



# CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



*In partnership with:*



## Cardi-OH ECHO

# *Weight Management and Behavior Change: Cases and Discussions*

February 10, 2022

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# Cardi-OH ECHO Team and Presenters



## FACILITATOR

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## LEAD DISCUSSANTS

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## DIDACTIC PRESENTER

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## CASE PRESENTERS

Angelique Bermudez, CNP  
*Heart of Ohio Family Health*

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# Structure of ECHO Clinics

Duration	Item
5 minutes	Introductions and announcements
10 minutes	Didactic presentation, followed by Q&A
40 minutes (20 minutes per case)	Patient case study presentations and discussions
5 minutes	Reminders and Post-Clinic Survey

# Disclosure Statements



- The following planners, speakers, and/or content experts of the CME activity have financial relationships with commercial interests to disclose:
  - Marilee Clemons reports advising at Novo Nordisk.
  - Kathleen Dungan, MD, MPH reports receiving consulting fees from Tolerion, research support from Dexcom and Novo Nordisk and presentation honoraria from Medscape.
  - Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for book authorship with Springer Nature publishing and Taylor Francis publishing.
  - Goutham Rao, MD serves on the Scientific Advisory Board of Dannon-WhiteWave (White Plains, NY), a division of Groupe Danone, S.A., Paris, France.
  - Christopher A. Taylor, PhD, RDN, LD, FAND reports funding for his role as a researcher and presenter for Abbott Nutrition and funding for research studies with the National Cattlemen's Beef Association and the American Dairy Association Mideast.
  - These financial relationships are outside the presented work.
- All other planners, speakers, and/or content experts of the CME activity have no financial relationships with commercial interests to disclose.

# Person-Centered Language Recommendations



The ADA and the APA recommend language that emphasizes inclusivity and respect:

- **Gender**: Gender is a social construct and social identity; use term “gender” when referring to people as a social group. Sex refers to biological sex assignment; use term “sex” when referring to the biological distinction.
- **Race**: Race is a social construct that is broadly used to categorize people based on physical characteristics, behavioral patterns, and geographic location. Race is not a proxy for biology or genetics. Examining health access, quality, and outcome data by race and ethnicity allows the healthcare system to assist in addressing the factors contributing to inequity and ensure that the health system serves the needs of all individuals.
- **Sexual Orientation**: Use the term “sexual orientation” rather than “sexual preference” or “sexual identity.” People choose partners regardless of their sexual orientation; however, sexual orientation is not a choice.
- **Disability**: The nature of a disability should be indicated when it is relevant. Disability language should maintain the integrity of the individual. Language should convey the expressed preference of the person with the disability.
- **Socioeconomic Status**: When reporting SES, provide detailed information about a person’s income, education, and occupation/employment. Avoid using pejorative and generalizing terms, such as “the homeless” or “inner-city.”

# Motivating Behavior Change



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# Learning Objectives



1. Define motivational interviewing.
2. Describe at least one rational approach to motivational interviewing in patients with overweight or obesity.
3. Apply principles of motivational interviewing to a patient who is ambivalent about achieving a healthier weight.

# Rationale



- Motivational Interviewing leverages two major predictors of behavior change: ***motivation and self-efficacy***
- Patients become ambivalent when they see benefits on both sides
  - “I would be healthier if I lost weight (***change talk***) but I’ve been eating this way all of my life (***sustain talk***)”
- Ambivalence is better resolved ***when people are listened to rather than persuaded***
- RCTs support its effectiveness

Patnode CD, et. al. Behavioral Counseling to Promote a Healthful Diet and Physical Activity: Updated Systematic Review for the U.S. Preventive Services Task Force. Rockville (MD): Agency for Healthcare Research and Quality (US); 2017 Jul. Report No.: 15-05222-EF-1.

Ekong G, Kavookjian J. Motivational interviewing and outcomes in adults with type 2 diabetes: A systematic review. Patient Educ Couns 2016 Jun;99(6):944-52.



# Key Steps in MI



- Begin the conversation about behavior change
- Elicit *motivation for change*
- Express *empathy*
- Reinforce '*change talk*'
- The MI 'OARS' skills: *open questions, affirmations, reflections, summaries*  
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- Develop *discrepancy* between patient's current behavior and their goals or values
- Support *self-efficacy and optimism*
- Help the patient develop an *action plan*

# Hypothetical Case



- Malika Taylor is a **54-year old woman who has obesity, hypertension, hyperlipidemia, prediabetes, and osteoarthritis**
- She has come in for a **routine visit for hypertension**
- She is **5'5"** and weighs **230 lbs. (BMI 38)**
- She lives with her two grandchildren whom she is raising
- Her weight has steadily increased about 6 lbs/year over the last 10 years
- She **has never discussed her weight** with a healthcare professional

# ‘Opening the Door’



- We will use the Opening the Door technique to start a conversation with Ms. Taylor about her weight

# Opening the Door



- ***Re-establish rapport*** with the patient
- Step 1: (***Express concern***)
  - Clinician: Ms. Taylor, I am concerned about your weight.
- Step 2: (***Medicalize the concern***)
  - Clinician: You see, excess weight can worsen your blood pressure, which increases your risk of having a stroke. It also increases your risk of developing diabetes and may cause your arthritis to get worse.

