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 and 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

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: Open-ended questions, Affirmations, Reflections, Summaries

(Miller WR, 2002)
• 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.
Hypothesized Relationships Among Process and Outcome Variables in MI

- Therapist Empathy and MI Spirit and Therapist Use of MI-Consistent Methods
- Client Preparatory Change Talk and Diminished Resistance
- Commitment to Behavior Change
- Training 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

- **Open-ended questioning**
- **Affirming**
- **Reflecting**
- **Summarizing**
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?

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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.
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.
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.”
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.

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)
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

- 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.

Source: Calorie Control Council National Consumer Survey, 2010
## Value of the Major Market Segments

<table>
<thead>
<tr>
<th>Segment</th>
<th>2009</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<tbody>
<tr>
<td>Diet Soft Drinks</td>
<td>$21.06</td>
<td>$21.78</td>
<td>$22.15</td>
<td>$22.55</td>
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<tr>
<td>Artificial Sweeteners</td>
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<td>$2.60</td>
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<td>$2.73</td>
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<tr>
<td>Diet Foods (dinners only)</td>
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<tr>
<td>Commercial Centers/Chains</td>
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<td>$3.42</td>
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<td>$3.51</td>
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<tr>
<td>Medical Programs*</td>
<td>$2.47</td>
<td>$2.42</td>
<td>$2.41</td>
<td>$2.48</td>
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<tr>
<td>Bariatric Surgery</td>
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<td>$2.85</td>
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<td>Retail Meal Replacements, Appetite Suppressants</td>
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<td>$2.72</td>
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<td>Health Clubs</td>
<td>$19.5</td>
<td>$21.4</td>
<td>$22.0</td>
<td>$22.68</td>
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<tr>
<td>Diet Books, Exercise Videos</td>
<td>$1.21</td>
<td>$1.02</td>
<td>$1.13</td>
<td>$1.22</td>
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<tr>
<td><strong>Total:</strong></td>
<td><strong>$58.03</strong></td>
<td><strong>$60.56</strong></td>
<td><strong>$61.56</strong></td>
<td><strong>$63.14</strong></td>
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</table>

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

(LaRosa, 2013)
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)

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

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

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And What About “Readiness to Change”? 

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, ConcienHealth, 2013)
Mobile Trackers

- myfitnesspal
- Lose It!
- SPARKPEOPLE
- MyNetDiary
- JEFIT
- daily burn™
- JAWBONE
- 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
Thank You

Click the “Reference” tab on CE.TodaysDietitian.com for supplemental materials associated with this webinar.

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Author of *Making Weight Control Second Nature: Living Thin Naturally*
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