

MANAGING OBESITY USING A BEHAVIOURAL APPROACH



Maria Dow, is a freelance dietitian and accredited Counterweight practitioner. In this article, she outlines the theories underpinning the use of a behavioural approach in an obesity management programme.

Strategic obesity policies recommend that effective weight management programmes should include three key elements: an energy deficient diet, a programme of increased physical activity and behavioural modification techniques.^{1,2,3} The Counterweight weight management programme is an example of good practice, in line with these recommendations.⁴ www.counterweight.org

INTRODUCTION

Eating a healthy diet and being more active optimises health, encourages weight loss and reduces the risk of disease. Individuals embarking on a behaviour change programme to improve their health may have mixed feelings about starting, or may lose motivation en-route. Managing motivational issues is fundamental to ensure individuals initiate and maintain positive lifestyle changes. A behavioural approach to obesity management ensures greater weight-loss and weight-loss maintenance.^{1,3} This article will inform how practitioners can influence and motivate sustained behaviour change with their clients.

BACKGROUND

Obesity, defined as a body mass index (BMI = weight in kg / (height in m)²) $\geq 30\text{kg/m}^2$ is a chronic disease.⁵ Its prevalence has trebled in the UK over the last 25 years. Over a quarter of the population are now obese^{6,7} and predictions are that by 2050, this figure will rise to over 50%.⁸

Weight gain is caused by eating more calories than are used up by activity. More of our household budgets today are spent on energy dense fatty and sugary foods, and less on fruit and vegetables compared to 2007.⁶ Agricultural, technological and social changes mean we are less active in our daily lives.⁹ These changes to our diet and activity levels have occurred gradually and consequently more individuals are becoming overweight and obese.¹⁰

Our dietary and activity habits are not changed by an act of will. It requires the right context, motivation and self-regulation skills. A key determinant of an individual making lifestyle changes is self-efficacy. This is the belief that they can change their behaviour. "People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided."¹¹ Motivational education techniques are useful in influencing personal belief and support sustained behaviour change.¹²

THE BEHAVIOURAL APPROACH

The behavioural approach in obesity management aims to help individuals implement and sustain changes to their eating, activity and thinking habits that contribute

to their weight problem. It provides them with coping skills to handle cues to overeat and manage lapses from their diet and activity plans. The behavioural approach also provides motivation essential to maintain adherence to a healthier lifestyle once the initial enthusiasm for the programme has waned.¹³

There is strong evidence that a behavioural approach combined with healthy eating education and physical activity advice result in significantly greater weight losses at 12 and 18 months than diet or physical activity advice alone.^{1,2,3,14}

MOTIVATIONAL INTERVIEWING

Motivational Interviewing (MI) is defined as a client-centred directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.^{15,16} It is a way of assessing an individual's readiness to embark on a behaviour change.

MI supports behaviour change in a manner that is congruent with the person's own values and concerns. Weight loss interventions should be targeted according to individual willingness to make changes around each component of behaviour such as specific dietary and activity changes.³

Motivation is often the missing factor for people struggling to lose weight. Individuals may show resistance and ambivalence with phrases such as "I want to, but I can't..." or "Yes, but..." A skilled practitioner can work with this. They can tap into the intrinsic motivation that exists within individuals to help them explore the difficulties they are experiencing.

Ambivalence is at the heart of motivation. It is the discrepancy between what an individual wants to achieve and their current behaviour. It is important to explore the advantages and disadvantages of making a specific lifestyle change. If the advantages outweigh the disadvantages then the individual is contemplating or even preparing to make that change. An examination of the disadvantages can help the individual develop problem solving skills. What are the barriers to making a change? What mechanisms inhibit or promote healthier behaviours?



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If there are more disadvantages to making lifestyle changes compared to advantages, then now may not be the right time to embark on a weight management programme. It is important the practitioner does not try to coerce the individual. They must respect the individual's autonomy and right to make their own decisions.

