

Influencing Engagement and Motivation - Challenges and Ideas

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Session plan

- What do we mean by “engagement” ?
- Challenges and ideas
 - Creation of services
 - Patient involvement
 - Compassionate conversations and use of language
 - Non-stigmatising environments

- What is motivation?
- Challenges and ideas
 - Mental health – screening
 - Normalising changes in motivation and competing priorities

What do we mean by “Engagement”

- Engagement - bidirectional construct rather than a fixed attribute
 - “They’re just not engaged”
 - “He’s not engaging with us”
 - “She didn’t engage”

Patient engagement is both process and behaviour and is shaped by the relationship between the patient and provider and the environment in which healthcare delivery takes place (Higgins et al 2017)

- Four defining attributes of patient engagement: personalization, access, commitment and **therapeutic alliance**.
- Experiences of weight related stigma and bias in healthcare/education/workplace

Why is engagement important?



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Developing relationships

Feeling supported

Clinic attendance

Care processes

Adherence to diabetes management

Involvement to help shape services

We are
supportive
respectful
innovative
collaborative.
We are UHBW.



Perceived challenge to engagement

Raising the conversation of weight

- Fear of parents reaction
- Worried about damaging relationship with parents/young person
- Concerns about causing offence or embarrassment
- Not wanting to sound judgemental
- Unsure of what a healthy weight is for children
- How to raise it and do it well
- Lack of knowledge and resources/not knowing where to go on from there
- Personal weight challenges
- Believing child will grow into their weight, cultural perceptions

LET'S TALK ABOUT WEIGHT

A step-by-step guide to conversations about weight management with children and families for health and care professionals

ASK



"Would it be okay to check [insert name of child]'s height and weight today?"

If received NCMP feedback:

"Would you like to talk about the feedback in the letter?"

Weigh and measure the child

Plot the child's height and weight on a RCPCH UK Growth Chart and determine BMI centile

ADVISE



"The chart shows that [insert name of child] is above the healthy weight range for a boy/girl of their height and age."

"We know from working with other families, one thing they have found useful to help them to make lifestyle changes is support from others, and there are fun, free/low-cost, healthy lifestyle programmes available. I can refer you now if you are willing to give it a go?"

Consider referral options:

See supporting guidance for referral criteria

Considerations:

Use a growth chart to visually demonstrate that the child's weight is outside the healthy weight range

Focus on terms such as 'healthier weight status' and 'healthier lifestyle'

Use terms such as 'very overweight' to describe children \geq 98th centile rather than 'obese'

Inform the family about what the service offers and be clear about the service aim

ASSIST

Parent/carer receives advice and offer of referral **positively**

- let the family know what the next steps are
- reassure the family that you are there to help them. Suggest a follow up appointment to monitor the family and provide help and encouragement

Parent/carer does **not perceive** that their child has excess weight

- acknowledge the difficulties in recognising excess weight
- reassure the family that support is available; acknowledge that this is a difficult decision. Explain what the family could expect from the service and re-offer referral

Parent/carer is visibly upset or angry and **does not want to engage** in conversation about their child's weight

- show acceptance of the parent or carer's wishes, reassure them that you are there to help and re-offer your support should they change their mind
- don't force the issue but leave the door open

ACTIONS

1

Make the referral if the family accepts the offer

2

Note in the child's records any conversations about weight and outcomes

3

Remember to follow up with the family

Talking to your child about weight

A guide for parents and
caregivers of children
aged 4-11 years



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Inspected and rated

Good



Challenges to Engagement



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- Previous experiences of talking about weight or T2
- Bullying/stigma/discrimination
- Familial beliefs and management of T2
- Complexities of the wider system
- Communication and language

Reducing Anxiety and Stigma

- Set the scene
- Provide information - expectations
- Recognise efforts
- Understand motivation
- Normalise emotions
- Make a plan

Language Matters

Language Matters: Obesity, a guide to help healthcare professionals use more appropriate and helpful language when interacting with people living with obesity.

