

Don't Just Be the Expert, Be the COACH!

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Certified in Adult Weight Management

Certificate of Training In Adult Weight Management

- Offered by American Dietetic Association and the Commission on Dietetic Registration
- 28 hours of Continuing Professional Education
- Online self-study module, Pretest, On-site (2½ day workshop), Post-test.
- Evidence Based Dietetics Practice (EAL=strong)
- <http://www.cdrnet.org/wtmgmt/CertificateOfTraining.htm>

Topics

1. Current Research and Future Possibilities
2. Clinical Management of Overweight and Obesity
3. Popular Diets and Weight Loss Programs
4. Role of Physical Activity in Weight Control
5. Behavior Management of Obesity
6. Formulas as a Treatment Option
7. Medical Complications of Weight Loss
8. Nutrition Management of the Bariatric Surgery Patient
9. OTC Dietary Supplements
10. Pharmacotherapy as a Treatment Option

Know Your Player

Meet your client where they are emotionally and physically.

**“The Current Epidemics of Chronic Diseases are a
Result of Discordance Between Our Ancient
Genes and Modern Lifestyle.”**

-Eaton et al., *The Paleolithic Prescription*. 1988.

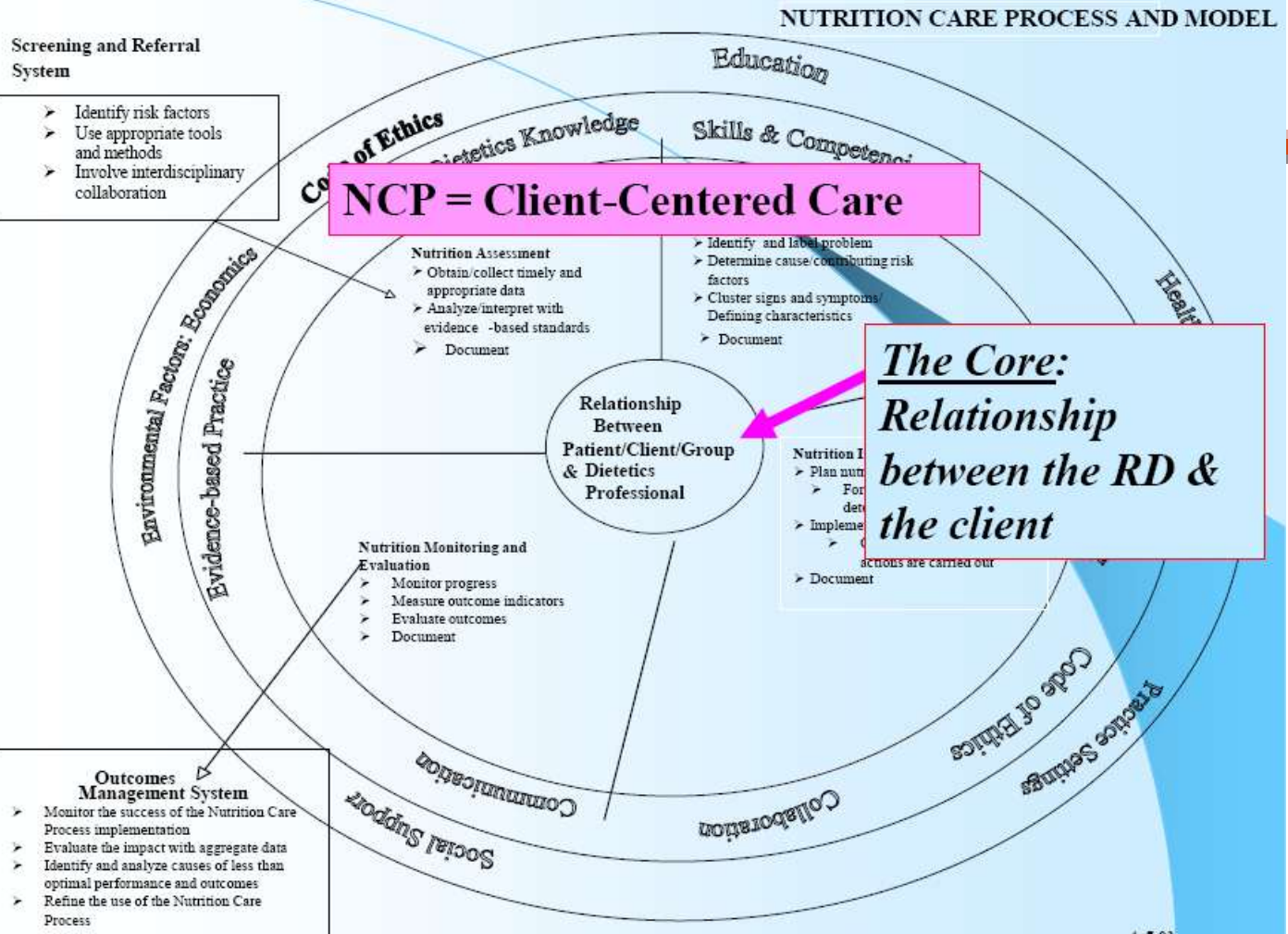
Obesity an Environmental Problem

- Marketing: Bigger = Cheaper
 - “Supersize”
 - 22 oz soda for \$2.50 versus 44 oz for \$3.00
- Energy Savers
 - Computers, Cell phones, remotes, garage door openers, escalators/elevators, moving sidewalks
- Fast-Pace Lives
 - Little time to exercise, prepare foods, availability of high fat /calorie foods
- Subconsciously conformed to the World



Nutrition Care Process

Meet them
where
they are.



