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Facilitating Healthy Behavior

Introduction

The [VA National Center for Health Promotion and Disease Prevention \(NCP\), Veterans Health Administration \(VHA\) Office of Patient Care Services](#) with input from the field, developed a [Weight Management Program for Veterans \(MOVE!®\)](#). The Program is based on the [NIH Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report \(1998\)](#)¹ and the United States Preventive Services Task Force (USPSTF) [Screening and Interventions for Obesity in Adults: Summary of the Evidence for the US Preventive Services Task Force \(2003\)](#)² and [Screening for Obesity in Adults \(2003\)](#).³

The following resources provide guidance to VHA clinicians for implementation/maintenance of weight management programs:

- [Handbook 1120.01 MOVE!® Weight Management Program for Veterans \(MOVE!®\)](#)⁴
- [Veterans Affairs \(VA\)/Department of Defense \(DoD\) Clinical Practice Guideline \(CPG\) for Screening and Management of Overweight and Obesity \(2006\)](#)⁵

The **MOVE!**[®] Reference Manual addresses the full spectrum of weight management care/practice. The Manual consists of topic-specific chapters, but each topic should be considered in relation to others.

General Information

Unlike many medical issues, weight management lies mostly in the hands of Veterans themselves. The Veteran plays the primary role in self-management of weight, and the health care team plays a key role in constructively communicating risks of excess weight and strategies to lose weight and maintain weight loss. Research has shown that successful communication empowers patients to determine priorities, set goals, and create an action plan. In contrast, simply lecturing Veterans on the need to lose weight is not an effective intervention.

This chapter introduces simple, effective techniques for facilitating health behavior change with Veterans. Most of the strategies can be applied to any interaction with Veterans, not just weight management counseling.⁶ These techniques are "skills," as opposed to "knowledge," and it may take practice to become effective at using them

with Veterans. The chapter starts with a review of the “Transtheoretical” or “Readiness for Change Model,” introduces motivational counseling techniques and ways to support Veterans in their self-management, and discusses the basics of working with groups of Veterans to facilitate behavior change.

This chapter also presents examples of effective weight loss-related conversations between MOVE! staff and Veterans. Veterans will not respond exactly as scripted in the examples. Rather, the examples and principles identified here represent “best case scenarios” and may help team members who are new to MOVE! and motivational counseling learn specific techniques. Occasionally, primary care practitioners may need to seek the advice of health behavior specialists in dealing with difficult cases.

Stages of Readiness to Change

The “Transtheoretical” or “Readiness for Change Model”^{6, 7} states that behavior change occurs in predictable stages. **The stages are described as follows:**

- Pre-contemplation: no intention to change behavior in the immediate future
- Contemplation: considering a change in behavior
- Preparation: the decision to change is made and preparation is underway
- Action: currently engaged in changing the behavior
- Maintenance: the continuation of a changed behavior beyond the first 6 months

Understanding this model is key to carrying out effective counseling.⁸ Failing to meet Veterans “where they are” halts impedes communication and alters the change process. Matching communication style to the Veteran’s readiness facilitates progress.

Although the stages of change are arranged in a logical order, a Veteran may not progress through them linearly. The rate of progress can range from extremely slow to very fast. Similarly, an individual may flip back and forth rapidly between stages and/or experience parts of multiple stages at one time. Finally, weight management is a complex activity, and Veterans may sometimes be in one stage for one aspect of weight management (for example, healthy eating) and in a very different stage for other elements (for example, daily physical activity).

Unfortunately, some health care clinicians often expect that Veterans are primed to listen to “sage advice” and act on health recommendations. When a Veteran doesn’t simply heed this advice, there is a tendency to view the Veteran as “non-compliant” or “not motivated.” Once this label is applied, the treatment relationship is at an impasse. When the Veteran doesn’t make changes and communication is stymied, both the Veteran and clinician are left feeling frustrated, and an opportunity for health behavior change is lost.

Two key elements of the Stage of Change Model are assisting the Veteran in determining readiness to change a health behavior and formulating a plan. In successful

encounters, health care clinicians assist Veterans in determining whether a change is right for them and help them move through the Stages of Change progression. For example, a Veteran who doesn't have losing weight on the "radar screen" at all could be said to be in the "pre-contemplative stage." Assisting the Veteran in connecting the dots between health concerns and lifestyle would be a step forward. An example might be a craftsman who is concerned about losing hand dexterity because his father, who was obese, lost hand dexterity due to diabetes. Discussing the father's history with the veteran could help clarify the importance of managing weight and addressing weight-related concerns. If a patient-provider interaction helps a Veteran progress in his or her current stage of change, then that encounter has been successful. Later behavior change will be built on this change in readiness. Two factors contribute to a Veteran's stage of readiness to change⁹: importance of the health behavior change and confidence in his or her ability to successfully make the change. As these two factors increase in intensity, so does readiness to change.

