

Obesity, Stigma, and Health

Motivating Action Without Bias

Greetings!



Your Presenters

- Nick Frye, MS, LCPC, CHES
 - Licensed Clinical Professional Counselor
 - Certified Health Education Specialist
 - Master of Science, Counseling Psychology, Loyola University Maryland
 - Master of Science, Health Promotion, Maryland University of Integrative Health
 - Behavioral Counseling Manager, Medifast, Inc.
- Interests:
 - Fervent comic book reader
 - Avid yoga practitioner
 - Zealous thesaurus user



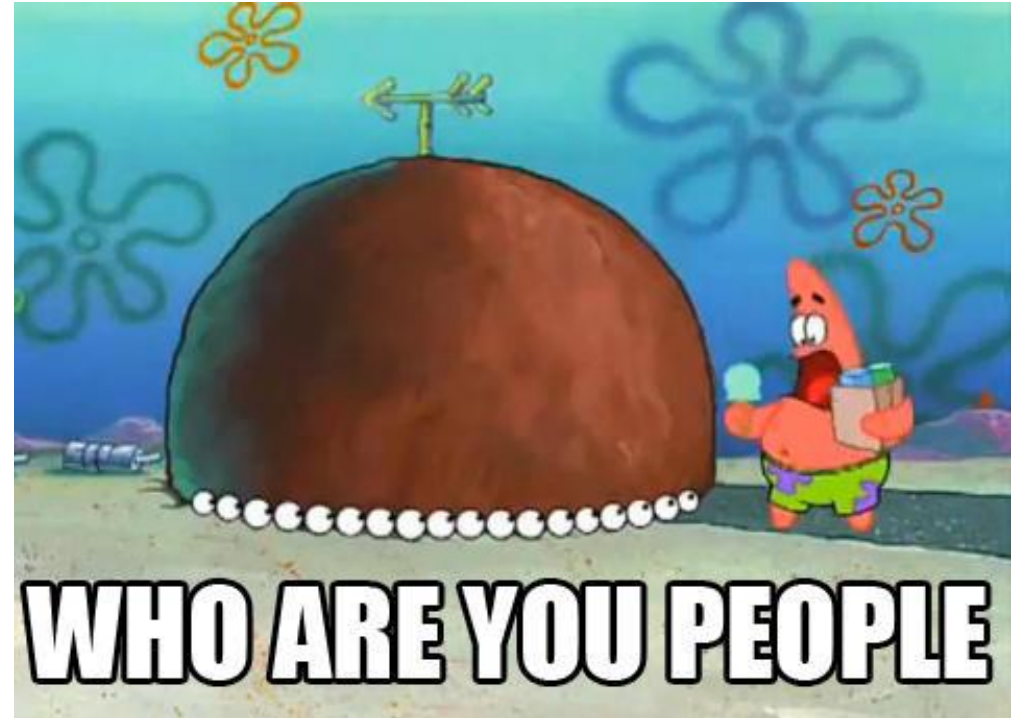
Your Presenters

- Jennifer Christman, RDN, LDN, CPT
 - Registered Dietitian/Nutritionist
 - Licensed Dietitian/Nutritionist
 - Certified Personal Trainer
 - Currently getting Masters in Health Administration
 - Director of Clinical Nutrition, Medifast, Inc.
- Interests:
 - Sports (Baseball, Softball, Basketball)
 - Flowers
 - Exercise



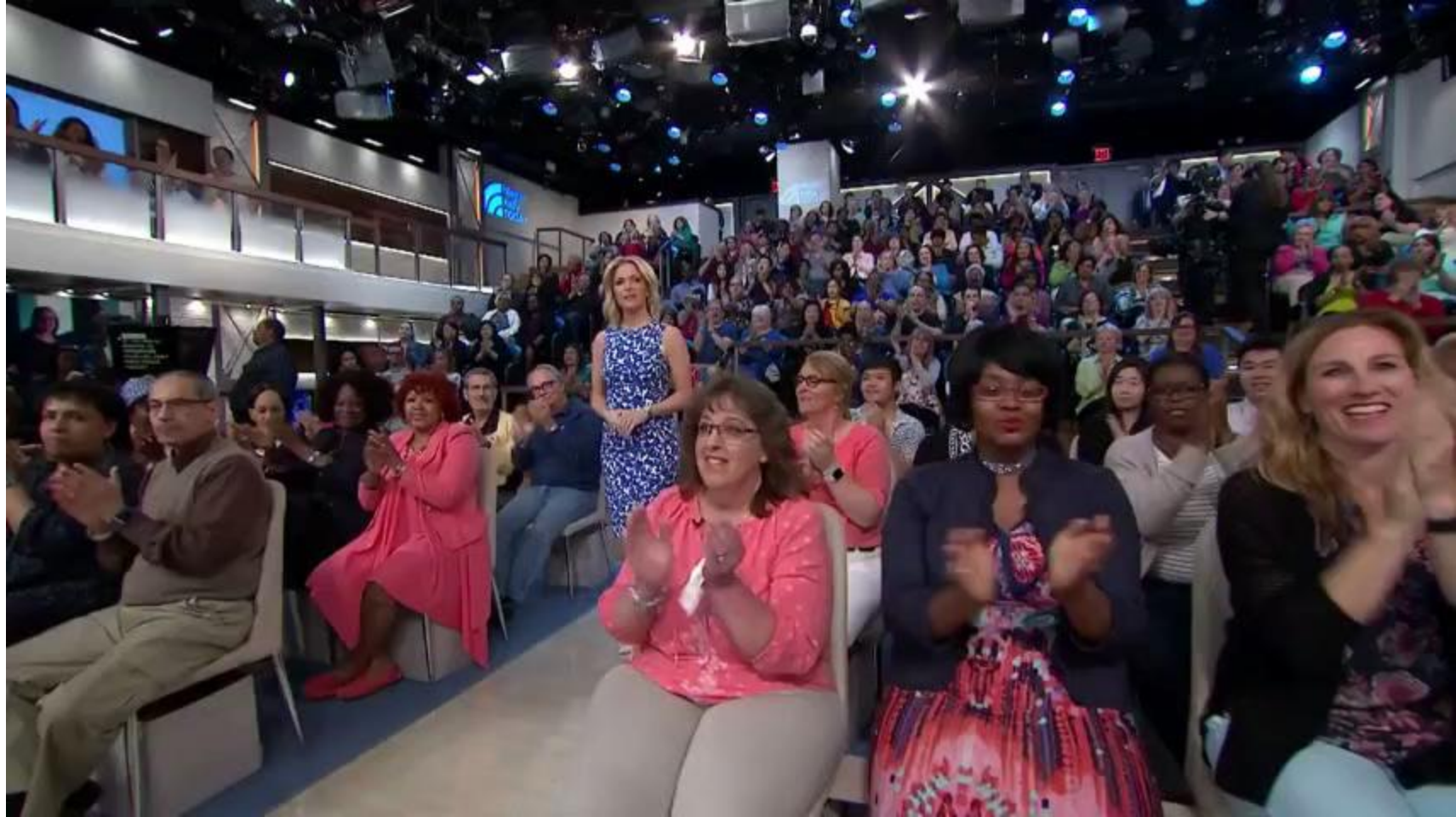
Our Audience

- Nurses?
- Dietitians?
- Mental Health Professionals?
- Fitness Professional?
- Other Professions?

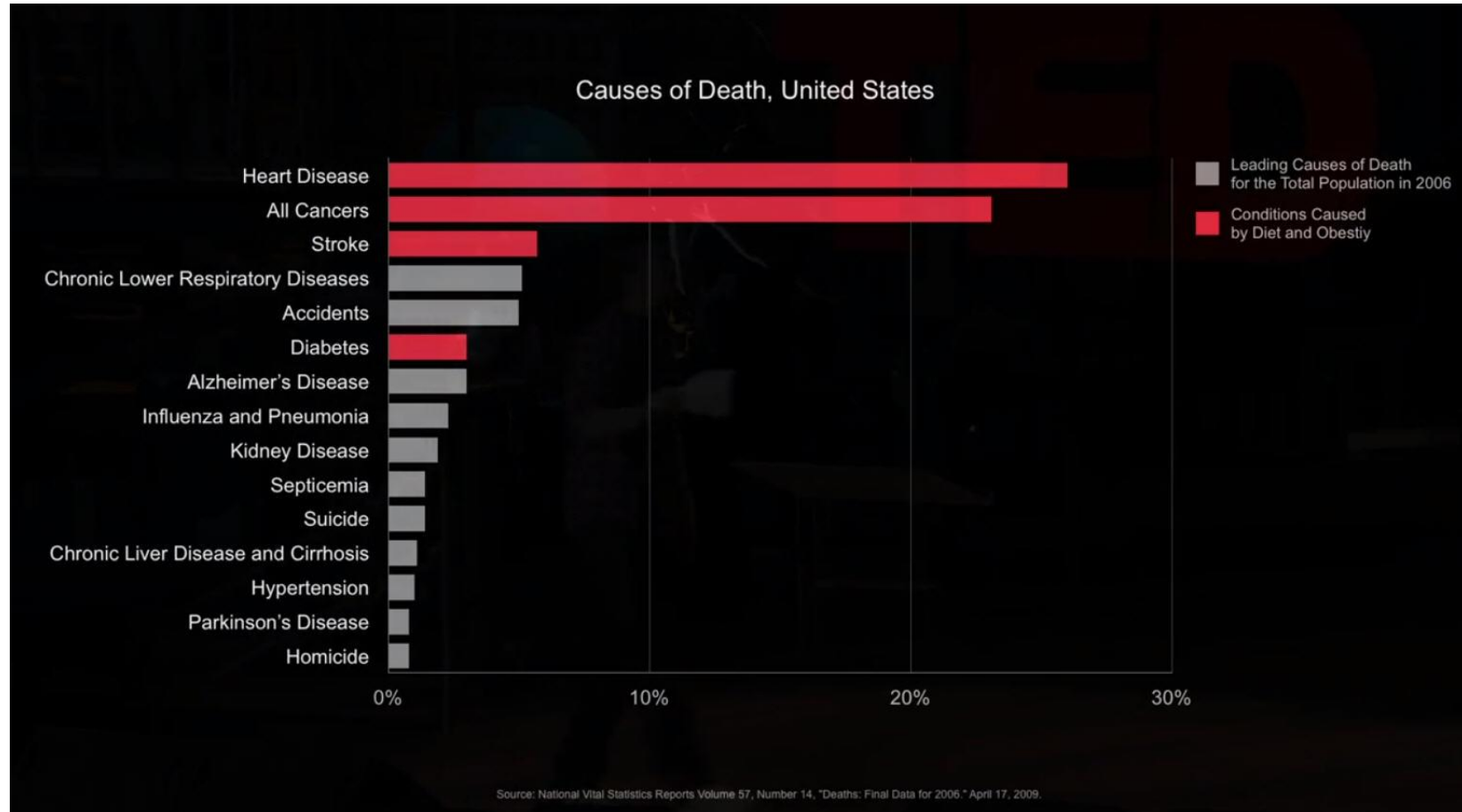


Schedule and Guidelines

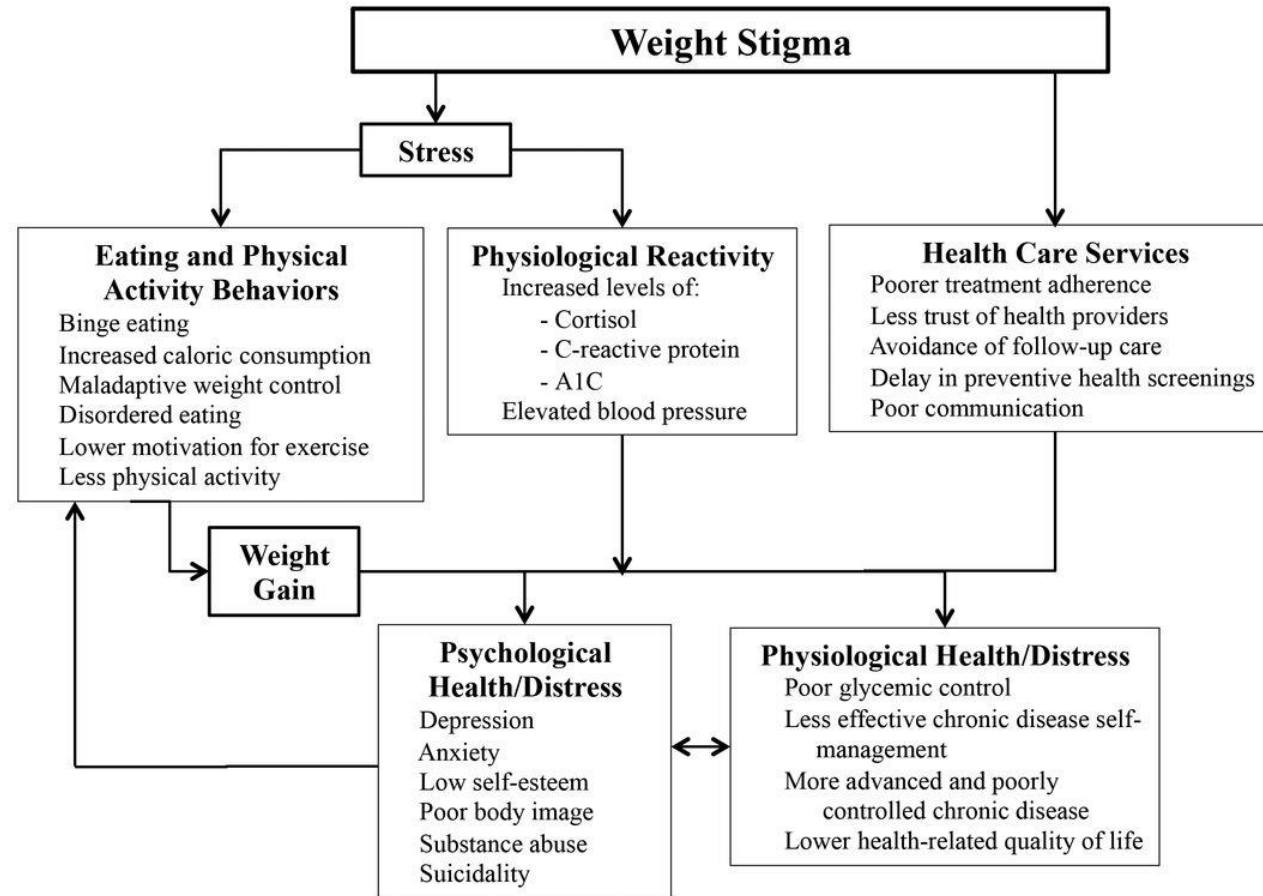
- 9am – Introduction
 - 10:30am – Morning break
 - 12pm – Lunch break
 - 1pm – Reconvene
 - 2pm – Afternoon break
 - 3pm – Dismissal
- Learn
 - Have fun
 - Ask questions
 - Put into practice what is discussed



