

APPENDIX E

Read the Video Script

October 29 – November 3, 2009: Completed by Mia and Stephanie

This document combines our individual reviews into a consensus document.

1. For ABCDEO

A	57-62	Mentions weight of A in relationship to parents (large and overweight); genetic predisposition; “she’s a big girl”
	97 - 105	Mom is concerned with A weight; probe on parents lack of concern; Angela seems to look just like them (friends) in terms of body weight/size
	108 – 116	Nutritionist discusses the height with respect to the “normal growth” ; Reinforces the growth curve.
B	15 - 16	Last visit concern was about iron
	51 - 52	Concern that too much milk was interfering with iron intake
	135-140	Improved iron level this visit; Goes back to iron issue/ fluids Reduce iron intake via lowered intake of iron rich foods (relationship to feeding practices and eating behaviors); no identification of specific iron rich foods
C		
D	9	Picky eater
	18-19	Goal acknowledgment
	13, 16, 18	Drinking a lot of fluids
	23	No appetite at dinner
	28 - 33	Better appetite on weekends for dinner but still picky (only at Gma during weekdays)

- 45-49 Response to questions about what to give
- 55 Mom is concerned is still not eating enough and the diversity of what she eats
- Dietary intake – chicken nuggets/pizza/pork roast is a question/sausages (cpa should note these are high fat foods with high satiety value)
- Mom notes child still not hungry at supper time
- 57-62 Types of foods served commonly at home; food jags or limited receptivity; only likes/wants certain foods
- 63-68 Portion size - Mom demonstrates with hand
- 70-72 Drill down to indicate number of bites to give idea of eating behaviors at supper
- 75 Feelings of fullness
- 108-120 Reassures Mom about growth and individualization of growth pattern and the relationship to increased fluid snacks (i.e., juice and milk [note this item is also cross-listed in “A”])
- 141-144 *Ah hahs on iron rich foods from WIC* and help Grandmother up WIC foods for snack
- 193-202 Favorite foods – knows she will eat
- 202-205 New foods are introduced with no fanfare and she is forced to sit there until she eats it ; new foods not introduced in combination with familiar or favorite foods and may not be done in a positive manner
- E 21-25 Drilling down to expand info on fluid intake; at Gma’s house during the day; Effort on p part to reduce fluids
- Unsured of what is done in day with Grandmother/ Mom verifies Angela is with her Gma; Mom acknowledges that she needs to ask Gma more of what is happening during the day.
- 27-29 Parents both work

- Eats dinner with nuclear family during week and breakfast and lunch with Grandmother
- 31-36 Eating patterns and food behaviors/trying to define what picky means/ discussion/probe on what is going on at Gma – change at last visit (juice easier to decrease fussing) [Note: this section is all about the current eating environment ~ At some point Mom’s knowledge and attitude about picky eating needs to be assessed and education provided accordingly.]
- 37 Direct question with respect to Grandmother reducing fluid intake
- 38-44 Affirmation of behavior with Grandmother – who is cognizant of WIC fluid intake information
- Affirmation of milk and juice with meals
- Resolves what to do when child is thirsty – water
- 76-77 Feeding practices of grandmother – tells me if she is eating just prior to coming home from Grandmother
- 78 Not fully aware of what is going on at Gma house in terms of feeding
- 91-93 Synthesis of issue by cpa. Appetite is good on weekends /less good on weekdays (isolated the feeding pattern)
- Realistic portion sizes
- 130 Gma large and has difficulty with mobility but still trying to get Angela
- Outside and to park more (or should this go with 126-130 in Other category).
- 149 Direct movement into how much she is eating and meal patterns
- 166-177 Clarifies the meal pattern. Home – most meal with family (not so with husband on nights). Makes sure the child sits through family meal – tries to get her to eat more food.
- 174 – 177 Sit down and eat meals together if both parents home but Dad

		likes to watch TV
	182-185	Introduces smaller plate to make portions more reasonable and increase interest in feeding
	187-192	Has she tried anything other than forcing Angela to sit until all are finished / She is concerned about parity with others in family Full stomach reduces whining later
	206-209	Dad models not eating foods he does not like
O	78-83	Money is tight / must use Grandmother for daycare
	85-90	Issue of telling Grandmother to reduce snack/how to reduce amount and when. Have Grandmother reduce amount of snack. We (unclear who the WE is... household we or pairing of Gma and Mom) could try giving less. I need to ask Grandmother the question.
	107	Angela is not picked on (implies so she must be okay).
	126-129	Introduces concept of activity and exercise to "burn off" calories /doesn't push just asks about Gma being not too active
	154-165	Discussion of intake and relationship to sugars/food in mouth and relationship to dentist (referral)
	160 – 161	Hasn't seen dentist yet; possible risk for dental caries
	211- 214	Throwing out food(is wasting money – but this reason is generated by the nutritionist and not Mom) and she hates that

2. For Question / Interview role modeling of best practices

6	Greeting
1-12	Rapport building and goal follow-up

12-13	Knowledge of last goal
24	Showing follow-up, continuity
43	Positive feedback
54	Focus on participant concerns
62	Holding anthro info/concern until later in appointment
81 – 83	Empathy
87 – 88	Reasonable problem-solving strategies to provided desired feeding practice change
91 – 93	Tying information together – set up for education
126	Corrected misconceptions that are ‘dangerous’ but held others until all ABCDEO collected

Part 2: Collected information before providing any ‘education’

3. Consider the SCIENCE side = “Systematic approach for information collection”

Greeting --- Open-Ended Questions ---- Probing --- Paraphrasing/Repetition to encourage Mom to elaborate and to check that information is understood ---- Response to Questions as appropriate ---- Listen to hear/learn Mom’s main concern(s)

149 – 150 = Good transition phrase example to move to next area of inquiry

4. Consider the ART side = “Participant Focus” and “Interview and Communication Techniques”

This is done exceptionally well in the script. Casey has a knack for being both focused and moving the script along to include the information.