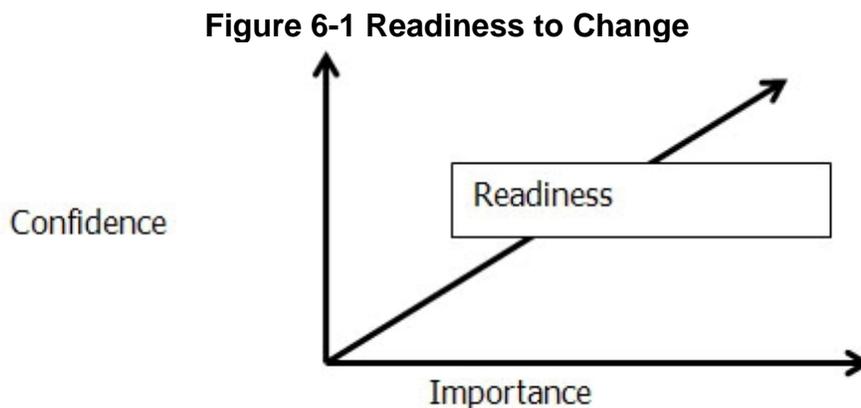


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Veterans who are "not ready" for change may have low readiness because making the change is not very important to them right now. For example, a Veteran may have a strong desire to lose weight and be healthier, but might consider his or her health as being a lower priority concern than family, work, and other demands. Likewise, the Veteran may have low confidence in his or her ability to effect the change. Why would a Veteran who has tried 10 diets unsuccessfully in the past expect that a new weight management program would be any different? Giving stock or prescriptive advice to Veterans is typically ineffective as it fails to take the Veteran's values, personal history, and current circumstances into account.

Principles of Effective Counseling

Interactions between health care providers and Veterans that are “Veteran-centered” (i.e., driven by the desires and active participation of the Veteran) have been shown to be effective in promoting adherence. Veteran-centered counseling acknowledges that Veterans are going to do only what they choose to do, and that most adults will resist direct orders. The care provider and the Veteran become partners in the business of the Veteran’s health care. The central concept of effective counseling is partnering with Veterans to help them accomplish their goals.

Counseling should be supportive and empathic and should promote Veteran autonomy and self-efficacy. It should not be judgmental, argumentative, or coercive. It should feel like “dancing” with the Veteran, not “wrestling.” Counseling should guide the Veteran through a careful self-examination of the issues and the pros and cons of doing something different (such as attempting to lose weight, stop smoking, increase physical activity) and should help the veteran generate his or her own solutions to identified problems or barriers to progress. It is important to understand and utilize this concept in all interactions with Veterans.

More recently, the medical literature has used the term “shared decision making” to describe a patient-centered partnership. In the context of shared decision making, clinicians provide Veterans with easy-to-understand information about their health and clearly explain the options available for screening or treatment. The relationship between Veteran and clinician is one of mutual respect and partnership, with the balance of power resting with the Veteran.

Effective Communication Styles

Assisting patients in making health behavior changes requires effective communication strategies. The following section provides a variety of approaches.

Ask Open-Ended Questions and Statements

An elementary principle of effective interviewing is the use of open-ended questions, those that require a description or an explanation, which fosters further discussion of the issue. (In contrast, questions that can be answered “yes” or “no” close the door to further conversation and eliminate opportunities to explore the issue.) Even better than open-ended questions are statements that pose questions in a more conversational manner. **Questions or statements like the following encourage the Veteran to explore his or her thoughts about health issues and related behavior change:**

“Tell me more about that.”
“How is that for you?”
“What are your thoughts about that?”
“What are your concerns about that?”

Here is a sample clinician/Veteran dialog that uses open-ended questioning:

Clinician: “We’ve just talked about the risks of being overweight...what thoughts do you have about that?”
Veteran: “Well, I guess I’m not surprised. I mean you are always hearing stuff about how bad it is to be fat on the news and stuff.”
Clinician: “How might your health be affected by being overweight in the future?”
Veteran: “Well, it is probably already hurting my health. I already have to take medicine for high blood pressure. My dad was overweight and he had a stroke, so I guess that is a possibility too.”
Clinician: “It sounds like you are worried about that.”
Veteran: “It scares me a lot. I really don’t want to end up like him.”
Clinician: “I agree, I would rather that not happen to you either. Tell me your thoughts about trying to lose some weight.”
Veteran: “Well, it’s something I know I need to do, but it never seems to be the right time.”
Clinician: “So, you’ve considered it?”
Veteran: “Yeah, I’ve thought about it. I have even tried some things before.”
Clinician: “Tell me more about what you have tried and how well it worked.”

Example dialogs reprinted in slightly modified form with permission from: Dunn C, Rollnick S. Lifestyle Change (Mosby Rapid Reference). Elsevier Limited. London, UK; 2003.

Use Reflective Listening

Reflective listening assures the Veteran that he or she is being heard. This promotes a partnership. To listen reflectively, the clinician periodically paraphrases what the Veteran has said and the associated feelings. The feedback should reflect the clinician’s interpretation of what the Veteran is expressing, not necessarily the exact words.

Here is an example:

Veteran: “So that’s what I’ve tried for losing weight, but I can never get it to work for me. I’m such a bum.”
Clinician: “You tried lots of things, and you feel like a failure.”
Veteran: “Yeah, I tried low-carb, low fat, joining a gym, nothing worked.”
Clinician: “You feel like you tried everything, and are discouraged that nothing worked.”
Veteran: “Yeah, that’s right. It’s very discouraging.”
Clinician: “I see.”
Veteran: “I just think I’m doomed to be fat for the rest of my life.”

Clinician: “You don’t want to continue to be heavy, but you feel like you have tried all the options.”

When seeking to listen reflectively, clinicians share their best guess of what the Veteran has said and where that statement might lead. Even if inaccurate, the statement will facilitate the Veteran in clarifying what they are thinking and feeling. The simple process of encouraging Veterans to say their thoughts out loud helps them focus their goals. With regard to changing health behavior, Veterans will often talk themselves into making a change if the clinician doesn’t get in the way.

Summarize

Another way to communicate effectively is to summarize what the Veteran has said, as in the following example:

Clinician: “Okay, let’s see if I have it right. You tried a low-carb diet but found that you just got sick of all that meat and cheese and eggs and greasy stuff. You also tried a low fat diet but found that you were hungry all the time, and that was hard to tolerate. You joined a gym but just couldn’t make yourself go there very often, and when you did, felt embarrassed about your weight around all those gym rats. You feel like you have tried everything and nothing has worked, so you are discouraged and feel like a failure, and believe that you are destined to be heavy for the rest of your life. Do I have it correct?”

