Critical conversations

Critical conversation skills are essential for establishing a change-based relationship with a patient. It is up to the healthcare provider to establish a supportive relationship in which patients can discuss weight management. Having such conversations can help address potential barriers of weight management and empower patients. Working with other healthcare providers (physicians and surgeons as well as others) can also be a challenge when common ground around how to approach weight management is not found. This module will focus on how to develop therapeutic relationships using various methodologies. It will provide tips on how to enhance therapeutic relationships by utilizing motivational interviewing skills and establishing “accurate empathy.” States of change will be reviewed which will help healthcare providers determine where a patient is in terms of their own change and how to best assist an individual in their own weight management journey. It will also cover when it is appropriate to have conversations with family members (parents, spouses) and practical tips on how to have these.

This session’s speakers are Shandra Taylor, Carlene Johnson Stoklossa and Pam Hung. Shandra Taylor is a Registered Psychologist on the Provincial Bariatric Resource Team. She has over 15 years of experience as a psychotherapist in a variety of clinical settings. Within the field of obesity management she has held positions with the Edmonton Weight Wise Adult Community team, and the Edmonton Adult Bariatric Specialty Clinic. In her current role she chairs the Alberta Health Services Provincial Emotional Eating Working Group and is one of four Level 2 certified trainers in the province for the HealthChange™ Methodology (formerly Health Change Approach).

Carlene Johnson Stoklossa is a Registered Dietician with the provincial Bariatric Resource Team and the Provincial Program Lead-Obesity in Nutrition Services. Carlene has 15 years of experience with Alberta Health Services and has a passion for the area of adult bariatric care. In addition to 10 years with counseling clients in an adult bariatric specialty clinic, her contributions have helped to develop evidence-based guidelines, publications, workshops and patient education resources to help both providers and patients improve their health and weight.

Pam Hung is the Occupational Therapist with the Provincial Bariatric Resource Team and has worked in an adult bariatric specialty clinic to enable people with obesity to engage in their occupations of daily living. Pam also has experience working in acute care and teaching occupational therapy and healthy science students at the University of Alberta. Of Weight Bias. These questions can be discussed in a group or on your own.
Critical conversations (cont.)

This module contains:

- A link to the video on critical conversations
  - [http://www.youtube.com/watch?v=rYcYFqRMiuc](http://www.youtube.com/watch?v=rYcYFqRMiuc)

- A power point presentation (page 3-11) that covers the following topics:
  - Motivational interviewing skills.
  - Strategies to match states of change.
  - Skills on how to set weight goals with patients.
  - Phases of weight management.

- A discussion guide for further reflection (page 13)

- The following resource was used:
  - [http://www.albertahealthservices.ca/7468.asp](http://www.albertahealthservices.ca/7468.asp)
Critical Conversations

Shandra Taylor
Carlene Johnson Stoklossa
Pam Hung

Edmonton Southside PCN
10 April 2014

Provincial Bariatric Resource Team

Provide support and clinical leadership through:
- Education for healthcare providers across Alberta
- Knowledge translation of obesity research into clinical practice
- Best practice development
- Identifying gaps in access to bariatric care
- Creating linkages and development of resources
- Consult service to support health care providers

Contact the PBRT via email:
ProvincialBariatricResourceTeam@albertahealthservices.ca

Having critical conversations

- Communication within a change-based (therapeutic) relationship
- Weight
- Potential barriers for patients

"Coming together is a beginning; keeping together is progress; working together is success."
Henry Ford notedquote.com
Therapeutic relationships: what works

• Empathy
• Alliance
• Cohesion
• Goal consensus and collaboration
• Unconditional positive regard
• Genuineness
• Feedback
• Recognition and repair of alliance ruptures

Communication Styles within Motivational Interviewing (MI)

Following

Directing

Guiding

Core Communication Skills (MI)

Asking

Listening

Informing

Active listening

When you hear:
“I should…”
“I wish…”
“I want to…”

Help to change to
“I will…”

-KOBI YAMADA

SHE TURNED HER CAN’TS INTO CANS AND HER DREAMS INTO PLANS

-KOBI YAMADA
Motivational Interviewing (MI)

Microskills: OARS
- Open-ended questions
- Affirmations
- Reflective listening
- Summaries

Match strategies to stage of change

Table 1: General guidelines for applying stages and processes of change to the adoption of healthful behaviors

