

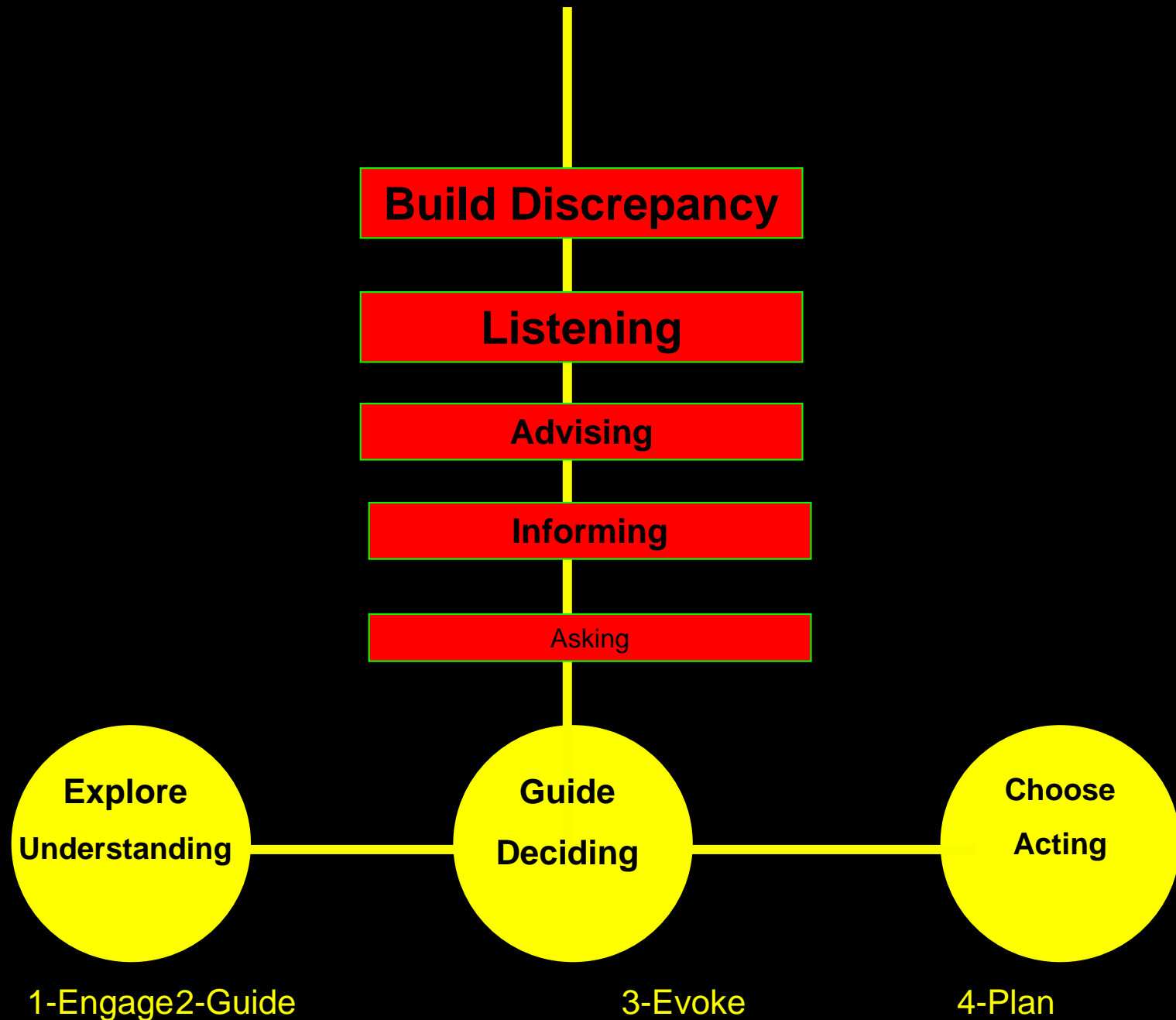
4 Processes

1-Engage

2-Guide

3-Evoke

4-Plan



Three Phases of Consultation

WHY

- **Explore (WHAT/WHY/WHY NOT)**
 - **COMFORT THE AFFLICTED**
 - Build Initial rapport & Express Empathy
 - Drain the swamp of negativity
 - Obtain a history
 - Collaborative agenda setting
 - Explore pros, cons, hopes and fears (*Reasons*)

