in2action!

MOTIVATIONAL INTERVIEWING TOOLKIT™

Mead Johnson Nutrition™

For more than 50 years, Mead Johnson has been a pioneer in the field of specialized nutrition for inborn errors of metabolism. Today, the company commercializes several metabolic formulas designed for the dietary management of specific conditions, including phenylketonuria, maple syrup urine disease and homocystinuria, among others.

Introduction

As a clinician working with metabolic disorders, you are well equipped with the knowledge of the disorder and the nutritional requirements needed for patients to achieve a healthy life. Patients and caregivers may come to you scared and motivated in the early years of the diagnosis; however, in time they may have other priorities and obstacles that result in dietary indiscretions. Although you express concern and try to persuade patients and caregivers to follow the diet, they are often not compliant.

This toolkit was developed to introduce you to motivational interviewing, a style of counseling that facilitates self-motivation and behavior change. In this toolkit, the spirit and principles of motivational interviewing are explored, key skills are outlined and examples are given on ways to interact with your patients to achieve forward movement in dietary compliance. Tools and forms are provided for you to use with your patients, and a case study is presented to serve as an example of a counseling session.

Information contained in this toolkit has been taken from the work of William Miller and Steven Rollnick, considered the “fathers” of motivational interviewing along with others who have developed tools to assist in teaching motivational interviewing. A reference and resource list is included in this toolkit to help you further develop your MI skills.

Using the Toolkit

This toolkit is a guide of useful tools to help support you in working with patients who will not follow their diet. By using this toolkit, it is hoped that you will:

1. Increase your understanding of motivational interviewing
2. Clarify your role and the patient’s role
3. Recognize counseling traps to avoid
4. Utilize key strategies of motivational interviewing when counseling your patients
5. Improve dietary compliance

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Introduction to Motivational Interviewing

Motivational Interviewing (MI) is a directive, patient-centered counseling style that enhances intrinsic motivation to change by exploring and resolving ambivalence. (1) Originating in the addiction field, MI has been used and written about extensively in the areas of addictions, smoking cessation, weight management, and exercise. It is effective during long counseling sessions and brief office visits across various populations and cultures. (2, 3)

MI is purposeful conversation where you assess the patient's readiness to change and elicit the patient's own arguments for change. MI is a style of communicating and a method of interacting with patients. It is not a set of techniques. MI relies on identifying and mobilizing the patient's intrinsic values and goals to empower behavior change. ***A central goal of MI is to help patients articulate their reasons for changing and in doing so, strengthen their intention to change.***

Motivational interviewing contains four important elements:

- The Spirit of MI
- The Guiding Principles of MI
- Core Skills
- Change Talk

The Spirit of MI

The term "spirit" is used to describe the collaborative counseling style. The clinician and the patient are on equal ground. Although the clinician may be the expert on the disease and in nutrition, the patient is the expert in knowing what is important to him and what he wants to do. In the spirit of MI, you recognize and accept that the patient can and will make his own choices. You accept ambivalence as normal and expected. The counseling session focuses on exploration. Instead of imparting wisdom and insight to the patient, you elicit and draw out these things from the patient. The overall goal is to build intrinsic motivation so that change arises from within rather than being imposed from without.

The Guiding Principles of MI

Your purposeful conversation with your patient is centered on the four MI principles that serve as a guiding framework for choosing techniques, strategies, and skills. The four MI principles include expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy.

Empathy is a very important and essential component of effective counseling. When your patients feel the warmth, care and concern and believe you really hear the content and meaning of what is being said, they are more likely to build an alliance with you. Acceptance facilitates change whereas pressuring patients to change increases resistance. (4)

In understanding your patients' motivation you recognize that motivation comes from within. You cannot motivate or instill motivation in them. In helping patients hear their own motivation, you ***develop discrepancy*** with the patients, and offer back the discrepancy between their present behavior and what is important to them. You help evoke the patients' own reasons for and against change while resisting coercion.

The *righting reflex* is a term used to describe the tendency to try to actively fix others problems, which reduces the likelihood of change. Since patients are naturally ambivalent, there are times when they do not view change as necessary or possible. There may be barriers associated with change including fear and uncertainty, change in relationships, or time demands, which keep the patient arguing for not changing. Arguing for change increases resistance, which is a predictor of poor outcomes. Arguing for change, assuming the expert role, criticizing, shaming, blaming, labeling or being in too much of a hurry increases resistance. You can recognize resistance through your patients' body language or tone in responding to your questions. When resistance is recognized, the goal is for you to change direction or ***roll with resistance***. For example, if you asked your patient to measure his food and he comments back "you want me to measure everything," you might respond with "I just realized I pushed measuring your food on you without asking your thoughts about measuring. What are your thoughts about weighing and measuring your food?"

People are not resistant to change. They resist being changed.

Sometimes circumstances are such that your patient does not believe he can change. Empowering your patient involves ***supporting self-efficacy***. Reflect back to the patient's positive comments that validate the "can do." It is important to actively communicate hope to your patients.

The solutions lie within your patients.

Core Skills

The core skills of MI are the tools that build rapport with patients, explore concerns and express empathy. These skills are described by the acronym OARS: open-ended questions, affirmations, reflective listening and summarizing. OARS are the asking and listening skills used strategically and purposefully to address and explore topics that can move a patient toward change.

Appropriate ***asking and listening*** establishes rapport, elicits what is important to the person and helps set the agenda for the session. ***Open-ended questions*** include beginning words such as what, how and why. "What are the next steps you want to take?" "How important is this change for you?" and "What are your thoughts of my explanation of what happens when you go off diet?" are a few examples of open-ended questions that are purposeful in eliciting change talk. Several examples of open-ended questions are included throughout this toolkit.

Affirmations show empathy and validate the patient's thoughts and feelings. For example, a patient that describes her cooking can be affirmed by stating "You sound like a very good cook."

