

# New Year, New Attitudes: Resolutions for Counseling Weight Management

*Suggested Learning Codes: 5370, 6010, 6020, 6070*

## Learning Objectives

1. List evidence-based components of comprehensive weight loss programs.
2. Define and discuss Motivational Interviewing techniques their importance in behavioral change.
3. List and discuss the five dispositions that make an effective teacher.
4. List and discuss the top trends in weight loss programs.
5. List and discuss two categories of electronic tools that the RD can utilize to support clients' weight loss goals.





Active  
Listening

Empathy

Readiness  
to Change

# Behavioral Weight Loss Defined

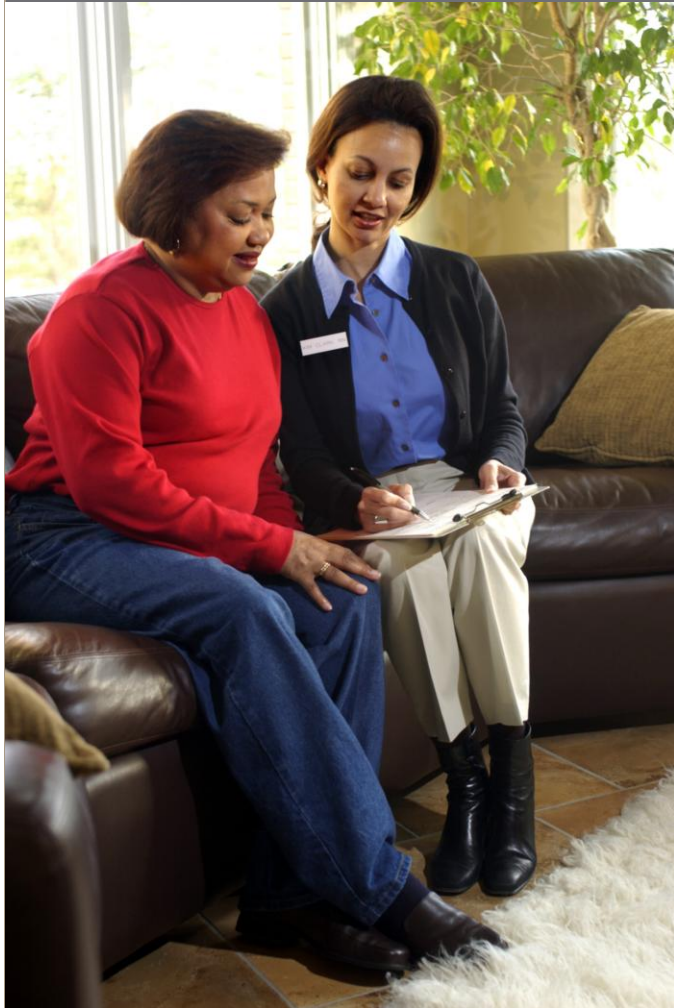
- Systematic delivery of lifestyle management related to diet and exercise delivered by a trained expert over 20-30 weeks (~ 6 mos.)
- Components include:
  1. Self-monitoring
  2. Cognitive restructuring
  3. Stress management
  4. Social support (expert and peer)
  5. Physical activity
  6. Relapse prevent

(Foreyt, *Obesity Research*, 1998;  
Wadden et al *Circulation*, 2012)



Beth Casey Gold, MS, RD

# Practical Application



- Evidence-based practices support weight loss success
- Adherence is key
- As the RD
  - **Listen** to what is currently working or has worked for him/her in the past (all “diets” work).
    - ✦ Disclaimer: Use professional judgment as to what is considered safe.
  - Utilize the **OARS** acronym of MI: **O**pen-ended questions, **A**ffirmations, **R**eflections, **S**ummaries

(Miller WR, 2002)

# Practical Application

- Create or augment a framework that will work for them now (Research supports a reduced calorie, reduced fat (25%) plan if they need a framework).  
(DPP Research Group, *Diabetes Care*, 2002)
- Empathize and support *their* process so that consistent adherence is possible utilizing the components of an evidence-based behavioral weight loss protocol.