WHY

- **Guide (IF)**
 - **AFFLICT THE COMFORTBLE**
 - Build Motivation & Discrepancy
 - Elicit change talk
 - 0-10 Readiness Rulers
 - Importance (*Reasons/Desire/Need*)
 - Confidence (*Ability*)
 - Values Clarification (*Desire & Need*)
 - Strengths (Ability)
 - Do Summary with Sandwich
 - SPIN THE BALLS
 - Where does that leave you?
 - *Obtain COMMITMENT*
 - Move toward a behavior decision

HOW

- **Choose (if a decision/commitment has been made) (WHEN/HOW)**
 - *Taking STEPS*
 - Establish a Goal
 - Provide Menu of Options
 - Set an Action Plan
 - Overcome/anticipate barriers
 - Make a contract & Discuss follow up

BMI² Behavioral Model



“Weight Loss at Any Cost”

Calorie Goal/Calorie Tracking

Prescription

“Diet”

Meal Replacements

OK, so what are we doing?



BMI² Behavioral Model

- Free Living “In Vivo” Behavior Change
- Discrete Diet and Activity Behaviors
 - ✓ Set Quantitative Goals
 - ✓ Tackle 1 or 2 at a time
- Collaboratively Determine Target Areas
- Mindful Eating: Awareness of Hunger/Fullness
- Encourage “trying”
- Family meals great way to try new foods
- New food preferences take time; usually > 1 exposure
- Involve Kids in Choice, Purchase, Preparation



Behavioral Therapy 101

- Substitution
- Moderation
- Abstinence

As Indicated....

- **Frozen Entrees**
- **Calorie Goal**
- **Structured External Program**
- **By all means, Packaged Snacks:** Nuts, Seeds, Dried Fruit, Energy Bars (most)



BMI2+ Targets

- ❖ Snack Foods
- ❖ Sweetened Beverages
- ❖ Eating Out/Carry Out
- ❖ Serving Size
- ❖ Whole Grains
- ❖ Fruits
- ❖ Vegetables
- ❖ Sweets/Desserts
- ❖ Screen Time
- ❖ Video Games
- ❖ Physical activity



Report Card

[View My Parents](#)[View All Parents](#)[My Calendar](#)[Resources](#)[My Evals](#)

Hi, RD Delacroix.

[My Account](#)[Log Out](#)

Emme Delacroix

None,
EDT

PARENT INTERACTION

[Current Call](#)[Call Protocol Log](#)[Past Calls](#)[Survey Results](#)[Text Message History](#)[Fax History List](#)

ADMINISTRATIVE

[Contact and Info](#)[Baseline and Consent](#)[Flag for Admin Attention](#)

Baseline:

Parent Self-Assessment of Current Eating and Exercise

BEHAVIOR	A	B	C	D	F
Snack foods					
Drinking sweetened beverages					
Eating out/carry out dinners					
Eating fruits					
Eating vegetables					
Watching TV/screen time					
Playing video games/Internet					
Physical activity/exercise					
Sweets/desserts					

Interpreting the Parent Q

1) Reinforce positive behavior (s)

GREEN/YELLOW

2) Note areas of “possible improvement”

YELLOW/RED

3) Ask parent:

Where should we start?

Where is the best chance for change?

4) Generally 1-2 Behaviors at a time

Agenda Setting

- With Parent Screener...
- ***Paramatized Choice:*** In our remaining time today, I was wondering if we could talk about your daughter's weight. I can see from your survey that your family is doing real well with screen time and family meals....however, I see that Keisha is drinking 2-3 glasses of soda a day and you don't feel she is getting enough exercise...which of these, might we want to talk about..

Behavior Change: The core dialectic

ACT our way into a new way of THINKING

Vs.

THINK our way into a new way of ACTING

Behavior Change: The core dialectic

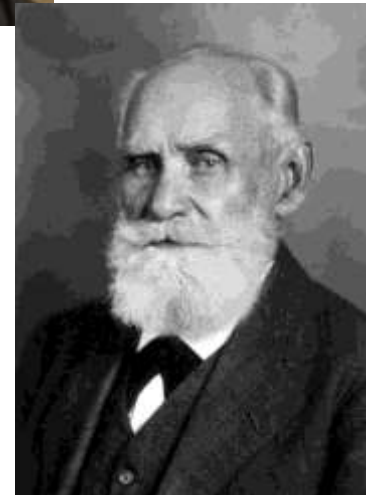
ACT our way into a new way of THINKING

vs.

