Weight Loss: Counseling Strategies to Promote Behavior Change

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Case 1
• 45 yr old woman comes to see you for ongoing care of hypertension. She has had progressive weight gain over many years and now has a BMI=32, waist circumference=42”
• Fasting labs: Tg=220mg/dl, LDL=125 mg/dl, HDL=36 mg/dl, fasting glucose=112 mg/dl
• She has a Fm Hx of HTN, DM and CAD.
• She engages in no planned physical activity, no specific dietary plan.
• Says that she is worried about her weight but because of family obligations, just doesn’t have time to do anything about it.

Key Elements of Effective Counseling
• Ultimately the behavior change needs to come from the patient
• The patient must see a compelling need for change.
• The patient must feel confident that they can/will do what is suggested and that the proposed change will help.
• Be empathic and demonstrate it
General Approach

- Understand the patient’s beliefs and motivations. You cannot create motivation, you can only identify and redirect existing motivations.
- Always look to “put the ball in the patient’s court”.
- Avoid the temptation to start by giving advice.
- When in doubt, reflect back what the patient has been saying.
- Try to bring the conversation to specific measurable achievable skills/actions/goals.
Initiating the Conversation
• Ask the person how if they are concerned about their weight/diet/level of physical activity/health.
• Give them time to really answer
• Consider having them draw a weight history

Transtheoretical Model
• Model of the time ordered/sequential steps in behavior change.
• Transitions reflect person’s seeing a compelling need for change and developing confidence in making a change.
• Relies on self report.
**Case 1**

- Does she see a compelling need for change?
- Does she have an idea of what she wants to do?
- Does she feel confident in her ability to make meaningful behavior change?
- How can you have a productive conversation with her about these issues?

**Motivational Interviewing**

- First described in 1983 for the treatment of alcoholism
- Defined as a "directive client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence"
- Examination and resolution of ambivalence is its central purpose
The counselor focuses on ambivalence as opposed to teaching specific skills.
Readiness to change/resistance provide feedback about the counselor’s demands.
The therapeutic relationship is more like a partnership than an expert/recipient role.
Client is responsible for their progress
Build a sense of self-efficacy

Express empathy
Open ended questions
Affirmations
Reflective listening
Summarizing

The goal is to have the patient do most of the talking.
A person needs to see a compelling need to change. If you see ambivalence in their expression:
Ask questions like: “on a scale of 1-10 how much do you think your diet is causing your health problems?”
My diet is fine

“i would say it’s a 6”

My diet is a serious problem

That’s interesting, why isn’t it a 1?

What would it take to make it a 10?

We could focus on the adverse health consequences of obesity

Health Belief Model

• Posits that a person’s willingness to change relates to their perception of their vulnerability for illness and the possible effectiveness of treatment.

• Behavior change occurs if a person:
  – Perceive themselves as at risk for illness.
  – Identifies the problem as serious.
  – Convinced that treatment is effective and not overly costly.
  – Exposed to a cue to take health action.
  – Have confidence that they can perform specific behaviors that will be helpful.
Case 1

- 45 yr old woman comes to see you for ongoing care of hypertension. BMI=32, waist circumference=43".
- Fasting labs: Tg=220mg/dl, LDL=125 mg/dl, HDL=36 mg/dl, fasting glucose=112 mg/dl.
- Engages in no planned physical activity, no specific dietary plan.
- Says that she is worried about her weight but because of family obligations, just doesn’t have time to do anything about it.

What Really is a Compelling Need for Change: Core Values

- Case 1, does she see the health problems associated with her weight?
- Why then is she not making a change?
- Perhaps “health” is not her top priority and she is putting her diet below other more “important” priorities.
- How do we talk to her about this?

Values and Behavior Change

Core Value

Maintaining Good Health

Health Behavior
List of values, attributes, and goals and rates of endorsement in the Healthy Body, Healthy Spirit Project (n=135)

<table>
<thead>
<tr>
<th>Core Value</th>
<th>Values/Attributes/Goals</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Parent</td>
<td>Attractive</td>
<td>49%</td>
</tr>
<tr>
<td>Good Spouse/Partner</td>
<td>Disciplined</td>
<td>38%</td>
</tr>
<tr>
<td>Good Community Member</td>
<td>Responsible</td>
<td>13%</td>
</tr>
<tr>
<td>Strong</td>
<td>In Control</td>
<td>13%</td>
</tr>
<tr>
<td>On top of things</td>
<td>Respected at work</td>
<td>7%</td>
</tr>
<tr>
<td>Competent</td>
<td>Athletic</td>
<td>8%</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Not hypocritical</td>
<td>55%</td>
</tr>
<tr>
<td>Respected at home</td>
<td>Energetic</td>
<td>4%</td>
</tr>
<tr>
<td>Good Christian</td>
<td>Considerate</td>
<td>46%</td>
</tr>
<tr>
<td>Successful</td>
<td>Youthful</td>
<td>13%</td>
</tr>
<tr>
<td>Independent</td>
<td></td>
<td>16%</td>
</tr>
</tbody>
</table>

Numbers represent the percentage of participants in the HBHS project to date that have chosen as one of their core values.