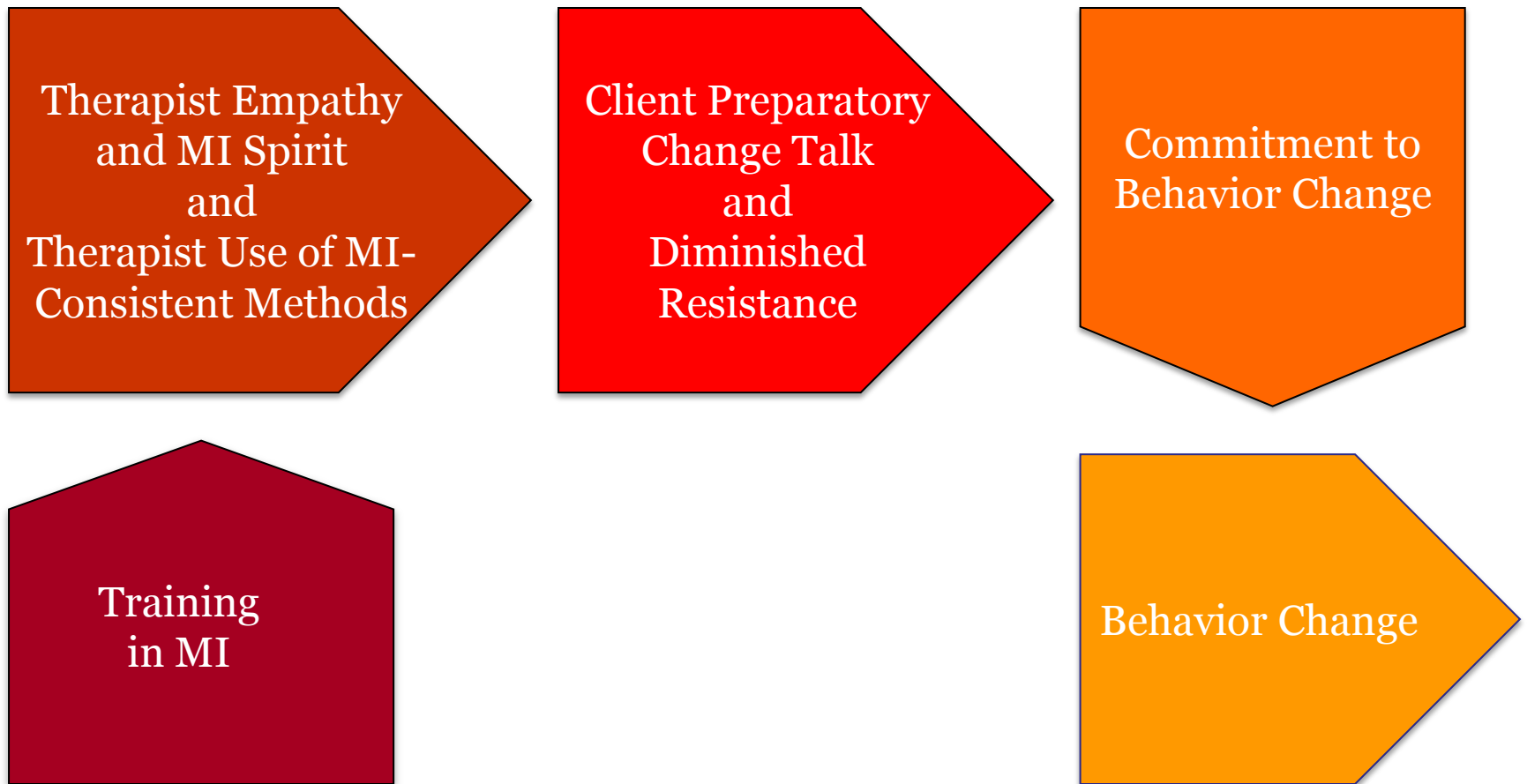
# What is Motivational Interviewing (MI)?

- A collaborative, **goal-oriented** method of communication with particular attention to the **language of change**.
- It is designed to strengthen an individual's motivation for and movement toward a **specific goal** by eliciting and exploring the person's own arguments for change.



Molly Kellogg, RD,  
LCSW

# Hypothesized Relationships Among Process and Outcome Variables in MI



(Miller, *Am Psychol*, 2009)



# Evidence for Effectiveness of MI

- Enhances adherence to program
- Improves outcomes
- Works best as approach within a full behavioral program

(Spahn et al, *J Am Diet Assoc.*, 2010)





# The Spirit of MI



- Collaboration
- Evocation
- Autonomy
- Compassion

# The Foundational Skills of MI

- **O**pen-ended questioning
- **A**ffirming
- **R**eflecting
- **S**ummarizing



# An Open-Ended Question Sounds Like...



1. How much weight do you want to lose?
2. What strategies have worked for you in the past?
3. How is your current weight affecting your life?
4. Could you describe how your life might be different if you lost weight or adopted a healthier lifestyle?