Consequences of Obesity



Consequences of Weight Stigma



What We Know: Obesity, Stigma, and Health

- People with obesity are at increased risk for many serious diseases and health conditions; e.g. heart disease, cancer, stroke, diabetes.
- Weight stigma can cause significant emotional issues, lead some to eat more food in response to stigmatizing encounters and prevent people from seeking health care.
- So, how can we help people achieve a healthy weight while avoiding the detrimental impact of bias?

Learning Objectives

1. Describe weight stigma and its detrimental effects.
2. Discuss the medical and public health models of obesity and how they can be used in formulating counseling approaches.
3. Practice stigma-sensitive counseling and motivational interviewing skills to help clients move towards healthy behavioral changes within any environment.

What is Overweight/Obesity?

- **Is BMI an accurate measure?**
- Body Mass Index (BMI) is used as a screening tool for overweight or obesity.
- Adult Overweight and Obesity
 - BMI of 25.0 to <30 falls within the overweight range.
 - BMI of 30.0 or higher falls within the obese range.
- Childhood Obesity
 - BMI at or above the 85th percentile and below the 95th percentile falls within the overweight range.
 - BMI at or above the 95th percentile falls within the obese range.

What is the Prevalence of Obesity?

- One in five adults is obese
- Nearly one in six children is overweight or obese
- Obesity epidemic has spread further in the past five years
- Social disparities in obesity persist

*All stats are for OECD countries (Organization for Economic Co-operation and Development is an intergovernmental economic organization with 37 member countries).

What is the Prevalence of Obesity?

Figure 1: Obesity among adults, 2015 or nearest year

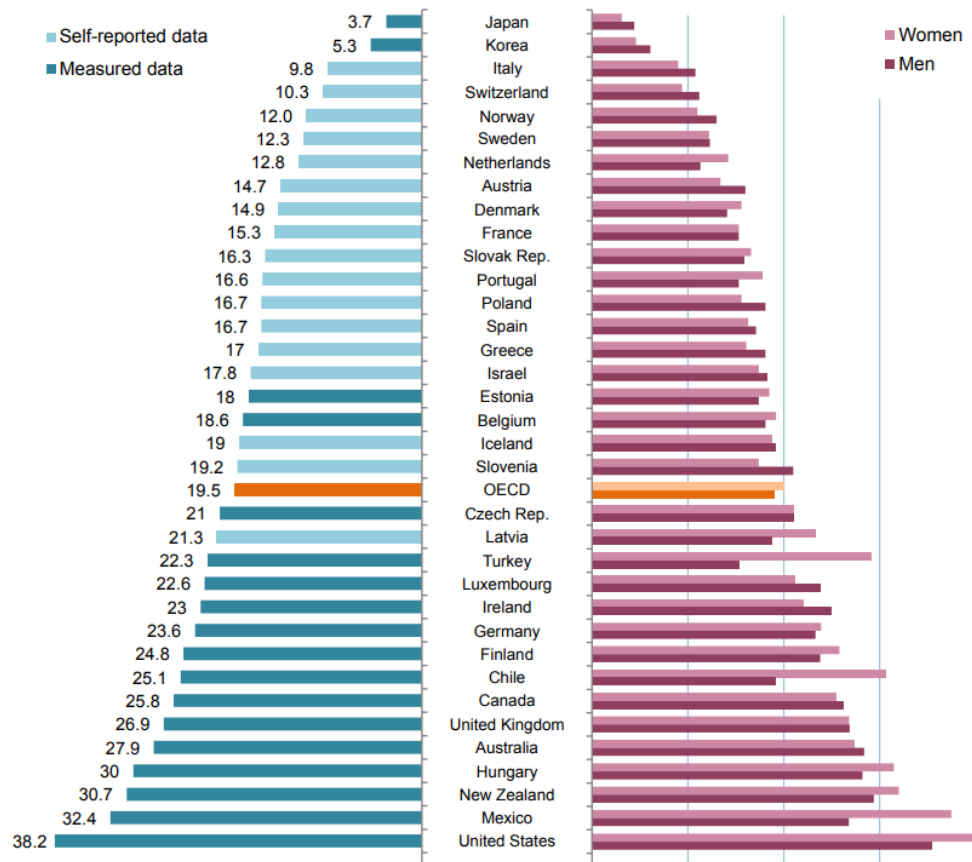
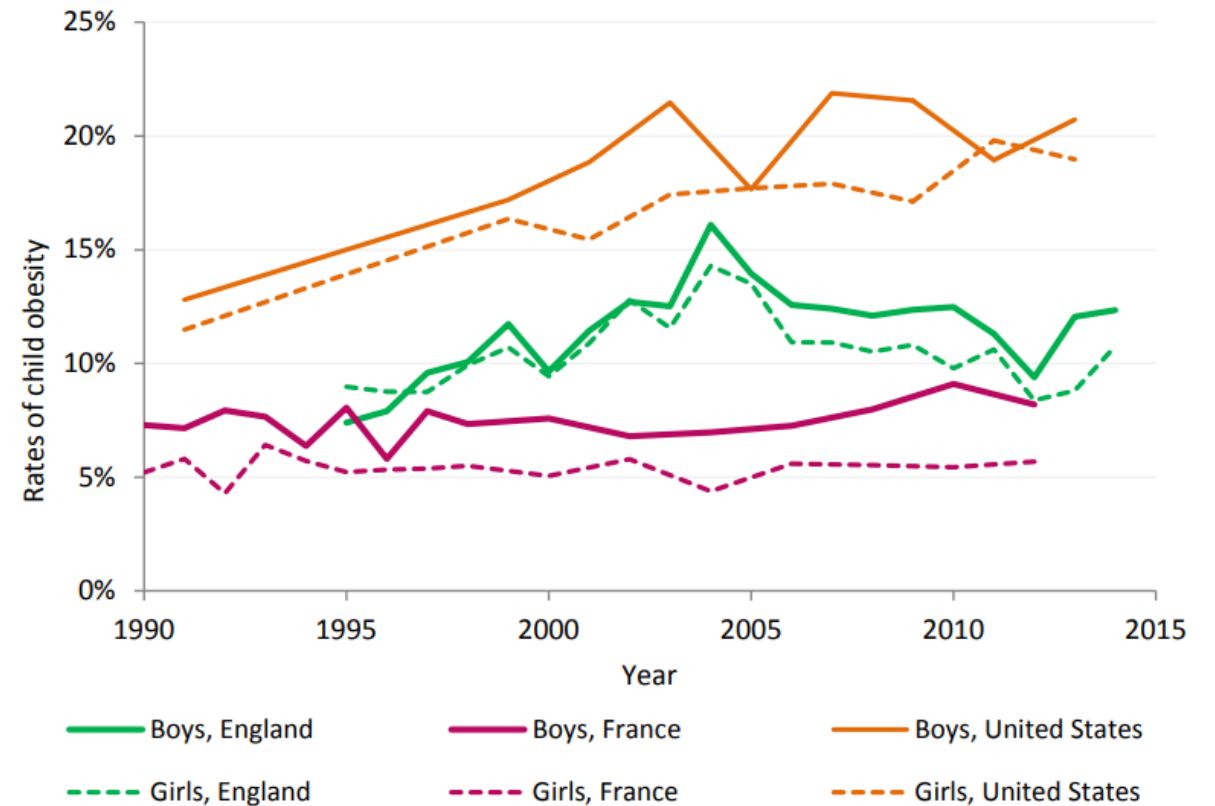
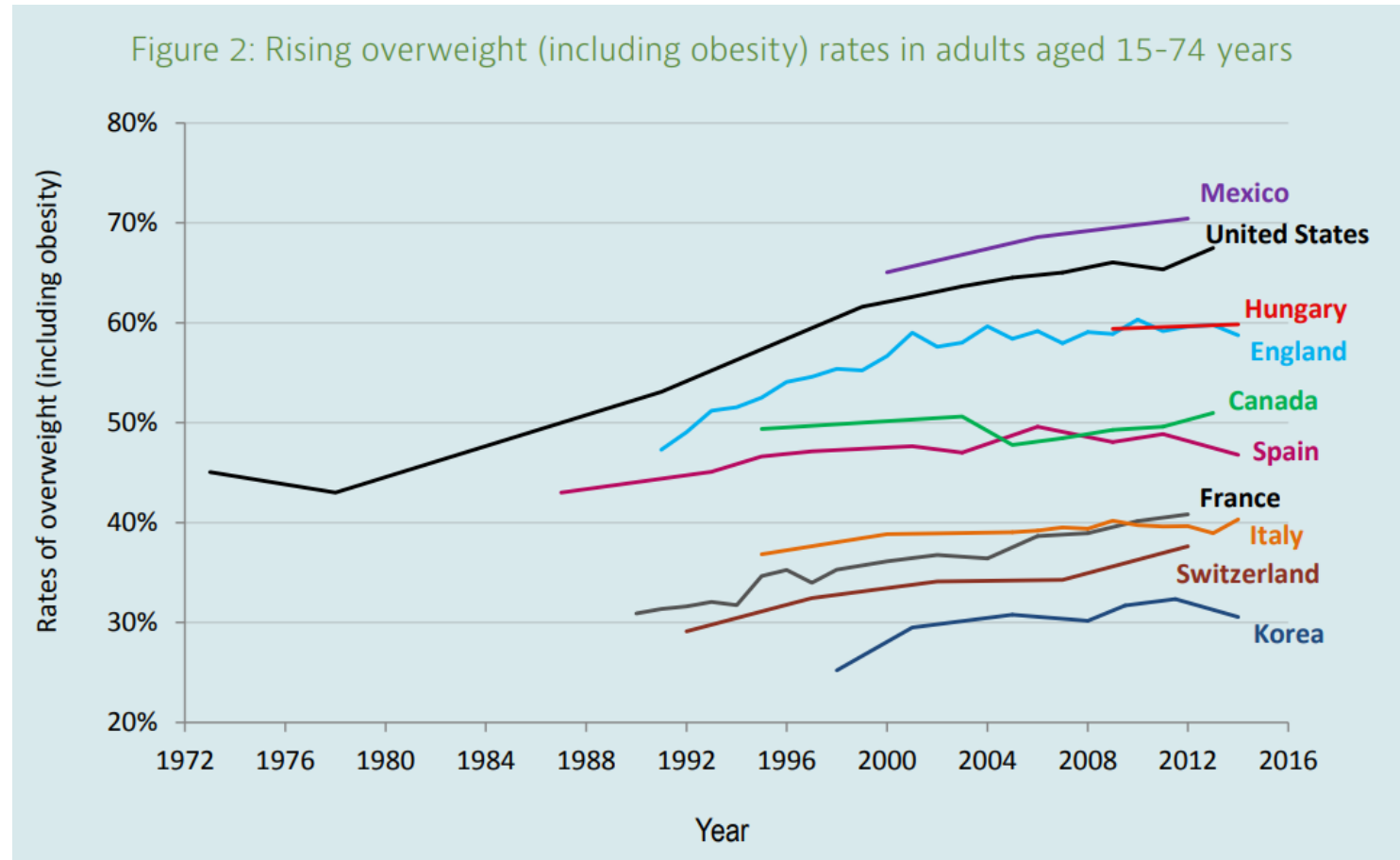