Veteran: “That’s right, except that I think there must be some answer out there. I mean, other people do it, they keep weight off. How do they do it?”

Affirm the Positive - Look for Prior Success

Typically, Veterans have already tried to lose weight on their own. When discussing prior attempts to make lifestyle changes, some Veterans will focus on failures. In reality, Veterans have had successes they just could not maintain. Listen for successes and their impact, emphasize these, and work toward building on past triumphs. **A**

conversation might go like this:

Veteran: “I have lost weight before.”

Clinician: “So you know some ways that work for you.”

Veteran: “Yeah, but it’s so hard. It’s just too hard...”

Clinician: “Yes, it can be difficult, but you have had some successes.”

Veteran: “I don’t know if I can go through it again.”

Clinician: “So things were going well, but then you hit some hard times. What was it like for you after you lost that weight—how did you feel physically, and emotionally?”

Veteran: “I felt great, I looked my best ever, and I felt good about myself for the first time in a long time, but then I lost my job and everything seemed to fall apart.”

Clinician: “Well, it sounds like you learned some skills that worked for you, and that you also discovered some situations that made it tough to keep going.”

Veteran: “Yeah, I had never been that successful before.”

Clinician: “So, it sounds like you have already built some good self-management skills, but you might want to figure out some ways to keep it going during high-stress times.”

Elicit Self-Motivational Statements

This technique is similar to affirming the positive reinforcing statements that favor change, but it focuses on “change talk.” The more a person talks about making a change, the more likely he or she is to follow through. The same positive affirmation techniques of smiling, nodding, praise, positive gestures, and so on should be used whenever a Veteran engages in positive “change talk.” **In addition to these non-verbal encouragements, the clinician should actively facilitate conversation about change by asking questions or making statements, as illustrated in the following example:**

Veteran: “I don’t know what to do. I want to stop eating all those big meals and desserts, but I really enjoy them.”

Clinician: “Wanting to make healthy changes to your eating habits is a good thing—it’s half the battle. There must be some pros and cons to that decision for you. What do you think the advantages to eating differently would be?”

Veteran: “Well, let’s see. I know I would feel better because I wouldn’t feel so stuffed all the time. Uh... I would feel like I was more in control of myself ... I guess I would feel sort of proud of myself. I’d probably feel more like getting out and moving instead of just sitting in front of the TV.”

Clinician: “Those sound like some very good things, but there are probably also some disadvantages?”

Veteran: “I would really miss all that good food. I mean, I really enjoy eating. It’s a big source of pleasure for me.”

Clinician: “So.... There are some advantages and disadvantages about making these changes, but we haven’t talked about your health.”

Veteran: “Yeah, I could seriously benefit from losing weight. If I weren’t so big I wouldn’t feel like people were always looking at me and being critical. And my health would probably get better.... And I could do more physical things again, like hiking and tennis.”

Clinician: “So that is important to you.”

Veteran: “Yes.”

Clinician: “If you were to decide to eat differently, how would you go about doing it, and how could I help?”

Techniques for Motivational Counseling

Motivational interviewing is effective in advancing Veterans from one stage of readiness to the next, especially those in the pre-contemplative or contemplative stages. Motivational interviewing was initially used in substance abuse treatment. In the context of MOVE!, “motivational interviewing” is a bit of a misnomer, as this name implies that the techniques are limited to interviews that take place early in treatment. However, this technique can be helpful throughout the continuum of care in MOVE!. To emphasize the ongoing use of motivation interviewing throughout MOVE!, we refer to this technique as “motivational counseling.”

Exploring Importance and Confidence

As previously noted, importance and confidence are two factors that affect a Veteran’s readiness to change health behaviors. To explore and clarify importance and confidence, ask Veterans to rate these factors on a scale from 0 to 10.

Importance

“How important is controlling your weight? Let’s use a 0-10 scale, with 0 being not important at all, and 10 being very important.”



This question might be posed after a brief initial discussion regarding weight. **When the Veteran responds with a number representing the level of importance, the clinician can then ask about that rating:**

“Why did you give yourself a 3 rather than a 0?”

This discussion helps to clarify why the change is important. **The next question should be:**

“What would it take to get you from a 3 to a 6 or a 7, for example?”

Now discuss those factors, considering both positive and negative outcomes. **A dialog might go like this:**

Clinician: “So, to summarize what we have talked about so far, your weight places you at risk for developing diabetes in the future. Diabetes puts you at higher risk for heart attacks, strokes, kidney problems, vision problems, and problems with wound healing that can lead to amputations. The benefit of losing that weight is reducing your risk of diabetes along with feeling a lot better overall, both physically and emotionally. You also stated that you want to improve your

looks. How important is controlling your weight? Let's use a 0-10 scale, with 0 being not important at all, and 10 being very important."

Veteran: "Well, I guess it is about a 4."

Clinician: "What makes it a 4 rather than a 0 or 1?"

Veteran: "Well... I really don't want to have to get shots or prick my fingers."

Clinician: "Well, that's a very good reason. What would it take for you to increase your rating to a 6 or a 7?"

Veteran: "I'd have to be sure that the changes I need to make aren't going to take a lot of time. My job is very demanding, and I'm involved with a lot of church activities."

Clinician: "It's good to consider how these changes would fit into your busy lifestyle."

Veteran: "Gosh, the more I think about it, the more I realize that perhaps I haven't considered my health very important. I mean, I really don't want to have any of those problems that you talked about...I saw my dad suffer from a stroke and it wasn't pretty."

Clinician: "So maybe losing weight is actually more important to you than you had first thought?"