# Reflective Listening

- Reflective listening is a method of active listening wherein the listener illustrates comprehension by repeating, or parroting, what they have been told.
- Reflective listening is designed to improve communication through empathy and paraphrasing, and helps listeners gain greater clarity of instructions, feelings or desires.
- **Useful in both professional and personal life**, reflective listening skills aid problem solving and build lines of communication.





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## Active Listening

- Active listening helps clients clarify what's working well and where they can make changes, and encourages them to set their own specific and realistic goals.
- Instead of focusing on an agenda, ask clients to tell you what they want to get out of working with you.
- Part of active listening is reflecting back to the speaker, giving them plenty of time to talk without interjecting questions.



# Coaching the Client



*As a coach, your view is from the passenger side of the car. You travel alongside your client, assisting as needed.*

- Transitioning from counseling to coaching requires learning to listen at a much deeper level, asking powerful questions, and seeing each client as capable of creating their OWN solutions.
- Help your clients find their own reason to drive the car themselves in order to achieve lasting change.



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Distinguished  
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Heather Leonard, RD

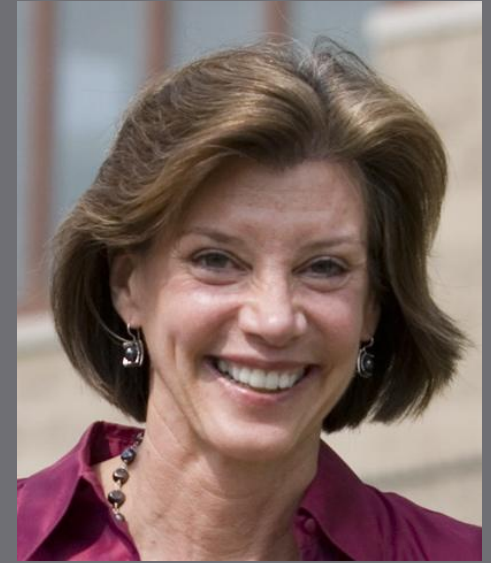
## New Paradigm: Facilitator

*A facilitator is someone who helps a group of people understand their common objectives and assists them to plan to achieve them without taking a particular position in the discussion.*

- Help clients uncover their own barriers and discover the strategies that will work best for them.
- By putting clients in the drivers seat, you empower them to make changes and build their self-confidence.
- Empathy goes a long way in building a solid relationship with the client and helping them create and achieve goals that are realistic for their lives.

# Similarities with Shared Decision Making

- Collaborative process
- Engages the patient
- Takes into account the patient's values and preferences
- Provides options
- Patient has an active part in their care
- *“You really listened to me.”*



Eileen Myers, MPH, RD,  
LDN, FADA

# Screening for Overweight is Uneven



The likelihood of obesity screening and counseling appear to depend on each family's geographic location, race, and socioeconomic status.

(Liang et al, *Pediatrics*, 2012)



Angie Hasemann, RD,  
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# Genetic and Nongenetic Factors Can Affect Children's Eating & Weight Development

- Respect the dynamic
- Lead by example
- Short attention spans: Pictures
- Help parents build parenting skills
- Healthy or Skinny?
- Labeling pitfalls
- Goals and guidance
- Small steps: KISS

# Effective Helping Professionals

- Humanistic counseling and education
- The right and responsibility of persons to choose their own best ways, using their own best judgments
- Meaningful research into the qualities of good helper

(Combs 1981)



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# Effective Health Professionals: What a Person Believes

1. **Beliefs about the significant data.** Good helpers are people oriented; they are sensitive or empathic.
2. **Beliefs about people.** Good helpers hold more positive beliefs about the people with whom they work.
3. **Beliefs about self.** Good helpers hold positive beliefs about themselves.
4. **Beliefs about purposes or priorities.** Good helpers hold beliefs about purposes that are more people oriented, broader and deeper, and concerned with freeing rather than controlling.
5. **Beliefs about personal openness.** Good helpers hold beliefs that allow them to be more self-revealing than self-concealing. They are characterized by authenticity in their beliefs.