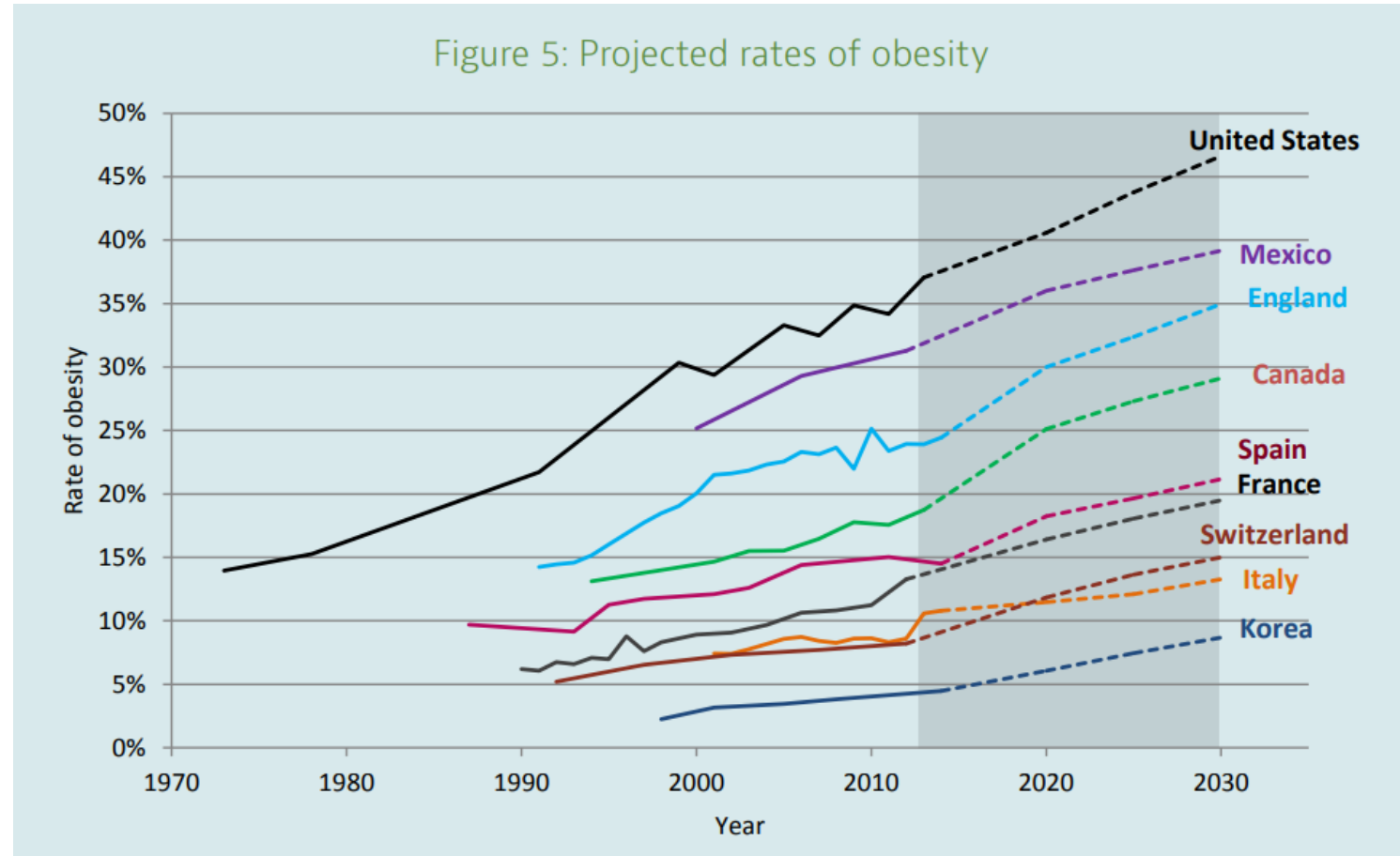
Figure 4: Obesity in children aged 3-17 years



What is the Prevalence of Obesity?



What is the Prevalence of Obesity?



What are the Implications of Obesity?

- Healthcare costs:
 - Medical care costs of obesity in the United States are estimated to be \$147 billion (in 2008 dollars)
- Productivity costs:
 - Annual nationwide productive costs of obesity-related absenteeism range between...
 - \$3.38 billion (\$79 per overweight individual)
 - \$6.38 billion (\$132 per obese individual)
- National Security issue:
 - 5.7 million men and 16.5 million women who were eligible for military service exceeded the Army's enlistment standards for weight and body fat

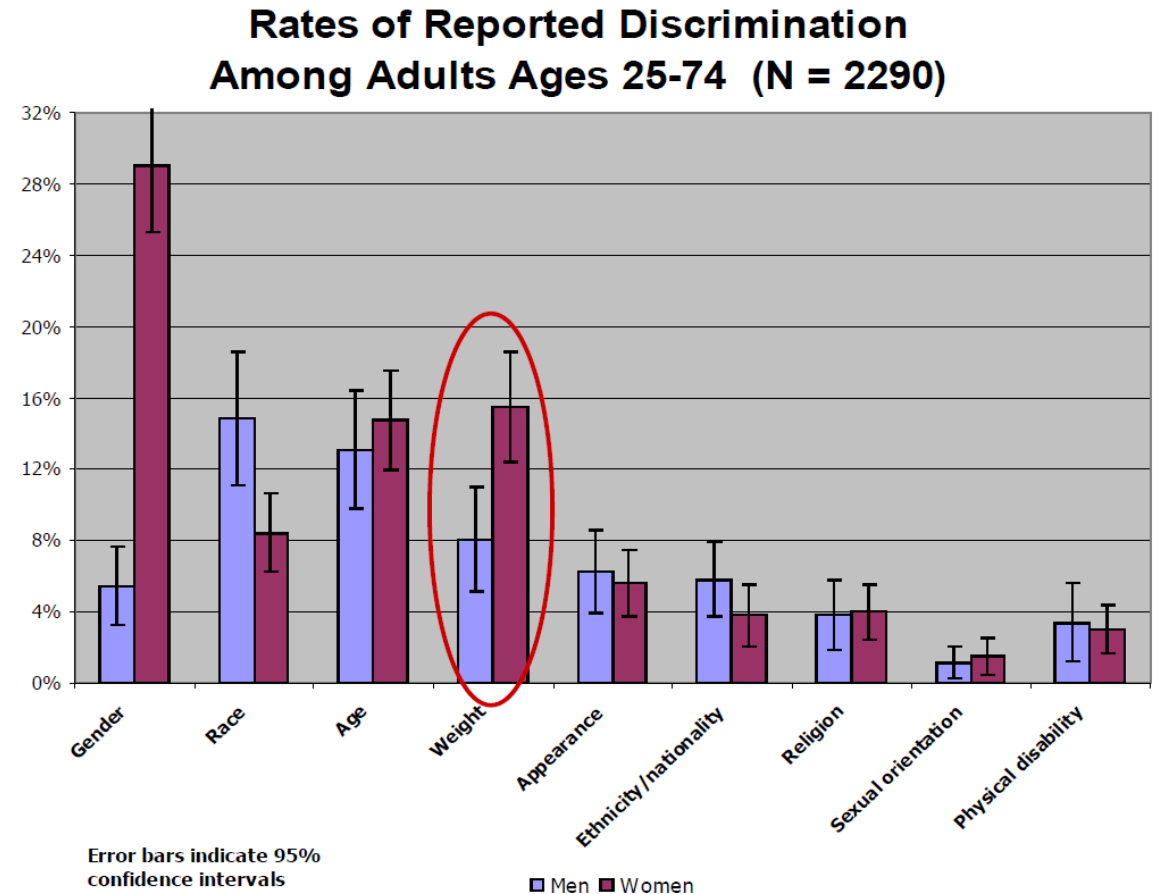
What is Weight Stigma?

- Negative attitudes towards people with overweight/obesity
- Leads to rejections, prejudice, and discrimination
- Can be subtle and overt
- Stereotypes that people with obesity are:
 - To blame for their weight
 - Lacking willpower/discipline
 - Gluttonous
 - Sloppy
 - Lazy

STEREOTYPE

What is the Prevalence of Stigma?

- Weight discrimination is prevalent in American society
 - close to rates of racial discrimination, particularly among women
- Institutional forms of weight discrimination is common
 - e.g., in employment settings
- Interpersonal mistreatment due to weight is common
 - e.g., being called names



What are the Implications of Stigma?

≡ **TIME** 49 States Legally Allow Employers to Discriminate Based on Weight

≡ **Forbes**

Thin Is In For Executive Women: How Weight Discrimination Contributes To The Glass Ceiling

CNN

Fat is the new ugly on the playground

LIVESCINCE

Weight Bias May Show Up in School Kids As Young As 9

Weight Stigma in Children

- Teasing and Bullying in Adolescence

Reason for teasing	Primary reason students are teased	Observed sometimes, often, very often
	%	%
Being overweight	40.8	78.5
Gay/lesbian	37.8	78.5
Ability at school	9.6	61.2
Race/ethnicity	6.5	45.8
Physical disability	3.3	35.8
Religion	1.2	20.8
Low income/status	0.8	24.9

Weight Stigma in Families

- 47% of overweight girls, 34% of overweight boys report weight victimization from family members
- Overweight children feel stigmatized by parents; report negative parental comments about their weight
- Parents communicate weight stereotypes to their children
- Parental teasing predictive of sibling teasing

Weight Self-Stigma

- Experiences of shame, self-devaluation and perceived discrimination.
- Associated with experiential avoidance, unhealthy eating behaviors, binge eating and diminished quality-of-life.
- Widespread perception that body shaming can help encourage people who are obese to improve their lifestyle and lose weight.
- However, internalizing negative perceptions like "lazy," "lacking in willpower," or "unattractive" may actually increase the risk of metabolic syndrome.

The “Why Try” Effect

- People with mental illness are troubled by self-stigma and the “why try” effect which impacts goal-related behavior:
 - Self-stigma comprises three steps: awareness of the stereotype, agreement with it, and applying it to one’s self.
 - As a result of these processes, people suffer reduced self-esteem and self-efficacy. Next, they are...
 - Dissuaded from pursuing the kind of opportunities that are fundamental to achieving life goals because of diminished self-esteem and self-efficacy.
 - May also avoid accessing and using evidence-based practices that help achieve these goals.

Weight Stigma in Healthcare

HUFFPOST

Obesity, Bias And Stigma In The Doctor's Office

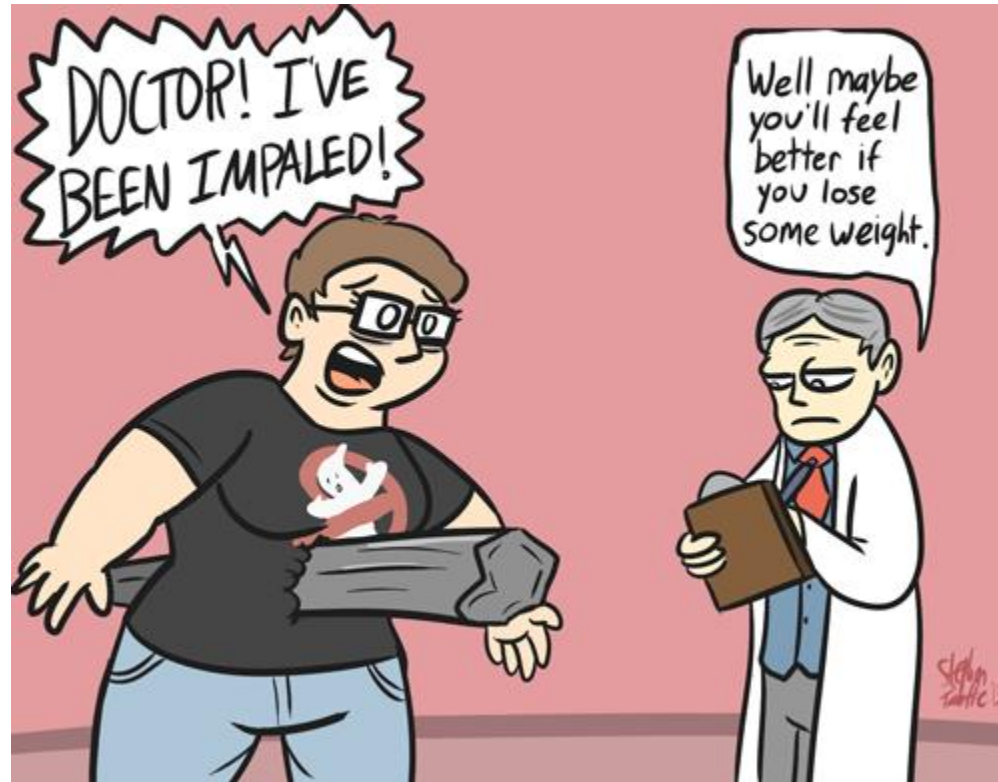
Los Angeles Times

Doctors and nurses' weight biases harm overweight patients

The New York Times

Why Do Obese Patients Get Worse Care? Many Doctors Don't See Past the Fat

Weight Stigma in Healthcare



Weight Stigma in Healthcare

- Physicians
 - View patients with obesity as...
 - Less self-disciplined
 - Less compliant
 - More annoying
 - As patient BMI increases, physicians report...
 - Having less patience
 - Less desire to help the patient
 - Seeing patients with obesity as a waste of their time
 - Having less respect for patients



Weight Stigma in Healthcare

- Nurses
 - View patients with obesity as...
 - Lazy
 - Lacking in self-control / willpower
 - Non-compliant
 - In one study...
 - 31% would prefer not to care for patients with obesity
 - 24% agreed that patients with obesity “repulsed them”
 - 12% would prefer not to touch patients with obesity



Weight Stigma in Healthcare

- One study examined weight bias among students training in health disciplines (Physician Associate, Clinical Psychology, Psychiatric Residency).
- Students reported that patients with obesity are a common target of negative attitudes and derogatory humor by:
 - peers (63%),
 - health-care providers (65%), and
 - instructors (40%).