Veteran: "Yeah, I guess so. I'm only 55, and I'm not ready to face diabetes and pricking myself every day."

In this sample dialog, the health care provider first explores the Veteran's rating of importance, then elicits reasons why the importance was rated intermediately and barriers the Veteran may have to consider making weight loss more important. By the end of this discussion, the Veteran begins to realize that perhaps he needs to make losing weight a more important priority for his life.

Confidence

Clinicians can use a similar strategy to explore a Veteran's confidence. Veterans may lack confidence in their ability to make the change in question. Asking them to rate their confidence on the 0 to 10 scale may help create a realistic plan for change. Research has shown that higher levels of confidence predict the occurrence of actual changes.

"Now, I'd like to better understand how confident you are that you can make changes in your eating and physical activity to manage your weight. On a scale of 0-10, with 0 meaning not confident at all and 10 meaning very confident, how confident do you feel?"



Veteran: “Well, I’m certainly not sure I can do it. I guess it’s about a 2.”
Clinician: “Why did you rate your confidence a 2 rather than a 0?”
Veteran: “Well, it’s because I lost about 30 pounds a long time ago.”
Clinician: “Great! So you’ve done it before! How did you do it?”
Veteran: “I just decided in my mind that I was going to do it. I stopped eating sweets two or three times a day and tried to eat halfway sensibly; I also started taking a walk every night after supper.”
Clinician: “Those are all great strategies. What would it take for you to rate your confidence a 4 or a 5 instead of a 2?”
Veteran: “Well, I’ve slipped back to my same old habits, so it’s no wonder I’m so big. It was really hard to keep those things up. I would need to find a way to keep up with the walking. I got bored with eating sensibly. Also, I’d have to learn more about what foods I should or shouldn’t eat. I mean I know a little bit, but I’m sure there is more to learn.”
Clinician: “Well, you know that from your past success with losing weight that you CAN do it. With MOVE!, we will be teaching you some new skills to help you meet your goal, but you mentioned some skills you already have. What would you think about starting to walk again?”
Veteran: “Yeah. I actually really enjoyed the walking. It made me very relaxed.”
Clinician: “That’s great! Even making just one or two small changes, like starting back with your walking, can help. I’m confident that you’ll be successful if you decide to try. Of course, we can also help you find ways to change your diet that you can live with for the long-term. You won’t be on your own!”

In this sample, the clinician first explores the Veteran’s rating of confidence. He/she elicits reasons why confidence was rated low and also explores what kept the Veteran from rating confidence higher. The clinician seeks to reinforce positive statements made by the Veteran and reminds him that help is available.

Four Motivational Counseling Techniques

The following are basic techniques of motivational counseling.

Express Empathy

Veterans need to know that you understand their discomfort with the possibility of making a significant change, a prospect which can cause anxiety in most people. Imagining oneself in the Veteran’s situation may help to generate empathy for the Veteran. Expressing such empathy often helps to establish an emotional bond and feeling of closeness, which decreases a Veteran’s defensiveness and increases the likelihood of a true partnership. **Examples of empathic statements include the following:**

“That must be really hard for you—I would feel really scared if I just found out I have diabetes.”

“This has got to be a pretty big shock to you.”

“Thinking about making such a big change would be uncomfortable for most people.”

The key to making empathic statements is to use the word “feel” or refer directly to feelings. The Veteran must then be given an opportunity to express those emotions.

This can be accomplished by simply waiting a few moments for a response, as in the following example:

Clinician: “The prospect of seriously working on losing all that weight must be pretty scary for you...”

Veteran: “Yeah, it is.”

Clinician: Silence for a few moments, looking expectantly at the Veteran

Veteran: “I mean, I have failed every time before, and I’m scared that if I fail again, I’ll just feel worse about myself than I already do.”

Clinician: “I can sure see how you would feel that way. I would too.”

Veteran: “Uh-huh.”

Clinician: “If we can work on this together, I’ll be here to help you and maybe it won’t feel that way this time.”

Veteran: “That would definitely be better. I would appreciate your help.”

Identify Discrepancies

People tend to become set in their ways even though this may not be consistent with desirable outcomes. Some may ignore the potential long-term consequences of continuing to smoke, overeating, remaining physically inactive, and so forth, and resist making behavior changes. Motivational counseling techniques seek to make Veterans aware of the discrepancy between current health status and behavior and where they would like to be. This often happens naturally when an obese person has a loved one who suddenly develops a weight-related problem, such as a heart attack. In such cases, the person suddenly becomes acutely aware that the same thing might happen to him or her and immediately resolves to lose weight. Even in the absence of such an event, most obese individuals, when asked, will state that they intend to lose excess weight at some point in their lives. Thus, their current behavior is often at odds with their expectations of their future health.

Health care providers can help Veterans identify such discrepancies. Begin by asking Veterans to compare where they are now in terms of their health and their personal goals with where they would really like to be. Follow-up discussions should explore why current behavior either will or will not lead to desired outcomes. This increases awareness of discrepancies and generates discomfort, which can motivate the Veteran to resolve to change current behavior patterns or at least begin thinking about making changes. **Such a conversation might go something like this:**

Clinician: “Since we are talking about your health, how would you like to feel in the future, say two years from now, and how important is that to you?”

Veteran: “Well, it’s really pretty important to me. I want to feel more energetic, I’d like to be able to do things I used to do like play some tennis and go on walks.”

I'd also like to be able to fit into some of my old smaller clothes, and I guess I would just like to feel younger."

Clinician: "So, you aren't feeling that way now?"

Veteran: "Uh, no, not really."

Clinician: "Why do you think that?"