Reflective listening shows you are listening and is used to check rather than assume you know what the patient means. Reflective listening is a primary skill on which MI is built. Reflections sustain the forward momentum. They are categorized as simple and complex reflections. Simple reflections are simply repeating or rephrasing what the person said. For example, your patient states, "I don't believe following this diet will make any difference." You reflect back, " So you don't think that this diet will help you feel any better." Notice that reflections are statements, not questions. Complex reflections infer the patient's meaning or feeling. Using the same example above, you might say, "I can sense that you don't want me to try to convince you that following the diet will help." From this reflection, the patient can provide you with additional information that moves the conversation forward. Some examples of how to begin reflective listening statements include:

So, you're saying…

So, you're feeling…

So, you are wondering…

It sounds like you…

In ***summarizing***, you organize what the patient has said. Your goal is to move the person forward by capturing the discrepancy that helps elicit change talk. For example, after a short dialogue with the patient about compliance with the diet you say, "You don't mind following your diet at home and enjoy and are proud of some of the recipes you've developed. However, when you are away from home, you fear your friends might ridicule you for eating different foods."

Table 1: Use of OARS in Motivational Interviewing

O	**Ask open-ended questions**	• Cannot be answered with a "yes" or "no" • Elicits person's thoughts and feelings • Encourages person to do all of the talking	Example: "What are your thoughts about following your diet?"
A	**Affirm Patient**	• Supports and promotes the person's sense of self-efficacy • Acknowledges difficulties of change • Validates thoughts and feelings	Example: "I appreciate your honesty in telling me your concerns about following the diet.
R	**Listen Reflectively**	• Rephrase the person's statement to reflect what you think you heard • State back what you think the person meant	Example: "Your friends give you looks when you are eating lunch." (Simple) "You worry that your friends think you are weird." (Complex)
S	**Summarize**	• Rephrase the dialogue's content and meaning noting points of ambiguity	Example: "So what I am hearing you say is that you really have no problems following your diet at home and are proud of the recipes you've created but your friends don't appreciate the importance of the diet and think the foods you eat are weird so you struggle following the diet when you are with them."

Change Talk

Change talk refers to the patient's mention and discussion of his ***desire, ability, reason*** and ***need to change*** (referred to by the acronym DARN) leading to a commitment to change and taking steps to change. In listening for change talk, you are listening for the words used by your patient that indicates positive movement in readiness to change. In using MI, you selectively ask questions that increase the probability of change talk.

Table 2: Change Talk

Type of Change Talk	Guiding Question	Cues of Change Talk
Desire	"What would make you want to follow your diet?"	"I want to.." "I wish..."
Ability	"How might you go about following your diet when eating out?"	"I can…" "I might…"
Reasons	"How might you benefit from following your diet?"	"I would feel better…"
Need	"How important is it for you to follow your diet?"	"I have to…" "It is really important to me that I…"
Commitment	"What do you see as your first step?"	"I will…" "I am going to" "I intend to" "I plan to"
Taking Steps	"What are ways you are following your diet?"	"I started…"

Sometimes you will hear preparatory change talk, such as:

- "I wish things were different"
- "I am hoping things will change"
- "I know what I have to do; I just need to do it."
- "Maybe I would feel better if I stayed on my diet."
- "I know I am hurting myself by not staying on my diet."

To ***elicit change talk***, you might:

- **Ask evocative questions (Table 2)**
  - "How important is it for you to make this change?"
- **Ask for elaboration**, which can be asked as a hypothetical question
  - "How would you change your diet if you decided to change?"
  - "In what ways could you follow your diet when eating out?"
- **Ask for examples**
  - "What were ways you stayed on your diet at a younger age when you were with your friends?"
  - "When was the last time you followed your diet?"
  - "Can you give me an example of how you feel different when you are/are not following the diet?"
  - "What else?"
- **Use extremes.** This approach uses the patient's worst or best-imagined outcomes if the behavior continued.
  - "What do you think would be the worst thing that would happen if you didn't follow the diet?"
  - "What do you think would be the best thing that would happen if you did follow your diet?"
- **Look back:** This technique asks the patient to remember things before going off of the diet and then contrast how things are now.
  - "What was different when you were strictly following your diet?"
  - "How were things better/different before the concern about what your friends would think?"
- **Look forward:** This technique asks the patient how things might look in the future. This technique is helpful when the patient recognizes some concerns but, doesn't see them as important.
  - "If you were successful in following your diet, what would be different?"
  - "How would you like to see your life in 5 years?"
- **Explore goals.** This technique explores how the behavior fits in with the values and goals important to the patient.
  - "How does not following your diet fit with your goals to have children?"

- **Use the position ruler:** This method combines an assessment of readiness with techniques designed to elicit change talk.
  - "On a scale of one to ten, where one is not at all important and ten is very important, how important is it for you to follow your diet?"
- **Elicit problem recognition:**
  - "What problems have arisen from not following your diet?"
  - "In what ways does this concern you?"
  - "How would you like things to be different?"
- **Elicit concern:**
  - "What would need to happen for you to follow your diet?"
  - "I see you are feeling unsure. What would make you more positive about following your diet?"
- **Elicit optimism:**
  - "What do you think would work for you if you decided to follow your diet when you are with your friends?"
  - "How would things be different for you if you followed your diet?"

Once you hear change talk, it is important to appropriately respond. You respond by further exploring what the patient said which might be as simple as stating, "Tell me more about that." Continuing to reflect and using open ended questions guides the patient in a forward direction. Some examples include:

- "So, given all of this, what do you think you will do next?"
- "So, what would be your next step?"
- "What, if anything, will you do now?"

Along with using words that convey desire, ability, reasons and/or need to change, you can recognize signs of commitment to change when your patient:

- States a vision of the future including a behavior change central to it
- Displays confidence of his own strengths to overcome barriers
- Describes small steps toward change

Information Sharing and Giving Advice

Informing, as used in MI, includes telling what has happened, explaining what is going to happen, clarifying what something means, sharing evidence, and teaching. Information is given at a time when the patient

is ready to hear it and after you have asked permission to give it. Information given prematurely or moving too fast to give information can increase the patient's resistance and result in a backwards movement in readiness to change.

A successful method useful for sharing information is the ***elicit, provide, elicit*** approach. (5) This method starts by asking the patient what they already know about an area of interest. Then the clinician can ask permission to "tell more" followed by asking the patient for his view on what was just offered. For example:

> "You mentioned wanting to stay on your diet and not wanting to feel different when you are with your friends. I have some ideas. Can I share them with you?"

You discuss your ideas and then ask:

> "What do you think about these options?" The patient either likes one or more ideas or states why they won't work which provides you with more information on barriers. Once barriers are identified, you can then ask more questions to better understand those barriers.

When informing, it is important to ask permission to provide one idea or several options. You might share with the patient what worked for other patients in similar situations. Or, you might provide factual information about the consequences of not following the diet.

