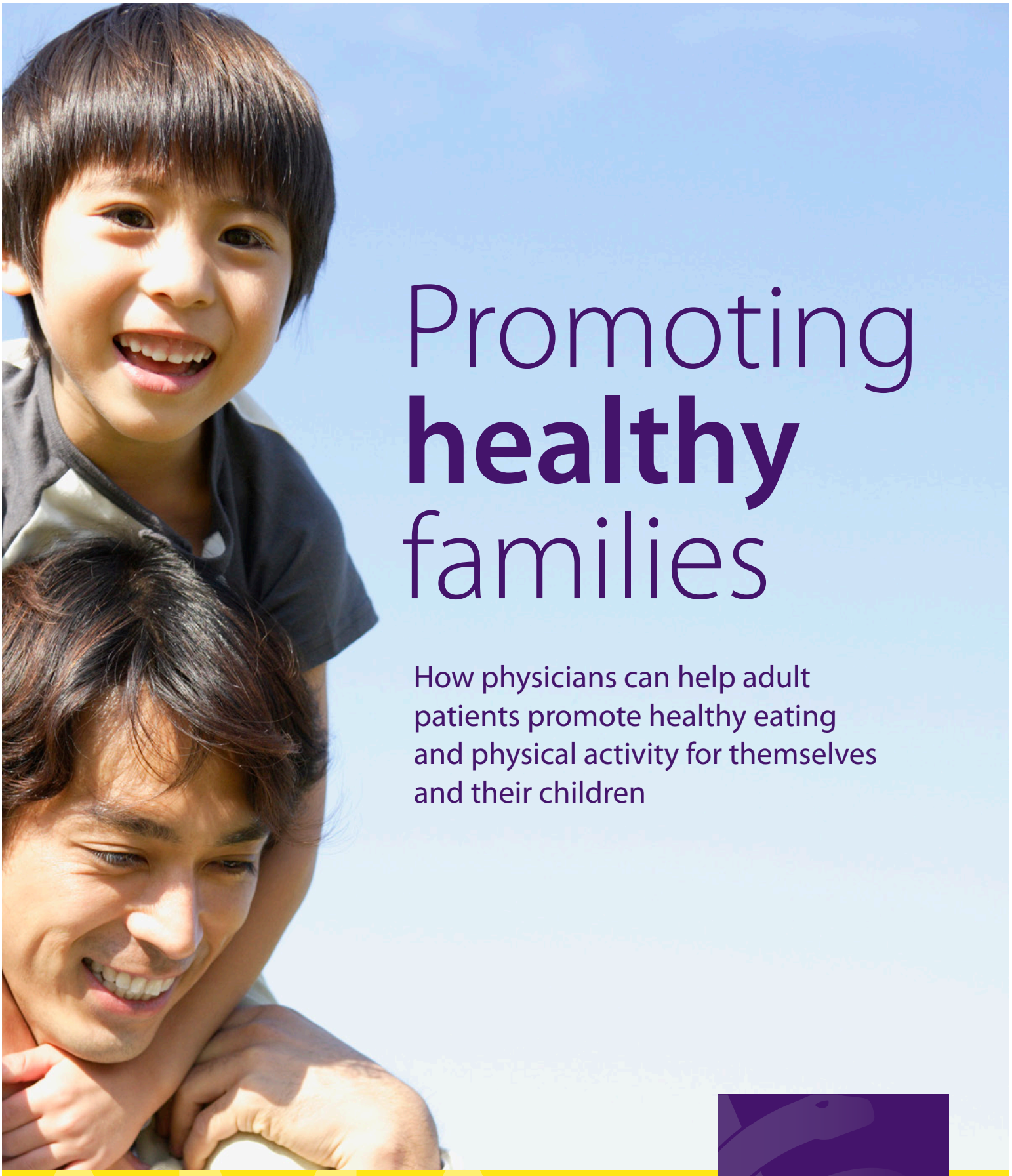

Promoting **healthy** families

How physicians can help adult patients promote healthy eating and physical activity for themselves and their children

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Educational objectives

After completing this activity, participants should be able to:

- Explain patients' constructive and self-defeating motives for the pursuit and maintenance of healthy lifestyles
- Describe relapse/backsliding (also termed aversive reactions), why it represents a positive sign in terms of patients' efforts to make healthy lifestyle changes, and how to help patients stay motivated and optimistic during these common setbacks
- Effectively approach all adult patients about issues related to weight management, and help them understand the long-term implications of a poor diet and a sedentary lifestyle for themselves and the children in their lives
- Engage adult patients who are parents or caregivers in discussing and modeling the basics of the loving regulation approach to help children achieve the long-term goal of valuing their health and taking good care of their bodies

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Contents

Introduction

Obesity is one of the most serious public health issues facing the United States. Two-thirds of American adults and one-third of children and adolescents are considered overweight or obese.[1,2] People who are obese have a greater probability of developing adverse psychological and physiological conditions, including arthritis, diabetes, cancer, cardiovascular disease, social isolation, low self-esteem and depression.[3,4] Research highlights that poor eating habits and sedentary lifestyles that contribute to obesity are among the leading actual causes of death in the United States.[5]

The medical and political communities recognize the grave importance of addressing obesity and promoting healthy lifestyles. From first lady Michelle Obama's "Let's Move!" initiative[6] to tools for physicians, such as the American Medical Association (AMA) Healthier Life Steps™ program[7] and the American Academy of Family Physicians (AAFP) Americans In Motion–Healthy Interventions (AIM-HI) initiative,[8] much is already being done to prevent and reduce obesity.[9] Yet, prevention and management of obesity is generally not well integrated into routine medical care.[10] The encouraging news is that when physicians recommend making health behavior changes, patients are more likely to make those changes.[11]

Physicians can impact patients' pursuit of healthier choices

Even during the limited time of standard office visits, physicians can have a powerful impact on how patients view their health and can influence their patients to pursue healthier choices.[10,12–18] A brief, but confident and caring approach can yield positive results for patients.

Practice change requires:

- Routine screening for body mass index (BMI)
- Briefly advising patients about the role of BMI/weight, healthy eating habits, and physical activity on their health
- Referring patients for additional support and intensive counseling

Such changes will allow the physician to offer effective health behavior services despite the limited time office visits typically afford. In addition, the physician can leverage the assistance of their other medical team members to help patients address issues related to their weight.

The health behavior change method introduced here can stand alone or be used to supplement existing behavioral models in the clinical setting (examples include motivational interviewing[19] and the Five A's: Ask, Assess, Advise, Assist, Arrange[20]). This method encourages physicians to engage and strengthen patients' constructive self-caretaking motives, helping them to pursue healthier lifestyle choices.[21,22] In addition, when adult patients choose to live healthier lives, their behavior serves as a positive model for the children in their lives to imitate these habits.

Physicians have a significant impact on patients' self-caretaking choices even when the interactions are brief:

- When physicians discuss health behavior issues with patients, patients are more likely to make changes in their eating, physical activity, and smoking behaviors.[23]
- Patients remember physician's input and share it with others in their lives.[14,23]

Reimbursement issues

It is well-recognized that physicians face challenges in their daily practice, including lack of time, inadequate reimbursement and a fragmented system of care.[4] However, reimbursement issues are being addressed to ensure health behavior counseling can occur. Pediatric and family medicine practices already emphasize well-child visits for addressing safety and well-being—which are reimbursable by health insurers. Under the 2010 Affordable Care Act[24] services that are graded as an A or a B by the United States Preventive Services Task Force (USPSTF) are covered. The USPSTF has given a B grade to counseling about healthy eating for patients who are at risk for chronic disease. Cost sharing for preventive services is also waived, including obesity screening and counseling for adults and children. This expands providers' ability to routinely offer behavioral counseling services to patients who are overweight, obese, or otherwise at risk for chronic disease. Behavioral counseling may be enhanced by discussing healthy families as a source of motivation and support.

Practice suggestions

Primary care physicians can incorporate brief health behavior discussions into routine practice.