Veteran: "I don't feel any of those things these days. I'm bigger than I should be, I don't have much energy, and if I try to do anything like going on walks with my wife, it just kills me! Frankly, I feel old."

Clinician: "What do you think would get in the way of you feeling younger and more energetic in two years?"

Veteran: "I know I eat too much, I eat junk food, and I'm a couch potato. I used to really enjoy a good game of tennis, taking walks, doing lots of that kind of stuff..."

Clinician: "This sounds like a real conflict for you. You'd like to have more energy and feel younger, but your current eating and physical activity habits may be getting in the way....what do you think about that?"

Avoid Argument and Roll With Resistance

Most of us resist change. Resistance to change is to be expected. Acknowledge and accept such ambivalence and avoid arguing or attempting to persuade the Veteran into making a change until he or she is ready to do so. **Here is an example:**

Veteran: "People keep telling me I need to lose weight. I know I need to, and I want to be at a normal weight again, but.... I've tried it so many times before and always gain it back....it's just so hard! I just don't think I can do that again."

Clinician: "So you really want to lose the weight, but at the same time you just don't want to struggle..."

Veteran: "Yeah, that's how I feel."

Clinician: "I think that's how I would feel too."

Veteran: "Really?"

Clinician: "Yes, I know it can be hard. If and when you decide that you are ready to start making changes to lose that weight, I want you to know that I will be here to help and support you with that."

Support Self-Efficacy

Self-efficacy is the belief that one is capable of accomplishing a goal.¹⁰ Self-efficacy is not a global personality trait like self-esteem, but is specific to individual activities. For example, one might have high self-efficacy for daily walking for fitness but low self-efficacy for preparing healthy meals. In contrast, "confidence" is often considered a global personality trait (although the motivational interviewing literature tends to use the terms "confidence" and "self-efficacy" interchangeably). Weight management requires many different skill sets, including healthy eating, selecting appropriate foods at a restaurant, managing one's physical activity levels, and coping effectively with problematic situations.

People generally avoid tasks where self-efficacy is low, but are more inclined to take on a task if self-efficacy is high. Research has shown that self-efficacy is influenced by three things: (1) one's history of prior successes and failures for a specific behavior; (2) observation of the successes/failures of others (family members, friends, colleagues, and cultural role models); and (3) "can do" comments from coaches who can briefly "pump up" self-efficacy. To enhance self-efficacy, discussions with Veterans should include (1) identification of past successes, (2) recognition of others' successes, and (3) coaching. **Here is an example:**

Veteran: "Losing weight is just so hard! I've done it before and failed. I just don't know if I can do it again..."

Clinician: "Tell me about the times that you were successful in dropping your weight and being more physically active."

Veteran: "Well there was the time that I..."

Clinician: "Are there others in your life that you know who have made this change?"

Veteran: "Well, my Mom tried to be healthier. Finally, about five years ago, she lost weight and has kept it off. She got serious about what she eats, and she exercises every day."

Clinician: "Great, so you know you can do it, too. The great thing about MOVE! is that you don't have to do this alone. I'll be here to coach you. I know how much you have been through in your life, and I know you can do this for yourself."

Exploring the Pros and Cons of Health Behavior Change

Encouraging the Veteran to explore the pros and cons of changing a behavior can also be a useful technique to raise importance and/or confidence. The basic format for this technique is to elicit the pros and cons, and then summarize. Typically, a clinician doesn't ask for the cons, but this can be a very powerful way to assist the Veteran.

Health care providers can ask something like:

"What do you see as the potential advantages of making that change?," and
"What are the potential disadvantages of making that change?"

A sample dialog follows:

Clinician: "How would losing weight make things better for you?"

Veteran: "Well, you know I don't want to develop diabetes like my dad. I used to be a pretty good dancer, and I am embarrassed to get on the floor at my current weight. I also like to ride roller coasters, and I can't fit on some of the rides."

Clinician: "Can you think of any other benefits of losing weight?"

Veteran: "Well, yeah. I don't like that I have to buy bigger and bigger clothing. I have lots of favorite shirts that I can't fit into anymore."

Clinician: "So, your weight is keeping you from being able to wear your favorite outfits, and you have to replace the things you would rather be wearing?"

Veteran: "Yeah."

Clinician: "Anything else?"

Veteran: "No, that's about it."

Clinician: "Okay, so you have some clear reasons why it would be nice to lose weight like avoiding some scary diseases, being able to do things you used to enjoy, and wearing what you want to wear. I'll bet there are some costs to working on your weight?"

Veteran: "Yeah. I really like my ice cream with chocolate syrup every night. It would also be a hassle to have to go on a diet and make time for exercise. I just got a promotion at work, and I am not sure I have the time to focus on my weight right now."

Clinician: "So, even though there are some good reasons to lose weight, you are worried about how much time it will take and that you might have cut out some of your favorite foods."

Veteran: "Yeah, that pretty much sums it up. I guess I will always have some excuses, but I've always known that I needed to get my weight under control at some point."

Clinician: "Can you think of any other disadvantages to working on your weight?"

Veteran: "I can't think of any right now."

Clinician: "So, there might be some unexpected things that pop up?"

Veteran: "Yeah, things always happen, but I guess that is just an excuse."

Clinician: "So, there are always going to be reasons why it is going to be a challenge to lose weight, but you have also believed that you would eventually work on your weight."

Veteran: "Yeah, I always knew that I needed to do something about my weight."