Weight Stigma in Healthcare

- Although 80% of students felt confident to treat obesity, but many reported that patients with obesity:
 - lack motivation to make changes (33%),
 - lead to feelings of frustration (36%), and
 - are noncompliant with treatment (36%).

How do patients with obesity react to bias?

Weight Stigma in Healthcare

- Reactions of Patients with Overweight/Obesity:
 - Feel berated and disrespected
 - Upset by comments about their weight
 - Perceive they will not be taken seriously
 - Report that their weight is blamed for all problems
 - Reluctant to address weight concerns
 - Parents of children with obesity feel blamed / dismissed

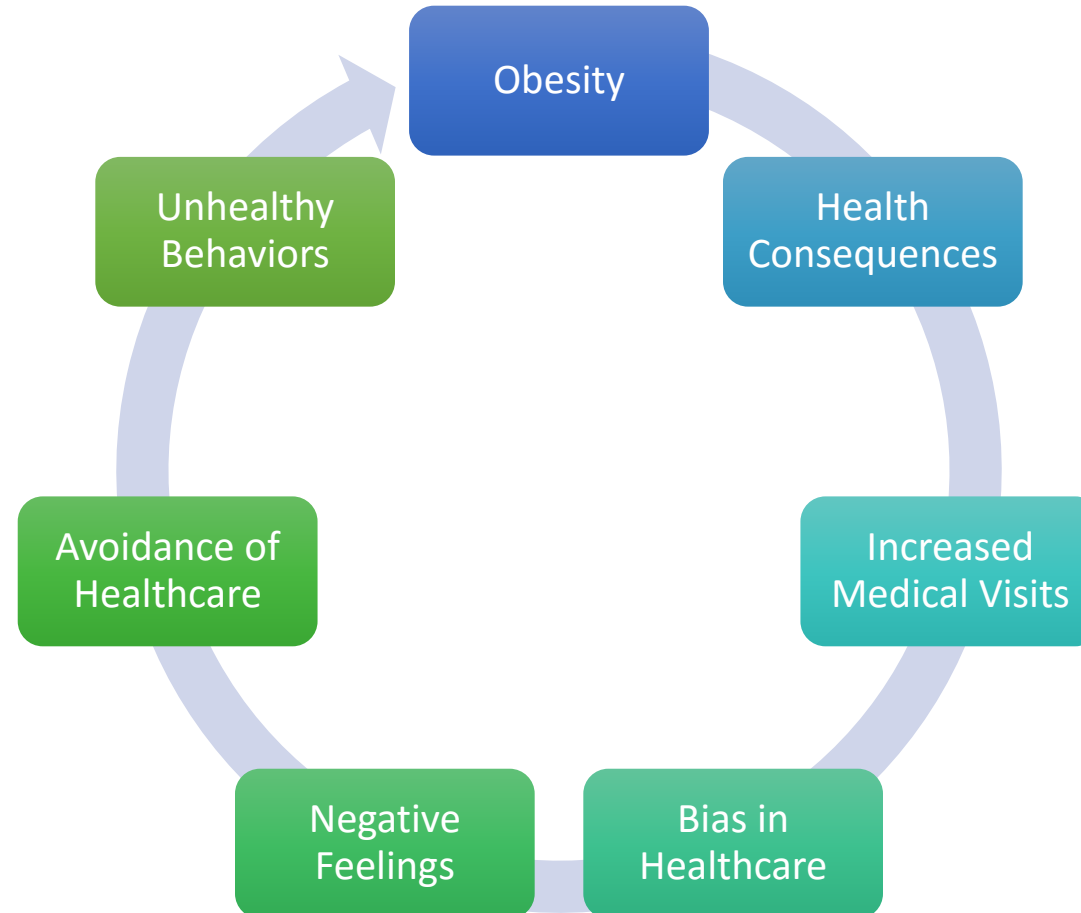
Weight Stigma in Healthcare

- Avoidance of Healthcare
 - One study showed that women with obesity delayed preventative services despite access
 - Women attributed this decision to:
 - Disrespect from providers
 - Embarrassment of being weighed
 - Negative provider attitudes
 - Medical equipment too small
 - These barriers increase with BMI

How is Care Affected?

- Patients with obesity are less likely to obtain...
 - Preventative health services and exams
 - Cancer screens, pelvic exams, and mammograms
- And more likely to...
 - Cancel appointments
 - Delay appointments and preventative care services

Cycle of Weight Stigma and Obesity



Adapted from Rebecca M. Puhl, PhD

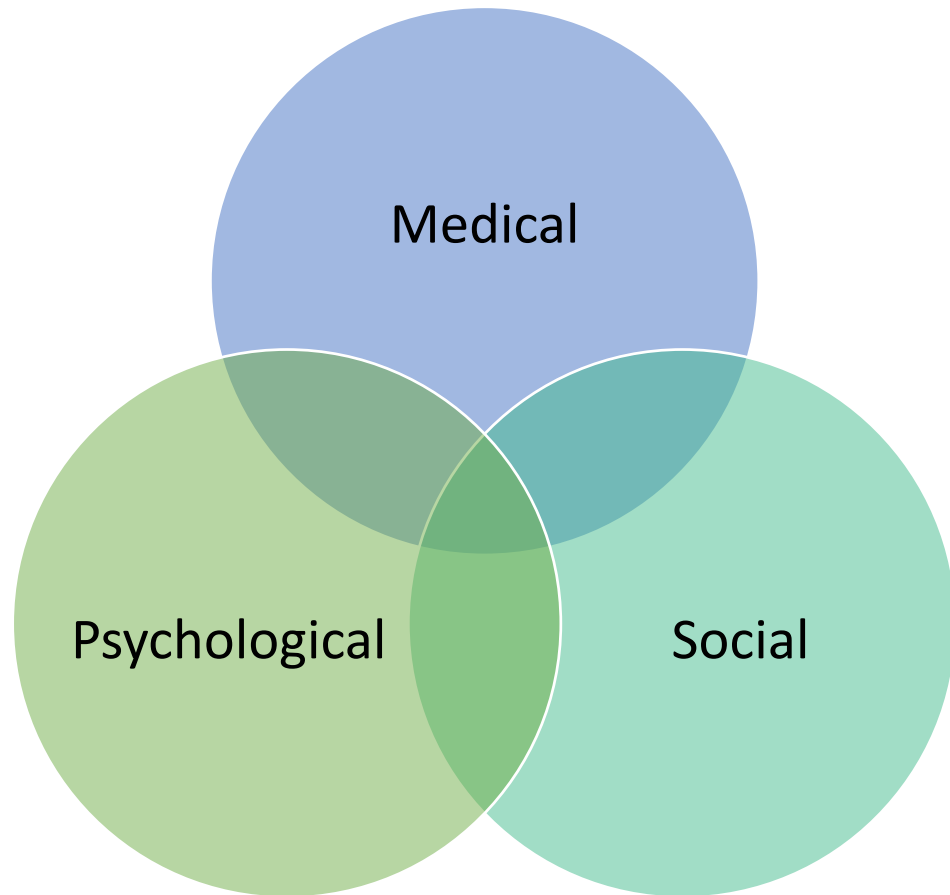
Break Time!



Consequences of Stigma

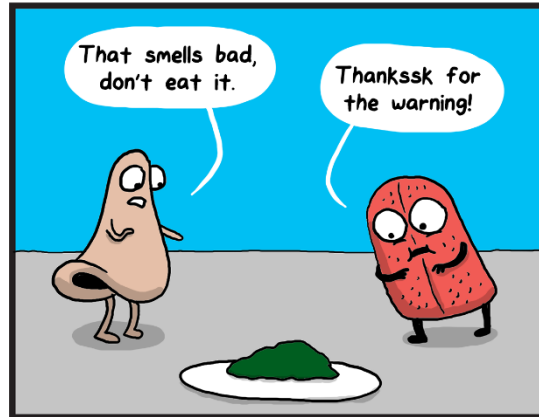
- Weight stigma may prevent people from seeking health care.
- Weight stigma may interfere with weight loss attempts and lead some to eat more food in response to stigmatizing encounters.
- Individuals who experience weight stigma have higher rates of:
 - depression,
 - anxiety,
 - social isolation, and
 - poorer psychological adjustment.

Consequences of Weight Stigma

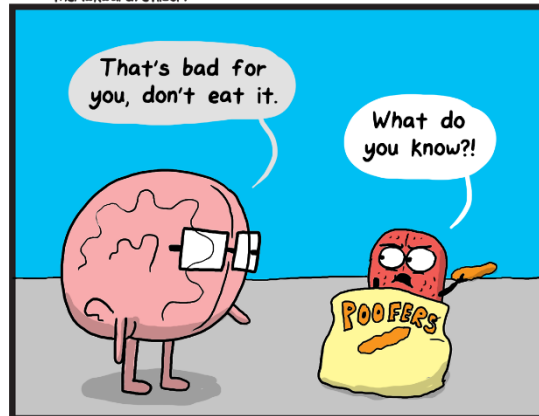


- **Medical**
 - Avoidance of healthcare, less trust of providers, delay in screenings, poorer communication and treatment adherence
 - Ineffective chronic disease management, more advanced / poorly controlled chronic disease, lower health-related quality of life
- **Psychological**
 - Depression, anxiety, low self-esteem/efficacy, poor body image, disordered eating, low motivation, substance abuse / suicidality
- **Social**
 - Social rejection, lower peer acceptance, worse relationship quality, viewed as less desirable romantic partner, more negative judgment from partners

Choice vs. Stigma



theAwkwardYeti.com



theAwkwardYeti.com

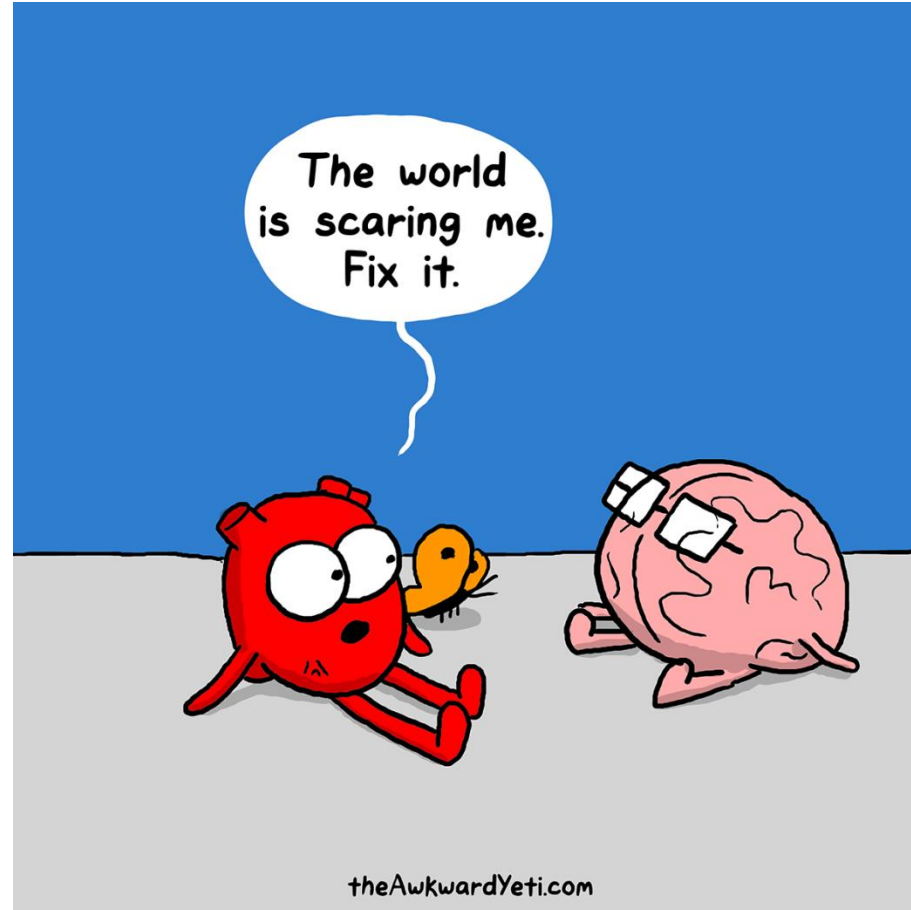
Choice vs. Stigma

- If individuals are capable of choosing health-promoting or –damaging behavior, aren't they responsible for the consequences?
- If they are told the risks of overweight/obesity and given info about how to reduce weight, isn't the rest up to them?
- **Of course, this assumes the deck is not stacked against them.**

Choice vs. Stigma

- If hedonic cues and cheap, available food make it difficult to make healthy choices, are they actually responsible for consequences?
- If those with fewer socioeconomic resources have more obstacles to making healthy choices, isn't the environment to blame?
- **But this fails to honor autonomy and undervalues personal responsibility.**

What Can Be Done?