# Opening the Door



- Step 3: (***Solicit mutual concern***)
  - Clinician: Is this something that concerns you as well?
  - Ms. Taylor: Well yes, that does worry me.
  
- Step 4: (***Collaborate***)
  - Clinician: Are you open to discussing this for a few minutes today?
  - Ms. Taylor: Yes, we can talk about it.

# Evoking Motivation & Change Talk

- Clinician: Okay. As a starting point, may I ask you a question?  
*(asking permission)*
- Ms. Taylor: Go ahead.
- Clinician: On a scale from 0 to 10, where 0 means ‘not at all important’ and 10 means ‘very important’, how important would you say it is for you to lose weight?”  
*(scaling question to assess level of motivation)*
- Ms. Taylor: Hmm. Because being overweight is bad for my blood pressure, I would probably put myself at 7.

# Evoking Motivation & Change Talk



- Clinician: And why are you at 7 and not at a lower number, say, at 5?  
*(open question to elicit change talk)*
  
- Ms. Taylor: Well, I'm concerned about my blood pressure, I don't want to have a stroke. My cousin had one and she's not doing well at all.  
*(change talk)*

# Evoking Motivation & Change Talk



- Clinician: You want to control your blood pressure because it could lead to a stroke, and that really concerns you.  
*(reflection)*
- Ms. Taylor: Oh, absolutely. I need to be around for my grandkids, I'm all they've got.  
*(change talk)*



# Evoking Motivation & Change Talk



- Clinician: You don't want to risk having what happened to your cousin happen to you. And being there for your grandkids is important to you.  
*(reflection to support change talk)*
- Ms. Taylor: Right. I don't want anything bad to happen to me, both for myself and for them. They really need me. *(change talk)*
- Clinician: That is really important to you.  
*(reflection to support change talk)*
- Ms. Taylor: Yes, of course it is.

# Evoking Motivation & Change Talk



- Clinician: What would it take to make losing weight just a little bit of a higher priority for you, say to go from 7 to 8?  
*(open question, elicits next steps)*
- Ms. Taylor: You know, I can lose a little weight but then I gain it right back, that's the problem. That's really discouraging, you know? What's the use if I'm just going to regain it in no time?  
*(barrier, sustain talk)*

# Evoking Motivation & Change Talk



- Clinician: You're feeling frustrated because you're able to lose weight, but then you regain it. At the same time, you've got very powerful reasons to get to a healthier weight, for yourself and your grandkids.

***(double-sided reflection)***

- Ms. Taylor: Right. I need a way to keep the weight from coming back. Something that works and is practical too. ***(change talk)***

# Evoking Motivation, Change Talk & Collaboration



- Clinician: Fortunately, there are practical ways to lose weight and maintain the weight loss. Is that something you would like to work on together? (***collaboration***)
- Ms. Taylor: Definitely. I would like to work on this with you.

# Re-Cap



- Open the door and request permission to discuss the topic
- If receptive, ask a scaling question (0-10) to assess importance (*elicits motivation*)
- Listen and reflect the patient's response (*supports change talk*)
- Ask about increasing importance by one point on the scale (*elicits a next step*)
- Listen and reflect the patient's response (*supports change talk*)
- Ask if next step is something the patient would like to work on with you (*collaborate*)

# Resources



- Motivational Interviewing links and resources:

## **Books:**

Miller WR, Rollnick S. (2013). Motivational Interviewing: Helping People Change, Third Edition. New York: The Guilford Press.

Rollnick S, Miller WR, Butler CC. (2008). Motivational Interviewing in Health Care: Helping Patients Change. New York: The Guilford Press.

## **Learning resources and tools:**

<https://motivationalinterviewing.org/motivational-interviewing-resources>

<https://www.integration.samhsa.gov/clinical-practice/motivational-interviewing#resources>

<https://health.mo.gov/living/healthcondiseases/chronic/wisewoman/pdf/MIRollingwithResistance.pdf>



Thank you!

Questions/Discussion