The Veteran Has Solutions

People are much more likely to carry through with their own plans rather than a plan developed by someone else. Thus, the goal is to help the Veteran generate his or her own workable plan rather than the clinician prescribing one. The key is to help the Veteran think about how he or she might solve a problem or change a behavior. The clinician can then ask the Veteran to go over the pros and cons of each possible solution until an acceptable solution becomes apparent. If the Veteran gets stuck, offer a list of what other Veterans have tried, but the Veteran's ideas need to be thoroughly explored first. A good communication style is to "listen, advise, listen." Listen for possible solutions, ask about pros and cons, advise the Veteran using professional knowledge, and then listen to what the Veteran decides to do. **Here is an example of how one might begin this process:**

Veteran: "I'm doing okay with what I am eating, but I'm having trouble getting started with taking a walk every day. I just can't seem to get myself up off the couch after supper. Some of my favorite TV shows are on then."

Clinician: "I'll bet that you have thought of things you could try. Would you like to talk about those?"

Veteran: "Sure. I just need to make a plan to exercise after supper and do it."

Clinician: "So, kind of like ordering yourself to do it."

Veteran: "Yeah."
Clinician: "Let's think about the pros and cons for that plan, what are the pros?"
Veteran: "Well, it would get me off the couch."
Clinician: "Okay, what are the cons?"
Veteran: "Well, that is what I have been trying to do, but it has not worked yet."
Clinician: "So it is also not likely to work in the future?"
Veteran: "Yeah."
Clinician: "Are there other things you have thought of?"
Veteran: "Yeah, maybe I just need to stop watching TV at night."
Clinician: "Let's think about pros and cons for that plan ... Can you think of what the advantages would be?"
Veteran: "Well if I stop watching TV at night, I will have lots more time to exercise."
Clinician: "So, making that big change would free up your time ... Are there disadvantages to this plan?"
Veteran: "Yeah. I really like watching television."
Clinician: "So, giving up TV would have some big costs for you. It sounds like this would get you exercising, but you would have to give up something that you really enjoy."
Veteran: "I guess that isn't realistic."
Clinician: "Have you had other thoughts?"
Veteran: "No, I am really stuck."
Clinician: "I could share some plans that other Veterans have tried."
Veteran: "Okay."
Clinician: "Here are some things some other Vets have tried: Getting up 30 minutes earlier to walk, making their lunch to eat at the desk and walking during lunch, or recording TV shows and not watching the shows until after they have gone for a 30-minute walk. Is there something from this list that sounds like it could work for you?"
Veteran: "I like the idea of taping my favorite shows and not watching them until I have done my walk each night after dinner. I would get the activity in and feel like I earned the time to enjoy my favorite shows."
Clinician: "Using rewards for doing work is a good self-management strategy, but do you see a downside?"
Veteran: "Actually, no. I watch some pretty lame stuff in between my favorite shows. This way I could get some exercise in, watch what I really want to watch, and skip the junk shows."
Clinician: "So this sounds like something you would like to try? What would you need to do to put that plan in place?"

Stage-Specific Counseling

It is important to tailor communication to the Veteran's current stage of change.⁸ For example, it makes no sense to try to help a patient develop a plan if they have not even

considered addressing a problem. The following section describes how to match communications to a Veteran's stage of change. Table 6-1 summarizes this guidance.

Table 6-1: Matching Communications to Stage of Change

Stage of Change	Barriers	Goal of Counseling	Techniques to Use
Pre-contemplation (not ready to change diet and physical activity behaviors to lose weight)	Not important enough to patient Low confidence Denial Defensiveness Lack of awareness	Advise and encourage contemplation	Express empathy Identify discrepancies Listen reflectively Examine and summarize the pros and cons of change Provide information if needed Acknowledge decision Offer help when Veteran is ready
Contemplation (thinking about changing diet and physical activity behaviors to lose weight)	Low confidence Procrastination Low social or environmental support Competing demands	Explore ambivalence and shift towards making a decision to change	Express empathy Identify discrepancies Acknowledge ambivalence Listen reflectively Examine and summarize the pros and cons of change Provide information, if needed Affirm positive statements Reinforce partnership and willingness to help
Preparation (getting ready to change diet and physical activity behaviors to lose weight)	Confidence may still be low Unsure of specific actions	Strengthen commitment and plan specific actions	Provide information and discuss options Provide assistance with chosen actions Express confidence in patient Affirm positive statements Reinforce partnership and willingness to help
Action (has begun changes in diet and physical activity behaviors)	Some obstacles persist Confidence may still be low At risk for relapse	Praise and reinforce and plan for contingencies	Provide frequent positive affirmation Provide ongoing assistance with barriers Express confidence in ability to maintain changes
Maintenance (successfully maintained new behaviors for at least 6 months)	At risk for relapse	Praise and reinforce and plan for contingencies	Provide frequent positive affirmation Provide ongoing assistance with barriers Express confidence in ability to maintain changes

Pre-Contemplation

The best way to describe this stage is to say that “the problem is not on the radar screen.” The goal of counseling in the pre-contemplation stage is to advise and encourage contemplation. Barriers to moving to contemplation often include denial, lack of awareness of risks, lack of importance, low confidence, and defensiveness. To bring issues to the forefront, identify what is important to the Veteran. Call attention to whether the Veteran’s behavior supports his or her life goals and interests, to ensure that the Veteran consider these issues prior to making a decision. This should be done in a nonjudgmental and non-coercive manner. The key is to link behavior with important life goals.

Useful techniques for Veterans in the pre-contemplation stage include:

- Expressing empathy
- Identifying discrepancies
- Rolling with resistance and avoiding argument
- Examining the pros and cons of change through open-ended and nonjudgmental questions
- Listening reflectively and summarizing
- Exploring importance and confidence
- Providing information about options, if desired
- Providing nonjudgmental information about the relationship between the Veteran’s health status and his or her health habits
- Expressing willingness to help if and when the Veteran feels ready to make a change
- Acknowledging the Veteran’s decision about change, regardless of whether it is a positive or negative decision

Counseling in the pre-contemplative stage is likely to have the greatest impact if the information is directly relevant to the Veteran’s health status or situation. **For example:**

“Mr. Brown, I am concerned about your weight and how this may impact your health. I’d like to show you on the computer screen so you can see for yourself. Your weight has been gradually creeping up the past couple of years. This could lead to diabetes and also increases your chance of heart attacks and strokes, especially since we are already treating you for high blood pressure. The good news is that there are things you can do to lose some weight. We can talk about those things if you are interested. It’s really up to you, but I am here to help either way.”