- Seek permission
- Person centred (first) language
 - Person with obesity
- Don't blame
- Stick to the evidence
- Be empathic
- Listen and explore
- Avoid combat and humour
- Language has power

Prevent obesity and overweight with children and young people

In general, the recommendations in this document are relevant for all individuals, however, conversations about growth and weight with young people, and the adults with them, can be particularly sensitive. The section below provides suggestions that can support positive conversations with children and young people.

- Young people, and the adults with them, may be concerned to hear they have obesity or are overweight. Listen to these concerns first, before giving any advice
- If you do provide advice, collaborate with young people and/or the adults with them. Do not make assumptions about their behaviours, and invite their input and thoughts
- Statements like "other young people have said x" or "some young people say y" can help you show the person that they are not alone
- Some statements may imply blame for either the young person, or the adult with them. Think carefully about focusing on small positive changes, rather than negatively commenting on current behaviours

What is Motivation?

The term motivation describes why a person does something. It is the driving force behind our actions.

Motivation is a pathway to change our way of thinking, feeling, and behaving

Name:

Thinking about a change ?

Date:

What I do now :



-

I'm thinking about:



-

What I like about
what I do now:



-
-
-
-

What I'd like about
making this change:



-
-
-
-

What bothers me about
what I do now:



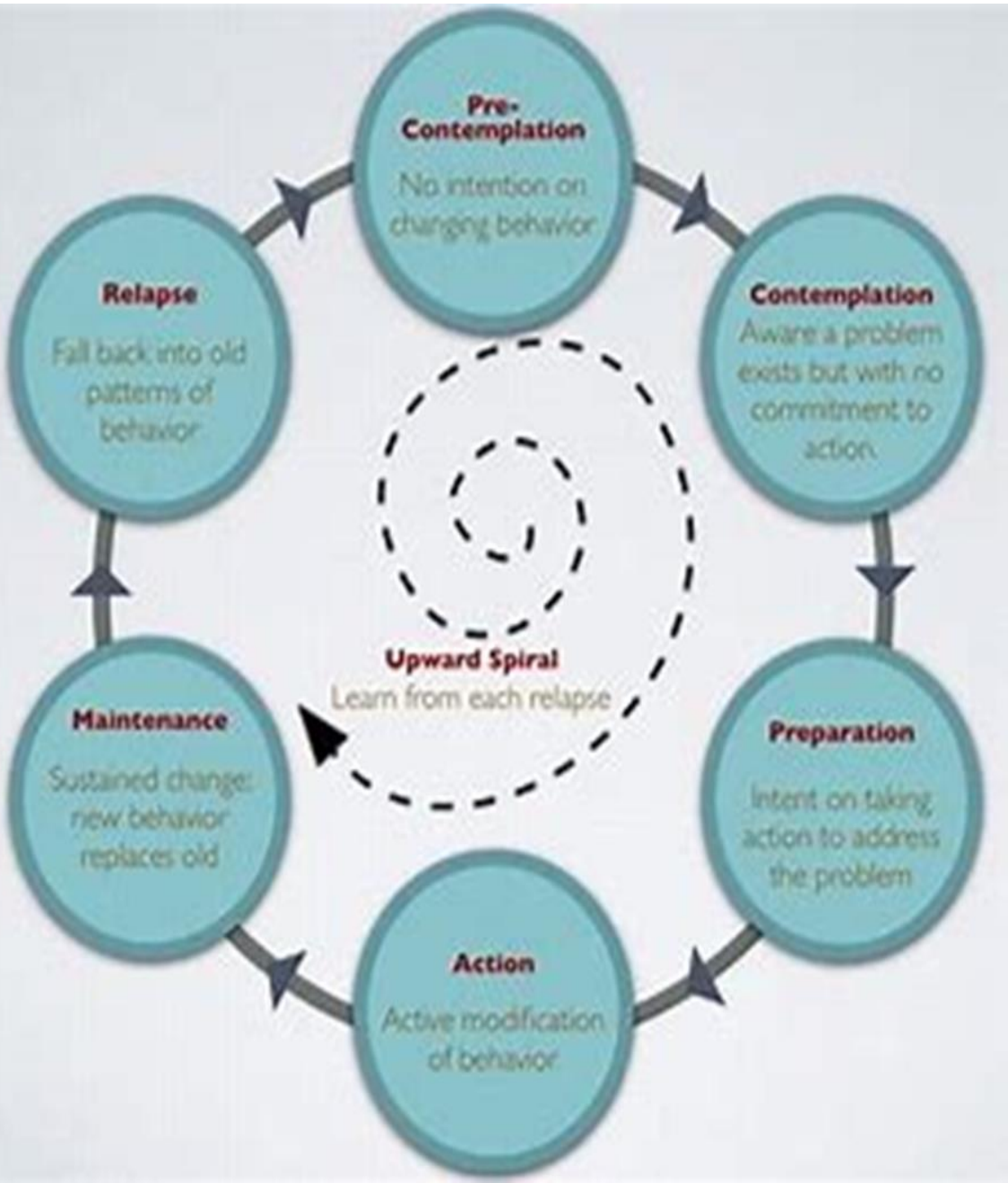
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What bothers me about
making this change:



-
-
-
-

Explore factors contributing to change



Precontemplation – “I don’t need to exercise” 

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Contemplation – “I know I need to but I haven’t got time...” 

Preparation – “I could walk to work on a Friday”

Action – “I can go swimming in my lunch hour...”

Maintenance – “I can go on Mondays and Wednesdays when I don’t have meetings”

Relapse – “I’ve just been on holiday for 2 weeks and I just can’t get back into it”

Listen...really listen



- Use your active listening skills to explore non-judgementally and without jumping to solutions yet. Saying nothing is helpful if you are focussed on the experience of the family.
- Use empathy, reflection, checking-in and summaries to show them that they have been heard and to genuinely check your emerging understanding.
- *Tell me if I have got this right..., I think what you are saying is...*
- *Is there more? Go on...*

Tools: Open ended questions

Cannot be answered with “yes” or “no”

- Desire – “what do you want, like, wish, hope?”
- Ability – “What is possible?”
- Reasons – “Why would you make this change? What would be the benefits?”
- Need – “How important is this change?”

Challenges to Motivation



Influential people
Perfectionism
Uncertainty
Education
Mental health
Support



Mental Health

Clinical Guideline
A Practical Approach to Management of Type 2 diabetes in Children and Young People (CYP) under 18 years

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- Moderate to severe depression more common in young people with type 2 than type 1 diabetes (SEARCH study, 2019)
- DEB were observed in approximately half of participants with type 2 diabetes compared with one in five of all participants with type 1 diabetes.
- Participants with DEB were more likely than those without DEB to have more depressive symptoms and lower perceived quality of life

ACDC recommendations

- CYP must have on-going access to mental health professionals embedded within a diabetes team.
- All CYP should be screened for mental health regularly by a team member (at least annually, or more frequently with inadequate diabetes control) including depression and eating disorders.
- Screening tools include - The PedsQL™ Diabetes Module which effectively screens for diabetes-related quality of life
- PHQ-2 is used for screening for depression.
- There is no suitable validated eating disorder questionnaire that adequately screens for binge eating in this population. However the Adolescent Binge Eating Disorder Questionnaire ADO-BED has been validated in young people with obesity to identify those at risk of binge eating disorder.

ADO-BED Questionnaire

A simple, questionnaire developed to identify obese adolescents at risk for binge eating disorder from [[Chamay-Weber: 2017](#)].

