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)
Response to questions about what to give

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 (cfa should note these are high fat foods with high satiety value)

Mom notes child still not hungry at supper time

Types of foods served commonly at home; food jags or limited receptivity; only likes/wants certain foods

Portion size - Mom demonstrates with hand

Drill down to indicate number of bites to give idea of eating behaviors at supper

Feelings of fullness

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”]

Ah hahs on iron rich foods from WIC and help Grandmother up WIC foods for snack

Favorite foods – knows she will eat

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

Drilling down to expand info on fluid intake; at Gma’s house during the day; Effort on p part to reduce fluids

Unsure 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.

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

0    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  Greets 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
“Growing into weight”

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.

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

YES: Change Line 37 to read: Oh, I’m sure it’s 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!

Insert or hold anthropometric information and response?
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.

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.

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”.

Does not provide WHY introducing a smaller plate might be beneficial

Be careful of the tone of this line.

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”?

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.....

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.