Contemplation

Veterans in the contemplation stage are considering making a change, but are ambivalent about doing so. Explore this ambivalence to assist the Veteran in choosing to make a change. Barriers to getting past the ambivalence can include low confidence in one’s ability make the change, procrastination, poor social support, and competing demands.

The following techniques, many of which are also useful for Veterans in the pre-contemplation stage, can be applied in the contemplation stage:

- Expressing empathy
- Identifying discrepancies
- Acknowledging ambivalence
- Examining the pros and cons of change through open-ended and nonjudgmental questions
- Listening reflectively and summarizing
- Exploring importance and confidence
- Providing information about options, if desired
- Affirming positive statements
- Eliciting and reinforcing “change talk”
- Expressing willingness to help if and when the Veteran feels ready to make a change
- Reinforcing the partnership between the Veteran and staff and emphasizing willingness to help

Preparation

Veterans who are in the preparation stage are preparing to make a change. However, they may have low confidence at this stage and are unlikely to have a fully developed plan for making changes. Strategies to strengthen commitment to change and help Veterans set goals and build plans include the following:

- Discussing specific strategies for accomplishing the desired change
- Providing assistance with strategies selected (e.g., providing food and/or physical activity logs for Veterans to self-monitor their behaviors)
- Continuing to reinforce the Veteran’s decision by reviewing the pros and cons of change
- Reviewing importance and confidence, when appropriate
- Expressing confidence in the Veteran and affirming positive statements
- Eliciting and reinforcing “change talk”
- Reinforcing the partnership between Veteran and clinician

See the section on goal setting, below, for additional tips.

Action

In the action plan, the Veteran typically has initiated a plan, but can benefit from support and problem solving to refine the plan. New or ongoing barriers to change may still exist in the action stage, and Veterans remain at risk for relapse. The goals of counseling in the action stage are to praise and reinforce the behavior change, plan for contingencies, and assist with problem solving. Strategies useful in the action stage include:

- Helping the Veteran develop crystal clear goals and plans
- Keeping self-confidence high by being a positive coach
- Monitoring progress in the areas of weight, diet, activity, and behavior change

- Providing support through ongoing follow-up
- Assisting the Veteran in problem solving when he or she encounters difficulties

Maintenance

Overweight and obesity are chronic problems. Even if the Veteran achieves initial weight loss goals, he or she is going to have to continue to self-monitor weight and self-manage eating and physical activity to maintain weight loss.¹¹

It is easy for peers, family, and health care providers to overlook the ongoing struggles of a Veteran who is maintaining a weight loss. Therefore, this support often must come from clinicians. Strategies for patients include the following:

- Weigh themselves daily
- Maintain high levels of physical activity
- Have an ongoing plan for healthy eating
- Have clear weight regain triggers (such as regaining five pounds) for intensifying efforts to maintain weight
- Acknowledge and reinforce weight maintenance, especially because we know that significant others may have stopped noticing the work the Veteran is doing to maintain his or her weight
- Offer assistance with any barriers that arise
- Assist the patient in coping with setbacks
- Assess weight at least annually in primary care and acknowledge success¹¹

Special Issues

Overweight patients should not be viewed as having less willpower, lacking self-control, or having some psychopathology that underlies their weight problems. There is little evidence suggesting that psychopathology is related to the etiology of obesity.^{12, 13} On the other hand, some patients will present with psychological issues. This section addresses unique behavioral health issues in the overweight and obese population. The MOVE! Handbook requires facilities to provide specialty care, as needed. Thus, consider consulting with or referring patients with special needs to a behavioral health specialist.

Food and Pleasure

Most people consider food a major source of pleasure. For some obese Veterans, sources of pleasure other than food may be limited. People naturally associate food with other basic needs, such as safety, comfort, feeling loved, expressing love, and so on. Restricting food intake may be perceived as removing much of the reward, joy, and pleasure from life and may be frankly depressing. Obviously, Veterans who suffer as a

result of restricting eating are unlikely to stick with a weight management program. For these reasons, treatment should help the Veteran develop a repertoire of alternative pleasures. This will take encouragement, time, and practice. It is critical that Veterans have short and long-term rewards built into their weight management plans to reward themselves for their efforts and replace the rewards that may be lost by dietary restriction. MOVE! handouts that address these issues are available; see also SMARTeR in the section on goal-setting, below.

For some Veterans, there are personal beliefs and thoughts about foods that may interfere with weight management. Cognitive therapy may be helpful in identifying and managing problematic beliefs.

Goal-Setting

Without clear goals, it is hard to change. Assistance with goal-setting⁹ is another technique that supports weight self-management. After identifying strengths and weaknesses via the MOVE!23 report, help the Veteran create one to three short-term behavioral, nutrition, and/or physical activity goals. The goals need to be simple, achievable, and specified for a short time period, (e.g., 1 day to 2 weeks).

In general, goals should be “**SMARTeR**”:

SPECIFIC: “I will take a 30 minute walk after dinner each night for the next week.” In comparison, “I will be more physically active” is too general.

MEASURABLE: “I will eat one more fruit or vegetable each day this week.” In comparison, “I will think about eating more fruits and vegetables” is not measurable.

