Let us have meaningful conversations

Tools for patients & health providers

Weight management toolkit

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Introduction

What matters to you?

The goal of the **5AsT** toolkit is to help patients and healthcare providers to engage in meaningful weight management conversations to decide the best possible care plan applying the best available evidence, while considering the patient's goals, needs, values, concerns; current mental, social, and physical health context; the patients journey with weight, their strengths and challenges during this journey, and their willingness and possibilities to create a personalized care plan.

Each patient and each story is unique, in this sense the toolkit helps providers to understand what matters to patients and families, in their particular circumstances.

What is the content of this toolkit?

The toolkit contains 4 tools: Your health, Your journey with weight, Your strength & challenges, and Your action plan.

Each tool has an instructions explaining how to use it and an example.

To contact us regarding comments or training please write to *Melanie Heatherington* mnoakes@ualberta.ca

We hope you will find this toolkit of value!

Tool 1 Instructions

Tool 1 is filled in by the patient while in the waiting room, or at home.

For patients

Tool 1 is going to help describe your current mental, social, and physical health.

To start using it:

1. Checkmarking

Please fill in this tool in a clockwise direction. Start with YOU and go around the circle. Checkmark the relevant areas affecting your life right now. Every white circle that is checkmarked means "yes."

2. Identify what you want to do

Answer the question in the middle of the circle. Examples of answers to the question *Is there something you want to do that you cannot do now?* are:

- being more socially connected,
- taking an airplane to visit my sister,
- playing with my grandchildren, or
- feeling more rested, among others.

3. Reflecting on why this is important

Think carefully and converse with your doctors about why this is important to you.

This tool helps start the conversation with the healthcare provider.

For providers

This tool helps to get a sense of where the patient is: the mental, social, and physical health; and where they want to be. Tool 1 is filled in by the patient.

To start using it:

1. Understanding where the patient is

Once filled-in, take a look to *identify the aspects that are affecting the patient's life.* Use this information to start the conversation about the patient's current mental, social and physical health. Observe interconnections.

2. Digging in

You might need to dig deeper into the highlighted aspects to better understand why and how these aspects are affecting the patient's current health. You could ask the patient: *Tell me a little more about your diabetes.*

3. Starting to identify strengths and challenges

Start identifying the patient's strengths and challenges. You will need these for Tool 3. Strengths are qualities such as ***resources*** (friends and family support), ***coping strategies*** (using journaling to deal with stress), ***capacity*** (to quit smoking), ***personal characteristics*** (being social or optimistic), ***skills and knowledge*** (finding affordable recreation options), and other resilience strategies to handle challenges through difficult life circumstances.

Please feel free to write on any part of the tool as needed.

Example

1 Your health

For patients + providers 5A'T of Obesity Management

Use this page to start the conversation with your healthcare provider. Please checkmark the relevant aspects.

Are any of these aspects affecting your health?

YOU

Your time management
e.g. Not enough time to get groceries
√ *Pain doesn't allow me to rest well*

Your emotional life
e.g. Stress, anxiety, depression, mood
√ *Stress and anxiety*

Your sleep
e.g. Not feeling refreshed, sleep apnea

Your family
e.g. Children, parents, partner

Your pain
e.g. Back pain, knee pain, arthritis
√ *Knee pain*

Your friends
e.g. At work, in your community

Other concerns
e.g. Smoking, alcohol, drugs

Your mobility
e.g. Walking, kneeling, lifting
√ *Walking and kneeling*

Other medical issues
e.g. Skin problems, urinary incontinence
√ *Rosacea*

Your daily activities
e.g. Getting dressed, personal hygiene

Your chronic illness
e.g. Diabetes, asthma, PCOS
√ *Diabetes*

Your occupation
e.g. Retired, house-wife, unemployed

Your income
e.g. For housing, food, medication

Is there something you want to do that you cannot do now?

I want to be able to get down on the floor and play with Lucy

Why is it important?

I want to be a more engaged parent. I want to build a stronger connection with Lucy and make her feel loved.

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1

Example

Tool 2 *Instructions*

Tool 2 is filled in by the healthcare provider while the patient thinks back and narrates stressful life events

For patients

The goal of tool 2 is to identify and make connections between life events and how these affected your weight and health.