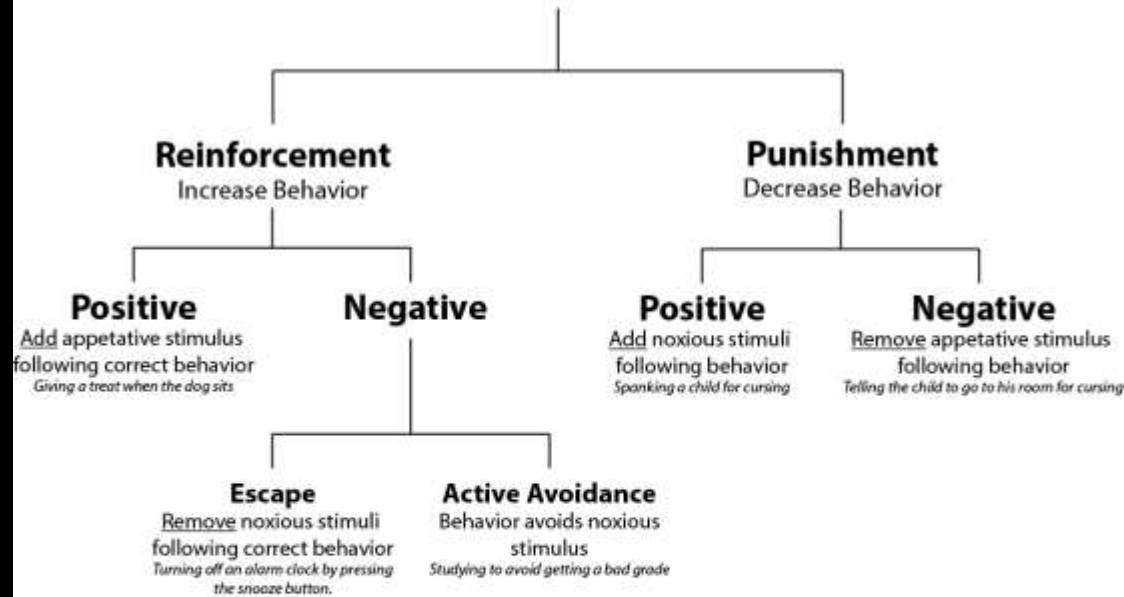
THINK our way into a new way of ACTING

Learning Theories (ACT)

- Operant Conditioning
 - BF Skinner
 - ABCs
 - Reward Punishment
 - Free will illusionary
 - Action Required
- Classical Conditioning
 - Pavlov
 - UCS-UCR
 - Passive Pairing



Operant Conditioning



Positive presence of a stimulus

Negative absense of a stimulus

Reinforcement increases behavior

Punishment decreases behavior

Escape removes a stimulus

Avoidance prevents a stimulus

Skinner Begat Behavior Therapy

ABCs of Behavior Change

Antecedent is the cue, signal or condition that influence the occurrence of the behavior...basically it is what happens right before the behavior occurs.

Behavior: An observable act that a person does.

Consequence: The outcome and/or feedback that occurs immediately following the behavior.

CORE BT STRATEGIES

- Functional Analysis
- Self Monitoring and Feedback
- Goal Setting
- Contingency Management (reward); INCENTIVES

Behavior Therapy: BMI²

Behavioral

- Diary Keeping/Map A-B-C
 - Set Goals for child and family
 - Have F & V around/Don't buy Junk
 - Reinforcement for Effort/Outcomes
-
- Order Salad at Wendy's (Sub)
 - Limit Screen Time to 1 hr a day (Mod)
 - Limit Soda/SSB to 1 per day (Mod)
 - Order apple fries (Sub)

Goal Setting

- Small goals build efficacy, persistence and commitment
- Any change is positive

Rewards

- Do not use food as reward
- Hugs and attention can work as much as monetary rewards
- Where possible, reward effort not only outcome
 - ❖ Trying new food
 - ❖ Trying exercise
- Tangible rewards time limited

BMI² Diaries

- SSB Beverages
- Unhealthy Snacks
- Dining out
- Fruits
- Vegetables
- Whole Grains
- TV
- Activity
- Sweets

Diary keeping Self-Monitoring

- Optional Strategy
 - Autonomy support
 - Offered as option during action phase
 - Helpful to quantify if amount unknown
- Parents choose how long to monitor
- Linked to Goal
- Possibly linked to rewards

Diaries

Sugar Sweetened Drinks Diary



Keep a record of the number of sweetened drinks your child has each day.

