Assessment and Diagnosis of Obesity
(leads to the understanding of the cause and severity of obesity)

<table>
<thead>
<tr>
<th>Develop a treatment plan that you would recommend to the person with obesity (PwO)</th>
<th>Ask permission to work with the PwO to create a weight management plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>PwO Agrees: Ask permission to educate: Deliver education based on biology in order to address bias and lead to behaviour</td>
<td>PwO Does not Agree: Ask permission to discuss again at a follow up visit Explore reasons for No</td>
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Set, and sequence, goals that are realistic and achievable

Encourage self-monitoring of behaviour, analyse set-backs using problem solving and cognitive reframing, including clarifying and reflecting on values-based behaviours (Using the table below ask permission to educate and support the management of predictable issues that impact success)

**Address Internalized Bias**
- Use motivational communication (MC; ask, listen, summarize, invite) to encourage consideration of obesity as a chronic, progressive medical condition
- Consider describing:
  - The genetics, the neurohormonal response to weight loss that favours weight regain, details on effective treatments, the potential adverse outcomes of internalized bias (low self-esteem, learned helplessness, depression)

**Manage Expectations**
Use MC to encourage acceptance of weight as an outcome not a behaviour. Capitalize on discussions of neurohormonal response to weight loss that favours weight gain to explain the principles of “Best Weight”. Encourage a shift from weight loss expectations to satisfaction with gains achieved.

There is a best weight for behavioural treatment alone, for behavioural treatment plus medication, and a best weight if surgery is provided. Encourage consideration of the benefits of 5–10–15% weight loss.

**Encourage values-oriented behaviour**
- Values are personal beliefs on what makes life worthwhile and what makes the struggles to attain worthwhile
- Use MC to help the PwO compare situational behavioural choices to values direction (closer to or further away from values)
- Reinforce and support the patient in choosing behaviours consistent with values rather than pleasure or convenience

**Encourage Awareness of Wanting**
Use MC to:
- Encourage an understanding of the wanting motivational system as a normal brain function
- Encourage persons with PwO to identify high risk settings that generate wanting (Pavlovian conditioning)
- Encourage PwO to consider accepting wanting as a normal biological process, and that restraint may make discomfort worthwhile if in support of goals and values

**Encourage restraint development**
Use MC to:
- Describe executive self-regulation as a central skill associated with achieving best weight.
- Educate the PwO about permission thoughts and restraint thoughts
- Support the persons with PwO by referencing values, to identify and counter permission thoughts with restraint thoughts

**Modulators**
Use MC to:
- Encourage recognition and acceptance of a finite list of internal modulators of the appetite system that effect wanting and restraint capacity
- Review and manage issues such as stress, fatigue, depression, anxiety