Know Your Player

- **Be aware of the multi-factorial causes of overweight and obesity & avoid an approach that blames the client**
- **Recognize the likelihood of client experience with weight bias & its consequences:**
 - **Depression**
 - **Poor body image**
 - **Decreased self esteem**
 - **Coping with food**
 - **Binge eating**
 - **Resistance to dieting**
 - **Decreased physical activity**



Behavior Management of Obesity

- Manage your own biases/ attitudes of obesity.
 - Acknowledge them
 - Be aware of likely triggers
 - Discuss feelings with your colleagues
- Make the office environment more receptive.
 - Have gowns available that fit larger patients
 - Buy a scale that can weigh all of your patients
 - Use larger blood pressure cuffs when appropriate
 - Provide some armless chairs in the waiting room



Let the Client Call the Play!

“We don’t like people to change us. We like to make the choice!”

Know Your Player

“Habit is habit, and not to flung out the window, but coaxed down stairs a step at a time.”

-Mark Twain

What is Motivational Interviewing

- Help clients become aware of their thoughts & feelings that are the foundation for their behaviors
- Increase motivation for change.
- Support self-efficacy
- Express empathy
- Help them discover what barriers are in the way between their current behaviors & their desired behavior so the client can evaluate the pro's & con's of a behavior change
- Suspend judgment, assumptions & agendas
- Avoid argumentation (Ask How, not Why)

Use Motivational Interviewing

- Elicit self-motivational statements -“change talk” –the more clients make the case for change, the more likely they are to actually make the change
 - Reasons for change
 - Discontent with the current situation
 - Optimism for change
- Discourage resistance talk
 - Recognize that resistance talk may say more about the counselor’s approach than the client’s readiness to change
 - Clients don’t resist change, they resist being changed
- Shift from our expertise to confidence in the client’s ability to learn & her capacity to change

Assessing **Readiness** to Change

- **Why now?**
- **What changes will you have to make?**
- **What will change if you lose weight?**
- **What do others think about your weight?**
- **What else is going on in your life?**



50/50 RULE

If you are talking more than
50% of the time you are
talking to much!

Use Motivational Interviewing

- **MI Strategy: Ruler Method**
 - Allows the client to think out loud
 - Client rates confidence level
- **Scale 0 to 10 (10 = highest)**
- **Importance of making a change now**
- **Confidence in succeeding in making a change now**
- **Readiness to change now (eating behaviors, physical activity level, etc.)**

Motivational Interviewing Methods

- **MI Strategy: Probing Questions**
 - “Tell me about the number you selected and the reason you didn’t choose a lower number.”
 - “What would it take to get you to a higher number?”



Follow up MI questions

- **What concerns do you have about your current behavior?**
- **How might your current behavior lead to problems in the future?**
- **Tell me about the things you value, things about yourself, your relationships, your work.**
- **What connection do you see between these values and your desired behavior?**
- **How might your desired behavior lead to benefits in the future?**

Webber et al, June 08 JADA

Have a Full Play Book!



Use ALL the Tools
In Your Tool Box!

**Nutrition
Toolbox**

Acceptable Macronutrient Distribution Ranges

Protein	10 – 35%
Fat	20 – 35%
Carbohydrates	45 – 65%

Comparative Dietary Composition

	CHO%	Fat%	PRO%
Mediterranean Diet	45-55	25-35	20
NIH Dietary Ref. Intakes	45-65	25-35	15
Am. Heart Assoc.	40-60	< 30	10-30
NCEP-ATPIII	50-60	25-35	15
Am. Diet Assoc.	45-65	25-35	15
Food Guide Pyramid	60	30	15
NCI, NIA, NIDDK, NHLBI	60	25	15
Atkins Diet	11	56	33
South Beach	36	43	22
Zone Diet	40	30	30

Comparison of Weight Loss Diets with Different Macronutrient Compositions

- Aim: To compare the effects of 4 diets of differing macronutrient compositions on body weight after 2 years.
- 811 overweight adults (BMI= 25-40) randomized to diets with a deficiency of 750 kcal/day & addition of 90 min/wk exercise
- Comparison of low fat (20%) vs. high fat (40%) & average PRO (15%) vs. high PRO (25%), & highest (65%) and lowest (35%) CHO
- Satiety, hunger, satisfaction with the diet & attendance at sessions were similar for all diets
- Dietary counseling and attention were the same for all diet groups

Sacks FM, et al. NEJM, 2009, 360, 859-873.