<table>
<thead>
<tr>
<th>Readiness to Change</th>
<th>Stage</th>
<th>Identification</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Ready</td>
<td>Pre-</td>
<td>Not intending to change behaviour.</td>
<td>Provide information. Build awareness.</td>
</tr>
<tr>
<td></td>
<td>Contemplation</td>
<td>Intending to change behaviour in the next 6 months.</td>
<td>Address ambivalence. Build confidence and support.</td>
</tr>
<tr>
<td></td>
<td>Preparation</td>
<td>Intending to change behaviour in the immediate future.</td>
<td>Develop specific action plan. Enhance self-control.</td>
</tr>
<tr>
<td></td>
<td>Action</td>
<td>Changes in behaviour have been made within the past 6 months.</td>
<td>Improve self-management skills. Provide self-help.</td>
</tr>
<tr>
<td></td>
<td>Maintenance</td>
<td>Behaviour established for 6 months or more. Attempting to avoid relapse but less actively engaged in the change process.</td>
<td>Problem solving and support. Recommend more challenging changes, if motivated. Develop plan for relapse prevention.</td>
</tr>
</tbody>
</table>

Therapeutic relationships: What doesn’t work

- Confrontation
- Negative Processes
- Assumptions
- Rigidity
- The ostrich
- One approach fits all

Have you heard this?

- “I can’t see why I need to change”
- “I can see what you mean but ….”
- “Just tell me what to do”
- “I really can’t cope at all”
Setting the stage

- Minimize risk of misunderstandings
- Proactively clarifies expectations for both patients and providers
- Increases likelihood of patient success
- Demonstrates respect for patients own expertise and insight building patient self-efficacy
- Acknowledges the patient's autonomy (right to choose)
- Increases engagement in treatment

Critical conversations - weight

Have you heard this?

- What is a healthy weight?
- How much should I weigh?
- My goal? Well, I was 140lb in grade 9 so that would be nice..
- How can I lose this weight the fastest?
- 10%? That it? Maybe to start but I want to lose more.
- I am doing everything you said, but it isn't working, I only lost 2 pounds last week!
- I tried that- doesn't work- I only lost 20 pounds in 1 year.
- I need to lose 100 lb to get my hip fixed
- But that girl on TV lost 160 pounds in 4 months, why can’t I?

Expectations & outcomes - weight

- Expectations are high
- Evidence-based outcomes are lower than wanted
- Want permanent weight loss when regain is normal
- Effort and outcome are mismatched
Setting a weight goal

- **First step is not weight loss**
  - Stop the gain and maintain
  - Assess - is weight loss indicated? Wanted?
- **Yes?**
  - Target up to 10% of current weight in 6 months, maintain loss at 1 year.
- **Rate?**
  - up to 1kg (2 lb) on average per week
- **Outcomes:**
  - improve health, prevent or delay the onset of obesity-related conditions

Weight outcomes

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Short Term-6 months</th>
<th>Long term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Programs</td>
<td>4.6%</td>
<td>3% at year 2</td>
</tr>
<tr>
<td>Calorie restriction (&lt;-400)</td>
<td>5%</td>
<td>3% at 3 years</td>
</tr>
<tr>
<td>Diet &amp; Exercise</td>
<td>8.5%</td>
<td>4% at 4 years, back to baseline by 5.5 years</td>
</tr>
<tr>
<td>Low Calorie diet</td>
<td>9.7%</td>
<td>5% at 1-2 years</td>
</tr>
<tr>
<td>Medications + Lifestyle</td>
<td>8%</td>
<td>7-11% up to 3 years</td>
</tr>
<tr>
<td>Behaviour Therapy</td>
<td>10%</td>
<td>8% at 18 months</td>
</tr>
<tr>
<td>VLCD (&lt;800 kcal)</td>
<td>16%</td>
<td>Rapid weight regain</td>
</tr>
</tbody>
</table>
Weight expectations and goals

<table>
<thead>
<tr>
<th>% weight loss</th>
<th>All</th>
<th>Women</th>
<th>Men</th>
<th>BMI 25-29.9</th>
<th>BMI ≥30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectation  (realistically)</td>
<td>8.0 ± 6.4</td>
<td>9.1 ± 6.6</td>
<td>6.7 ± 5.8</td>
<td>6.8 ± 4.5</td>
<td>9.2 ± 7.8</td>
</tr>
<tr>
<td>Goal (ideally)</td>
<td>16.8 ± 9.5</td>
<td>19.7 ± 8.5</td>
<td>13.7 ± 9.7</td>
<td>12.1 ± 5.8</td>
<td>21.2 ± 10.5</td>
</tr>
<tr>
<td>This attempt:</td>
<td>8.9 ± 7.2</td>
<td>62% achieved “less than expected”</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Predictors for higher expectations/goals: higher BMI, younger age, female

- Higher attrition rates for patients who expect the highest reductions
- Challenging to alter patient perceptions of “realistic” weight loss

Fabricatore. Obesity, 2010

Weight outcomes: bariatric surgery

- Lose 20-30% of initial weight
- Lose 50% of excess weight (range 40-70% EWL)
- Achieve BMI <35 kg/m²
- Prevent significant weight re-gain
- Maintain at least 50% EWL or 20% initial weight by year 5

Excess weight = Current weight – Ideal body weight
“ideal” is a reference point- BMI 24.9 kg/m²

