Addressing the subject of weight with clients

How to have a ‘Courageous Conversation’

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Agenda

Overweight & Obesity
   – Scale and cost
   – Health outcomes

Understanding and supporting your patient:
   – Making every contact count
   – Tackling the subject of excess weight
   – Assessing readiness to change

Stages of change

Motivational interviewing
Scale and Cost

64% of adults in England are overweight or obese
(Professor Kevin Fenton, Public Health England; Feb 2014)

- “People who are overweight or obese have an increased risk of developing type 2 diabetes, heart disease and certain cancers.
- Excess weight can affect self-esteem and mental health.
- Health problems associated with being overweight or obese cost the NHS over £5 billion each year.
- There is no silver bullet to reducing obesity; it is a complex issue that requires action at individual, family, local and national levels.
Scale and cost of obesity

Although there are people in all population groups who are overweight or obese, obesity is related to:

- **Social disadvantage**: more marked for women

- **Educational attainment**: around 30% of men and 33% of women with no qualifications are obese compared to 21% of men and 17% of women with a degree or equivalent\(^1\)

- **Ethnicity**: most prevalent among black African women (38%) and least prevalent among Chinese and Bangladeshi men (6%)\(^2\)

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Health Outcomes

- Women who are obese are around 13 times more likely to develop type 2 diabetes and 4 times more likely to develop hypertension.

- Men who are obese are around 5 times more likely to develop type 2 diabetes and 2.5 times more likely to develop hypertension.

- People who are obese may experience mental health problems as a result of stigma and bullying or discrimination in the workplace.

Health Outcomes

• In 2012, 43% of obese men and 38% of obese women were found to have high blood pressure.¹

• During 2012-13 there were 10,957 hospital admissions due to obesity – 9 times higher than during 2002-03.¹

• It is estimated that life expectancy is reduced by an average of 2 - 4 years for those with a BMI of 30 to 35kg/m², and 8 - 10 years for those with a BMI of 40 to 50kg/m².²

Making Every Contact Count (MECC)

The NHS’s role in the public’s health: A report from the NHS Future Forum 2012

‘…preventing poor health and promoting healthy living is essential to reduce health inequalities and sustain the NHS for future generations’
What is MECC?

• Systematically promoting the benefits of healthy living across the NHS

• Asking individuals about their lifestyle and any changes they may wish to make

• Responding appropriately to the lifestyle issue/s raised

• Taking appropriate action to either give information, signpost or refer service users to the support they need.
What opportunities do you have to support people to lose weight?

- Diabetes clinics
- CHD checks
- Health checks
- Family planning
- Baby immunisations
- Vaccinations
- Review of medications e.g. for asthma, migraines, skin conditions
- In Clinics where dressings are replaced
- Mental health consultations
Own weight

• 50% of nurses believe they are overweight (Nursing Times)
  – Fears: no credibility, hypocritical

• But research shows patients sometimes feel more comfortable with somebody ‘who understands’ the issue

• Health behaviours can be difficult - acknowledge it
• Empathy – ‘If it was easy we’d all be a size 12’
• Self-disclosure – ‘I eat healthily 80% of the time but…!’
Potential Concerns

What if they don’t want to talk about their weight to me?

What if I offend the person?

How can I talk about a patient’s weight when I struggle with my own weight?
You may have already observed that direct persuasion doesn’t help people resolve their ‘ambivalence’ to change.
Slimming World’s message is NOT “you should lose weight”
Our message is **NOT**

“if you want to lose weight you should do **this**”
Slimming World’s message IS

“if you want to lose weight we will do our absolute utmost to help you”
How people feel about their weight

- In pain
- Scared
- Unattractive
- Uncomfortable
- Depressed
- Isolated
- Helpless
- Miserable
- Sad
- Lonely
- Unloveable
- Different
- Embarrassed
- Frumpy
- Stupid
- Resigned
- Unhappy
- Suicidal
- Messed up
- Resigned
- Unworthy
- Old
- Devastated
- Angry
- Frustrated
How people feel about their weight

- Anger, anxiety.
- Disgust, stigma.
- Negative social comparison, inferiority.
- Self doubt, fear, hopeless.
- Shame, negative affect.
- Isolation, denial.
A MODEL OF COMMITMENT TO FOOD OPTIMISING & PHYSICAL ACTIVITY

The individual member

Psychological commitment

Start Food Optimising/Activity

Behavioural commitment

Stick with it

Intrinsic commitment

Lifetime healthy eating/activity

Greater commitment

Perception about dieting, healthy eating and activity

New habits

Action plans and strategies implemented

Self-motivation
Does modern culture pressurise people to eat more?
Bargain buys?