Understanding Stages of Change

The Transtheoretical or Stage of Change Model introduced by Prochaska and DiClemente is most closely associated with MI. (6,7) Both MI and the Stages of Change Model are based on the following premises:

- Ambivalence about change is normal
- Change is often nonlinear
- Readiness to change is not static

How the skills and principles of MI will be used varies according to how ready someone is to change. Stages include: precontemplation, contemplation, preparation, action, and maintenance/lapse.

Precontemplation

At this stage, change is not being considered. Either the person does not want to change or believes he can't change.

> **Motivational Approaches:**
> In this stage, the MI approach aims to gradually initiate the consideration of change. Empathy, reflective listening and summarizing are key skills used. Someone who is reluctant to change from a lack of knowledge may benefit from information (given with permission).

Contemplation

In this stage, the person sees some advantages of changing but also sees the advantages of not changing. There are costs and benefits of both changing and not changing. This ambivalence leads to the patient doing nothing.

> **Motivational Approach:**
> In this stage, the MI approach helps the individual explore and resolve ambivalence without trying to impose change. At contemplation, all of the key motivational principles and skills are used. Listen to the barriers to change without judgment and help to elicit the reasons for and confidence to change.

Preparation

In this stage, the patient states a decision to change. This stage can be identified by change talk. For example, hearing the patient say, "I want to change," "I can change" "I will start," and "I am ready to.."

> **Motivational Approach:**
> In this stage, the MI approach is to nurture the voice of change by listening and affirming. Revisiting the values and goals indentified is helpful as is reinforcing self-efficacy. In this stage it is important to resist rushing into action planning too quickly. Ideas for change are given by the person or offered by the counselor (with permission).

Action

In this stage, the patient has taken steps toward change.

> **Motivational Approach**
> In this stage, assisting the patient in overcoming barriers is most helpful. Reinforcement and encouragement are used, as well as asking permission to offer ideas or providing assistance obtaining formula if needed.

Maintenance/Lapse

In this stage, change has been occurring for a period of time, usually six months or more. A lapse can be a normal part of the change cycle.

> **Motivational Approach**
> While someone is maintaining a change, a motivational approach is to affirm progress and build confidence, identify risky situations/red flags, and develop new skills. When a lapse occurs, the motivational approach affirms the disappointment, anger, and guilt that the person might feel and returns them to contemplation to re-establish optimism.

Table 3: Matching Strategies to Stages of Change

Stage of Change	Helpful Strategy	Unhelpful Strategy
Precontemplation	• Develop rapport • Reflective listening • Provide new information if asked • Explore reasons not to change and if any reasons to change	• Talk the patient into change • Argue for change • Make a judgment about not changing • Use authority to insist on change • Provide advice
Contemplation	• Develop rapport • Reflective listening • Explore the ambivalence • Explore values • Explore confidence • Identify barriers to change	• Work only with the positives and drop the negatives for change • Provide advice
Preparation	• Reflective listening • Explore confidence to change • Ask permission to provide information • Identify barriers • Identify who will be supportive to help	• Push action • Assume ambivalence is gone • Solve problems for the patient
Action	• Reflective listening • Monitor and affirm small steps • Ask permission to provide information • Explore upcoming obstacles	• Assume the problem is solved • Provide more solutions
Maintenance/ Lapse	• Reflective listening • Help with new skills • Assist with identifying obstacles	• Discontinue seeing the patient • Label a lapse as failure • Give unwanted advice • Lecture or blame

Focusing on Difficult Topics

When laboratory values or information obtained from others suggest that your patient has not been following his diet, how do you begin the discussion with your patient who doesn't even want to be there? The following strategies can help you stay on task and on time. (8)

Agenda Setting

The goal of agenda setting is to provide session focus. Identify one or two topics for the session focus.

> "We have about 15 minutes together today. I have a couple of things I wanted to talk to you about but also want to make sure we cover your concerns as well. How can I be helpful to you today?"

In determining the topic for discussion, you might want to make a list of topics to discuss and provide a visual menu for the patient to help the patient see topics as individual specific behaviors. The list could have some blanks on the bottom if the patient wishes to discuss a topic not listed. After a selection, you can ask to insert your agenda such as, "and if okay with you, I'd also like to discuss eating at summer camp."

At times you might find that a patient drifts away from the session topic. When you have little time for a session, you can point out that this topic different than the focus of the session and provide the patient the choice to change the session focus or discuss the new topic at the next session.

A Typical Day

This is a common strategy for dietitians who are accustomed to dietary recall. Instead of just a food recall, this strategy asks the patient to take you through his day from the time he woke up until the time he went to bed at night, and can enable you to identify any barriers to following his diet. If the day is without issues, you might prompt the patient to describe days that aren't so easy such as:

> "What happens when your mom works late?"
>
> "What happens when you get asked to have dinner at your friend's home?"

Focusing on days that go well can help you facilitate your patient's strengths in complying with the diet.

Normalizing the Behavior

With this approach, you ask a question in a way that limits resistance. For example,

> "High school is a time when teens tend to go off diet. How about you? Tell me when you first went off the diet?"

In this approach, it is important that you are using the skill of expressing empathy so that the patient feels comfortable talking without feeling judged.

Offering a Concern

This approach is used when there is no easy way to bring up the subject. Using OARS skills, you might say,

> "I'm concerned that you are no longer following your diet, yet want to get pregnant soon. I know you are very excited and want a healthy baby. My concern is the risk to the baby when your blood levels are high. What do you think about this concern?"

In this example, the concern is made without judgment and uses prior patient statements when possible. Then, there is a statement about the patient's responsibility for choice and change and following the statement, the patient is asked for his or her view.

Negotiating a Plan

Miller and Rollnick (1) suggest four elements in putting together an effective change plan. Rosengren (7) relabeled the four to form the acronym **SOAR**: **S**et goals, sort **O**ptions, **A**rrive at a plan, and **R**eaffirm commitment.

Setting goals—help your patients decide which goals are important to them.

Sorting options—use the elicit, provide, elicit model and ask the patient to brainstorm on ideas.

Arriving at a plan—assist the patient in thinking through the steps of the plan, difficulties they might face, how they might address these difficulties and how they will evaluate if the plan is working.

Reaffirming commitment—use the position ruler (page 33) to ask the patient to rate the importance and confidence in following this plan.