THE PRACTITIONER'S ROLE

Good communication between the practitioner and the individual is essential and helps to influence behaviour change.^{3,15} Practitioners must possess good interpersonal skills.¹⁷ They have an important role in guiding conversations in the direction of change appropriate to the individual at the time. Non-concordant persons may appear resistant or in denial about their condition. This clinical resistance is often the product of an interaction with a practitioner who uses a more confrontational style.¹⁸

Practitioners who advise on diet, weight and activity need appropriate training, experience and enthusiasm to motivate people to change.² It is important they have the knowledge, skills, and understanding of the strategies that facilitate behaviour change.

Working in a motivational way requires the use of a client-centred approach. This approach improves client outcomes and satisfaction, and reduces their concerns.¹⁷ A client-centred approach requires practitioners to exhibit three core conditions; empathy, acceptance and genuineness.

An empathetic practitioner tries to understand the problem through the individual's eyes and work on possible solutions together. Acceptance requires the practitioner to respect the individual for whom they are as a person, and not judge their actions. Obesity is often seen as the fault of the individual, and there is evidence of this prejudice in the healthcare setting.¹⁹ To be genuine, a practitioner must be self-aware as to how their verbal and non-verbal behaviours are perceived by the individual. A practitioner must not be false in their words or actions to ensure they come across as genuine.¹⁹

The practitioner can demonstrate a client-centred approach through attentive listening and reflecting back to the individual what they hear. People not only gain understanding through reflection, they evaluate and alter their own thinking.²⁰ It is helpful for practitioners to summarise periodically throughout the consultation to ensure that they have understood individual circumstances, and offer rather than impose changes. The individual should feel they own their plan of action as they have created it, and that it is feasible and realistic.

MOTIVATIONAL READINESS

A person will only alter their behaviour when ready and able to do so. Assessment for motivational readiness can be done using an importance and confidence tool.²¹

Importance

The practitioner asks the individual to rate on a scale of 1 to 10 how important it is for them to lose weight. 1 is not at all important and 10 extremely important. Further questions can be asked as to why clients have chosen a particular score and what it would take to move the score upwards.

Confidence

The process is repeated but this time the practitioner asks the individual where they would rate their confidence to lose weight. If the score is low, what things, people and situations would make them feel more confident?

EXPECTATIONS OF TREATMENT

Many individuals are lifelong dieters with ideas of what to expect from a weight loss programme. The practitioner should outline what they expect of the individual which could include; number of appointments, times, duration, cancellation procedures, importance of reading patient information booklets, and completing daily living diaries.²²

The expectations of individuals entering a weight management programme need to be discussed. Many obese individuals dream of losing up to 38% of their body weight.²³ Baseline weight loss expectations are a predictor of attrition in obese individuals entering weight management programmes.²⁴ Attendance is improved if expected weight change outcomes, and the benefits of small modest weight losses are outlined at the outset.^{22,25}

Practitioners must enable individuals to embrace the clinically beneficial target of 5-10kg (SIGN 2010)³ or 5-10%.³ These modest weight losses are associated with clinical improvements in obesity-related diseases.^{3,26} For individuals with a BMI $\geq 40\text{kg/m}^2$, larger weight losses of at least 20kg may be more appropriate for improved quality of life.³

BEHAVIOUR THERAPY

Once an individual has been assessed as ready to change, they can then be supported through the behavioural aspects of their treatment. Behaviour therapy is a process of continual improvement with emphasis on the process of change and what it means for the individual involved. This approach works on what the individual wishes to accomplish and where, when, why, how and with whom. It is a process of learning to use the following behavioural strategies.

SELF-MONITORING

This is considered to be the most important aspect of behaviour therapy.²⁷ Interventions prompting individuals to self-monitor their behaviour are more effective in achieving behaviour change.²⁸ It also correlates with long term weight-loss and weight-loss maintenance.²⁹

Daily Living Diaries

Keeping an accurate record of eating, activity and moods can help individuals learn about their personal lifestyles and highlight resistance to change. ►

Diaries are personal, to help individuals understand their own behaviours. Recording times, moods and thoughts helps to identify emotional triggers to unhealthy activities. Diaries highlight positive changes and can be a tool to help identify new goals.