MUST reinforce that the actors model Casey’s empathy. (JPL should listen to the tone of the recording)

- 6 Greet Mom and asks how she is doing
- 8 Asks open-ended question on how Angela is doing
- 20, 43 Positive feedback
- 21 Probes further on fluid preference
- 54 Checks Mom's main concern – picky eating; not the iron
- 63 Keeping focus – nutritionist keeping diet assessment on track and trying to understand more about mealtime; portion size to look at accuracy of perception about picky eating
- 115 – 116, 135, 145 – 147 Reinforcing the outcomes of positive changes made by Mom and Gma [115-116 on weight, 136 – 137 iron]
- 166 Attention to Mom's concerns; go over picky eating since this is a major concern

5. How are "Environment" and "Engagement" being emphasized?

Environment was fairly well pulled out. Sticky issues with another person (Gma) feeding the child is important.

Engagement is excellent. Casey did not pontificate the new information. New information was well tied to current issues of feeding practices and eating behaviors. Did not get to real preparation issues with foods; did not focus on adding fruits and vegetables.

- 98 "brainstormed about Gma"
- 117 – 118 Negative feelings about a WIC staff telling mom each time that Angela is "fat" ; and disconnect with what WIC says and the doctor has not said

6. Where are we influencing learner :

Knowledge

- Feeding practices with respect to fluid intake ; Influence of fluid intake on appetite;
- When feeding practices interfere with mealtime hunger and consumption
- Types of fluid; water okay!
- Portion size
- Nutrition of iron rich food – only WIC foods used no other examples
- Environmental influence differences : conditions of weekday vs. weekend
- Standard growth pattern

108 – 116 = understanding anthropometrics – growth pattern

126 = no dieting for kids

139 – 144 = WIC cereals as an iron-rich food source

160 – 164 = good age for Angela to see a dentist and referral

195 – 202 = thinking about Angela's favorite foods

202 – 204 = thinking about how new foods are introduced

Attitude

- Empowering her to talk to Grandmother
- Trying to deal with the issue of weight “normalcy”
- Is trusting of WIC advice
- Did not denigrate the WIC staffer who said at weigh-in A was fat. Instead went to the correct explanation of growth. Tries to reinforce the appropriate understanding of growth and where A is currently.

99 – 107 = probe on Mom’s feelings about Angela’s size.

Skills

- Small change strategies (request decrease size of snack not elimination at Gmas)
- Reinforces the good behaviors

42-44 Dealing with Gma

47-49 Hydration

143 – 144 How/when/what to talk with Gma about; seems while Mom has some reservations because she relies on Gma – she does have open communication with her

Values

- Does not want to waste food (because of money? Other reasons?)

36 Nutritionist ignored Mom’s comment about Angela not liking her cooking; Nutritionist should tell Mom she is not a bad cook – empowering of feeding competence

113 "Growing into weight"

115 – 116 Positive feedback on change made in fluid intake - likely positively related to change in growth pattern in last few visits

7. Is the script "real world"

Yes

8. Where are the holes or areas to re-examine?

ABCDEO: Absolute No Clinical Category information.

- *NEED to incorporate something like: "Looking at records from the last time, I see that Angela does not have any medical conditions. Is she still doing well – no changes since the last visit?"*
- **Also, had talked about the possibility of including lead referral.**

36 Does nutritionist need to reassure Mom here – boost her confidence ?

YES: Change Line 37 to read: Oh, I'm sure its not your cooking – developmentally at this age, it is normal for children to prefer those foods that they are most familiar with and are starting to assert their independence with their ability to choose foods. That's why we are here – to help you with some of these challenges!

62 Insert or hold anthropometric information and response ?

Not applicable since we are making folder 2 its own 'script' just for anthropometrics.

63-68 **Portion size - p demonstrates with hand : *Should do the tablespoon by year idea***

Yes, ADD: We will talk about good portion sizes for Angela later but a good rule of thumb is... a tablespoon offered for each year of age.

98 **Was "brainstorming" really demonstrated in Part 1 as referenced here?**

NO it was not so this has already been deleted as a term in the script.

166-177 **Consider adding a description of what the family meal is like – is having Angela sit through a positive thing or punitive.**

Shirley thinks this is okay and gets into parenting skills. Parenting skills often are overlooked by staff. Positive reinforcement should be added to the script...

At Line 182: ADD something like, "It is good that you are trying to teach Angela good manners by having her sit at the table while others are finishing their meal. This is not punishment for not eating, it is an enjoyable time to be together and to be considerate of those still eating".

182-185 **Does not provide WHY introducing a smaller plate might be beneficial**

185 **Be careful of the tone of this line.**

187-192 **Might be a good place to consider how long is it reasonable for a child to sit; also there are now a few indicators that Angela is "good or happy or satisfied when she is full (Gma fixes Angela's behavior this way and now so is Mom). Issue to consider is "Is food being used as a reward or a suppressor of undesirable/whiney behavior"?**

202-205 **Education point on introduction of new foods : 10-20 times exposure; discourage forcing to sit there and eat it; encourage try a bite.**

Could use this here to ADD a few lines at the end of the total script that provides a lead into the Education component of the visit. Let's talk about some ideas that we can talk about to help Angela at home....

212

Not sure if I like this nutritionist's assumption here that money is the participant's concern here about wasting food. Perhaps participant could introduce this reasoning not the nutritionist.