Summary

Motivational interviewing is not a panacea but is useful in counseling your patients. MI has demonstrated efficacy in brief consultations and therefore lends itself well to the brief encounters you have with your metabolic patients. (9)

Table 4: Are You Using Motivational Interviewing?

To Facilitate Motivation	To Reduce Motivation
• Seek empathy • Avoid arguing—Roll with resistance • Support self-efficacy • Affirm • Ask open-ended questions • Reflect and summarize • Elicit change talk • Build rapport • Ask permission	• Confront • Argue for change • Tell the patient what to do • Point out faults • Ask closed ended questions • Persuade • Warn • Threaten • Assume the patient is motivated • Label lapse as failure

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Websites Resources

www.motivationalinterview.net:
Considered by many the best website on MI, this site contains valuable information and additional tools and resources for learning more about MI.

www.stephenrollnick.com:
The website of the “father” of MI, Stephen Rollnick.

www.motivationalinterview.com:
Website of the Center for Motivation and Change

TOOLS & WORKSHEETS

Tools to Use in Motivational Interviewing

The following tools can be useful in sessions to help assess readiness to change and assist with movement toward change.

In conducting a nutrition assessment, you will gather data on the medical, clinical, psychological, economic, functional and behavioral factors along with motivation and readiness to change. The following templates and forms may help you gather data on motivation and readiness to change and better understand the factors that affect dietary compliance.

1. *Nutrition Questionnaire (pages 22-24)*
   This form can be sent to the patient ahead of time, completed while in the waiting room, or discussed during the appointment (time permitting). This form helps the patient think about his/her situations that affect dietary compliance, and allows the patient to write down what he/she might not be able to say verbally for fear of negative feedback.
2. *Guide for Matching Stage of Change with Strategy (page 25)*
   This form is used to summarize the patient's current thinking about following his/her diet so that you can identify the stage of change the patient based on the answers provided on the Nutrition Questionnaire. Use the Stages of Change Table to determine the most effective strategies, tools to use and questions to ask your patient.
3. *Strategies Corresponding to Stages of Change (pages 26-27)*
   Once the patient's stage of change has been identified, this form will assist you in developing a strategy to use when counseling the patient.
4. *The Barriers Assessment (page 28)*
   This cover sheet may be useful as a front page for your patient records. It provides a snapshot of the patient's lifestyle factors that influence motivation, readiness to change and compliance.
5. *The Barriers Assessment Summary (page 29)*
   This form allows you to summarize the readiness and barriers portion of your assessment in order for you to develop a plan for working with the patient.

Pocket Guide to Using Motivational Interviewing (pages 30-31)

This table can help identify strategies, questions to ask and tools to use based on patient responses on the Readiness and Barriers Form.

Decisional Balance (page 32)

TOOLS & WORKSHEETS

This tool is often helpful in the precontemplation and contemplation stage of change. You will gain insight into what the patient perceives as the advantages and disadvantages of change by giving the patient a sheet of paper and asking him/her to list the pros on one side and cons on the other side. Ask what the patient feels are the pros and cons of not following the diet and the pros and cons of following the diet. Knowing these reasons helps you with your next set of questions and reflections. In summarizing, a useful question that will elicit more information is to ask, “Where does this leave you now?” Other “what’s next” questions include, “What do you make of all this?” and “What would you like to do from here?”

Position Ruler (page 33)

The position ruler is useful to gage your patient’s perception of the diet’s importance as well as his/her readiness and confidence to follow the diet. Ask your patient: “On a scale of one to ten, where one is not at all ready to follow the diet and ten is I am ready to do whatever it takes to follow the diet, how would you rate the importance for you to change?” Once you are given a number, ask the reason that this number was given. This answer will give you the priority level of importance they assign to the change. Then, ask why the patient did not choose a lower number (assuming the number was not one) and why not a higher number. Finally, you can gently guide change by asking, “What would it take to move one or two numbers up on the ruler?” Once complete, summarize what you believe you heard. Repeat these same questions asking the patient about his/her confidence in changing behavior. The confidence questioning provides greater clarity about perceived barriers to change and the patient’s self-efficacy.

Identifying Barriers Worksheet (page 34)

During this activity, you can isolate the particular social, situational, nutritional and mental barriers that contribute to the patient not following his diet. With this understanding you can reflect and ask further questions to facilitate forward movement in dietary compliance.

Overcoming Barriers Worksheet (page 35)

This activity is an extension of the identifying barriers worksheet and is used when the patient is willing to consider options for change.

Preparation Phase Tips Worksheet (page 36)

Although the patient may seem ready to change when they are in the preparation stage of change, he needs to experience success in order to increase confidence and self-efficacy. It is important to move forward with this activity when the patient is willing to change.

TOOLS & WORKSHEETS

Goal Setting (page 37)

Goal setting is best used in the preparation and action stage of change. Goals are more achievable when they are behavioral and under the patient’s control. For example, when the patient states that she will weigh her food each day, you first ask how important it is for the patient to weigh her food (using the importance ruler). Next you would assess the barriers to weighing food and determine which barriers can be overcome. Then you would proceed to guide the person in setting specific, measurable, action-oriented and forgiving goals.

Action Stage Strategies Worksheet (page 38)

Motivational Interviewing works with each stage of change, including when the patient is in the action or maintenance stage of change. Using reflections and open-ended questions, you elicit how the patient will handle high risk situations.

Red Flags Strategy Worksheet (page 39)

In motivational interviewing, you facilitate identifying the red flags that lead to going off the diet. Ask the patient if you can discuss the concept of red flags. Using this handout, ask the patient to think about, check and identify his red flags. Once identified, ask the patient what he will do if he notices a red flag and what actions he will take if he begins to go off diet.

Reducing Resistance: Hypothetical Change, Past Successes and Personal Strengths (page 40)

This form provides examples of using hypotheticals, past successes, and personal strengths to help reduce resistance often felt when the patient feels he won’t or can’t make a change.

Sample Beginnings, Middles and Endings (page 41)

This form contains some questions used at the beginning, middle and end of sessions that reinforce the MI style of counseling and elicits information to help you better understand your patient’s motivators and barriers.

A Caregivers Guide to Motivational Interviewing (page 42)

This table provides guidance for you to help the patient’s caregiver. Based on the patient’s stage of change, provide the caregiver with advice on what can be done at home to encourage dietary compliance.