ATTAINABLE: “I will use the stairs instead of the elevator whenever I’m going up two flights or less.” In comparison, “I will always use the stairs instead on the elevator, no matter how many flights” may not be attainable.

RELEVANT: “I will drink diet instead of regular whenever I drink soda.” In comparison, “I will take my medication for blood pressure every day” might be important, but is not directly relevant to weight loss efforts.

TIME-BASED: “I will find out more information about local walking trails within 7 days.” In comparison, “I will find out more information about local walking trails” is not time-based.

REWARDS: Self-management of weight requires a good deal of work and energy. The use of strategic rewards for the achievement of both short- and long-term goals can be effective in increasing motivation and the celebration of success. As food often serves as a reward, simply going on a diet can create a reward deficit. Thus, strategic replacement of rewards for complying with the self-management plan can address

multiple needs. Here is a good way to prompt this discussion: “Losing weight is work. When you achieve this goal, what is a reward you could use to celebrate your success?” Encourage the Veteran to plan small daily rewards and larger rewards for achieving larger goals. Assist the Veteran in avoiding food rewards.

Social Activity and Weight Management

Society reinforces the association between social contact and eating. This represents an additional barrier to weight management because socializing is also a source of pleasure that should be maintained. Cognitive behavioral interventions may be applied to this issue as well. Encourage the Veteran to modify his or her views of social activity, for example by thinking of parties as being about people, not food. Practices such as meeting others for coffee rather than a meal, taking a walk with a friend, or going to events that don't involve eating could assist Veterans in breaking some of those associations. Holiday activities and other events at which special foods are available can also be problematic for Veterans trying to manage weight. Several MOVE! handouts address topics such as eating out, social eating, and special-occasion eating.

Stress and Weight Management

Life stress is common, and can lead to overeating, eating too rapidly, or eating for emotional reasons when not hungry. Moreover, stress is exhausting and may interfere with participation in physical activity, which is especially unfortunate because regular physical activity can help Veterans better manage both stress levels and weight. The body's stress response may also promote the storage of fat tissue. In any case, stress management interventions can help Veterans better adhere to a weight management program. Several MOVE! handouts address stress and stress management.

Difficulty Controlling Impulses and Environmental Cues

Many of the behaviors that interfere with weight management result from urges, impulses, or responses to environmental cues. There are numerous strategies Veterans can use to manage such urges and impulses, such as planning ahead, eating healthy snacks prior to parties or other social events involving food, undergoing assertiveness training, and working on cognitive skill development. Several MOVE! handouts address these issues. When environmental triggers continue to be a problem for Veterans, consider referral to a behavioral health professional.

Psychological Issues Resulting From Chronic Obesity

Veterans who have been chronically obese may have been subjected to ridicule, embarrassment or employment and social discrimination, difficulty finding clothing that fits, and other demeaning experiences. These experiences can leave the Veteran with psychological issues. Interpersonal relationships may also suffer because of these issues. Referral to a behavioral health specialist or mental services may be helpful in such cases.

History of Sexual Abuse

A history of sexual abuse is not uncommon within the general population, and thus, not uncommon within the overweight or obese population. Research has found associations between a history of sexual abuse and a variety of maladaptive behavior patterns. Although such a history is unlikely to come up in Veteran-clinician interactions related to weight control, when it does, it should be handled with sensitivity. An offer to refer the Veteran to a mental health professional should be considered. Note that some individuals with a history of sexual abuse report that they intentionally gained weight in an effort to appear less sexually desirable. Thus, losing weight can elicit feelings of vulnerability. Obese patients often report feeling as if they are invisible, in the sense that their appearance does not draw the attention of others. If a Veteran has been sexually abused, this perception of invisibility can be comforting. With weight loss, a Veteran may attract the attention of others, and this can be upsetting to victims of sexual abuse, at least initially.

Working with Groups

Most of this chapter focuses on one-to-one counseling. However, the strategies identified here may also be applied in group settings. As with individuals, groups often will present with some unique concerns. Solutions and ideas that come from the group may be much more powerful than those that are provided by a clinician. The group leader's role is primarily to facilitate discussion during group sessions, using the strategies and techniques suggested in this chapter and the chapter on program delivery. MOVE! group session plans (available on the MOVE! website) are designed to facilitate guided discussions but do not need to be rigidly followed. [Twelve session plans](#) have been developed, including an orientation session that is designed to facilitate rolling admission in the group process. [An introduction to facilitating groups](#) is also available.

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Links

The links from this chapter are listed below:

VA National Center for Health Promotion and Disease Prevention
<http://www.prevention.va.gov/>

Veterans Health Administration Office of Patient Care Services
<http://www.patientcare.va.gov>

Weight Management Program for Veterans (MOVE!®)
<http://www.move.va.gov/>

NIH Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report (1998)
http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm

Screening and Interventions for Obesity in Adults: Summary of the Evidence for the US Preventive Services Task Force (2003)
<http://www.annals.org/content/139/11/933.full.pdf+html>

Screening for Obesity in Adults (2003)
<http://www.annals.org/content/139/11/930.full>

Handbook 1101: Managing Overweight and/or Obesity for Veterans Everywhere (MOVE!) Program
http://www.move.va.gov/download/Resources/1101.1HK3_27_06.pdf

Joint Veterans Affairs/Department of Defense Clinical Practice Guideline for Screening and Management of Overweight and Obesity (2006)
http://www.healthquality.va.gov/obesity/obe06_final1.pdf

MOVE! Group Session Plans
<http://www.move.va.gov/GrpSessions.asp>

Introduction to Group Sessions
http://www.move.va.gov/download/GSessions/GS00_IntroductionToGroupSessionForLeaders.pdf

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