Weight outcomes- bariatric surgery

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Mean % EWL (range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastric banding</td>
<td>47.5% (40.7-54.2)</td>
</tr>
<tr>
<td>Gastric bypass</td>
<td>61.6% (56.7-66.5)</td>
</tr>
<tr>
<td>Gastroplasty</td>
<td>68.2% (61.5-74.8)</td>
</tr>
<tr>
<td>Biliopancreatic Diversion</td>
<td>70.1% (66.3-73.9)</td>
</tr>
<tr>
<td>All Procedures</td>
<td>61.2% (58.1-64.4)</td>
</tr>
</tbody>
</table>

All: decrease in BMI -14.2 All: total weight - 39.7 kg

Buchwald JAMA 2004;292:1724-1737

Phases of weight management

- Many people focus on one outcome- weight loss
- Weight loss is only one phase of weight management
- Develop a strategy and plan for all phases
  - Prevention of gain
  - Weight loss
  - Weight stability/plateau
  - Weight regain
Weight outcomes - lifestyle

• 20% are successful (keep 5% off) with long term weight loss maintenance McGuire 1999

• Most regain 30% of lost weight within 1 year and 95% within 5 years Barte 2010

• 6% weight loss (2 BMI points) at 12 months, weight returned to baseline in 5.5 years Dansiger 2007

Weight outcomes - bariatric surgery

• 20-30% do not achieve “successful” weight outcomes

• Some weight regain after surgery is normal
  – average gain of 21% ± 10% of total weight lost
  – 10-20% of patients regain a significant portion
  – most common: years 2 to 5 after surgery

• Multifactorial - patient and procedure-specific factors
• Weight regain can be managed better with
  • Systematic approach to assessment
  • Intervention at an early stage

Goals: outcome or behaviour focus?

“My goal is to lose 25 lb”

• Weight loss is an outcome that may result from behaviour change.
• Use goal setting to address specific behaviours that will support the outcome.

Behaviour Goal:
• Starting today, I will choose water instead of pop or juice to drink.

Conversations about weight outcomes

• Ensure both patient and provider have correct information
• Use the highest quality data currently available
• Recognize the limitations to accurately predict the outcomes of an individual
• Discuss all phases of weight management and develop plans for each phase.
• Keep weight in context of whole person and health
It is not just about weight…

• Treatment outcomes focus on health and quality of life
• Reflect on the care you provide—other than weight…
  – What is important to the patient?
  – What is the goal—prevent/maintain/improve?
  – What do you assess?
  – What is the plan?
  – How will we define “success”?

Have you heard this?

“I know what I’m supposed to do, but just can’t get it done”

“I just have no energy to do exercise or do anything”

“I used to walk at lunch everyday, but now I just can’t get back on track”

“I make good plans but never follow through”

“I should just give up”
Medical conditions can impact:

- Concentration
- Mood
- Organizational skills
- Motivation
- Energy
- Pain

What are you thinking?

- Mismatched expectations?
- Knowledge gaps?
- Is this important?
- Life changes?
- Realistic goals?
- What am I missing?
- Are they ready?
- Are they confident?
- What’s going on?!
- Supportive environment?
- Is this the right time?
- What’s next?
- Is this the right time?
- Supportive environment?
- Is this the right time?
- Supportive environment?
- Is this the right time?
- Supportive environment?

Focus on the means, not just the end

Incredible change happens in your life when you decide to take control of what you do have power over instead of craving control over what you don’t.

IF “Plan A” didn’t work. The alphabet has 25 more letters! Stay Cool.
Be proactive and prepared

I will walk 10min on my lunch break 3 days a week

- I will keep my walking shoes under my desk.
- If the weather is poor, then I will walk in the long hallway on the 5th floor for 10 minutes.
- I will ask my coworkers to join me.

Importance of follow up and support

- Changing behaviour is an ongoing, fluid process
  - Reassess readiness and confidence
  - Be proactive
  - Goal flexibility

- Coping processes used for successful change (6m-2yr):
  - Helping relationships, environmental control, interpersonal systems control

How do we support Connie’s success?

- Patient-centred goals
- Self-management
- Expectation management
- Addressing barriers
- Set up supports
- Quality of Life

CDM Resource Centre

http://www.albertahealthservices.ca/7468.asp
Discussion guide

This is a guide for questions and topics to consider after viewing the video and slide show presentation on the topic of Critical Conversations. These questions can be discussed in a group or on your own.

1. Please take a moment on your own and consider what are the key messages you took from the speaker today (tips, messages, tools)?
   - Of those tools and tips – how do you see yourself applying it in your practice?
   - What differences have you noted between the skills you have learned today and the ones you were already using in your practice?
   - Is there anything you would like to learn more about on this topic?

2. Goal Setting
   - Take a few moments of quiet time to come up with your own goal concerning a change you feel you can implement in your practice regarding weight bias.
   - Can you anticipate difficulties with achieving this goal?
   - Are you confident you can reach your goals?