(Usher et al, 2003)



# Commitment & Trust



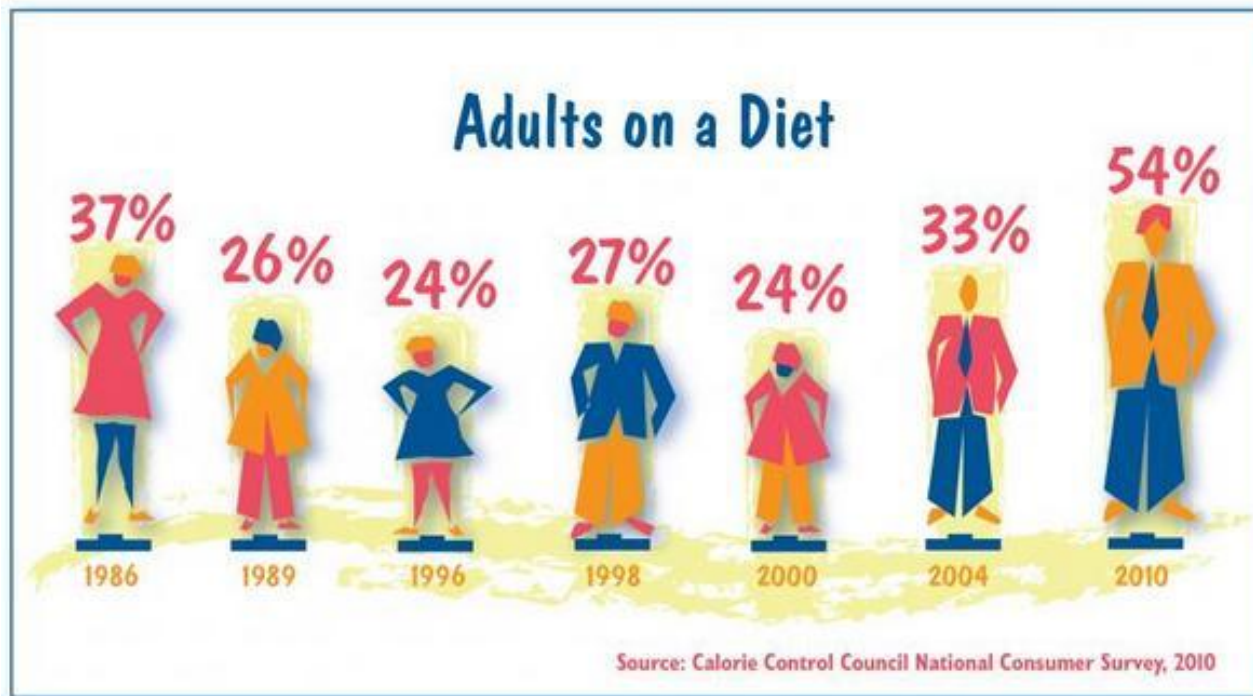
Anne Wolf, MS, RD

- Understand expectations
- Empowering choice
- Ongoing support
- Increased retention
- Positive reinforcement
- Multiple goals

# Diet Data



# Trends and Statistics



54% of adult Americans are currently trying to lose weight.

# Value of the Major Market Segments

(\$ Billions)	2009	2011	2012	2013
Diet Soft Drinks	\$21.06	\$21.78	\$22.15	\$22.55
Artificial Sweeteners	\$2.48	\$2.60	\$2.66	\$2.73
Diet Foods (dinners only)	\$2.27	\$2.40	\$2.16	\$2.18
Commercial Centers/Chains	\$3.23	\$3.42	\$3.42	\$3.51
Medical Programs*	\$2.47	\$2.42	\$2.41	\$2.48
Bariatric Surgery	\$3.36	\$2.97	\$2.85	\$2.94
Retail Meal Replacements, Appetite Suppressants	\$2.75	\$2.72	\$2.78	\$2.85
Health Clubs	\$19.5	\$21.4	\$22.0	\$22.68
Diet Books, Exercise Videos	\$1.21	\$1.02	\$1.13	\$1.22
<b>Total:</b>	<b>\$58.03</b>	<b>\$60.56</b>	<b>\$61.56</b>	<b>\$63.14</b>

\*Includes prescription diet drugs, VLCD/LCD programs, bariatricians' office programs, hospital/clinic/MD-based programs, RD and nutritionist plans.