Nutrition Questionnaire (1 of 3)

Name: _____

Date: _____ Date of birth: _____

Please Answer the Following Questions

Place a check mark in the column that best describes how you would rate following your diet since your last appointment

	Better	Worse	Same	Comments
Food intake				
Formula intake				
Physical Activity				
Fluid intake				
Are you taking your prescribed amount of formula ___yes ___no				
What would help you the most this visit?				

Based on your current thinking, check all that apply:

__ I need some help making it easier to follow my diet.
__ I know I should follow my diet but it is hard.
__ I am not following my diet and don't care to change.
__ I eat whatever I want and I don't use formula.
__ I feel okay so I am probably okay not being strict with my diet.
__ If I start feeling bad, I will go back on my diet.
__ I know I should follow my diet but I don't want to feel different from others.
__ I'd be able to follow my diet if we didn't eat out so much.
__ I'd be able to follow my diet if my family ate what I have to eat.
__ I want to follow my diet and need help on how to not go off my diet when I am with my friends.
__ I'd be able to follow my diet if we could afford to buy more of the food I should eat.
__ I do follow my diet most of the time.
__ I don't follow my diet when I can get away with it.
__ I have been following my diet without a problem for over 6 months now.
__ I tell my healthcare providers I follow my diet when I really don't.

Nutrition Questionnaire (2 of 3)

Check what has helped you the most in following your diet:

- ☐ Eating at home
- ☐ Having someone prepare my food
- ☐ Having someone pack my food
- ☐ Eating alone
- ☐ Eating with people who understand
- ☐ Having low protein foods readily available
- ☐ Using recipes to help with variety of the formula

List what else helps you follow your diet:

_____

_____

Check what makes it difficult to follow your diet:

- ☐ Eating at home
- ☐ Eating away from home
- ☐ Eating around other people who don't have to worry about their diet
- ☐ Preparing my own food
- ☐ Remembering to take my food with me

List what else makes it difficult for you to follow your diet:

_____

_____

List the foods that are the most difficult for you to avoid or limit?

1.
2.
3.
4.
5.

Mark with an X how important it is for you to follow your diet where 1 = not at all important and 10 = very important?

NOT IMPORTANT VERY IMPORTANT

1 2 3 4 5 6 7 8 9 10

Nutrition Questionnaire (3 of 3)

Mark with an X how confident you are to follow your diet when at home 1 = not at all important and 10 = very important?

NOT CONFIDENT — VERY CONFIDENT

1 2 3 4 5 6 7 8 9 10

Mark with an X how confident you are to follow your diet when outside the home such as at school, restaurant, etc.

NOT CONFIDENT — VERY CONFIDENT

1 2 3 4 5 6 7 8 9 10

If without a food record, write out a day of eating when you were following your diet.

Time	Food/Beverage/Formula and Amount

Write out an example of a day of eating when you went off your diet

Time	Food/Beverage/Formula and Amount

Guide for Matching Stage of Change with Strategy

Your patient was asked to check next to the sentence that described his/her current thinking about following his/her diet. In reviewing your assessment form, determine the patient's stage of change.

Precontemplation:

____ I am not following my diet and don't care to change

____ I tell my healthcare providers I follow my diet when I really don't

____ I eat whatever I want and I don't use formula

____ I feel okay so I am probably okay not being strict with my diet

____ If I start feeling bad, I will go back on my diet.

____ I don't follow my diet when I can get away with it.

Contemplation:

____ I know I should follow my diet but I don't want to feel different from others.

____ I'd be able to follow my diet if we didn't eat out so much.

____ I'd be able to follow my diet if my family ate what I have to eat.

____ I know I should follow my diet but it is hard.

____ I'd be able to follow my diet if we could afford to buy more of the food I should eat.

Preparation:

____ I need some help making it easier to follow my diet.

____ I want to follow my diet and need help on how to not go off my diet when I am with my friends.

Action:

____ I do follow my diet most of the time.

Maintenance:

____ I have been following my diet without a problem for over 6 months now.

Table 5: Strategies corresponding to stages of change

Stage of Change	Example	Strategy
Precontemplation	• I am not currently following my diet and don't care to change. I eat whatever I want and I don't use formula • I don't follow my diet when I can get away with it. • I don't need to follow my diet as long as I feel okay	• Ask permission to provide information on how other people have worked through obstacles • Review reasons for and against change to try to find how following the diet will help his/her life. • Determine knowledge deficit
Contemplation	• I know I should follow my diet but I don't want to feel different. • I'd be able to follow my diet if we didn't eat out so much. • I'd be able to follow my diet if my family ate what I had to eat. • I know I should follow my diet but it is hard.	• Ask questions to determine if there are ways to overcome the barriers and help the patient understand the discrepancy between being off diet and what he/she wants to achieve • "How do your headaches interfere with you being with your friends?" • Review reasons for and against change to determine the discrepancy of not following the diet with a longer-term goal
Preparation	• I am following my diet from time to time. I know I should but it is hard. • I need some help making it easier to follow my diet. • I want to follow my diet and need help on how to not go off my diet when I am with my friends.	• Find necessary resources and educate the patient on new foods and recipes. • Roll play taking action
Action	• I am following my diet almost all of the time. I will do what I need to do to stay healthy • It's not so hard to follow my diet.	• Anticipate and plan for potential challenges ◦ holidays ◦ birthday ◦ vacations • Assist with problem solving
Maintenance	• I have been following my diet for at least 6 months now	• Anticipate potential barriers and determine strategies to overcome the barriers that cause lapse ◦ Job/college interview ◦ Forgot to take lunch • Discuss red flags

Barriers Assessment

Date: _____ **Name:** _____

Age: _____ **DOB:** _____ **Sex:** _____

Address: _____

Street

_____

City **State** **Zip**

Patient's Level of Indepence:
___dependent on caregivers
___transitioning to independent decisions
___independent decision making

Relationship of others in household	Age	Health Status	Special Dietary Needs

Insurance _____

Transportation to/from apointment: __car __bus __train __other

Employment of Caregivers **Hours outside home**

_____ _____

_____ _____

What are the known concerns of the patient/ family in helping the patient comply with her/her dietary needs?