Comparison of Weight Loss Diets with Different Macronutrient Compositions

- Reduced calorie diets result in meaningful weight loss regardless of which macronutrients they emphasize
- Behavioral factors (attendance, contact, commitment, engagement, etc.) rather than macronutrient metabolism were the main influences on weight loss
- Any type of diet, when taught for the purpose of weight loss with enthusiasm & persistence, can be effective
- Successful diets can emphasize a range of fat, protein, & carbohydrate composition & have beneficial effects on risk factors for CVD & diabetes
- Diets can be tailored on the basis of personal & cultural preferences and & therefore have the best chance for long-term success

Interventions

Food and/or Nutrient Delivery

- R.11c Having patients focus on reducing carbohydrates rather than reducing calories and/or fat may be a short term strategy for some individuals.
- Research indicates that focusing on reducing carbohydrate intake (<35% of kcals from carbohydrates) results in reduced energy intake.
- Consumption of a low-carbohydrate diet is associated with a greater weight and fat loss than traditional reduced calorie diets during the first 6 months, but these differences are not significant after 1 year.

Fair



Meal Replacements

- Liquid meals, meal bars, calorie- controlled packaged meals
- For people who have difficulty with self selection, portion control, or no time/desire to cook.
- **Strong Evidence** that substituting one or two daily meals or snacks with the meal replacements is a successful weight loss and weight maintenance strategy.



Why is diet more effective than exercise in weight loss?

500 calorie/day deficit for 200 lb. client

Diet

- Replace two, 12-oz sodas with diet soda; omit 4 Oreo cookies

Physical Activity

- Ballroom dancing for 104 minutes OR
- Walk briskly for 78 minutes OR
- Do high-impact aerobic dance class for 45 minutes

**Who has the time?!?!?!
(or the base fitness level)**

Role of Physical Activity in Weight Control

Three Phases of Weight Management

1. Weight gain prevention
 - 150-200 minutes per week of moderate intensity (30 min 5 x/week)
2. Active weight loss
 - 150-225 minutes per week of moderate intensity minimal
3. Weight loss maintenance
 - 200-300+ minutes per week of moderate intensity (60 min 5x/week)

Behavioral Strategies

- Self-Monitoring
- Stimulus Control
- Stress Management
- Social Support



Realistic Expectations

- STRONG EAL Evidence: Realistic, Achievable, and Sustainable
- Reduce body weight at an optimal rate of 1-2 pounds per week.
- Achieve an initial weight loss goal of up to **10% weight loss from baseline in the first 6 months.**

TRENDS IN THE LONG-TERM MANAGEMENT OF OBESITY

- **Meal Replacements**
- **Internet Behavioral Counseling**
- **Pharmacotherapy + Behavioral Counseling**
- **Bariatric Surgery**



Popular Diets and Weight Loss Programs

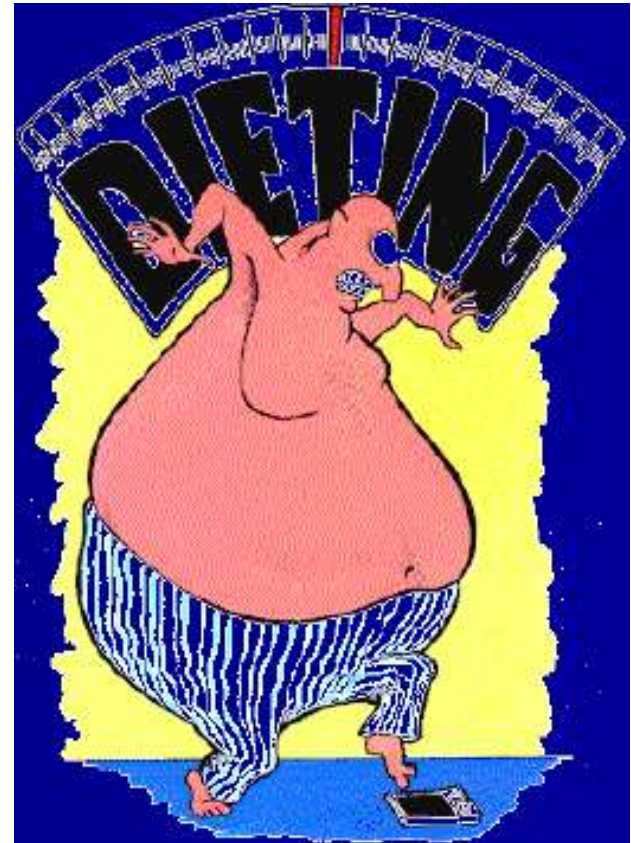


Which Diet to Try?



Popular Diets Sound-Off

- What's the next big DIET?
- What have you heard in your practice or from friends and family?
- How would you advise your clients?



SUMMARY

1. Know your client.
2. Let the client call the play.
3. Have a full play book.

Don't Just Be the Expert, Be the COACH!



THANK YOU!