such a big help to your mom. You are learning how to take on responsibility. That is a good example of your healthy development. And, Mrs. Peterson, it sounds like you are all making some healthy eating choices at home. Jacob, do you have any questions about food choices at school? Any questions about being active at home?</i></p>
Then ask permission to discuss the patient's weight. Depending on the age of the child, you may want to ask permission from the parent or the patient or both.	<p><i>Jacob, Mrs. Peterson, I think it would be a good idea for us to talk about Jacob's growth and development. Would that be OK?</i></p>
<p>Use reflective listening and determine how ready the patient is for change. You may want to ask the patient and his/her family member to indicate where they are on a 1-10 scale of readiness. See the Healthy Weight Change Plan in the Tools section for an example.</p> <p><b>If the patient and family appear ready to change</b>, explore the possibility of setting up a follow-up visit to give enough time for discussion of a change plan. At that visit, (or in the same initial visit if a second visit is not feasible) let the patient choose an achievable goal and make a plan for follow-up. The <b>Healthy Weight Change Plan</b> can help you talk through the patient's readiness and level of commitment.</p>	
IF A PATIENT IS NOT READY FOR CHANGE	
<p>If the patient and family do not want to discuss the issue or are not ready for change, ask one of these questions:</p> <p>You could also provide families with a copy of the <b>Healthy Weight Change Plan</b>. Ask them to think about making a change in the future.</p>	<p><i>What might need to be different for you to consider making a change in the future?</i></p> <p><i>What does your family define as "healthy?"</i></p> <p>and/or</p> <p><i>Could I give you some information about the effects of overweight to help you think about this?</i></p>
<p><b>Some additional pointers</b></p> <ul style="list-style-type: none"> <li>• It is appropriate to express concern for unhealthy behaviors, especially if a child is above the 95th percentile.</li> <li>• Complete any indicated health assessment.</li> <li>• Note the readiness to change in the chart.</li> <li>• Schedule an appointment for follow up.</li> <li>• Ask again at the next visit.</li> </ul>	