1. Thinking back: Connecting events with health

The healthcare provider will ask you to think back, and tell them about stressful life events such as:

- A change in marital status,
- change in occupation,
- the death or illness of a loved one,
- pregnancy or menopause.

It can also include events such as:

- The initiation of a medication or
- having quit smoking.

Please think how these events affected your weight and health.

2. Visualizing events into a timeline

Your healthcare provider will create a timeline of these events, and how they affected your weight & health. This visualization will help connect events that resulted in health issues and weight changes, but also coping strategies that you used to deal with adversity.

For providers

This tool helps identify and make connections between life events and how these affected the patient's weight and health. It also helps to recognize the patient's capacity and strategies to deal with adversity.

1. Listening and connecting

Invite the patient to go back in time and think about what life events impacted their weight and health, such as change in marital status, or starting a new medication. Listen actively and try to connect what happened with how it impacted health and weight.

2. Noting the events into a timeline

The horizontal lines help you draw the timeline. Write the events and how they affected the person's health and weight in the above area. Draw a bullet point and add the weight value to create the timeline.

3. Understanding the patient's circumstances

Use the timeline as a conversation map to co-interpret the patient's circumstances, connect the different events.

Co-identify the patient's strengths and challenges. Having quit smoking or successfully navigating a major illness personally or for a family member are examples of strengths. Conversely, being currently depressed or experiencing social depravation are challenges.

Identify also if the person makes negative comments about themselves and their belief about obesity.