Gain Awareness of Your Own Bias

- Ask yourself:
 - How do I feel when I work with people of different body sizes?



Gain Awareness of Your Own Bias

- Ask yourself:
 - What assumptions do I make about a person – based on his or her weight – regarding character, intelligence, health status or lifestyle behaviors?
 - What stereotypes do I have about persons with obesity?



Gain Awareness of Your Own Bias

- Ask yourself:
 - How do my clients with obesity feel when they leave my office?



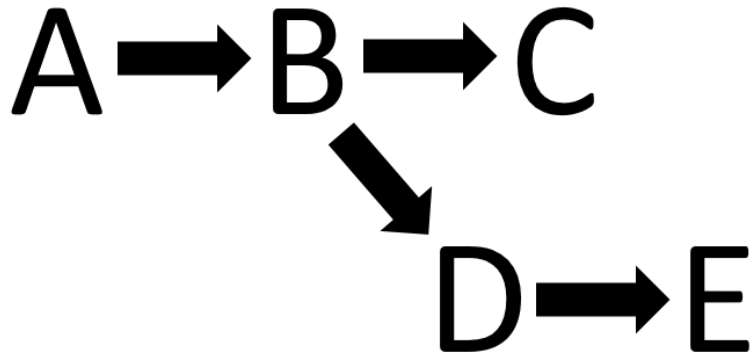
Gain Awareness of Your Own Bias

- Weight Implicit Association Test
 - www.projectimplicit.net/nosek/iat/
- Anti-Fat Attitudes (AFA)1 questionnaire to test explicit weight stigma
 - <http://www.weightstigma.info/>

Undoing Weight Bias Within Yourself

1. Build Awareness of Your Bias
 - Become aware if a problem exists.
2. Test Your Assumptions
 - E.g. Overweight person in an exercise class *must* be a novice. Ask them!
3. Get All the Information
 - Recognize the complex etiology of obesity.
4. Catch the Thought, Assess the Thought, Change the Thought
 - Cognitive Reframing

Cognitive Reframing



A = Adversity (any unfavorable situation or event)

B = Beliefs (automatic thoughts, cognitive distortions)

C = Consequences (negative impact of these beliefs)

D = Disputation (challenge thoughts, beliefs)

E = Energization (positive effect of disputation)

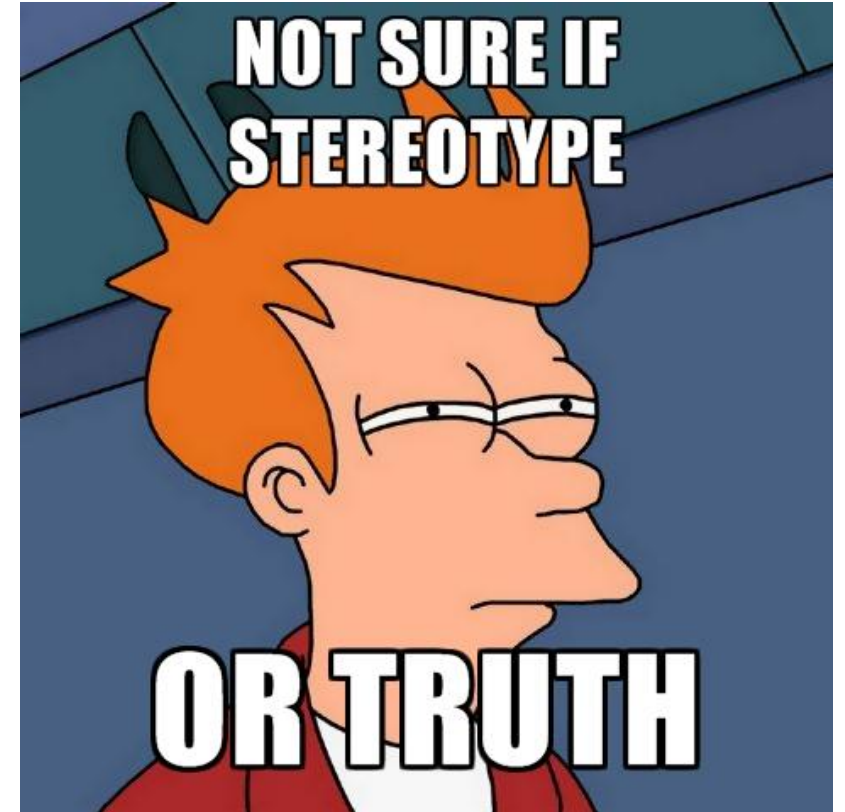
- **A** = Client regains a few pounds.
- **B** = *“He tells me he wants to lose weight, but then I bet he just goes home and eats.”*
- **C** = Frustration, blame, stigma, bias.
- **D** = Recognize the thought. Realize this biased thought is unfair based on evidence, i.e. client showed up and is facing many challenges in his efforts to reach his goal.
- **E** = Rather than responding with a judgmental comment, you focus less on the client’s weight and more on understanding clearly the successes and challenges he has had while working on behavioral lifestyle changes during the week.

Cognitive Reframing

- There are 4 ways to **D**ispute unhelpful beliefs:
 - 1. Evidence:** Generate a piece of evidence to point out the inaccuracy in your beliefs.
 - That's not completely true because...
 - 2. Alternatives:** Focus on that which is changeable, specific to the current circumstances, and non-personal.
 - *It's more helpful to focus on what we can change. What are those elements?*
 - 3. Implications:** De-catastrophize the adversity.
 - *Does this slip ruin everything? What are the true implications?*
 - 4. Usefulness:** Even if your belief were true, question whether it is useful.
 - *Maybe he does say he wants to lose weight but then goes home and eats. Even if that were true, is it helpful?*

Let's Dispute Some Beliefs!

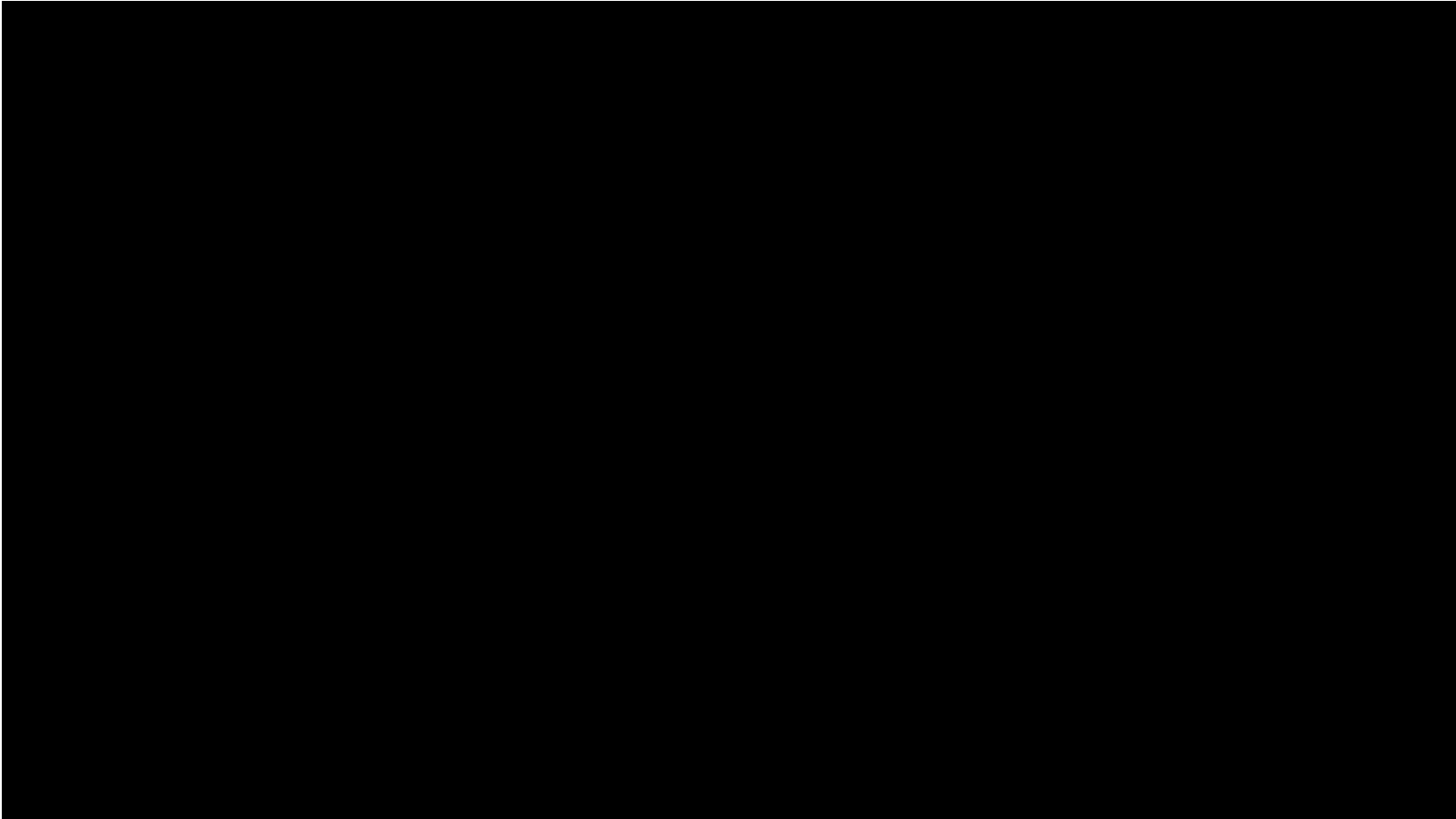
- Name a stereotype.
- Dispute it using one of the four disputation methods:
 - **Evidence** – What is the evidence this is true?
 - **Alternatives** – Are there alternative explanations?
 - **Implications** – What truly are the implications of the adversity?
 - **Usefulness** – Even if the belief is true, is it useful?



How to Help Those Affected by Stigma

- Push and Pull: Two Interventions
 - Discourage disengagement
 - Isolation (shame, depression, unlovable)
 - Avoiding the mirror, thinking about weight
 - Avoid public, social interactions
 - Encourage reappraisal
 - *“I try to think about good things that have happened to me.”*
 - *“I remind myself that I am a good person and people like me just the way I am.”*
 - *“If someone has a problem with how I look, I see it as their problem, not mine.”*
 - *“If people do not like me because of my size, I see it as their loss, not mine.”*
 - *“I love myself, even when it seems like other people don't.”*

Sensitive and Supportive Communication



Sensitive and Supportive Communication

- American Medical Association (AMA) Destigmatizing Obesity Resolution
 - Encourages the use of person-first language, e.g. patients with obesity, patients affected by obesity
 - Encourages the use of preferred terms “weight” and “unhealthy weight” and discourage the use of stigmatizing terms, including “obesity,” “morbidly obese,” and “fat.”
 - Encourages equipping health care facilities with proper sized furniture, medical equipment and gowns for patients with obesity; and having patients weighed respectfully.

Sensitive and Supportive Communication

- When talking with clients:
 - Emphasize lifestyle change and health improvement
 - Emphasize achievable, behavior-based goals not always weight
 - Avoid language that places blame on the client
- Consider saying...
 - *“Many people find that small changes in diet can improve their overall health. What are your thoughts on that?”*
 - *“Would you be interested in talking about building some more physical activity into your life? What might that look like?”*
 - *“I’m concerned about your BMI. How do you feel about your weight?”*

Office Environment

- Considerations include:
 - Seating
 - Reading materials
 - Ramps and handrails
 - Scales
 - Bathrooms



Role Modeling

Your words may fall on deaf ears, but you are always being observed. Be a role model.



How to Get Families Healthy

physical health



What are some ways families can role model healthy behaviors?