Family treats?

School lunch?
1.5MILLION BRITS MORBIDLY OBSESE

NHS flab ops soar 530% in 6yrs

BRITAIN has 1.5MILLION adults classed as morbidly obese, shock figures revealed yesterday.

Tens of thousands are too fat to get out their own homes — or beds — and face premature death, disease and disability.

Figures also show NHS weight loss operations have soared by 530 PER CENT in six years.

There were 5,407 gastric bypass ops last year — compared to 858 in 2006. Gastric band ops went up from 715 to 1,316.

The ops cost between £5,000 and £7,000 each — adding up to £50mil-

By EMMA LITTLE Health and Science Editor

ion a year on the NHS budget. Surgeons carried out 26,227 ops to cut weight in six years.

Gastric banding involves reducing the size of the stomach with a band fitted around it, while a gastric bypass re-routes food to a small stomach pouch.

Alberic Fiennes, president of the British Obesity & Metabolic Surgery Society, said: "There is compelling evidence that weight-loss surgery to treat the most severely affected is one of the most clinically effective, safe and cost-effective treatments." Consultant NHS bariatric surgeon Sally Norton added: "We’re not just talking about people weighing 50st. A 5ft 10in man weighing 18st — 6ft overweight — may be morbidly obese and over six times more likely to get diabetes and four times more likely to need a knee replacement. "Preventing obesity is essential. And tackling childhood obesity is a major health priority if we are to prevent huge medical and financial problems in the future."

Health minister Simon Burns said: "We want people to live healthier lives but as a last resort doctors can advise procedures like these are undertaken."

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£50M
ON NHS OPS FOR OBESE IN 1 YEAR

26,227
NHS OPERATIONS TO CUT WEIGHT IN 6 YEARS
There is overwhelming evidence that changing people's health-related behaviour can have a major impact on some of the largest causes of mortality and morbidity. But?
She's 42 stone, eats 6,000 calories a day and hasn't been out for four years. In a story as tragic as it's depressing, Britain's fattest woman, who costs taxpayers £700 a week, admits she's...

Eating herself to death
People often come to the NHS with a wide range of problems caused by their lifestyle choices.

And hope that staff will be able to provide them with a ‘magic cure’ without them making any effort?
“My gym instructor told me to touch my toes.

I asked if I could just wave to them.”
Do you always follow good advice?
GOOD ADVICE
WHAT THEY HEAR
Giving advice can create resistance

- It’s tempting to try to be ‘helpful’ by persuading a client of the urgency of their problem and the benefits of change

- But sadly these tactics frequently increase the clients’ resistance and lessen the probability of action

Miller and Rollnick, 1991
Reasons for current behaviour

ADVICE
Reasons for current behaviour

ADVICE
The change process

• No-one changes their behaviour without first changing their attitudes and beliefs

• When a client argues with you it means you have made a wrong assumption

• Long term behaviour change takes time to consolidate
Current Behaviour

I Have **MY** Reasons For Everything I do.
I Change when I want to
Not because I am told too.
Steps to change

1. Deciding
2. Preparing
3. Taking action
4. KEEPING UP THE CHANGE
5. Coping with setbacks
Question:
How can you have a conversation about weight loss without increasing a person’s resistance to change?

Answer:
By using techniques drawn from motivational interviewing and person-centred counselling.
RULE - The essential principles of Motivational Interviewing

• **Resist** the urge to try to change a person’s course of action by **telling them** what to do.

• **Understand** it’s the individual’s reasons, not those of the practitioner, that will bring about a change in behaviour.

• **Listen** to what the individual says; the solutions lie within them, not an outsider.

• **Empower** the individual to understand they have the ability to change their behaviour.

(Rollnick et al 2008)
Motivational Interviewing: – what it’s not!

- Diagnosing a person’s problem
- Doing most of talking
- Offering advice without a patient’s permission
- Telling the person they have a problem and need to change
Key skills used in motivational interviewing

- Encourage the client to do most of the talking
- Use open-ended questions
- Use reflective listening / summarising
- Address resistance to change
- Emphasise their personal choice
- ‘It’s up to you to decide what steps you’ll take’.
- Ask ‘change orientated’ questions
- ‘Why do you think it’s been so difficult in the past?’
Closed /Limiting Questions

These are the type of questions that can only be answered by “Yes” or “No”  e.g.

- “Do you plan to change your lifestyle?”
- “You do agree that something needs to be done don’t you?”
- “Are you happy to go to the gym?”