(LaRosa, 2013)

# Major Market Developments: 2012-2013

Latest New Fads & Market Trends:  
Variety of Competitors Eroding Market Share

2013 has brought changes to commercial diet companies –  
lots of new management.

- Prescription Drug Sales
- Weight Loss Surgery
- Diet Books/Fad Diets
- Weight Watchers
- Multi-level Marketing
- Meal Replacements, Evidence Based
- Online: Websites, Mobile Apps (More than \$820 Million)

(LaRosa, 2013)



# Fad Diets



The Cabbage Soup Diet



The Juice Detox Diet



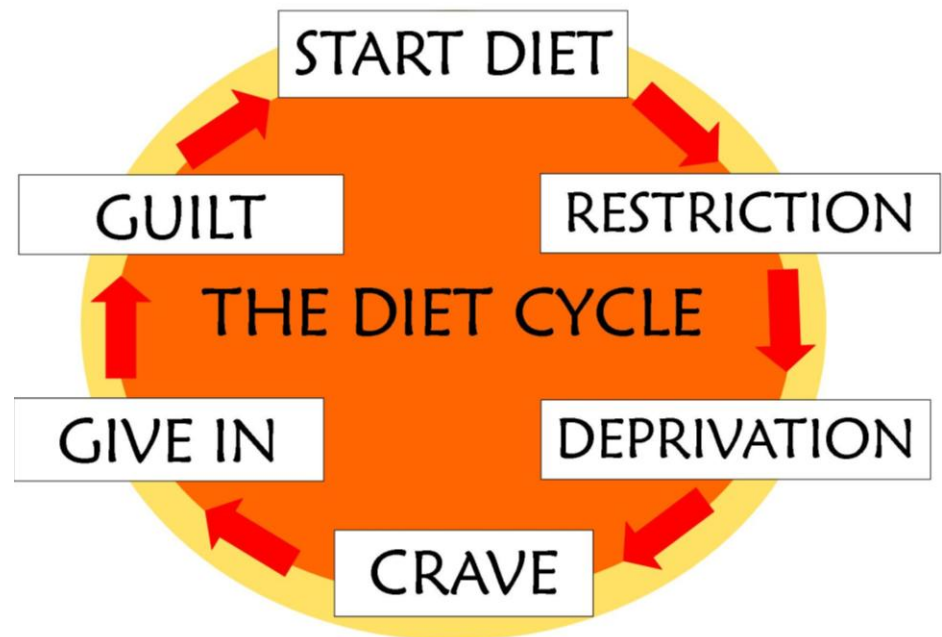
The Master Cleanse Lemonade Diet



The Paleo Diet



The 17 Day Diet





# Why Do Our Diets Fail ?

- Feel metabolism slowing down – 62%
- Splurge on favorite foods too often – 49%
- **Not enough self-discipline – 50%**
- Snack too much – 52%
- Often overeat at mealtimes – 37%
- **Often eat for emotional reasons – 41%**
- Eat too many high fat foods – 30%
- Don't eat properly at restaurants – 33%
- Only watch fat, not calories – 19%
- Only watch calories, not fat – 14%

(Calorie Control Council)



# All Diets Work

- Effects of 4 weight-loss diets differing in fat, protein, and carbohydrate on fat mass, lean mass, visceral adipose tissue, and hepatic fat: results from the POUNDS LOST trial  
(de Souza et al, *AJCN*, 2012)
- Reduction in total energy intake (calories) was most important for weight loss independent of diet composition
- Major predictor of weight loss was *adherence*
- High drop out rate indicates importance of *adherence*