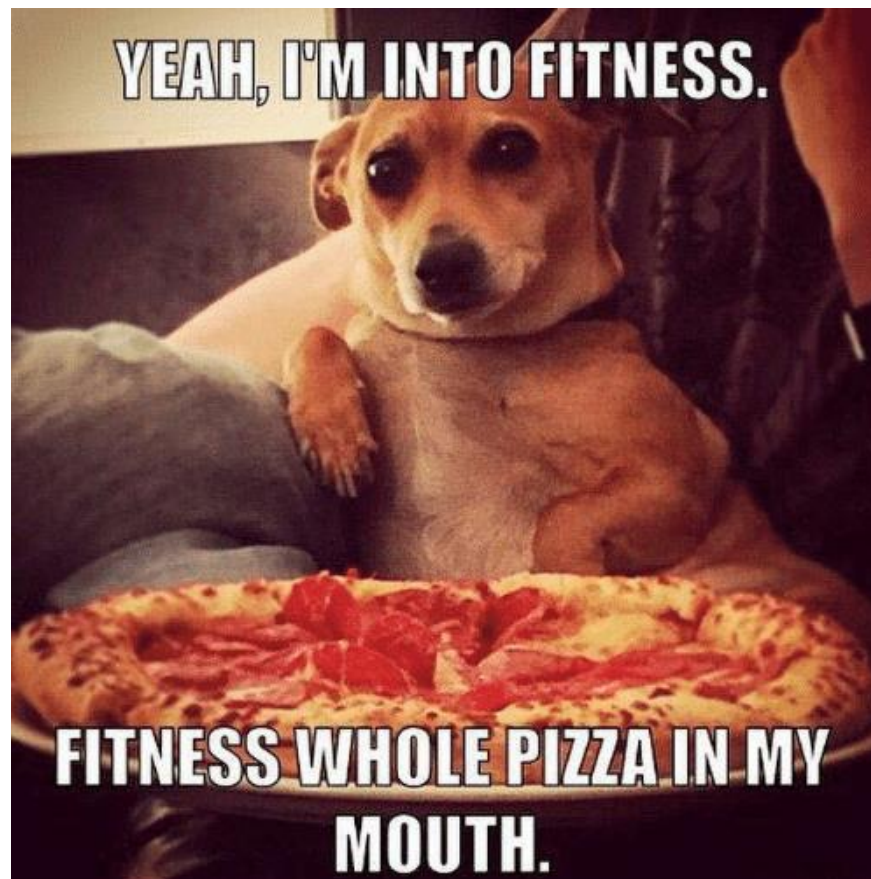
How to Get Families Healthy



- Be a good role model
- Keep environment positive
- Get moving
- Limit screen time
- Family meals
- Grocery shop together



Lunch!



Motivational Interviewing

Definition

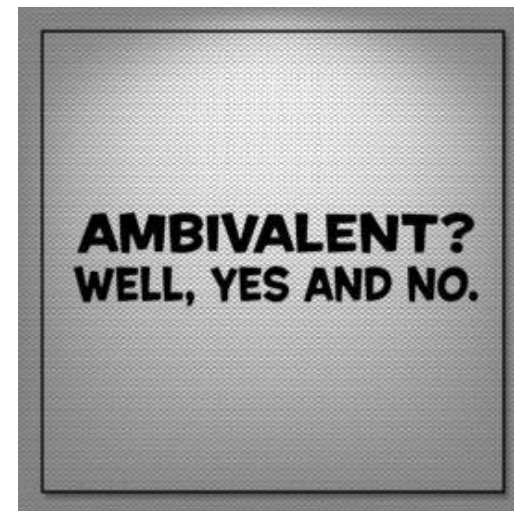
“Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.”

am·biv·a·lence

/amˈbɪvələns/ 

noun

the state of having mixed feelings or contradictory ideas about something or someone.
"the law's ambivalence about the importance of a victim's identity"



The 'Spirit' of Motivational Interviewing

Collaboration

- Partnership between you and client
- Avoid confrontation

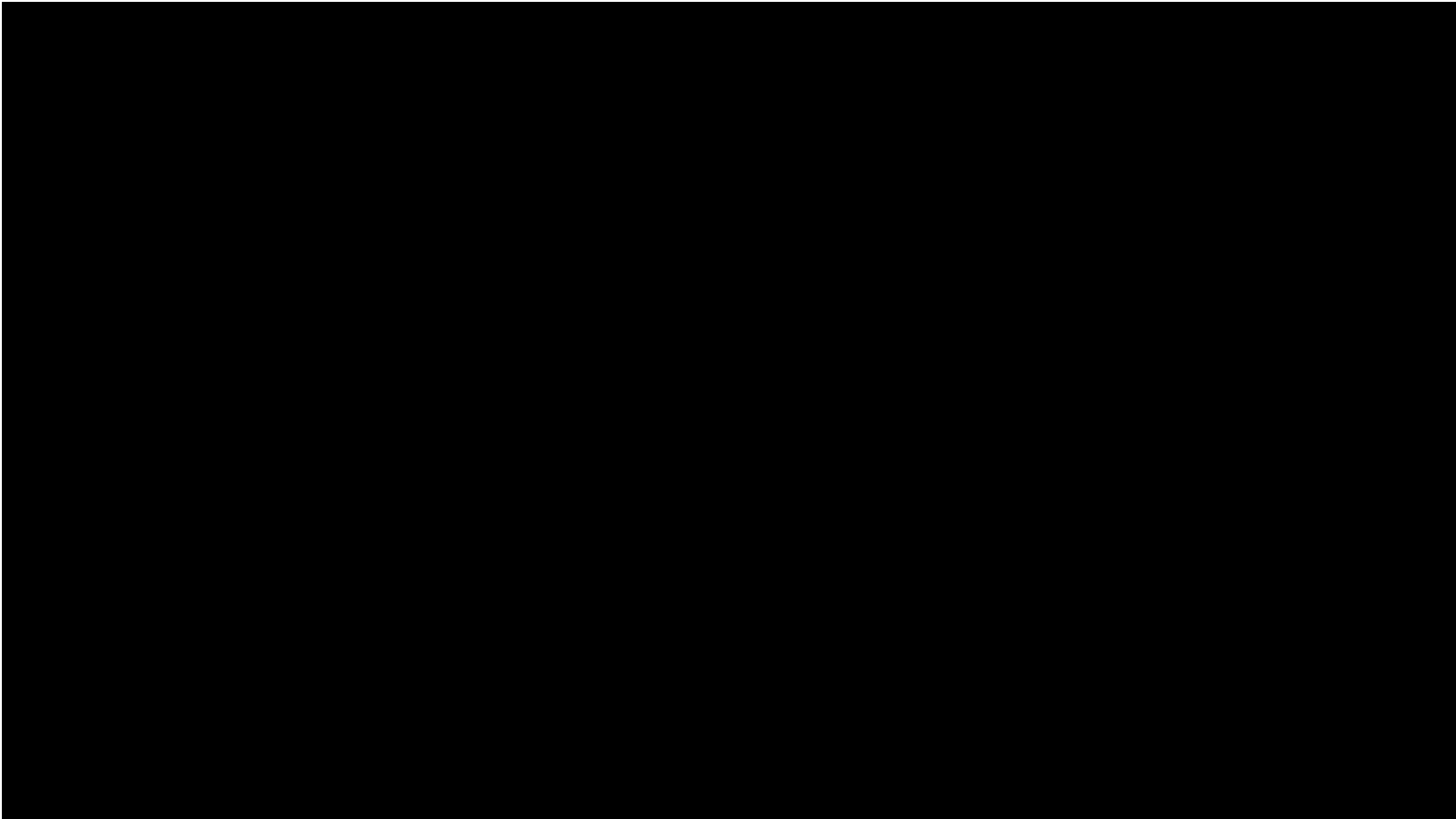
Empowerment

- Draw out clients skills and motivation for change
- Avoid enforcement

Autonomy

- True power for making change rests in the client
- Avoid authority

What Not To Do



Principles of Motivational Interviewing

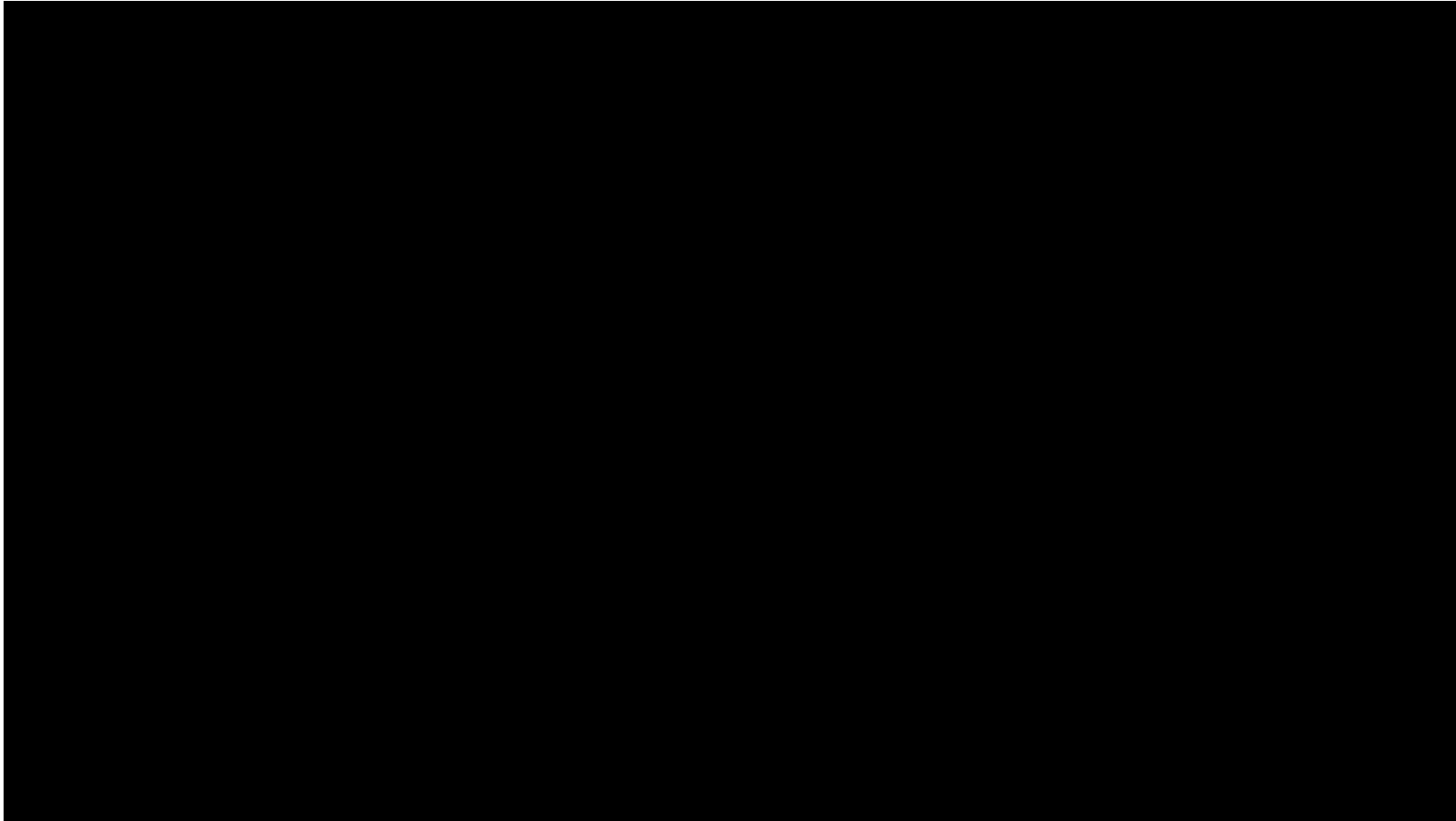
Principle	Key Points	Example in Practice
Express empathy	<ul style="list-style-type: none">• Acceptance facilitates change.• Skillful reflective listening is fundamental.• Ambivalence is normal.	<i>“So, what I’m hearing is that you’re tired of being lectured about your weight. Tell me more about this.”</i>
Develop discrepancy	<ul style="list-style-type: none">• Awareness of consequences is important.• Discrepancy between present behavior and goals will motivate change.• The client should present the arguments for change.	<i>“So wonderful that you’re a new grandparent! What kind of grandparent do you want to be? How do you see your eating habits fitting in with these ambitions?”</i>
Avoid argumentation	<ul style="list-style-type: none">• Arguments are counterproductive.• Defending breeds defensiveness.• Resistance is a signal to change strategies.• Labeling is unnecessary.	<i>“Even a small weight loss can result in significant health gains, and I’m here to help you when you are ready.”</i>