Write any comments in the final column. These may include reasons you feel you and your child didn't meet your goal, or how you both feel about your progress.

CURRENT AMOUNT	NUMBER	GOAL	My child, _____
	glasses of		will increase/decrease _____
	DRINK		by _____
	GLASS		each day.

Day	Circle the number of drinks your child had	MET GOAL?	Comments
Monday	       	<input checked="" type="checkbox"/>	
Tuesday	       	<input checked="" type="checkbox"/>	
Wednesday	       	<input checked="" type="checkbox"/>	
Thursday	       	<input checked="" type="checkbox"/>	
Friday	       	<input checked="" type="checkbox"/>	
Saturday	       	<input checked="" type="checkbox"/>	
Sunday	       	<input checked="" type="checkbox"/>	













Whole Grain Diary



Keep a record of the number of whole grain servings your child has each day.

Write any comments in the final column. These may include how you feel you're doing, or whole grains that your child enjoyed.

CURRENT AMOUNT	NUMBER	GOAL	My child, _____
	servings of whole grain each day		will eat _____
			servings of whole grain each day.

Day	Circle the icon for each whole grain serving your child eats	Total #	Comments
Monday	       		
Tuesday	       		
Wednesday	       		
Thursday	       		
Friday	       		
Saturday	       		
Sunday	       		

Sugar Sweetened Drinks Diary

Keep a record of the number of sweetened drinks your child has each day.

Write any comments in the final column. These may include reasons you feel you and your child didn't meet your goal, or how you both feel about your progress.

CU R E A T M E N T	NUMBER	GO A L	My child,
	glasses of		NAME
	DRINK		will increase/decrease
			DRINK
			by
			ch day.
			GLASSES

Day	Circle the number of drinks your child had	Total #	Comments
Monday	       		
Tuesday	       		
Wednesday	       		
Thursday	       		
Friday	       		
Saturday	       		
Sunday	       		

Exercise Diary

Keep a record of the length of time and type of exercise (any kind of movement— like riding a bike, playing, walking, doing sports, dancing) your child does this week. Write any comments in the final column. These may include reasons you feel you and your child didn't meet the goal, or how you both feel about your progress.

CURRENT

NUMBER
minutes of

ACTIVITY

GOAL

My child,

NAME

will exercise

MINUTES

each day this week.

Day	Activity and/or Type of Exercise	How long? (minutes)	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Dining Out Diary

Keep a record of the total number of times your child dines out (including fast food) this week.

Write any comments in the final column. These may include reasons you feel you and your child didn't meet the goal, or how you both feel about your progress.

CURRENT AMOUNT		GOAL	My child,
	NUMBER times each week		NAME _____
			will dine out NUMBER times this week.

























































Day	How many times?	What did your child eat?	Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Whole Grain Diary

Keep a record of the number of whole grain servings your child has each day.

Write any comments in the final column. These may include how you feel you're doing, or whole grains that your child enjoyed.

CURRENT AMOUNT	NUMBER	GOAL	My child,
	servings of whole grain each day		NAME
			will eat
			NUMBER
			servings of whole grain each day.

























































Day	Circle the icon for each whole grain serving your child eats	Total #	Comments
Monday	       		
Tuesday	       		
Wednesday	       		
Thursday	       		
Friday	       		
Saturday	       		
Sunday	       		

Fruits Diary

Keep a record of the number of fruit servings your child has each day.

Write any comments in the final column. These may include reasons you feel you and your child didn't meet your goal, or how you both feel about your progress.

CURRENT AMOUNT	NUMBER	GOAL	My child,
	servings of fruit each day		NAME
	will eat		NUMBER
			servings of fruit each day.

























































Day	Circle the icon for each serving of fruit your child eats	Total #	Comments
Monday	       		
Tuesday	       		
Wednesday	       		
Thursday	       		
Friday	       		
Saturday	       		
Sunday	       		

Vegetables Diary

Keep a record of the number of vegetable servings your child has each day.

Write any comments in the final column. These may include reasons you feel you and your child didn't meet your goal, or how you both feel about your progress.

CURRENT AMOUNT	NUMBER	GOAL	My child,
	servings of vegetables each day		NAME
			will eat
			NUMBER
			servings of vegetables each day.