__ financial
__ time
__ knowledge & understanding
__ transportation
__ too many obligations
__ lack of interest

Who within the family does the grocery shopping? _____

Who within the family does the cooking? _____

Other Considerations:

_____

_____

_____

_____

Barriers Assessment Summary

Today's Date:_____ **Record Number** _____ **Age:** _____

Name: _____ **DOB:** _____ **Race:** _____

Caregiver(s) present: _____**Relationship:** _____

As instructed, pt and/or caregiver completed a food record: __yes __ no

Situational Changes Affecting Dietary Compliance	__ yes	__ no
Changes in financial status		
Changes in transportation needs		
Changes in health of other members of the family		
Changes in employment of one or more caregiver		
Changes in school		
Changes in level of independence		
Changes in extracurricular activities		
Other barriers (List):		

List Situational Changes

_____

_____

_____

Based on responses, patient is in the _____ **stage of change.**

Summary of Readiness Assessment:

_____

_____

_____

Nutrition Diagnosis:

_____

_____

_____

_____

Signed: _____

Table 6: Pocket Guide to Using Motivational Interviewing

Stage	Goal	Strategy		Questions to Ask	Tools to Use
Precontemplation	• Patient doesn't see the problem • Patient forced to go to appointments	• Establish rapport and support • Assess motivation • Assess nutrition knowledge and beliefs, thoughts, fears • Assess nutrition status • Explore costs and benefits of change • Provide information in the third person • Offer factual information		• What are benefits of following your diet? • What are the reasons you don't want to follow your diet? • Would you be interested in understanding some of the newest research on ___ (the disorder)?	• Reasons for and against change • Knowledge quiz
Contemplation	• Increase self-efficacy • Develop Discrepancy	• Discuss barriers to change • Prioritize pros and cons of change • Explore barriers to change • Provide information in the third person		• What makes it difficult for you to follow your diet? • What helps make it easier to follow your diet? • On a scale of one to ten, how important is it for you to follow your diet?	• Reasons for and against change • Identifying barriers • Overcoming barriers
Preparation	• Initiate change	• Explore options for change • Elicit strategies that have been successful in the past • Explore the barriers of following the diet • Provide education • Set behavioral goals • Explore self-talk • Provide ideas for variety		• Here are some ideas that have made it easier for other people I see. What do you think of these ideas? • What do you think will get in the way of following this diet? • On a scale of one to ten, how confident are you to follow the goal you set?	• Identifying and overcoming barriers • Meal planning • Role play • Goal setting • Preparation stage strategies
Action	• Commitment to change	• Ask to offer information and advice • Discuss high risk situations, teach strategies and rehearse • Encourage, support and reinforce changes		• Of all the strategies you have tried, which ones have worked best for you? • How will the upcoming vacation affect staying on the diet?	• Identifying high risk situations • Planning for vacations, eating out, company, holidays
Maintenance/Lapse	• Continued Commitment	• Acknowledge positive changes • Affirm ability to change • Identify red flags and action plan for lapse • Rehearse lapse strategies • Schedule follow-up to maintain contact and reinforce changes		• You have managed to follow your diet in many tough situations. Let's list and write them out. How were you able to handle each one? • Next month you are off to camp. How might camp affect your diet? • How will you know when you are losing your motivation to follow the diet?	• Barriers assessment and worksheets • Red Flags handout

TOOLS & WORKSHEETS

Decisional Balance Tool

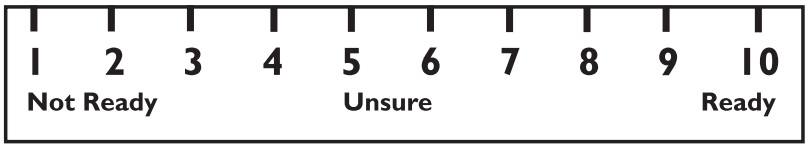
Instructions

1. Based on your own thoughts, honestly complete each column.
2. After reviewing the list, circle the one that means the most to you right now.

Reasons for following my diet	Reasons for not following my diet
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Position Ruler

Mark an "X" on the section of the line to indicate your current position to follow your diet



Adapted from Rollnick S, Miller WR, Butler CC. Motivational Interviewing in Health Care: Helping Patients Change Behavior. New York, NY: Guilford Press, 2008.

TOOLS & WORKSHEETS

Identifying Barriers Worksheet

What makes it difficult to follow your diet?

Social barriers are things such as parties, sporting events, peer pressure, holidays, and celebrations.

My social barriers are:

_____

_____

_____

Situational barriers are things such as food commercials, driving by fast-food chains, or having a gallon of ice cream in the house.

My situational barriers are:

_____

_____

_____

Nutritional barriers are things such as waiting too long to eat which causes your appetite to crave foods that aren't on your diet.

My nutritional barriers are:

_____

_____

_____

Mental barriers are things such as anger, frustration and stress that cause you to not care about following your diet.

My mental triggers are:

_____

_____

_____

Overcoming Barriers Worksheet

Social

☐_____

☐_____

☐_____

Situational

☐_____

☐_____

☐_____

Nutritional

☐_____

☐_____

☐_____

Mental

☐_____

☐_____

☐_____

TOOLS & WORKSHEETS

Preparation Phase Tips Worksheet

What Makes it Easier to Follow My Diet?

☑ Example *Measure portions of snack foods and put into bags. Then, label the bag with amount of phenylalanine in the measured portion.*

☑ _____

☑ _____

☑ _____

☑ _____

☑ _____

☑ _____

☑ _____

☑ _____

☑ _____

☑ _____

Goal Setting Worksheet

My specific goal: _____

Barriers and obstacles I might encounter while trying to achieve this goal are:

_____

_____

I will overcome my barriers and obstacles by:

_____

_____

How is this goal measurable?

_____

_____

How is this goal attainable?

_____

_____

How is this goal realistic?

_____

_____

How is this goal timely?

_____

_____

On a scale of one to ten, I rate my confidence in achieving this goal at:

_____

1 2 3 4 5 6 7 8 9 10

Action Stage Strategies Worksheet

Strategies for High Risk Situations

What will you do to stay on your diet when you feel self-conscious about being different?

1. _____
2. _____
3. _____

What will you do to stay on your diet when others are eating foods you want to avoid?

1. _____
2. _____
3. _____

What will you do to stay on your diet to avoid getting too hungry and impulsively eat foods you are trying to avoid?

1. _____
2. _____
3. _____

What will you do to stay on your diet when you get in a bad mood and impulsively eat foods you are trying to avoid?