Values and Behavior Change

Core Value: Being a good mother

Health Behavior

Case 2

- 45 yr old man comes to see you for advice about weight gain after having a myocardial infarction. His BMI=33,
- He wants to lose weight but US unsure what to do. He wants your advice.
- What stage of change is he in? Does he see need for change? Does he have confidence?
- What do you say and why?
Sample goals

- Keeping a Diet Log
- Getting a Pedometer and measuring steps
- Eating Breakfast
- Going to Weight Watchers
- Switching to Diet Soda
- Reducing fast food from 3x/wk to 1x/wk

Phenotyping Overweight and Obese Patients
Kushner Lifestyle Patterns Approach, 2009

- Categorizes patients in 3 domains
  - Eating patterns
  - Exercise patterns
  - Coping patterns
- Patients take a test that identifies their unique challenges.
- Then advice and counseling can be efficiently tailored to that individual.
Cognitive Behavioral Therapy

- Focus is on unhelpful thinking and unwanted behaviors specifically.
- Self monitoring: intake, emotions, thoughts, motivations.
- Stimulus control: identify trigger events and deal with them.
- Cognitive restructuring: change unhelpful thinking.


The Plan

- Prepare to diet before you begin
  - Self monitor diet for several weeks
  - Identify cause of eating: hunger, boredom, procrastination, emotions
  - Identify why you want to lose weight and write it down (notes to your future self)
  - Get comfortable with the scale
  - Understand hunger
The Beck Plan

- Prepare strategies for specific situations
  - When you get hungry
  - When you encounter a food pusher
  - When you overeat
  - When you eat out
- Write it down so that you can give yourself instructions when problems arise.

Motivational interviewing

- Many people see a compelling need for change, they just don’t feel confident/competent/capable of making a meaningful change.
- Goal is to have them come up with a step that they think will help and that they believe they can do.

How confident are you that you will be able to reduce the amount of regular soda that you drink each day?

- Not confident at all
- "I would say I’m a 4"
- Extremely confident

That’s interesting, why aren’t you at 1?
What would it take to make you say 10?
What does it take to get behavior change?

- Probably about a 7
- Small changes
- High likelihood of success that will build self-efficacy
- Concrete goals that are measurable: what, where, when, how?
- “When I see you next month, what am I going to ask you?”

Other strategies

- Roll with the resistance: Reflect back that there is resistance, change the focus or move to a different topic.
- Highlighting discrepancies: Make discrepancies in desires the focus of the conversation.
- Alternative futures: “fork in the road”, “how do you imagine the future if you…”
- Pros and Cons

Evolving the Weight Management Paradigm

- Acute Weight Loss
- Chronic Weight Loss
- Weight Loss
- Strategy 1
- Strategy 2
- 4-6 months
- Years/Forever?
- Fear of Death
- Joy of Living
- Weight Maintenance
Body Weight is Regulated

Regulation of Body Weight by the Brain

Social/Cognitive Factors

Unconscious

Hedonics
Emotional
Dopamine

Non Homeostatic Factors

Self Control
Decision making

Homeostatic Factors

Social meaning of food
Ideas of Diet and Health

Leptin
Glucose
NPY

Fear of death is not sustainable...

Joy of life is sustainable...
Quantum Change

• National Weight Control Registry: life event, prompted a period of life values re-examination.
• Period of study/practice developing a new lifestyle/life.
• Re-emergence as a new person.
• Who is the ‘ideal you’ how do you get there?

Values Before and After Quantum Change: Men

<table>
<thead>
<tr>
<th>1. Wealth</th>
<th>Spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Adventure</td>
<td>Personal Peace</td>
</tr>
<tr>
<td>3. Achievement</td>
<td>Family</td>
</tr>
<tr>
<td>4. Pleasure</td>
<td>God’s will</td>
</tr>
<tr>
<td>5. Be respected</td>
<td>Honesty</td>
</tr>
<tr>
<td>6. Family</td>
<td>Growth</td>
</tr>
<tr>
<td>7. Fun</td>
<td>Humility</td>
</tr>
<tr>
<td>8. Self Esteem</td>
<td>Faithfulness</td>
</tr>
<tr>
<td>9. Freedom</td>
<td>Forgiveness</td>
</tr>
<tr>
<td>10. Attractiveness</td>
<td>Self esteem</td>
</tr>
<tr>
<td>11. Popularity</td>
<td>Loving</td>
</tr>
</tbody>
</table>

Values Before and After Quantum Change: Women

<table>
<thead>
<tr>
<th>1. Family</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Independence</td>
<td>Self esteem</td>
</tr>
<tr>
<td>3. Career</td>
<td>Spirituality</td>
</tr>
<tr>
<td>4. Fitting in</td>
<td>Happiness</td>
</tr>
<tr>
<td>5. Attractiveness</td>
<td>Generosity</td>
</tr>
<tr>
<td>6. Knowledge</td>
<td>Personal Peace</td>
</tr>
<tr>
<td>7. Self control</td>
<td>Honesty</td>
</tr>
<tr>
<td>8. Be loved</td>
<td>Forgiveness</td>
</tr>
<tr>
<td>9. Happiness</td>
<td>Health</td>
</tr>
<tr>
<td>10. Wealth</td>
<td>Creativity</td>
</tr>
<tr>
<td>11. Faithfulness</td>
<td>Loving</td>
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Summary

• Accept the fact that you can’t really “manage” your patient’s weight.
• Listen carefully
• Develop your “bag of tricks”
• It’s like Powerball; “keep the balls moving”, if what you are doing isn’t working, try something else.
• Empathize but keep your attitude hopeful and positive

Good luck!