Principles of Motivational Interviewing

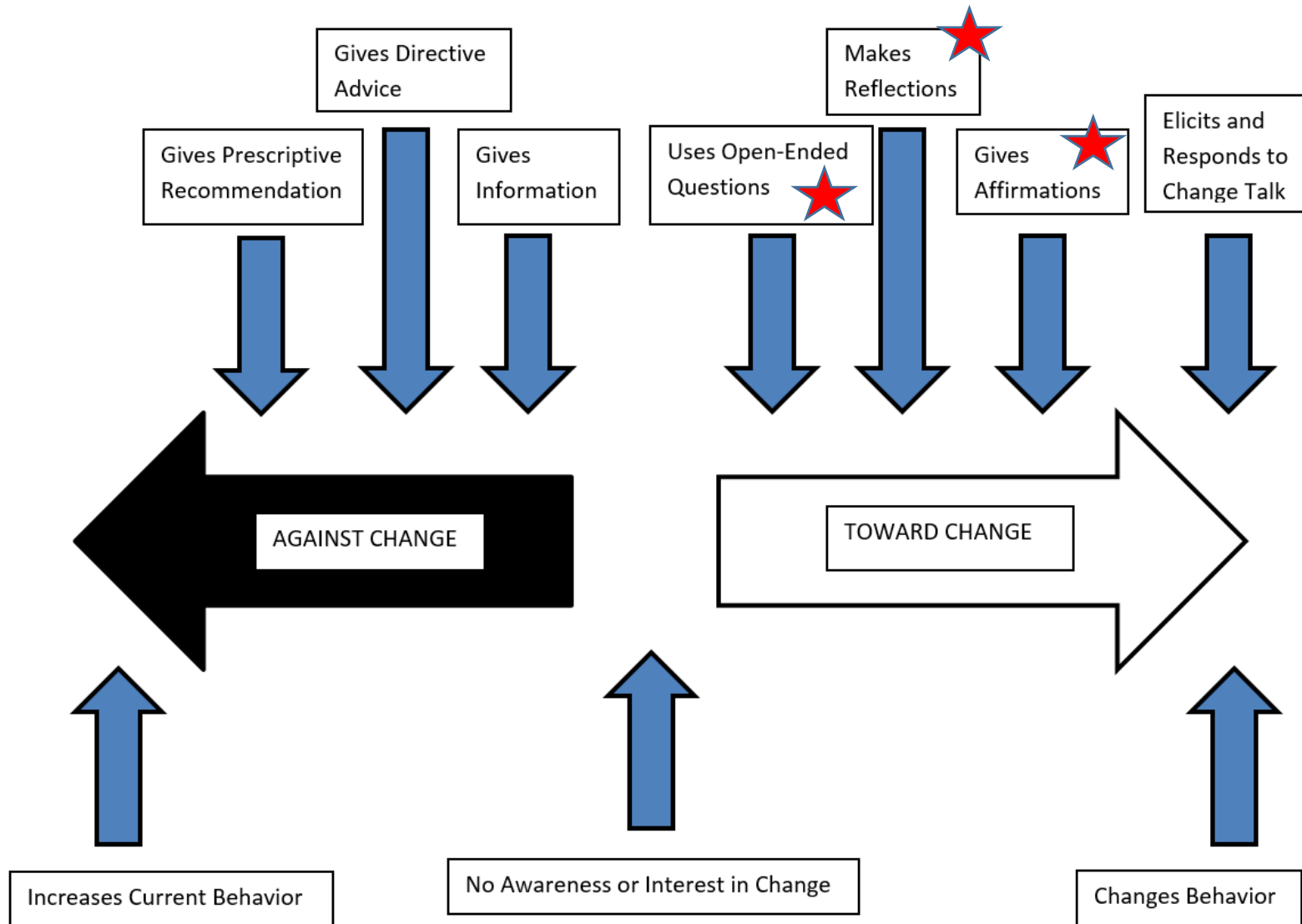
Principle	Key Points	Example in Practice
Roll with resistance	<ul style="list-style-type: none">• Momentum can be used to good advantage.• Perceptions can be shifted.• New perspectives are invited but not imposed.• The client is a valuable resource in finding solutions to problems.	<i>"It sounds like you have thought a lot about the stumbling blocks to starting to exercise. What could possibly be some solutions?"</i>
Support self-efficacy	<ul style="list-style-type: none">• Belief* in the possibility of change is an important motivator.• The client is responsible for choosing and carrying out personal change.• There is hope in the range of alternative approaches available.	<i>"I am really impressed by your decision to make healthier meals for your family. I want you to know that I believe you can do it. Let's meet again in a month to see how things are going."</i>

*Belief grows out of a communal experience.

A Productive Conversation



Continuum of Motivational Interviewing



Basic Skills of Motivational Interviewing

- Four (4) foundational skills of MI that are used “early and often” aka (OARS)
 - Open questions
 - Affirmations
 - Reflections
 - Summaries



Basic Skills of Motivational Interviewing

- QARS: Open Questions
 - Invite clients to “tell their story” in their own words
 - Used often but not exclusively
 - Closed questions and information exchange are also VERY important
 - Of course, you must be willing to listen to the client’s response



Basic Skills of Motivational Interviewing

- QARS: Open Questions vs. Closed Questions
 - The following examples contrast open vs. closed questions. Note how the topic is the same, but the responses will be very different:
 - *Is your family supportive of your decision to eat healthier?* (closed)
 - *What can you tell me about the support your family offers with regards to eating healthier?* (open)

 - *Have you tried bringing healthy food with you to social events?* (closed)
 - *What have you tried in the past in order to get through social events?* (open)

Basic Skills of Motivational Interviewing

Examples of Open Questions	
How can I help you with eating less candy and sweets?	When are you most likely to drink soda?
Help me understand more about your challenges with exercise?	What do you think you will lose if you give up going out to eat on a regular basis?
How would you like things to be different?	What have you tried before to drink more water?
What are the good things about fast food? What are the not-so-good things about it?	Where do we go next?

Basic Skills of Motivational Interviewing

- Open questions exercise: The Fish Bowl



Basic Skills of Motivational Interviewing

- OARS: Affirmations

- Statements and gestures that:

- Offer emotional support and/or encouragement.
 - Recognize client strengths and challenges.
 - Acknowledges behaviors that lead in the direction of positive change.

Affirmations are like salt: a little makes things taste good; too much is hard to swallow.



Basic Skills of Motivational Interviewing

Examples of Affirmations	
Oh, I see! You struggle most when you don't feel supported.	No wonder this has been a challenge for you.
I appreciate that you came in to meet me today even though you had a rough weekend.	You are clearly a very resourceful person.
You handled yourself really well in that situation.	That's a good suggestion!
If I were in your shoes, I don't know if I could have managed nearly so well.	I've enjoyed talking with you today.

Basic Skills of Motivational Interviewing

- OARS: Affirmations

- An Affirmation conveys one of the four following items:
 - That you can see the client's point of view.
 - That the struggles of difficulties involved are real and significant.
 - That the successes the client has had are real and significant.
 - That the skills/strengths you perceive the client possessing are real and significant.
- **To be effective, affirmations must be genuine.**

Basic Skills of Motivational Interviewing

- Deeply Meaningful Compliment Exercise

- Overview

- Affirmations are closely tied to values.
 - What feels affirming to one person may feel false or irrelevant to another.
 - This exercise is a way to consider what a genuine affirmation feels like to you.

- Guidelines

- Remember a time when you received a deeply meaningful compliment from someone you trust and respect.
 - Tell it to your training partner.
 - Partner responds with curiosity.

Basic Skills of Motivational Interviewing

- Discussion
- Deeply Meaningful Compliment Exercise
 - What did you learn?
 - What surprises were there?
 - Would you have liked your partners compliment?



Basic Skills of Motivational Interviewing

- OARS: Reflections

- Pathway for engaging clients in relationships, building trust and rapport, and fostering motivation.
- Includes interest in what the client has to say (instead of just waiting to speak) and respect for their inner wisdom
- Meant to close the loop in communication to ensure breakdowns don't occur or, at least, occur less frequently.
- Helps to overcome roadblocks to effective communication:
 - Misinterpreting what the client said.
 - Assuming what the client needs.

Basic Skills of Motivational Interviewing

- **Reflection Exercise: “*Do you mean that you...?*”**
- Take turns, in rotation, saying something you like about yourself to your partner(s).
- When a speaker has offered a sentence, the partner(s) serve as listener(s) and respond by *asking questions* of this form: “Do you mean that you _____?”
- The speaker responds to each such question *only* with “Yes” or “No.” No additional elaboration is permitted.

Basic Skills of Motivational Interviewing

- Reflection Exercise: “Do you mean that...?”



Now it's Your Turn!

- **Reflection Exercise: “Do you mean that you...?”**
- Take turns, in rotation, saying something you like about yourself to your partner(s).
- When a speaker has offered a sentence, the partner(s) serve as listener(s) and respond by *asking questions* of this form: “Do you mean that you _____?”
- The speaker responds to each such question *only* with “Yes” or “No.” No additional elaboration is permitted.

Basic Skills of Motivational Interviewing

- Discussion
- **Reflection Exercise: “Do you mean that you...?”**
 - What did you learn?
 - What surprises were there?
 - What was it like to be the speaker?
 - Satisfaction: Felt good to be understood.
 - Frustration: Difficult to only say “yes” or “no.”
 - Fascination: **Amazing how many things can be meant by one sentence.**

Basic Skills of Motivational Interviewing

- Type of Reflection: Paraphrasing
 - You restate, in your own words, what you think the client just said.

Opening	Content / Context
So, you feel...	... really upset with yourself.
It sounds like you...	... think giving up soda would be a good idea for your health.
You're wondering if...	... you will be able to go out to eat and make healthy choices.
In other words...	... you want to start exercising but don't know where to begin.
What I'm hearing you say is...	... being a role model for your children is very important to you.
I see that your...	... leg is bouncing a bit. Perhaps you're nervous to discuss your weight.

Basic Skills of Motivational Interviewing

- Type of Reflection: Reflection of Feeling
 - You reflect back what you think the client is feeling.

Opening	Intensity	Emotion
So, you feel...	... a little bit...	... sad.
You're feeling...	... quite...	... helpless.
You feel...	... very...	... stressed.
Sounds like you're feeling...	... extremely...	... embarrassed.

Basic Skills of Motivational Interviewing

- OARS: Reflections

- Good reflective listening responses are very similar to, yet different from, the “*Do you mean you...*” questions.
- Good reflective listening response is a *statement* rather than a *question*.
- Voice turns down at the end of a reflection instead of turning up like at the end of a question.
- May feel presumptuous, but it leads to greater clarification and exploration, whereas too many questions can interrupt the client’s flow.

Basic Skills of Motivational Interviewing

- Reflection Exercise: Hypothesis Testing
 - Example: inflecting the word “said” differently in this sentence:
 - “You’re angry about what I said?” (up) vs. “You’re angry about what I said. (down)
 - Demonstration - Audience volunteer a self-statement such as:
 - “One thing I like about myself is that I.....”
 - “One thing you should know about me is that....”
 - “One thing about myself that I’d like to change is....”
- Now you try it!

Basic Skills of Motivational Interviewing

- OARS: Summaries
 - Special application on reflective listening.
 - Particularly helpful at transition points:
 - After the client has spoken about a topic; shift towards finding a solution.
 - After the client has recounted a personal experience; connect to the target behavior.
 - When the encounter is nearing an end; shift towards plan of action.
 - Helps to ensure that there is clear communication between the speaker and the listener.
 - Can provide a stepping stone towards change.

Basic Skills of Motivational Interviewing

- **OARS**: Summaries

- Four parts to an effective summary: “I CAN” Strategy
 - *Indicate this is a summary,*
 - *include **Change Talk** and **Ambivalence**, and then*
 - *elicit a response and ask about the **Next Step**.*

Indicate	Change Talk & Ambivalence	Next Step
So, if I'm hearing you right...	... difficult to change... important to do...	... where do we go from here?
If I'm understanding correctly...	... scared to change... willing to try...	... what do we do next?
Let me see if I've got this...	... unsure if it's worth it... believe you could...	... how should we proceed?
Allow me to summarize...	... will need help... ready to make a change...	... what's the next step?

Basic Skills of Motivational Interviewing

- OARS: Summaries



Basic Skills of Motivational Interviewing

- OARS: Summaries
 - Form groups of two or three:
 - One person role plays the Client
 - One person role plays the Clinician
 - One observer (if three people)
 - The client will say something about themselves that they feel ambivalent about changing.
 - The clinician will actively listen and then summarize what was said using the “I CAN” strategy switching roles after each statement.



Basic Skills of Motivational Interviewing

- OARS: Summaries Discussion
 - What was it like not providing suggestions or solutions?
 - What did you learn from the exercise?
 - Were there any surprises?



Basic Skills of Motivational Interviewing

- So... What next?
 - If met with resistance/argumentation... empathize, avoid argumentation, roll with resistance.
 - Empathize: *“It can be really scary to start an exercise program. Is there something else which would help you make a decision?”*
 - Avoid Argumentation: *“Sounds like you’re unsure about what you want to do. I don’t want to push you to a decision, it’s really up to you. Take some time to think about it.”*
 - Roll with Resistance: *“Other people struggle with these same challenges. You will be the best judge of when is the right time to consider change. Is there some other issue that feels more important to you?”*

Basic Skills of Motivational Interviewing

- So... What next?
 - If ready and moving towards change – help set BeSMART Goals.