Closed questions stop people thinking for themselves
Ask Open Questions

These help you understand the person’s frame of reference, attitude and beliefs eg

• “What was the most difficult part of changing your diet?”

• “What were you hoping would happen?”

• “What do you think might happen if you do nothing?”
Answering **open questions** encourages people to think and can plant a **seed** of change.

Change often starts with new thought.
A classic misunderstanding

Mrs Peterson's experience of attending a surgery led weight loss programme
How to help – What works

• Assess their understanding and interpretation of the medical facts
• Describe the link between their current lifestyle and medical condition
• Seek permission to explain the short and long term benefits of change
• Offer additional up to date information
• Sum up the conversation
People who are unsure about change

- Find out about the pros and cons of them making a change
- Talk through their ambivalence
- Ask: ‘What’s the main thing getting in your way’?
- Explore any future concerns if they stay the same
Engaging people in change

- Start where the person is right now
- See the situation from their point of view
- Build on existing strengths
- Encourage a realistic first step to give them an experience of success.
- Use small and achievable measurements to assess and track their progress
Confirming a person's readiness to change

Congratulate their decision and check their expectations of changing

• “Remind me when you plan to start ---?”
• “What is the next step you are going to take when you leave here?”
• “What might get in your way?”
• “What could you do to prevent that?”
Consolidating people’s plans

• “Who will you ask to support you?”

• “What date have you decided to start ---?”

• “Which treatment/programme will you use?”

• “When would you like to see me again”? 

• “What would you like me to do if you don’t return for your next appointment?”
Summarising is magic

• Give your client a full overview of the key points discussed

• When practitioners listen actively, using reflections, or summaries the client will hear themselves and may get a new or different perspective on the situation

• Clients may then begin to show movement in the direction of change for example “I really need to do something”

People perceive themselves as they articulate their inner thoughts

Self-perception theory (Bem 1972)
Relapse

• Lack of personal motivation
• Withdrawal symptoms
• Stopping under pressure from someone else
• Attaching insufficient importance to stopping
• Poor timing- Alongside other big life events
• A question of self-image
• “I thought `a slip’ wouldn’t hurt”
Relapse prevention

Ask:
“What makes this a good time to change”?

If they have tried to change before:
• What have you learnt from past attempts?
• Is there something you’d do differently now?
• How would you feel if you relapsed?
• What help and support do you have?
• How will you know it’s working this time?
Referring or signposting to a weight management group

- Programmes like Slimming World achieve weight loss and have great social value:
  - New friendships
  - Improved self-esteem and confidence
  - Reduce isolation – promotes inclusion
  - Peer support e.g. to participate in exercise activities
  - Even job opportunities!
What happens in a Slimming World group?

• Group Consultants name and phone number provided so patient can speak to them before attending

• Consultant will be at door to welcome new members

• Comprehensive explanation of the lifestyle programme

• Including discussion of how the eating plan can accommodate preferences and favourite meals

• New members observe first group without any obligation to join

• Only join at the end of the group if they feel ready
What happens in a Slimming World group?

- Members weighed personally by Consultant
- Their BMI and chosen target weight discussed in confidence
- New members contacted by their Consultant during first week to answer any queries and check how they are getting on
- All members have:
  - Consultant details for contact in between group sessions
  - 24/7 access to online resources including meal plans, tips and tools
  - Details of other members for additional support between meetings
Dean Worrall

- Referred for 7 x 12 weeks by GP in Dudley
- Then self-funded

“I’d thought for years to do something about my weight. But it was when my GP offered me referral to Slimming World and I went to a group that it really clicked – I went on to lose nearly 17st.”
Kim Freshwater

- Referred for 12 weeks by GP in Hampshire
- Lost 3st 2lbs
- Then self-funded
- Total loss 17st 5lbs

“The initial 12 weeks was a great start. It enabled me to focus on my goal, with the support of people who felt like me.”
**What you can do next**

- Find out about your local Slimming World groups
  - [www.slimmingworld.com](http://www.slimmingworld.com)
  - local Consultant happy to visit practice and provide local group details

- Find out more about Slimming World
  - [www.slimmingworld.com/health](http://www.slimmingworld.com/health)

- Welcome to observe a Slimming World group

- Find out more about referral options
  - [www.slimmingworld.com/health](http://www.slimmingworld.com/health)

- If you have budget to commission referrals contact
  - paul.sharpe@slimming-world.com
Please take our booklet back to your workplace.
magic happens when we follow our dreams

slimmingworld.com
0844 897 8000
Thank you for listening
Any questions?
UK Congress on Obesity 2014

University of Birmingham, Edgbaston Campus
Tuesday 16th September and Wednesday 17th September 2014