1. _____
2. _____
3. _____

Red Flags Strategy Worksheet

How will you determine if you are losing your motivation to follow your diet. Below is a list of "red flags." Add to this list your personal red flags. Check the statements below that you will consider your "red flags."

- ☐ Forgetting to carry formula
- ☐ Not taking my lunch with me
- ☐ Not planning my meals
- ☐ Not measuring portions
- ☐ Going too long without eating
- ☐ Buying a bag of chips or a gallon of ice cream because it was a bad day
- ☐ Ordering pizza when you are home alone
- ☐ Going to a party hungry
- ☐ Feeling sorry for myself
- ☐ Not speaking my mind to my family member

_____

_____

_____

_____

Regaining Control Plan—If I experience any of the above, I will take action by:

_____

_____

_____

_____

Reducing Resistance

Two tools that are helpful to reduce resistance to change are the hypothetical change and reviewing past successes and stengths.

Hypothetical Change

When someone is not quite ready to change (precontemplation and contemplation stage), it is sometimes less threatening to provide hypothetical scenarios in order to engage them in discussion.

Examples:

"Suppose you decided to drink your formula before you went to school. What's the worst that would happen?"

"Suppose you were having a great time at a party and it came time for cake and ice cream and you decided to have grapes and an apple while your other friends were eating the cake and ice cream. What's the worst that would happen?"

You might also try a hypothetical role reversal. "If your sister needed to follow this special diet, what advice would you give that you think would help?"

Review Past Successes and Personal Strengths

Increase self-efficacy and confidence for change by addressing past successes and strengths with food compliance and with other areas of the patient's life. Ask the patient what worked in the past or bring up what you know worked in the past. This can help remind the patient that he/she once succeeded.

Examples:

"I noticed you are an A student. I can tell you are have a lot of discipline and self-control."

"You mentioned that your friends used to love to come to your home because you are such a good cook. They must be missing some good eating since you stopped cooking."

Sample Beginnings, Middles and Endings

Beginnings

- "What would you like to get out of our time together today?"
- "Tell me what you already know about your diet?"
- "What makes you not want to follow the diet?" "What makes you want to follow the diet?"
- "On a scale of one to ten, where one is not glad and ten is glad, how glad are you to see me today? What makes it that number? Why not a lower number? Why not a higher number?"

Middles

- "When you were following the diet, what was most helpful?"
- "What positives have come out of living with ___?"
- "Even though you are following a different diet, what similarities do you have with your friends?"

Endings

- "What did you find helpful from our session today?"
- "On a scale of one to ten, how motivated are you to ___?"
- "On a scale of one to ten, how confident are you to ___?"

Table 7: A Caregivers Guide to Using Motivational Interviewing

A Caregivers Guide to Motivational Interviewing		
Stage	**Observance**	**Do**
Precontemplation	• Child doesn't see the problem • Child forced to go to appointments	• Do things you both enjoy • Be non-judgmental • Look after yourself
Contemplation	• Child goes back and forth with following the diet	• Encourage your child to talk about the pros and cons of change—Stay non-judgmental • Explore the difficulties of change • Discuss possible plans of action • Encourage talk about the negative consequences of not following the diet
Preparation	• Child wants to follow the diet but makes mistakes	• Ask your child if he/she would like your help to make a concrete plan • Ask your child what they find that you do that is both helpful and not helpful • Help your child think of all the support that is available to them and explore what might make it hard to use that support • What is Plan B • Try not to enable them to be ill • Roll play difficult situations
Action	• Child is following the diet both at home and away from home	• Offer help to learn new strategies • Review and learn from past lapses • Assist with problem solving • Ask about the benefits of following the diet
Maintenance/ lapse	• Child will shortly face new or tough challenges such as going off to camp, going on vacation, etc.	• Discuss red flags for desire to cheat • Provide support and coping skills • Encourage new interests • Encourage more independence

Notes: Any argument for change can increase resistance; conflict makes it harder for your child to talk about his worries

CASE STUDY

Case Study

Mary J is a 13-year old girl with PKU. Mary lives with her mother. Her parents are divorced. As a young girl, Mary and her mother spent time together making meals. She really enjoyed making meals with her mom because it was the only time she had with her mom who needed to work to support the family. Often, Mary cooked supper and realized she liked cooking and her mother didn't mind eating foods on Mary's diet. Until the last year, Mary was compliant with her diet. She entered middle school last year and because of school zoning most of her friends went to a different school.

Mary is returning for her follow-up appointment. Mary comes without her food records and minimizes how much she is off the diet. Her mother is worried and called before the appointment to let you know that there have been battles at home and that Mary leaves the house for school most days "forgetting" her lunch in the refrigerator. Her mother doesn't know what else to do and hopes that you can make her realize how important it is to follow the diet. Appointments are running late all day and you are lucky if you have 15 minute to spend with Mary.

Mary enters your office. The session begins with (you) patting Mary on the back to greet her.

Clinician: Hi Mary. It's good to see you today. How is school going this year?

Mary (with eyes down): Its fine.

Clinician: Good. I know you had to miss school to be here today. How do you feel about being here?

Mary: Its okay.

Clinician: Really?

Mary: Well, to be truthful, I'd rather be at school.

Clinician: Well, we only have a little time together today so let me first ask you if there is anything in particular you want to talk to me about.

Mary: No, not really.

Clinician: OK. Well, the last time I saw you, you were at another school. Can we talk today about what's different since you started at the new school?

Mary: Sure, I guess.

Clinician: So, what's different at the new school?

Mary: It's just a lot smaller.

Clinician: So, it's smaller. Is that a good thing or bad thing?

Mary: Its okay. It's just in the new school everyone seems to know everyone's business and I don't like that.

Clinician: And why don't you like that?

Mary: Well, they are all about acting the same. People wear the same brand of jeans and even eat the same foods.

Clinician: So it sounds like the people in your new school are more followers than independent thinkers.

Mary: Yeah, I guess you can say that. I was used to doing my own thing in my other school. Everyone did and nobody cared. Now it's all about being cool and acting the same.

Clinician: So it must be difficult to really get to know someone because you don't know if it's the "real" person or the person they are trying to be.

Mary: Yeah, I guess you can say that.

Clinician: And how does that make you feel when it comes to following your diet?

Mary: I don't really follow the diet anymore.

Clinician: Because the diet is different from what everyone else is eating?