Integrate helpful time-saving tools (such as those available through the AMA,[25] AAFP[8] and the American College of Preventive Medicine[26]) to assist patients with making lifestyle changes.

Framework: Understanding overweight and obesity by examining competing motives

The following approach is a guiding framework to support patients and their families as they become comfortable with a new lifestyle.

What are some key constructs in this approach?

1. All patients have an innate constructive motive and potential for healthy self-caretaking
2. Physicians can intervene with patients to strengthen their constructive motives
3. All people learn to care for themselves and their bodies by copying the model of care they received as children from their caregivers
4. Patients have both innate constructive motives for healthy living as well as learned self-defeating motives
5. Relapse/backsliding is often due to patients' negative reactions (temporarily pursuing self-defeating, but more comfortable, motives and behaviors) in response to having made positive changes
6. Physicians will be most effective when they set aside their personal motives and approach patients from their caregiving motives

How do people develop the ability to care for their minds and bodies?

People first develop their self-caretaking abilities and motives in childhood. When caregivers respond accurately to children's needs, children are able to develop a core sense of self-esteem, self-worth and purpose.[21,27] This core provides people with the capacity to pursue constructive self-caretaking motives, such as eating well and being physically active. [21,22,27]

For example …

If a 12-year-old boy says "no thank you" to a second helping of cake, it is not necessarily the thought that eating too many sweets is bad for him or the fact that his parent/caregiver has told him not to eat too many sweets that will regulate his choice, especially since the caregiver cannot always be there. Rather, the child will not have the need to overeat because within the context of a caring relationship he has internalized his caregiver's positive care, acquired an inner core of self-esteem and learned that he feels best about himself when he makes healthy choices, such as not eating when he is full.

Self-defeating motives develop when parents/ caregivers do not model healthy self-caretaking.

Why do people make poor health choices even when they don't want to?

Self-defeating motives develop when parents and other caregivers, despite their best intentions, are unable to model care that promotes healthy self-caretaking. Children will consequently copy and internalize negative forms of self-caretaking, such as poor eating habits. [21,27] Models of self-caretaking learned in childhood can influence behaviors well into adulthood, affecting both the individual's behaviors and attitudes, as well as those of their children.

How do caregivers help children develop strong self-esteem—an important predictor of their lifelong ability to care for themselves?

Parents/caregivers can help their children develop solid self-esteem and contain children's out-of-control behaviors with a parenting strategy known as loving regulation.[27] Loving regulation involves positive role modeling and guiding children's behaviors with compassion and understanding. This parenting strategy contrasts with traditional discipline that uses punishment and rewards or permissiveness.

Positive role modeling and guiding children's behaviors with compassion and understanding are effective parenting strategies.

While the phrase "loving regulation" may seem awkward, patients often find the strategy itself helpful in improving the health behaviors of both their children and themselves.

Loving regulation:

- Never interrupts children's experience of being loved, admired and respected by their parents/caregivers[27]
- Is not the same as positive reinforcement, which rewards children's "good" behavior in an effort to increase that behavior
- Allows the caregiver to provide positive care, attention and guidance to children whether they are displaying "good" behavior or not

Unconditional parental care allows children to develop a conviction that they are inherently good and valued, even when they are struggling, and to acquire genuine self-esteem and healthy self-regulation.

What are some of the cultural and environmental challenges to healthy eating and physical activity?

Cultural and environmental factors challenge the process of improving healthy eating and physical activity habits. By modeling positive caretaking, physicians can impact their patients' constructive caretaking motives for themselves and their children.

Cultural and environmental factors challenge the process of improving healthy eating and physical activity habits. Today's parents and caregivers lead busy and often stressful lives and children are frequently left unattended for hours at a time watching television, playing video games or eating convenient, but unhealthy snacks. Families may frequently eat out instead of preparing more healthy meals at home. Many parents and caregivers lack the education or awareness about the importance of a healthy lifestyle, and some may follow cultural customs that are no longer healthy in today's modern environments. Others may lack basic cooking and food preparation skills, and/or live in areas with limited access to healthy foods and safe areas for walking or other physical activity. Finally, the extensive marketing of unhealthy foods, particularly aimed at children, and the easy availability of highly palatable but unhealthy foods (e.g., vending machines) present additional challenges to people's efforts to support their own, and their children's, healthy choices. These challenges make it all the more important for physicians and other members of the health care team to provide effective health behavior change counseling.