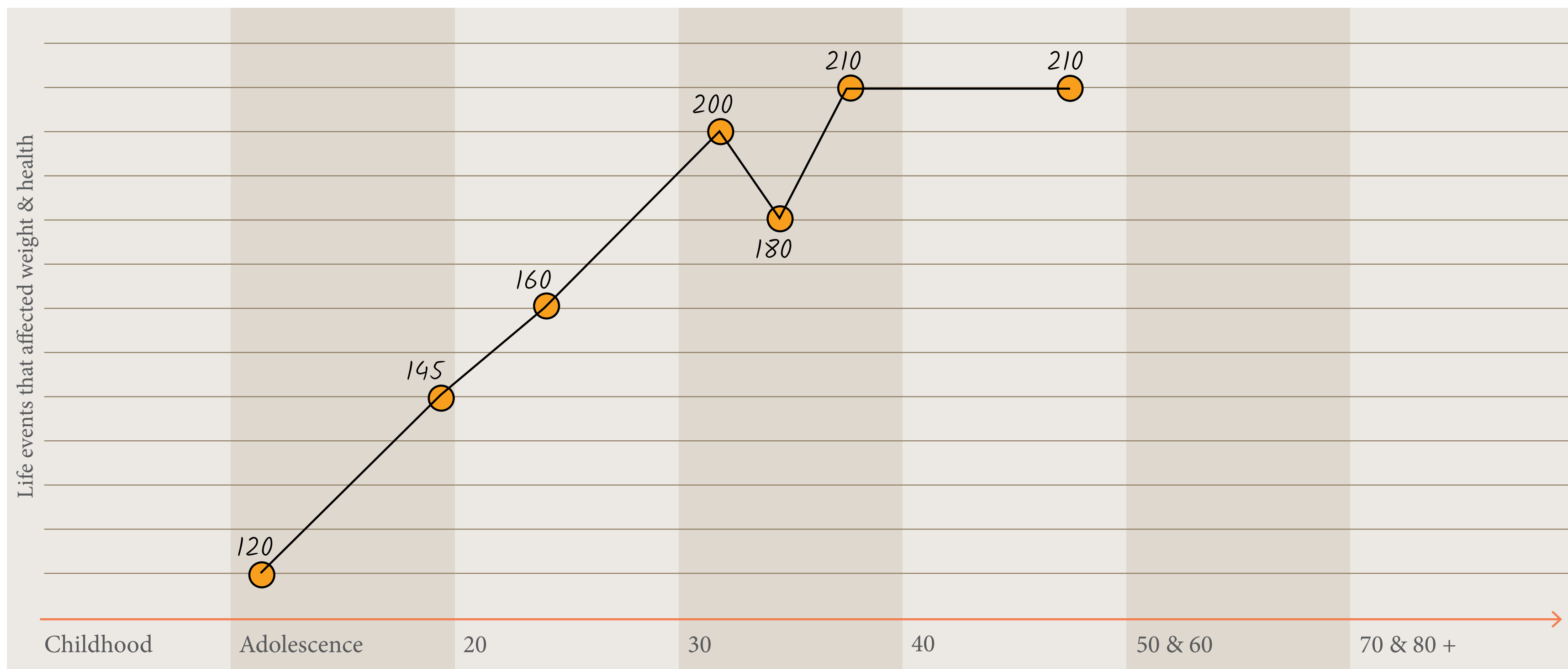
Example

2 Your journey with weight

For patients + providers 5A'T of Obesity Management

Ask the patient to tell you their journey with weight. Draw a timeline of the journey. Note when significant life events occurred and how they affected health.

Childhood	Adolescence	20	30	40	50 & 60	70 & 80 +
	Move to Canada, lots of stress learning the language and culture. This led to emotional eating.	Started University and changed city. First time on her own. No knowledge about grocery shopping. First boyfriend. Father died recently, had heart disease as a consequence of diabetes.	Got married. First pregnancy at 32. Went to Weight watchers after Lucy was born. Lost 10lbs, but gained the weight back.	She was just diagnosed with diabetes. This causes stress and anxiety. Has a lot of knee pain. Pain interferes with sleep. She makes efforts to keep her weight down.		



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Example

Tool 3 *Instructions*

Tool 3 is filled in by the healthcare provider based on the person's strengths and challenges identified in the conversation so far.

For patients

Tool 3 helps to engage in a reflective process about how particular strength's during your journey may have been supported and the effects they have on health and well-being. It also helps identify current challenges affecting health.

1. Recognizing my strengths & challenges

The healthcare provider will write and discuss the strengths identified in tools 1 & 2. These are resources and skills you have to successfully transition through difficult life circumstances and sustain well-being. For example the capacity to deal with a change in marital status, or change in occupation.

The healthcare provider will also write and discuss challenges. These could be sleep problems, intense work schedule, or body image issues that are affecting your health right now.

2. Listening and reflecting

Listen to the healthcare provider's summary of how particular strengths in your journey assisted you to adapt to change, cope with adversity, and achieve or sustain well-being. Reflect on the challenges identified. Think if there is anything you would like to address at this point.

For providers

Tool 3 helps to engage in a reflective process about how particular strengths during the patient journey may have been supported and the effects they have on health and well-being. It also helps identify current challenges affecting health.

1. Tracking strengths & challenges

Please write on tool 3, every time you identify strengths. As previously mentioned, strengths are qualities in a person; resilience strategies people develop to handle challenges through difficult life circumstances. For example: strategies to overcome stress caused by divorce or other difficult life events.

Write also challenges that the person is currently experiencing: sleep problems, diabetes that is not well controlled, pain issues, emotional eating, worry for a surgery, or others.

2. Focusing and reflecting on strengths

Please focus on the patients' strengths and reflect on how particular strengths during the journey assisted them to adapt to change, cope with adversity, and achieve or sustain well-being. Help patients see their own strengths. Reflect also on the challenges identified. Ask the patient: Is there something you would like to address at this point? Together with the patient select priorities. If the patient is ready to plan action, introduce the person to tool 4.

Example

3 Your strengths & challenges

For patients + providers 5A'T of Obesity Management

Write and reflect on strengths the person has to cope with adversity. And also on the current challenges.

Strengths

Overcame stress when she moved to Canada.

Emotional eating is controlled in the last period.

Learned how to live on her own and do grocery shopping.

She makes efforts to maintain her weight.

Challenges

Living with diabetes causes stress and anxiety.

Has a lot of knee pain.

Pain interferes with sleep.

Summary integration

Reflect on the patient's strengths and resources to solve problems or deal with adversity. The capacity to deal effectively with different stressful situations is linked to acceptance.

Reflect on the challenges that might be interfering with achieving well-being.

Does this reflect your perspective? Would you like to address any of these challenges?

You have a lot of strengths, you are a strong lady! You have overcome stress after moving to Canada, and successfully integrated in a new culture. You managed to overcome emotional eating on your own. You are working very hard to do other things.

The main challenge is perhaps that your knee pain is interfering with your quality of life, it is affecting sleep, and it doesn't allow you to walk your dog. Which is what you want to do (tool 1).

