

Motivational Interviewing: Teaching Doctors the Skills to Address Childhood Obesity

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One in four children in Ireland are classified as overweight/obese¹. Doctors have a responsibility to address childhood obesity but may find this challenging in practice². Motivational interviewing (MI) is a person-centred communication method demonstrated to be beneficial in childhood obesity treatment³. MI uses counselling methods including empathy, and exploration of intrinsic reasons for change to empower individuals to adopt healthier behaviours⁴. This study explores obstacles to addressing childhood overweight/obesity and evaluates whether a workshop teaching doctors MI skills could help doctors overcome these barriers.

The intervention was a 75-minute face-to-face workshop (prior to the COVID-19 pandemic) delivered by a clinical psychologist (RG) and health development specialist (ES). All paediatric doctors working in Northern Ireland were invited. Participants were taught MI techniques to counsel a family to adopt positive behaviours to support their child achieve a healthier weight. Participants practiced MI skills including asking permission, trying to understand concerns and reflective listening through roleplay. Attendees received pre- and post- intervention questionnaires immediately before and after the workshop. Questionnaires included free text questions, closed-ended questions and 5-point Likert style questions. Questionnaires were designed by AM and TB, checked for validity by RG, ES and AT and piloted for acceptability. Answers were evaluated to identify themes. Likert scale data were compared using a Paired Sign test.

Forty doctors attended. 39 (98%) participated in the study: 17 consultants, 11 registrars, 11 speciality doctors. 39 doctors (100%) "agreed"/ "strongly agreed" that "Doctors have a duty to address childhood obesity with families." 39 doctors (98%) answered "Yes" to: "Do doctors face barriers raising the issue of weight with families of children with obesity?" Examples of barriers offered by participants included lack of time, lack of experience and fear of parental reaction. Pre-intervention 14 doctors (36%) indicated they were "confident" or "very confident" to address obesity with the family of an overweight/obese child.

Post-intervention this increased to 36 doctors (92%) $p < 0.001$. Pre-intervention 26 doctors (67%) indicated that they were “likely” or “very likely” to “address a child’s overweight/obesity if seeing them with another problem”. Post- intervention this increased to 36 doctors (92%) $p < 0.001$. 38 doctors (97%) indicated that their intention to change their clinical practice to incorporate MI techniques.

Paediatric doctors believe they have a duty to advocate for child health and address obesity despite the barriers that exist. This study is a preliminary first step as it measured doctors’ intention to use MI skills to address childhood obesity. Doctors who attended were from a range of different training grades but perhaps represented those more interested in learning about MI skills and/or child obesity. The next step will be surveying participants to understand how often they utilised MI skills in clinical practice, in what settings (face-to-face vs. virtual) and whether they employed MI skills for conditions other than paediatric obesity. Future research should examine the effectiveness of teaching doctors MI skills to address childhood obesity in the longer term and include the views of children and parents as well as quantitative measures such as change in BMI.

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Ethical Approval:

Ethical approval for this study was granted by the research ethics committee, School of Medicine, Dentistry and Biomedical Science, Queens University Belfast.

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