# Edmonton Obesity Staging System (EOSS)

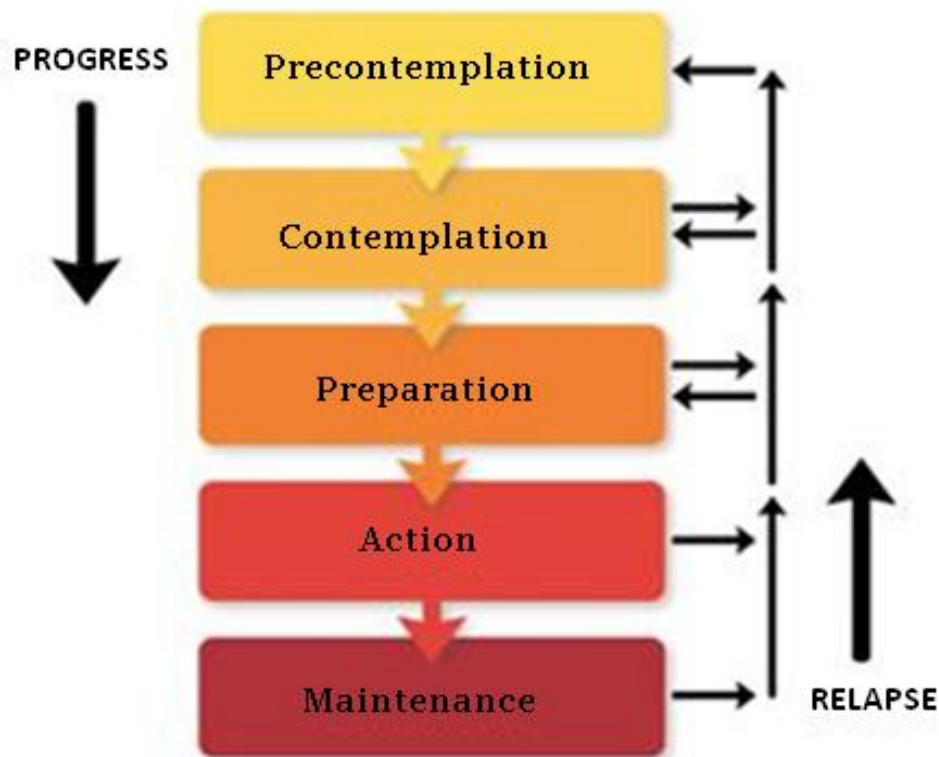
Stage	Cardiometabolic	Mechanical/ Functional
0	No Risk Factors	No functional impairments or impairments in well-being
1	<b>"Sub-clinical Risk Factors"</b> : Prediabetes, Metabolic Syndrome, NAFLD	Mild limitations and impairment of well-being
2	<b>End-Stage Metabolic Disease</b> : T2DM, Hypertension, Sleep Apnea;	Moderate limitations and impairment of well-being
3	<b>End-Stage CVD Disease</b> : MI, heart failure, stroke;	Significant limitations and impairment of well-being
4	<b>End-Stage Disabilities</b>	Severe limitations and impairment of well-being

(Sharma et al *Int J Obes*, 2009; Padwal et al *CMAJ*, 2011)

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# And What About “Readiness to Change”?

## THE STAGES OF CHANGE CONTINUUM



Source: Adapted from DiClemente and Prochaska, 1998  
(Adult Meducation, 2012)

# Behavioral Weight Loss Protocol



- How do you get people to stick to it (adhere)?
- 40+ years of research supports best practices for long-term weight loss
- Comprehensive program of lifestyle (behavior) modification is effective in inducing and maintaining 10% of initial body weight

(Wadden et al, *Circulation*, 2012)



# What Predicts Success?

- Predicting is difficult—studies have provided mixed results.
- The Look AHEAD study suggests that detailed food records are a good predictor.
- Hopefully, utilization of food records will provide an objective measure of predictability of success that can be repeated in future studies
- Dr. Tom Wadden identifies self-monitoring in preparation of and during intervention as a key predictor of success.

(Kyle, ConciHealth, 2013)





# Mobile Trackers



myfitnesspal 

 Lose It!

 JEFIT

daily  burn™

JAWBONE

 SPARKPEOPLE®

 MyNetDiary

 NIKE TRAINING CLUB

 fitbit

Withings

# Online Weight Management: Enhancing Practice



(Wadden et al, *Circulation*, 2012)

# A Partnership

- Goals for new clients – not too much, too soon
- Non weight goals – behavior goals
- Brainstorm rewards



Dana Notte, MS, RD



Susan Burke March, RDN, LDN, CDE  
Author of *Making Weight Control Second Nature: Living Thin Naturally*

# Thank You

Click the “Reference” tab on [CE.TodaysDietitian.com](http://CE.TodaysDietitian.com) for supplemental materials associated with this webinar.

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## Contact

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