(Be) = Behavioral				
(S) Specific	(M) Measurable	(A) Achievable	(R) Relevant	(T) Time Based

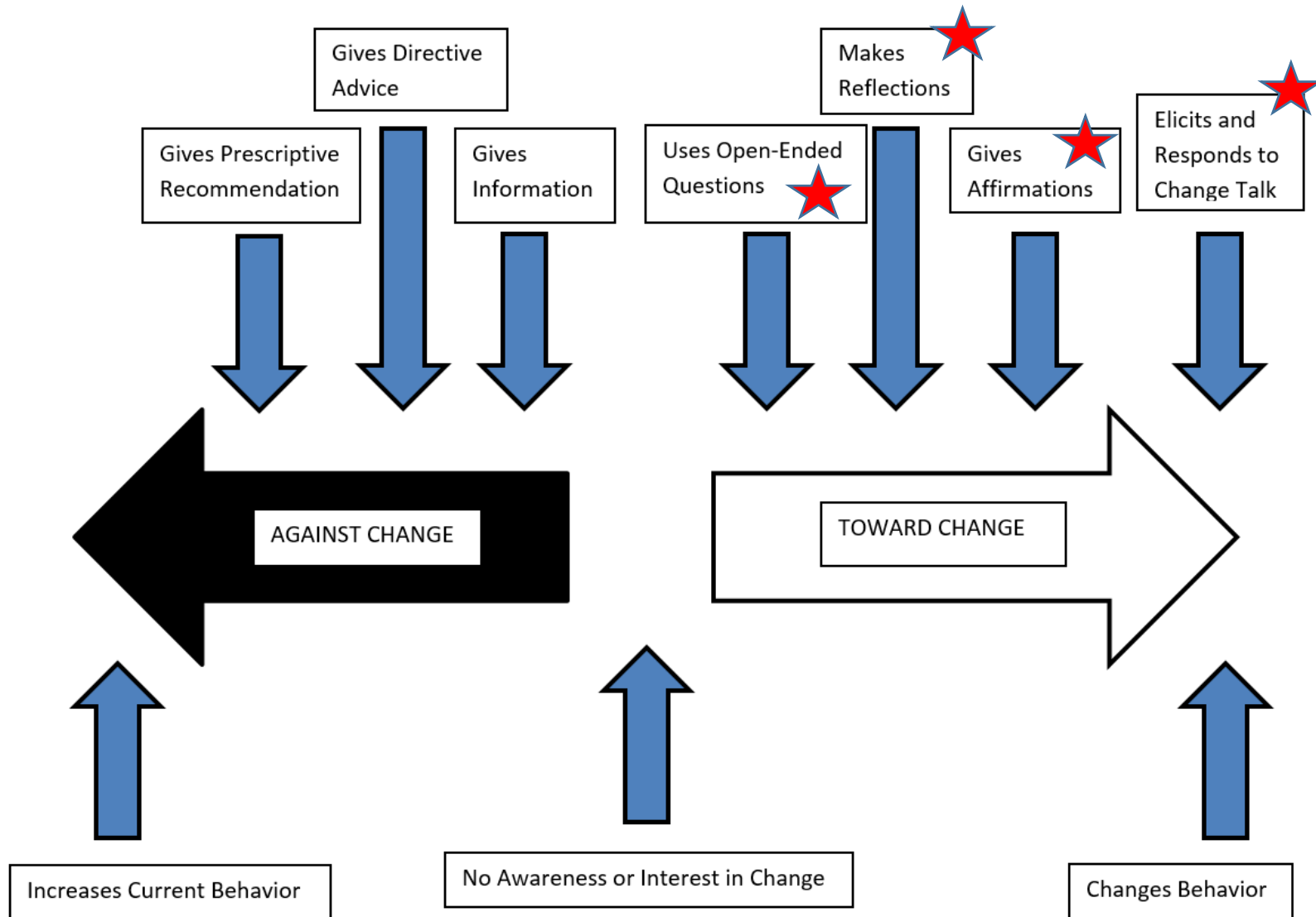
Basic Skills of Motivational Interviewing

- OARS: Round Robin Exercise
 - Volunteer “client” stands at the front of the room
 - Participants come up with a statement at the appropriate time
- How to Play
 - Begin the “play” with introduction and thanking the “client” for coming.
 - Then ask an open question such as, “So, what brings you here today?”
 - Ask participants, “Where do you want to go now – OAR or S?”
 - Each person gets one turn.

Break Time!



Continuum of Motivational Interviewing

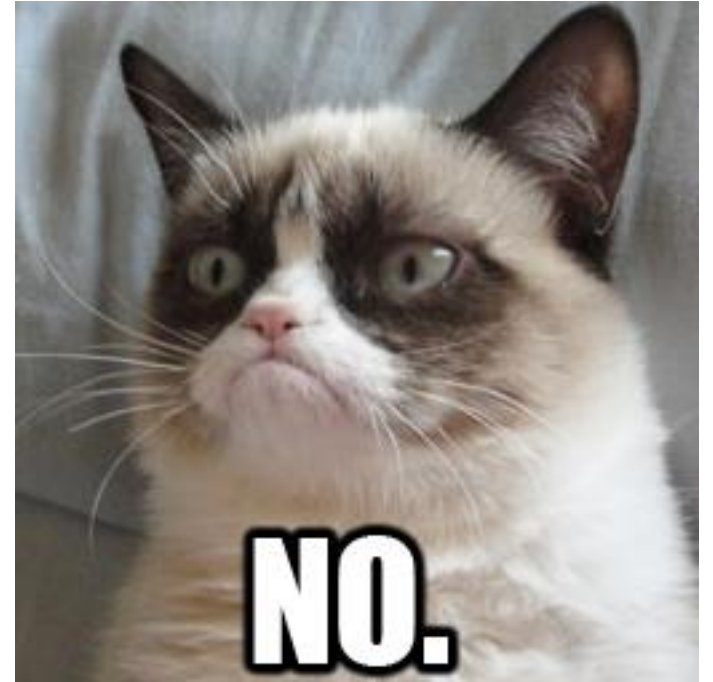


Basic Skills of Motivational Interviewing

- Eliciting and Responding to Change Talk
 - Goal is to elicit and respond effectively to change talk
 - We tend to believe what we hear ourselves say. The more a client verbalizes:
 - Disadvantages of change and advantages of status quo, the more likely they are to stay the same
 - Advantages of change and disadvantages of status quo, the more likely they are to change
 - Your job is to elicit change talk rather than resistance by asking evocative open questions, affirming responses, reflective listening, and summarizing

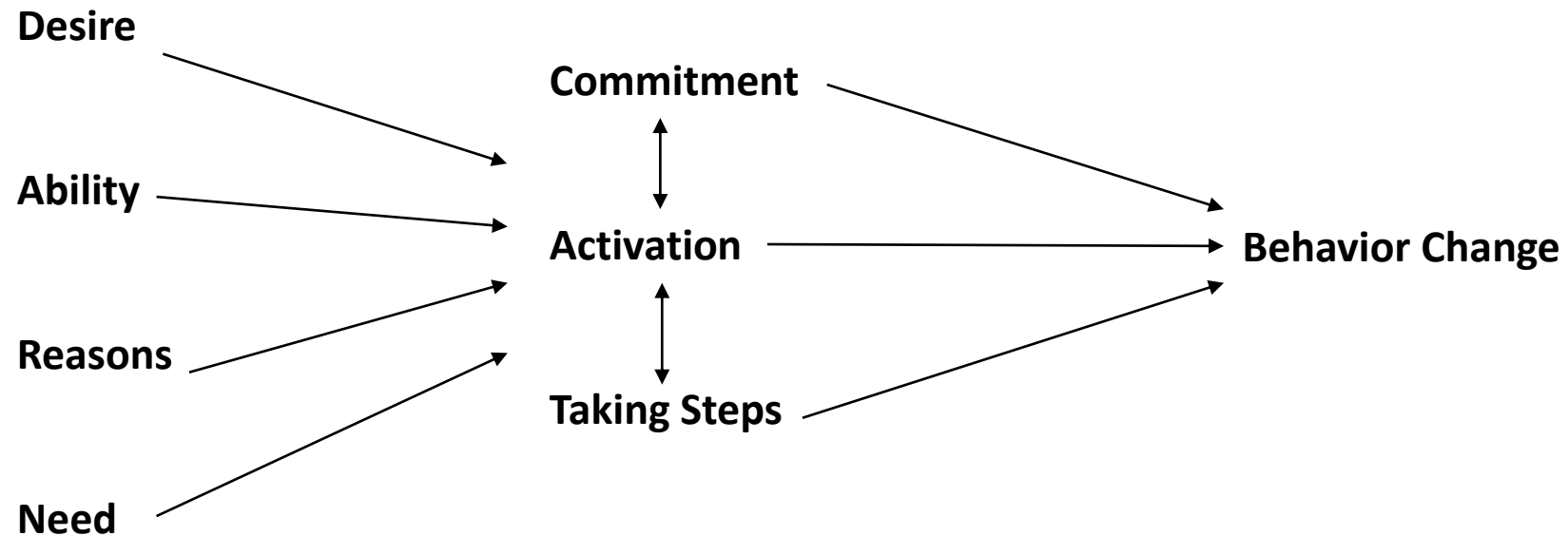
Basic Skills of Motivational Interviewing

- Eliciting and Responding to Change Talk
 - Types of change talk: DARN-CAT
 - Preparatory change talk
 - Desire: “I want to change.”
 - Ability: “I believe I can change.”
 - Reasons: “It’s important to change.”
 - Need: “I really need to change.”
 - Implementing change talk
 - Commitment: “I will make changes.”
 - Activation: “I am ready, willing, and able to change.”
 - Taking Steps: “I am taking specific actions to change.”
 - How you respond to change talk is key



Basic Skills of Motivational Interviewing

- Eliciting and Responding to Change Talk



Basic Skills of Motivational Interviewing

- Eliciting Change Talk: DARN
 - When eliciting DARN change talk you are tapping into client values and aspirations.
 - What they hope for, what matters to them, their deeply held values.
 - Example questions for eliciting DARN:
 - *Tell me why would you want to start eating healthier?* (Desire)
 - *How would you do it, if you decided to?* (Ability)
 - *What are your three best reasons for eating healthier?* (Reasons)
 - *How important is it for you to eat healthier?* (Need)

Basic Skills of Motivational Interviewing

- Eliciting Change Talk: CAT
 - When eliciting CAT change talk you are tapping into client confidence and self-efficacy.
 - Most predictive of positive outcome.
 - Example questions for eliciting CAT:
 - *What's the first small step you intend to take?* (Commitment)
 - *What steps are you willing to take at this time?* (Activation)
 - *What are the steps you've already started taking?* (Taking Steps)

Basic Skills of Motivational Interviewing

- Gathering the bouquet...
 - Imagine an open meadow
 - Green grass, flowers & weeds
 - Grass = background speech
 - Weeds = arguments against change
 - Flowers = change talk (DARN-CAT)
 - Collect flowers into a bouquet, show them to the client, continue to add to
- How you respond to change talk!



Conclusions: Motivational Interviewing

- Although we have given you some guidelines for using MI, your real teachers are your clients.
- If you hear more arguments against change it's time to try a different approach.
- If you hear more DARN-CAT... Then you know you're doing it right!!!

Models of Obesity Treatment & Prevention

- Just something to think about...



Think About It

Medical Model of Obesity

- Focuses primarily on treatment, addressing individuals' personal behaviors as the cause of their obesity.
- Underlying assumption is that, as independent agents, individuals make informed choices.
- Interventions are providing information and motivating individuals to modify their behaviors.

Medical Model: Strengths and Weaknesses

- Strengths:

- Resonates with American culture and political beliefs
 - Personal responsibility and individual action
- Greater sense of control over own health

- Weaknesses:

- Narrow focus on treatment without prevention
 - More difficult to lose weight once obese than avoid becoming obese
- Failure to account for environmental drivers

Public Health Model of Obesity

- Focuses more on prevention and considers a wider range of causative factors that lead individuals to engage in health-damaging behaviors.
- Underlying assumption is that the responsibility for the obesity epidemic is not primarily due to individual choices but to the *obesogenic environment*.
- Interventions are modifying environmental forces through social policies.

Public Health Model: Strengths and Weaknesses

- Strengths:
 - Focus on prevention and environmental factors
- Weaknesses:
 - Addressing environmental factors is necessary but not sufficient
 - Successful population level interventions work by making the healthier behavior the “default” behavior:
 - Providing clean water > Requiring people to boil water before using
 - Difficult to do when healthier behavior involves personal choice

Need for a New Model

- Even in environments that provide healthy opportunities, some will not choose them
- Conversely, in obesogenic environments some are able to maintain a healthy weight
- Need to understand individual differences, tailor interventions to each person's situation
- Take into account personal circumstances and characteristics

Question:

Can we resolve the conflict between the focus on individual responsibility with its associated risk of stigma and the focus on the obesogenic environment with its associated risk of ignoring individual choice?

Complementary Model of Obesity

- Accept that it is unjust to hold people accountable for which they have little control.
- Hold them accountable for engaging in health behaviors when they have access to conditions that enable those behaviors.
- Society is responsible for providing opportunities.
- People are responsible for choices.

- Personal choice is only as good as the choices available.

Conclusion

- People with obesity are at increased risk for many serious diseases and health conditions.
- Weight stigma can cause significant issues and prevent people from seeking health care.
- We help people achieve a healthy weight while avoiding the detrimental impact of bias by...

Conclusion

1. Becoming aware of and challenging our own bias
2. Using sensitive and supportive communication
3. Discouraging disengagement and encouraging reappraisal
4. Creating a stigma-free office environment
5. Being a good role model and helping families
6. Using Motivational Interviewing to support change efforts
7. Recognizing that personal choice is only as good as the choices available

Final Thoughts

- Grace & Truth
- We tend to gravitate toward one or the other.
 - Truth without grace comes off smug and uncaring.
 - Grace without truth accept standards that are lower than is desirable.
- The key is to integrate these two qualities into your practice.
- Anything less than both is neither.

ANY
QUESTIONS
?

Further Resources

- *Motivational Interviewing in Health Care*
 - Rollnick, Miller, and Butler
- *Health Behavior Change: A Guide for Practitioners*
 - Mason and Butler
- *Weight Bias: Nature, Consequences, and Remedies*
 - Brownell and Puhl

Connect with us!



@NickFryeLCPC
@JenChristman22



nicholas.frye@medifastinc.com
jennifer.christman@medifastinc.com



Nicholas Frye
Licensed Clinical Professional Counselor & Certified Health
Education Specialist



Jennifer Christman, RDN, LDN, CPT
Clinical Nutrition Manager at Medifast, Inc