You are a very capable person and all this is treatable.

May I suggest a few thoughts?

What are your priorities?

Tackle knee pain.

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Example

Tool 4 Instructions

Tool 4 has two pages. Page 1 is filled in by the patient & the healthcare provider.

Page 2 is completed by the patient at home.

For patients

Tool 4 helps you and your healthcare provider to create an actionable plan. Do you feel ready?

1. Identifying & selecting priorities

Together with your healthcare provider explore 2 or 3 possibilities to take action. For example to walk your dog, to enjoy an adventure, or to sleep better.

Think about how, when and where can you take these actions. Select the most motivating and feasible option.

2. Planning & reflecting

Outline why this action is important to you. Plan with your healthcare provider simple steps that will help you get to your intended action (get a knee brace to reduce pain while walking, or to book an appointment with the physiotherapist). Write the date, this will help you track and compare with other plans.

Reflect about how you feel with regard to your plan, and mark your confident level on the scale.

3. Trying & tracking

Try your strategy and monitor what works and what doesn't. You can adapt your plan at any time.

Track your feelings, thoughts, mood, decisions, activities and any other aspect that will help you learn and identify what triggers your actions.

For providers

Work together with the patient to create an action plan. Start by asking the patient: Are you ready?

1. Helping to explore & select priorities

If this part of the conversation is performed in a second encounter, start by asking *what has changed*.

Guide the patient in the identification of possible actions. Explore 1to 3 possibilities to take action. Prompt the patient to think about how, when and where could each action be implemented.

Help the patient select the most motivating and feasible action. Remind patients about their strengths, could any of them be of help?

Prompt the patient to reflect about how certain they are about implementing these actions. If the level of confidence is lower than 3 re-think the action plan.

Encourage the patient to go home, try the plan and see how it works. Coach the person to track the efforts to learn and identify what triggers their actions.

Advise the patient to seek support if stuck in one of the steps; or to create a new plan if this is now a habit.

Example page 1

Example page 1

4 Your action plan

For patients + providers 5A'T of Obesity Management

If the patient feels ready, explore and prioritize areas for action. Think about the details, and select one of them.

1 Explore priority action

Prioritize 1 to 3 possible actions

	A	B	C
Action	(A circled) Start walking	Take diabetes classes	Do meditation to reduce anxiety
How can you do it?	Using orthotic knee brace to improve pain. Tell my husband & Lucy about my plan. Invite them to join me	Registering at the Meal Planning workshop	Joining a relaxation group or class
When can you do it?	This week I buy the knee brace. Plan to walk first for 15 minutes and see how it feels. By Wednesday I have to have done this	Next course available, October 15	Next Tuesday
Where can you do it?	Around my neighbourhood	At the Southside centre	At my community centre

Outline details

2 Circle the most motivating & feasible action

Who can help?

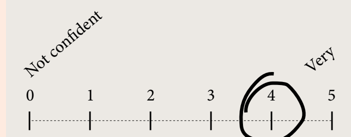
The husband

Can your strengths help?

She will think about how some of the skills learn to keep weight can help her to walk

3 Reflect

On a scale from 0 to 5 how do you feel about your plan?



If your score is lower than 3, reassess your plan.

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Example page 2

4 Your action plan

For patients + providers 5A'T of Obesity Management

Co-plan the steps to get to the intended action. Go home and try it, adapt the plan according to your needs, and track your efforts.

Date August 9 2018

4 Trying & adapting action

Try your plan to see what works and what doesn't.

Learn about your needs and how to sustain the effort.

It is fine if you need to *adapt your plan* here and there. For example: asking for help, changing a time, or re-booking an appointment.

Reflect, Are you stuck? Are you getting closer? What actions can you take to move one more step? Use the space below to identify what works, what doesn't and what could you change to adapt your plan. (Print a page per month)

Intended action: Start walking twice a week. Start with 15 minutes, increase 5 minutes in a month

√ Week 1 No problems, I was very motivated and I felt full of energy

√ Week 2 I was tired, there was a lot of stress at work, but I manage to do it. I am very proud of me.

X Week 3 This week is not good. I haven't walked. It is too hot. I will try changing the time, and do it before going to sleep

Week 4

Do you think this is now a habit?