Weight Records

Individuals should be encouraged to weigh themselves at least once a week at the same time and on the same scales. Regular weighing can act as a motivator and also demonstrate adherence to goals. Keeping a weight chart is helpful. More frequent weighing is associated with maintaining weight losses.²⁹

SETTING GOALS

Successful weight management depends on setting sensible goals.²⁷ The individual describes exactly what their goals are and how they feel they can be achieved. Goals should be SMART; Specific (S), Measurable (M), Achievable (A), Realistic (R) and Time-bound (T). The detail attached to the goal will support the change. If the goal is achieved another SMART goal can be negotiated. If not, this provides a forum for discussion as to how and why the goal has not been met and what needs to be in place to ensure success.

EMOTIONAL MANAGEMENT

Obese individuals are more influenced by emotional triggers to eat compared to people of a healthy weight.³⁰ It is important to identify the trigger to these emotions and resultant eating and inactivity episodes. The daily living diaries help to increase an individual's knowledge and awareness of problems. SMART goals can then be made to help break the cycle. Alternatives to eating could be considered such as; reading a book, listening to music, walking, having a bath, relaxation, puzzles, or talking to a friend.

STIMULUS CONTROL

This is about learning to deal with cues to eat or be inactive. Cues are learned behaviours reinforced over time. These behaviours can be unlearned but it takes time and reinforcement of better habits. Keeping a diary will help individuals become aware of their cues to unhealthy behaviours.

An example would be always having a biscuit with a cup of tea. Behavioural strategies to reduce this could include; don't buy biscuits so they are not in the house, drink less tea, and drink tea with someone who is supportive of your efforts. Another example would be having a few large glasses of red wine while relaxing in the evening. Behavioural strategies could include; buy white wine which is liked less, measure out a unit of wine to ensure portion control, find other forms of relaxation; e.g. have a bath.

Other examples commonly found in practice are; eating while watching television, or nibbling while making a meal. Diaries will help identify individual cues to eat and be inactive. Individuals are then encouraged to come up with suggestions to unlearn these cues and reinforce better habits with the directive guidance of the practitioner.

Figure 1: Eatwell Plate



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NUTRITION EDUCATION

To achieve weight loss individuals need to consume less energy than they use up in activity. The eatwell plate represents a healthy diet and is a pictorial representation of a week's food intake (Figure 1).

Recommendations for a healthy diet in weight management are:²

- Base meals around wholegrain cereals, bread, rice, pasta or potatoes.
- Have a least five servings of fruit and vegetables daily.
- Reduce intake of fats and sugars found in sweets, cakes, biscuits, crisps and pastries.
- Eat a breakfast and establish a structured eating plan.
- Minimise the number of calories consumed from alcohol.

An example of a nutritional goal could be to eat more vegetables. This could be made SMART by ensuring half their plate at the main meal was vegetables on at least 4 days of the week. The progress of this goal could be reviewed after a couple of weeks. It is helpful for the individual to suggest the behaviour changes themselves. The practitioner is then able to negotiate with the individual ways in which goals can be made SMART.

PHYSICAL ACTIVITY

Physical activity recommendations for health in the general adult population are a minimum of 30 minutes a day, on at least five days a week. This can be broken down into 10-15 minute bouts. The intensity should be moderate which includes activities such as brisk walking (DoH 2011).⁹ To prevent obesity, recommendations are 45-60 minutes, and weight-loss maintenance can be achieved at levels of 60-90 minutes daily.²⁹ Benefits are not only gained immediately. Improved mood and increased insulin sensitivity occur up to 48 hours following activity.⁹

Table 1: Barriers to Increasing Physical Activity with Suggested Strategies

Barrier	Strategy
Don't like exercise	Make activities enjoyable and part of everyday life e.g. walking, cycling, swimming and gardening ²
Don't have time	Incorporate activity into your day ² <ul style="list-style-type: none"> • 10-15 minute walk at lunchtime • Walk to work or school • Get off the bus a stop earlier • Walk or cycle journeys less than a mile • Use the stairs rather than lifts • Walk about while on the phone • Do housework to music • Reduce time spent in front of TV or computer screens
I'm too tired	Activity boosts energy levels, improves cardiovascular fitness and makes you feel good ⁹

71% of respondents to the Health Survey for England considered themselves fairly or very active.³¹ Current activity levels in this country are low and only 28% women and 40% of men meet the minimum recommendations. The general population may not be aware of what 'active' is, or they are overly optimistic as to actual rather than perceived levels of activity. Common barriers to being more physically active with suggested strategies to promote a more active lifestyle can be found on Table 1.