The following section describes specific counseling strategies physicians can use to strengthen their patients' constructive caretaking motives for themselves and their children.

Adding to the physician's tool kit: Three intervention strategies to enhance health behavior change

The good news is that patients maintain an innate motive for genuine self-care regardless of their experiences over time. It is never too late to engage those motives. Physicians can initiate a brief conversation with all adult patients about healthy lifestyle choices for themselves and the children in their care. In addition, physicians can provide information, resources and referrals to patients who are ready to implement health behavior changes.

Practice suggestions

The following three intervention strategies will help physicians engage their patients' constructive self-caretaking motives, even during short office visits.

Apply caregiving motives. By distinguishing between their own professional caregiving and personal motives, physicians can learn to set aside personal motives and apply caregiving motives to better support their patients' self-care abilities.

Prepare for relapse/backsliding. Physician reassurance that patients' relapses/backsliding are temporary reactions to positive changes makes it easier to help patients get back on track toward a healthy lifestyle.

Convey a loving regulation approach. Explaining the healthy modeling and loving regulation approach to adult patients helps them help their children make healthier choices—and provides further motivation for their own lifestyle changes.

Tool No. 1: Apply caregiving motives and focus on patients' self-care abilities

Physicians have both caregiving and personal motives.[21] Caregiving motives are motives to be responsive to patients' needs with the goal of helping patients take better care of themselves. Personal motives, on the other hand, reflect the physician's personal beliefs and feelings.

The physician can provide effective care by:

- Recognizing personal feelings and thoughts based on personal motives
- Focusing on the physician caregiving role
- Reframing thoughts to focus on the patient's needs

Some personal motives that can commonly get in the way of physicians assisting patients with healthy eating and physical activity habits include:

- Pessimism about patients' ability to change
- Negative views of obese patients
- Discomfort discussing a topic that may make a patient feel defensive or angry
- Denial that a problem exists for a patient
- The belief that the physician cannot make a difference in the time he or she has with patients
- Wanting progress to be faster than possible with patients whose conflicting motives for change stand in their way

Physicians can reframe their thoughts to focus on the patient's positive self-caretaking motives and abilities.

For example ...

Physicians have reported that one reason they do not talk with their patients about obesity is because they feel pessimistic about patients' ability to actually change.[14, 28] Pessimism in this case is an example of physicians' personal feelings that do not necessarily represent an accurate view of patients' individual potential and will. In fact, personal motives may prevent physicians from recognizing patients' constructive motives for change.

When a physician does not believe a patient is capable of making behavior changes, he or she may choose not to initiate an important dialogue about the patient's health behaviors. A physician may also become discouraged at the first sign of ambivalence or resistance rather than remaining available to engage the patient's constructive motives for change. Self-awareness about this pessimism toward some patients will empower the physician to understand the patient more accurately, making himself or herself available to help the patient address lifestyle challenges.

For example ...

A physician might become aware of a negative thought such as "this patient has been overweight for years and will likely never be motivated enough to lose weight." The physician can then reframe that thought: "This is my personal belief, but as the caregiver I need to listen to the patient's unique needs and help her identify ways that will work for her to lose weight." Physicians can build effective counseling habits by routinely setting aside personal views in this way and discussing healthy eating, physical activity and/or weight management with all patients in their practice.

Tool No. 2: Prepare for relapse/backsliding

Relapse or backsliding ≠ permanent regressive behavior

For many patients, behavioral patterns can be long standing and difficult to change. Permanent change may involve a number of relapses/backslides. When physicians can be positive, patient, and persistent, especially during setbacks, it makes a difference to their patients' success.