Do you think you can start a new plan?

5 Tracking

Keep a diary, or other tool to track your efforts.

My action is triggered when:

- √ I am rested
- √ I am in a good mood
- I plan ahead
- √ Someone helps
- The location is accessible
- √ I have signals / cues
- I perform a previous activity
- √ I have a reward
- √ Other

I am less likely to walk when I am tired, and it is very hot. I will try changing the time, and having a visual cue, like leaving my shoes at the entrance

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1 Your health

Use this page to start the conversation with your healthcare provider. Please checkmark the relevant aspects.

Are any of these aspects affecting your health?

YOU

Is there something you want to do that you cannot do now?

Why is it important?

- Your emotional life
  e.g. Stress, anxiety, depression, mood
- Your family
  e.g. Children, parents, partner
- Your friends
  e.g. At work, in your community
- Your mobility
  e.g. Walking, kneeling, lifting
- Your daily activities
  e.g. Getting dressed, personal hygiene
- Your occupation
  e.g. Retired, house-wife, unemployed
- Your income
  e.g. For housing, food, medication
- Your chronic illness
  e.g. Diabetes, asthma, PCOS
- Other medical issues
  e.g. Skin problems, urinary incontinence
- Other concerns
  e.g. Smoking, alcohol, drugs
- Your pain
  e.g. Back pain, knee pain, arthritis
- Your sleep
  e.g. Not feeling refreshed, sleep apnea
- Your time management
  e.g. Not enough time to get groceries

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2 Your journey with weight

Ask the patient to tell you their journey with weight. Draw a timeline of the journey. Note when significant life events occurred and how they affected health.

Childhood	Adolescence	20	30	40	50 & 60	70 & 80 +

Life events that affected weight & health

Childhood	Adolescence	20	30	40	50 & 60	70 & 80 +

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3 Your strengths & challenges

Write and reflect on strengths the person has to cope with adversity. And also on the current challenges.

Strengths

Challenges

Summary integration

Reflect on the patient's strengths and resources to solve problems or deal with adversity. The capacity to deal effectively with different stressful situations is linked to acceptance.

Reflect on the challenges that might be interfering with achieving well-being.

Does this reflect your perspective? Would you like to address any of these challenges?

What are your priorities?

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4 Your action plan

For patients + providers 5As of Obesity Management

If the patient feels ready, explore and prioritize areas for action. Think about the details, and select one of them.

1 Explore priority action

Prioritize 1 to 3 possible actions

A ....

B ....

C ....

Outline details Date & time?

A	B	C
How can you do it?	How can you do it?	How can you do it?
When can you do it?	When can you do it?	When can you do it?
Where can you do it?	Where can you do it?	Where can you do it?

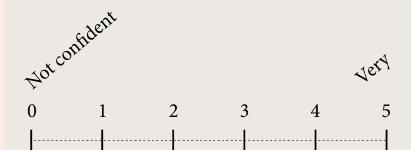
2 Circle the most motivating & feasible action

Who can help?

Can your strengths help?

3 Reflect

On a scale from 0 to 5 how do you feel about your plan?



If your score is lower than 3, reassess your plan.

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4 Your action plan

For patients + providers

Co-plan the steps to get to the intended action. Go home and try it, adapt the plan according to your needs, and track your efforts.

Date ....

4 Trying & adapting action

Try your plan to see what works and what doesn't.

Learn about your needs and how to sustain the effort.

It is fine if you need to *adapt your plan* here and there. For example: asking for help, changing a time, or re-booking an appointment.

Reflect, Are you stuck? Are you getting closer? What actions can you take to move one more step? Use the space below to identify what works, what doesn't and what could you change to adapt your plan. (Print a page per month)

Intended action: ....

Week 1 ....

....

Week 2 ....

....

Week 3 ....

....

Week 4 ....

....

Do you think this is now a habit?

Do you think you can start a new plan?

5 Tracking

Keep a diary, or other tool to track your efforts.

My action is triggered when:

- ○ I am rested
- ○ I am in a good mood
- ○ I plan ahead
- ○ Someone helps
- ○ The location is accessible
- ○ I have signals / cues
- ○ I perform a previous activity
- ○ I have a reward
- ○ Other

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Training

For more information about training in this approach, please visit: https://qrco.de/5astobesitycourse