SOCIAL SUPPORT

Individuals who have support to achieve their goals are more likely to maintain their weight-loss. Supportive persons should take an active interest in the individual trying to manage their weight and keep them motivated. Weight management support must be constructive and positive. It may be someone to help them do an activity such as walking, or to look after the children while they exercise.

RELAPSE PREVENTION

We make nearly 200 unconscious food related decisions daily. Each of these decisions is a point where an individual can unknowingly be enticed to eat. Rather than obsess about food decisions it is better to change our environment so that it works for us rather than against us.³²

Planning is the key to preventing lapses. When lapses occur they offer the individual the opportunity to develop coping strategies for future high risk situations. Individuals can assess what happened before the lapse occurred and plan strategies to handle the situation differently next time.

It is important to understand that individuals are learning new skills. Set-backs are to be expected and learned from. A systematic approach can be used to find solutions. It is important for the individual to stay calm, think positively and reflect on achievements made so far.

Lapses are opportunities for individuals to learn about themselves; their behaviours, weaknesses and strengths. An analysis of the situation may help individuals to uncover how they were feeling, what the triggers for the lapse were, and how they could handle it differently next time.

COGNITIVE BEHAVIOURAL THERAPY (CBT)

When cognitive techniques are added to behaviour therapy they improve programme success and reduce weight regain.³³ CBT strategies are aimed at identifying and modifying negative thinking patterns and mood states to facilitate weight loss.³⁴ Thoughts directly affect our feelings and attitudes. These in turn affect our behaviours. Negative thoughts are associated with negative outcomes such as overeating and being inactive. CBT helps to turn negative destructive thoughts into positive and helpful ones.

Practitioners need to reflect back to individuals when they hear goals discussed in terms of "must, always or never". These goals are more likely to fail. Individuals become aware of what they are saying and how it affects their behaviour. Negative thoughts can be reshaped by encouraging the uses of phrases such as "I will attempt to" or "try not to". Learning to use more realistic terminology can help individuals change their thought processes to support behaviour change.

SUMMARY

Our current environment tends to promote the consumption of energy dense foods and inhibit daily activity. These are major contributory factors to the increasing prevalence of obesity. There is a strong body of evidence to support the combination of behaviour therapy with diet and exercise education to enhance weight reduction and weight-loss maintenance.

Trained practitioners are in a prime position to identify individuals who are ready to make lifestyle changes and support them through a programme of weight management which includes behaviour therapy. The Counterweight Programme is an example of an evidence based weight management programme that contains the recommended behavioural strategies for obesity management.

Practitioners Guide to Behaviour Therapy in Practice
• Ensure a client-centred approach
• Assess motivational readiness before initiation of a weight management programme
• Discuss expectations of treatment including; weight loss, number of appointments and roles of the individual and practitioner
• Focus on long-term lifestyle changes
• Encourage completion of daily living diaries and regular weight checks
• Encourage SMART goal setting to address both dietary and physical activity changes
• Use the Eatwell plate to ensure a healthy, balanced approach to diet
• Offer practical advice about being more active.
• Include elements of behavioural therapy and CBT such as; support on how to cope with lapses, high risk situations, and cognitive restructuring
• Provide or recommend on-going support

Questions relating to: *Managing obesity using a behavioural approach.*
 Type your answers below and then **print for your records.** Alternatively print and complete answers by hand.

Q.1	Briefly summarise how a behavioural approach to obesity management can help individuals lose weight.
A	
Q.2	How would a practitioner demonstrate a 'client-centred approach' to motivational interviewing?
A	
Q.3	How are expectations managed for individuals who enter into a weight management programme?
A	
Q.4	What is the most important aspect of behaviour therapy and what two practical interventions are essential to its success?
A	
Q.5	What is SMART goal setting?
A	
Q.6	What can be used to help individuals become aware of their cues to unhealthy behaviours?
A	
Q.7	Describe three recommendations from the NICE (2006) Obesity guidelines for a healthy diet in weight management?
A	
Q.8	What practical advice can be given regarding physical activity?
A	
Q.9	What 'CBT' strategies can help prevent lapses and set-backs?
A	
Please type additional notes here . . .	
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