It is very common for patients to experience negative (aversive) reactions in response to positive gains. Making positive changes can feel foreign to individuals who have been stuck in self-defeating patterns for a long time and may create a dynamic in which the individual returns to a more comfortable (albeit unhealthy) pattern of behavior. This process represents a temporary setback. [21, 22, 27]

Physicians can understand these relapses/backslides as common and usually temporary, and alert patients that these can be a normal part of the change process. The physician can also help patients prepare a relapse/backsliding prevention plan for handling setbacks, including what the patient might think, say and/or do when a lapse is first noted. Awareness of and preparation for setbacks will make it easier to stay positive and get back on track.

Practice suggestions

A relapse/backsliding prevention plan can help a patient recognize and prepare for lapses and seek the help he or she needs to avoid a longer term relapse/backslide. Some questions to answer in the relapse/backsliding prevention plan are:

- What situations or feelings might get in the way of my sticking to the new habit?
- What can I do in advance to prepare for those situations or feelings?
- How will I know if I have had a lapse?
- What will I tell myself and what will I do if I have a lapse to help me get back on track?
- Who can help me avoid lapses and who can help me get back on track?

Physicians should be aware that patients' responses to relapses/backslides can sometimes be harsh; in such cases, it is helpful for physicians to remain supportive and positive, refocusing the conversation on the positive gains the patient has made.

Tool No. 3: Convey a loving regulation approach

Entire families can benefit when caregivers/parents serve as positive role models to guide and regulate eating and physical activity behaviors with compassion and understanding.

The loving regulation approach[27] is a way for parents/caregivers to guide children away from unhealthy behaviors without attaching negative consequences or using rewards to obtain compliance. Caregivers/parents serve as positive role models who guide and regulate with compassion and understanding. Short-term parenting strategies—e.g., remaining positive, understanding children's feelings, offering healthy foods and plenty of positive, active time together—operate in the service of the long-term goal of helping children internalize their caregivers' positive care, and attain the capacity to take good care of themselves and their bodies for all their lives.[27]

What are guidelines to teach parents/caregivers about how to help children develop strong self-esteem?

As adult patients begin to make changes in their own health habits, the physician can also assess their readiness to address the eating and physical activity behaviors of the children in their lives. For many patients, the health of their children provides further motivation and support for their own lifestyle changes. For patients who are not ready to make changes, the physician may appropriately listen to their concerns, provide information and discuss their ambivalence. There may be an opportunity during future appointments to discuss the patient's desire to make a change and serve as a role model for the family.

Because children's capacities to take care of their bodies and health develop in response to copying the model of care received,[27] it is important to first help parents and other caregivers understand how to strengthen their relationship with children (and not only as it relates to healthy eating and physical activity). Children with healthy self-esteem (and thus healthy self-caretaking) are able to turn to helping relationships and inner psychological resources to manage the ups and downs of everyday life.

Practice suggestions

Physicians can provide the following guidance to parents and caregivers:

Children copy the care they receive. Encourage parents/caregivers to provide as much focused positive attention as possible to their children and be actively involved with their children.

Build a positive, partnering relationship. The best way to help children take care of their bodies is to build a positive relationship and partnership with them, as this will in turn build positive self-esteem.

Listen to children's feelings. Children should learn to turn to relationships for comfort and learn to cope with their feelings in a constructive way—especially when children are upset—rather than turn to food or other external stimulation to deal with their feelings.

Help children regulate their behaviors using the loving regulation approach. Rather than use punishment or rewards to manage immature or out of control behaviors, the caregiver can offer the relationship as a way to comfort children, not food or rewards. Children will come to prefer relationship involvement and enjoyment and be less likely to use food to comfort themselves in the future.

How do these three intervention strategies enhance health behavior change?

The physician's counseling objective is to tilt the balance in favor of patients' constructive self-caretaking motives by recognizing, engaging and building upon patients' innate constructive motives to be healthier. The focus on caregiving motives helps physicians stay engaged in assisting their patients even when the change process is slow or difficult. This includes having an accurate understanding that relapse/backsliding is a part of the healing process of change, which helps physicians stay positive and available to patients experiencing such setbacks.