Mary: I just don't want to follow this diet anymore. I feel fine.

Clinician: I understand what you are saying. It never was easy to follow the diet. What was different about following the diet in your old school?

Mary: Well, in my old school, my friends really supported me with my diet. They even brought in free foods for me so I could share with them at lunch. And then I would cook something over the weekend and bring it in for my friends and they actually liked some of the foods on my diet that I cooked.

Clinician: I remember from previous sessions that you liked to cook.

Mary: Yes, I used to like to cook. It was fun and I even thought about learning to be a chef so I could help develop better tasting recipes for people that have to follow this diet. Now, school is too busy and I just don't care about the diet any more.

Clinician: If I am hearing you correctly, it sounds like in the other school all of your friends were creative, independent thinkers and cared for each other. In new school everyone just follows the same old routine and no one thinks on their own, like robots. It also sounds like no one has that caring nature that your friends in the other school had.

Mary: Maybe so. I actually hate this new school. No one is nice to me.

Clinician: It's funny because from the way you describe them, they don't even know how to be nice since they are more like robots.

Mary: Robots. That is funny. I never thought of them that way but you are right.

Clinician: Can I ask you a question? I know you are now at that school but, is that how you want to be?

Mary: No, but I also don't want to be made fun of and that's what they will do if I follow my diet.

Clinician: So, you don't want to be made fun of but you really do miss your independence and your ability to be creative.

Mary: Yeah, I actually miss cooking. I like to cook.

Clinician: Let's think about this. You are a strong person. What do you think would be the worst thing that would happen if you brought in your foods to eat at school?

Mary: They'll laugh at me.

Clinician: And how will that make you feel?

Mary: I'll feel humiliated.

Clinician: Thinking about what we discussed earlier about the "robots," is there anything that they wouldn't ridicule you for?

Mary: No, I guess not. I don't even study hard because they make fun of people who get "A's" in class.

Clinician: So, its sounding like you can't win—unless you can. How much do you really want to be part of this robot crowd?

Mary: I really don't. I hate it there.

Clinician: What I'm hearing is that because you hate your new school and aren't able to be your creative, independent self with big ambitions that require good grades, you are punishing yourself.

Mary: Yeah, I guess I am. Really, I don't care if they make fun of me. And I did meet another girl who also hates it there for the same reason.

Clinician: Earlier I asked you what was the worst thing that would happen if you ate your foods in front of your schoolmates. Now let me ask you, what do you think can happen if you don't follow your diet?

Mary: Right now I feel fine and I know you've told me in the past about what could happen, but I feel fine.

Clinician: How would you know if not following your diet was starting to affect you?

Mary: I'd not be able to concentrate as well and I would get headaches.

Clinician: It will be hard to figure out if you are not able to concentrate as well since you aren't concentrating as much in the new school because no one wants to get good grades.

Mary: Well, I still want to go on to college and be a chef. I still want to be able to concentrate. I think if I tried I'd still be able to concentrate.

Clinician: Yes, I keep hearing that you want to be a chef. It seems so sad that you are not cooking and creating new recipes anymore.

Mary: Right now that would be fun and I'm not having much fun.

Clinician: Well, we are just about out of time but before you leave, let me ask you, what did you get out of talking to me today?

Mary: I don't know. I guess that I don't really want to be like everybody else and I liked myself better when I was creative and independent.

Clinician: And what might you do differently after you go back home.

Mary: I don't know. I guess I will start cooking again because I love to cook and I will try to follow my diet again and hang out with the friend who is like me. I think I'll also call my old friend this weekend to come over and cook with me. She really likes the recipes I make.

Clinician: Those sound like great ideas. Now let me ask you, how will you handle it if someone from your school sees you eating different from the rest and starts to say something mean to you?

Mary: I think I'll have to remember that I don't want to be like everybody else. I think I will also call my friend Sally from my other school because she thinks I will be a great chef one day. She can come over next weekend and we can cook together.

Clinician: That sounds like a good plan. OK Mary, I'll see you again in 2 months. And, feel free to email me your recipes. I'm always looking for new ones.

In this case study, the clinician comes to the session in a precontemplation stage of change. The clinician uses thoughtful, directive and guided questioning, listening and permission-based informing to help the patient develop the discrepancy between fitting in with everybody else and wanting to be creative and independent and keep her focus on her future to be a chef. The session didn't spend time forcing, persuading or teaching, but instead guided the patient to think about what was important to her and gave her the chance to make her own decisions about following the diet. In the end, the patient stated what she learned from the session. She left with increased motivation to go back to cooking and not caring so much about her new peers. Recognizing the obstacles, the clinician also asked how she will handle the resistance of her new peers which allowed for some rehearsal and reinforcement of the patient's goals.

FAQ

Frequently Asked Questions

What do I do with my patient who refuses to drink the PKU formula because of being embarrassed with the need to prepare the formula and the unpleasant scent of the formula?

Acknowledge that you realize the formula has some drawbacks. Since there are challenges to drinking the formula, there needs to be good reasons to drink it. This is the time to ask the patient his/her understanding of the disorder and what happens if they do not follow the diet? What do they value? Connect the value to drinking the formula.

What do I do with my patient who refuses to eat low protein foods because of dieting to lose weight?

Ask for the patient's understanding of weight loss and why that is a concern. Reflect the patient's desire to be more appealing for dates or future marriage and the discrepancy of poor dietary control and her future. Ask the patient to think of ways to promote a healthy weight while still maintaining the diet.

What do I do when my patient lies to me?

Lies are sometimes told when patients don't want to disappoint you or don't want to make you mad. Establishing good rapport is essential for a truthful encounter. Acknowledge that it is very difficult to maintain the diet. Ask if they would give you suggestions on how they follow the diet at school or away from home so you can use these suggestions with other patients. Another suggestion is to use the third person. "I have another patient who won't tell me the truth and I wish he would because I really understand how hard it is to follow this diet."

What do I do with parents who feel sorry for their child and believe that some cheating will not hurt?

Using empathy acknowledge that, as parents, we don't like to see our children suffer. Elicit ways that the parents can help their child feel normal and use open-ended questions and reflections to look forward in their child's future with and without following the diet.

How do I use motivational interviewing when I only have 15 minutes with my patient?

Motivational interviewing is a directive style of counseling. Sessions that stay focused and purposeful on a desired behavior change can achieve forward movement in small amounts of time.

NOTES

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