1. Do you sometimes have a strong craving to eat although you are not really hungry or you have recently eaten? *Yes/No*
2. In this situation, do you sometimes find yourself starting to eat and then being unable to stop? For example, have you in the past wanted to eat a few biscuits and been unable to stop until the pack was empty? *Yes/No*
3. In these moments when you find yourself eating although you are not hungry or when you can't stop eating
 - a) Do you sometimes feel the need to be alone, to isolate yourself to eat? *Yes/No*
 - b) Do you sometimes have the feeling of being very detached, not really in the moment, as if you were eating while day-dreaming? *Yes/No*
 - c) Do you sometimes eat because you feel unsettled, unwell, sad, angry or bored? *Yes/No*
 - d) Do you sometimes feel you eat too much or that you eat more than others? *Yes/No*
 - e) Do you sometimes have regrets or feel ashamed after you've eaten? *Yes/No*
4. How often do you experience not being able to stop eating or do you find yourself eating without being hungry?
At least once a month/2-3 times a month/2-3 times per week every day
5. Since when have you experienced this?
Less than 3 months/ More than 3 months
5. When you are in these situations do you sometimes need to take action to eliminate what you have just eaten (exercise, skip the next meal, self-induce vomiting...) *Yes /No*

Bibliography

Chamay-Weber C, Combescure C, Lanza L, Carrard I, Haller DM.

Screening Obese Adolescents for Binge Eating Disorder in Primary Care: The Adolescent Binge Eating Scale. J Pediatr. 2017;185:68-72.e1. [PubMed abstract](#)

NPDA &Us

Voices from children and young people

Living with Type 2 Diabetes: ideas from children and young people on staying healthy, happy and well.

Fifteen young people with 11 family members

- Think about other people in your school/friends. How would you explain what Type 2 diabetes is if they have just been diagnosed?
- Who told you about Type 2 diabetes / how did you find out?
- What would you/ your peers really want to or need to know about Type 2 diabetes? 4
- What keeps children and young people with Type 2 healthy, happy and well? Which ones are easy/tricky to do?
- How could the service help?

Accessible information - Parent: "they have explained it loads and loads, we just keep forgetting. It is helpful to have them repeat it a lot."

"Watched a video that was very good and helped us to understand"

"Easy to access information on a screenshot so it's on your phone. "

Adherence and cultural expectation

"If you got to someone's house in our (South Asian) community, to refuse the food would be considered rude and people didn't necessarily want to share [their] diagnosis in this situation."

"When the whole family helps then it works, and everyone is eating better and it's fairer for everyone and not shameful for the one who can't eat the sweet food."

Formal info at diagnosis -

T1 get special things like a bag, a bag, stories but there isn't anything for T2. It would be good to get a T2 pack with a bag, video, an app, a booklet about food and suitable options."

"Doctor just told me I have to take medication, no leaflet or signposting I had to research myself."

Social identify, shame and information -

"Friends don't know which makes it difficult to take medication and not eat sugary stuff when I'm out with them."

NPDA & Us continued....

- A range of methods are needed into order to provide family or young person focused support, increase awareness and understanding, and build a Type 2 community for children, young people and their parents, either online or in person. Parents were keen on having support or management groups for their children, but young people's opinions were mixed,
- There were a range of ideas that linked to online tools that could be supportive such as videos on meal planning, workouts, checking your sugar levels and explaining the difference between Type 1 and Type 2 diabetes as well as making better use of social media to share relevant and real life inspirational examples and information directly to young people in a way that is reflect their experiences and friends: "We use social media not websites, so have real life stories on insta, Tiktok, snapchat. You can put links to apps and things on there."

Type 2 clinic experience

Marian Hale - Derbyshire

Group sessions offered to CYP

- Structured but flexible approach
 - Healthy meals
 - Healthy swaps n snacks
 - Activity ideas cheap and enjoyable
 - Eating away from home
 - Metformin
 - Mindful eating
 - Motivation
 - Resilience
- Feedback
 - HbA1c and weight are slowly reducing
 - Attendance good

Forward thinking

Please take a minute to think of three things

- You would like to take back to your teams to influence the support you offer to CYP with T2 diabetes?

And consider

- What you need to do in order to make this happen
- Who can help?