Loving regulation offers an additional strategy for parents and caregivers to provide the kind of care children need to grow up to be adults who take good care of their health. Children's ability to take care of themselves rests on their essential need to feel loved and loveable. Enhancing the self-caretaking motives and behaviors of adults, and empowering them with loving regulation strategies for caring for their children, makes it easier for all members of the family to maintain a healthy lifestyle.

What is most important to convey to parents/caregivers?

Model healthy eating and physical activity. Children copy their parents/caregivers and internalize the care they receive. By eating healthy foods and getting plenty of physical activity, you are taking good care of yourself and modeling a healthy lifestyle for your child.

Encourage healthy choices through loving regulation. Step in to regulate problem behavior with compassion and kindness. It is the best way to help children learn to, and want to, make healthy choices going forward. Don't reward, punish, withhold privileges or use permissiveness. Spend plenty of positive time with your child and provide him with healthy choices.

Build a positive relationship with your child. A close and positive relationship between caregiver and child builds the child's positive self-esteem, the most important factor in her lifelong capacity to take good care of herself and her body.

Summary

While the growing epidemic of overweight and obesity poses challenges for physicians and for the health of this country, it also represents an important opportunity. Physicians can become more effective at preventing and treating obesity through interventions that apply their professional caregiving motives, help patients prepare for relapse/backsliding, and convey a loving regulation approach for helping parents/caregivers improve the health of their children. Promoting healthy families helps create an environment supportive of healthy behaviors for all patients.

This paper has:

- Explained patients' dual underlying motives for lifestyle choices and behaviors—including constructive motives to eat well and engage in adequate and appropriate physical activity, as well as competing, learned self-defeating motives for unhealthy choices
- Described relapse/backsliding (also termed aversive reactions), why it represents a positive sign in terms of patients' efforts to make healthy lifestyle changes, and how to help patients stay motivated and optimistic during these common setbacks
- Discussed how physicians can effectively approach all adult patients about issues related to weight management, and help them understand the long-term implications of a poor diet and a sedentary lifestyle for themselves and the children in their lives
- Outlined how physicians can engage adult patients who are parents or caregivers in discussing and modeling the basics of the loving regulation approach—an approach that helps children achieve the long-term goal of valuing their health and taking good care of their bodies
- Described an approach that can help physicians recognize *their* personal motives, reframe negative thoughts, engage with patients and remain optimistic about strengthening patients' innate constructive motives to live a healthy life—and to help their children do the same

By applying these interventions, physicians can enhance their ability to build more constructive relationships with their patients—relationships in which the patients' motives to make healthy choices for themselves and their children are strengthened, and patients are able to turn to their physicians for guidance and encouragement when they relapse or backslide. While the process of change is incremental, physicians have a unique and powerful role in helping to reverse one of the most serious epidemics this country faces today.

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Appendix

Guidelines for a loving regulation approach to behavior change

The following are helpful guidelines for loving regulation that physicians can share with their patients about how to support children's healthy lifestyle choices:

- Children copy parents/caregivers' model of care including how the adults care for their own bodies and health.

  The best way to teach children how to eat healthfully and be physically active is to do it yourself—model it!

- Do not get into power struggles over food. Parents/caregivers cannot directly control a child's eating and they will lose every time.

  Instead, patients/caregivers can create a healthy environment that does not tempt children to eat things they cannot regulate themselves.

  It is best to help children manage their health behaviors by keeping junk food out of the house and by keeping healthy food in the house. Have children help with meal planning and making meals.

- Parents/caregivers need to help children regulate food intake to prevent obesity.

  Step-in and manage the child's behavior while staying kind and positive towards the child.