Day	Circle the icon for each serving of veggies your child eats	Total #	Comments
Monday	       		
Tuesday	       		
Wednesday	       		
Thursday	       		
Friday	       		
Saturday	       		
Sunday	       		

TV & Screen Time Diary

























































Keep a record of your child's screentime this week.

In the final column, you may want to write down which programs your child watches, or comments about when you found the goal difficult or easier to reach.

CURRENT AMOUNT	NUMBER	GOAL	My child,
	minutes of TV and/or screen time each day		NAME
			will watch
			NUMBER
			minutes of TV and/or screen time each day.

Day	Circle the icon for each 30-minute TV & screen time block	Total #	Comments
Monday	       		
Tuesday	       		
Wednesday	       		
Thursday	       		
Friday	       		
Saturday	       		
Sunday	       		

In the final column, you may want to write down which games your child plays, or comments about when you found the goal difficult or easier to reach.

Day	Circle the icon for each 30-min game/Internet time block	Total #	Comments
Monday	<div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div> 		
Tuesday	<div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div> 		
Wednesday	<div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div> 		
Thursday	<div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div> 		
Friday	<div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div> 		
Saturday	<div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div> 		
Sunday	<div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div>  <div>30</div> 		

Sweets & Desserts Diary

Keep a record of the number of sweets and desserts your child eats this week.

Write any comments in the final column. These may include how you feel you are doing and/or healthy substitutions your child enjoyed.

CURRENT MONTH	NUMBER	GOAL	My child,
	of		NAME
	UNITS (BAGS, SLICES, ETC.)		will have _____ sweets and/or desserts each day.
	SWEET / DESSERT		NUMBER
			We are going to try to eatless
			SWEET / DESSERT

For each sweet and/or dessert, please write what your child ate and how much

Day	Sweet 1	Sweet 2	Sweet 3	Sweet 4	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Unhealthy Snack Diary

Keep a record of the unhealthy snacks your child eats every day.

Write any comments in the final column. These may include reasons you feel you and your child didn't meet the goal, or how you both feel about your progress.

CU RE NT A M O	NUMBER	GO AL	My child,
	of		NAME
	UNITS (BAGS, CUPS, ETC.)		will have _____ snacks each day.
	UNHEALTHY SNACK		NUMBER
			We are going to try to eatless
			UNHEALTHY SNACK

For each unhealthy snack, please write what your child ate and how much

Day	Snack 1	Snack 2	Snack 3	Snack 4	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Cognitive Therapy 101

(think differently)

- Thought Stopping
- Cognitive Replacement
 - All or nothing
 - Musterbating
 - Worsting
 - Exaggerating negative consequences
 - Giving Credit
 - Anticipating Lapse
 - Confidence Building

BMI2

Cognitive Options for Change

- Abstinence violation syndrome/Not All or Nothing
- Giving Credit/Even for Effort
- Counting small changes
- Craving/discomfort will pass
- You can deal with it
- Taking actions gives you a sense of control
- Giving it your best shot

Autonomy Support: You to Parent

- Shared agenda setting
- Do not pressure change
- Provide “escape hatch”
- Parent Choice about
 - ❖ What to change
 - ❖ How to change
 - ❖ How much change
 - ❖ When
 - ❖ How Monitored
 - ❖ Use of Contingencies

Autonomy Support for Child

- Maximize Kids' Choice
- Involve in the Decision Process

Autonomy Support: Parent to Child

YOU PROVIDE THEY DECIDE

- TV/Screen Time
 - You set limit (can be collaborative)
 - They decide when and how to cash in
- Treats/Sweet Drinks/Fast Food
 - You set limit (can be collaborative)
 - They decide when and how to cash in

Autonomy Support: Parent to Child

YOU PROVIDE THEY DECIDE

- How much to eat
 - Provide “green” and “yellow” foods
- Let them determine seconds & satiety
 - Query “how full are you”
 - Do not encourage, comment, or reward clean plate

Autonomy Support: Parent to Child

YOU PROVIDE THEY DECIDE

- Meal Construction
 - “Chicken or steak” tonight
 - “Pasta or Pizza”
 - “Broccoli or Peas”
- Shopping
 - Brand
 - Which “apple”

Involve/Engage

- Cooking
 - Peel
 - Chop
 - Stir
 - Flip
 - Pour
 - Sprinkle
 - Spice
 - Mix
 - Skewer
- Decorate
- Set Table