  > *For example ...*
  >
  > *If the child says she wants chips from a vending machine, the parent using loving regulation would respond by saying, "You know I can really understand why you want those chips—I know how much you like them (compassionate part). But I also know that you and I want to take good care of you so you can be happy and healthy and so it is not a good idea to get the chips (regulation part). Let's think of something else we can have that will satisfy you (alternative solution)."*

- When parents/caregivers are unsuccessful at helping children develop the capacity to choose healthy foods and get enough physical activity, they commonly either are too permissive (allowing high calorie desserts every night) or punitive (restrict sweets of any kind, ever—or force children to eat everything off their plate).
- Never use food or physical activity as a reward or punishment. This can cause children to develop unhealthy relationships with food or physical activity, including the development of disordered eating patterns or eating disorders, some of which might contribute to obesity. Instead, use a loving regulation approach—a middle ground in which parents/caregivers are positively involved with their children, guiding with compassion and informed care.
- In obese children, their motives to engage in unhealthy eating and physical behaviors may be ingrained and may require more than just parental changes. The obese child may need a referral for additional professional intervention in conjunction with counseling from the physician.

Physicians can help parents/caregivers understand:

- It is important not to be permissive or punitive with children when children get upset because the caregivers tell them they cannot eat/do something.

- Caregivers often give in to unhealthy behaviors because they cannot tolerate the child's unhappiness, or become harsh because they view the child's behavior as spoiled or manipulative. However, these responses not only give the child the message that the caregiver cannot help them, but may backfire in that the child may then to turn to food or unhealthy behaviors for comfort. Caregivers can know the following:

  While the child may protest, he will also feel cared for when the caregiver does not give in or become angry with him but is understanding. As a result, the child will know the caregiver is trying to keep the child healthy and safe—not only helping him take care of his physical health, but enhancing his self-esteem in the process.

  Never get angry at the child for wanting to eat in an unhealthy way—this will only cause the child to feel worse about herself. Show that you understand, then offer a healthy alternative: "I know why you want it (e.g., second helping of cake) but we have this other commitment which is to be healthy; let's go for a walk."

Using loving regulation to help children choose **healthy foods**

DO

- Do eat healthy foods and choose smaller portions. Children often copy their caregivers over time.
- Do provide an array of healthy foods in the home and include them in every meal.
- Do view healthy eating as a normal part of family life.
- Do prepare meals together and make it a time to enjoy each other and eat well.
- Do ask your children what they would like to eat and offer them choices if you can. Ask them what fruits or vegetables they would like to eat at a meal or snack.
- Do remain positive, even if your children do not want to eat healthy right away. In the long run, it will help them to want to try new healthy foods.

DON'T

- Do not punish children or put them down if they refuse to eat healthy foods. Be open to hearing their feelings.
- Do not keep a lot of junk food in the home.
- Do not use food as a reward for being good, and do not restrict food as a way to punish them.
- Do not give too much praise, even when children do choose healthy foods. The habit of trying new foods is more likely to stick if they feel like it is their choice. For them, it should feel good to have the choice to taste new foods.
- Do not force it when children do not like a certain food. Instead, try something new and healthy next time.
- Do not take it personally when children refuse to eat what you have prepared.

Keep healthy foods in your home and be a role model by eating healthy foods yourself. Over time, with your support, children will choose healthy ways of taking care of themselves.

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Using loving regulation to help children choose **physical activity**

DO

- Do get active! Children often copy their caregivers over time.
- Do give your time and support to help your children pursue healthy behaviors such as being more active.
- Do ask your children about how they might like to become more active and offer them choices if you can. Find out which sports or activities they want to join.
- Do view being active as a normal part of family life. Try simple things like walking instead of driving, walking the dog, taking the stairs, etc.
- Do make it fun to be active rather than a chore. Find games for children that involve spending time with each other.
- Do remain positive, even if your children do not want to be active yet. In the long run, it will help them want to take care of their bodies and get active.

DON'T

- Do not punish children or put them down if they refuse to be active. Be open to hearing their feelings.
- Do not allow your children to watch TV or play video games for more than two hours per day.
- Do not reward children for being active, and do not restrict being active as a way to punish them.
- Do not force children to do something they do not enjoy. Find something else that they might like.
- Do not permit your children to sit around for hours at a time. If you cannot be home, arrange to have someone be active with your children inside or outside.
- Do not expect children to be active on their own without your help. Decide as a family on fun things you can do as a group (taking walks, going to the zoo, etc.).

Provide ways for your children to be active and be a role model by being active yourself. Over time, with your support, children will choose healthy ways of taking care of themselves.

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