

Recommended Skills/Competencies for Interventionists Applying Intensive Lifestyle Modification Treatment for Obesity

1. General Skills:

- Able to build working alliance with patient.
- Appreciate the multifactorial nature of obesity and remain sensitive to discrimination often faced by the overweight/obese
- Empathy. Sometimes missed by therapists because the “issue” at hand (i.e., weight) isn’t primarily psychological. Empathy is, nonetheless, extremely important with weight loss patients to foster patient engagement in a problem-solving relationship. Empathy should precede problem-solving efforts
- Able to assess level of patient adherence to diet, physical activity, and behavioral goals/plans
- Able to provide patient with general information about how weight loss and weight loss maintenance are achieved
- Can approach patients with a balance of teaching, encouragement, and counseling (the three roles of: coach, cheerleader, and counselor)
- Appreciate limits of scope of competence and be able to facilitate dietary, physical activity, behavioral, and medical referrals as appropriate

2. General Information re: Dietary, Physical Activity, and Behavioral Skills

- The following websites have much useful information and handouts about diet, physical activity, and behavior change for the patient and provider:
 1. DPP: <http://www.bsc.gwu.edu/dpp/manuals.htmlvdoc>
 2. WebMD: <http://www.webmd.com/diet/default.htm>
 3. USDA: <http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm>
 4. American Dietetic Association:
<http://www.eatright.org/Public/content.aspx?id=6843>
 5. NFSMI:
<http://www.olemiss.edu/depts/nfsmi/Information/blt2005index.htm>
(mostly dietary and 5 yrs old, but lots of good, multimedia information)

3. Dietary Skills:

- Working knowledge of basic nutrition (e.g., calories, macronutrients, energy balance equation, recommendations for weight loss; see above links for info)
- Able to assess a 3-day food record in order to help patient identify appropriate targets for dietary change (see links in Assessments section for info re: food records)
- Appreciation of medical/dietary issues that influence treatment and warrant referral to or consultation from a nutrition specialist:
 - Include, but may not be limited to: diabetes, kidney disease, gastrointestinal diseases
- Appreciation of medical/dietary issues that influence treatment and *MAY* warrant referral to or consultation with a nutrition specialist; providers will need to further

educate themselves if they choose to proceed without referral to/consultation with nutrition specialist:

- Celiac disease: <http://www.celiac.com/> (lots of useful information)
- Lactose intolerance: <http://digestive.niddk.nih.gov/ddiseases/pubs/lactoseintolerance/>
- Food allergies:
 - <http://www.foodallergy.org/section/common-food-allergens1> (identifies 8 main food allergies)
 - <http://www.foodallergy.org/section/how-to-read-a-label1> (instructs on what to look for on food labels to avoid specific food allergens)
- **Physical Activity Skills:**
 - Working knowledge of basic exercise physiology, including knowledge of cardiovascular, resistance training, and daily/lifestyle activity
 - ACSM (lots of great info; videos): <http://www.exercisemedicine.org/> (<http://www.exercisemedicine.org/keys.htm> is specific link to good exercise basics videos)
 - Familiarity with general physical activity recommendations, to minimally include cardiovascular and resistance training recommendations (see: http://www.acsm.org/AM/Template.cfm?Section=Home_Page&TEMPLATE=/CM/HTMLDisplay.cfm&CONTENTID=7764)
 - Be able to gauge level of intensity of physical activity:
 - <http://www.cdc.gov/physicalactivity/everyone/measuring/index.html>
 - http://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA_Intensity_table_2_1.pdf
 - Appreciation of medical/physical issues that require clearance from a PCP
 - Include, but may not be limited to: history of heart disease, hypertension (BP \geq 140/90), diabetes, pain/discomfort in chest, dizziness or loss of consciousness.
 - [Brief Medical Screening](#)
 - Appreciation of medical/dietary issues that influence treatment and *MAY* warrant referral to or consultation from an exercise specialist or physician:
 - Bone/joint/muscle problems: patients will need to engage in activities that do not aggravate existing problems; if activity is significantly limited by these problems, referral to exercise specialist or physician is warranted.
- **Behavioral Skills:**
 - Appreciation of psychological/psychiatric issues that might warrant consultation from/referral to psychological/psychiatric specialist
 - Expectations:
 - Assess patient expectations/goals and help patient adjust any that are unrealistic

- Familiarity and ability to discuss the benefits of even modest weight loss (i.e., 10%).
 - Assist with motivational enhancement
- Goal Setting:
 - Assist with goal setting (both long- and short-term goals), in particular “SMART” goals:
 - http://en.wikipedia.org/wiki/SMART_criteria#Terms_behind_the_letters
 - Ability to convey the difference between a behavioral goal and an outcome goal
 - Help patients to develop contingency management systems that do not incorporate food/beverage
- Self-Monitoring:
 - Familiarity with the benefits of self-monitoring
 - Working knowledge of how to self-monitor, including weight, food/beverage intake, and physical activity
- Problem-Solving:
 - Teach basic problem-solving skills
- Help patients overcome problem-solving difficulties:
 - Help patient identify eating triggers and re-engineer these behaviors
 - Understand (and convey basic stress management skills
- Cognitive Restructuring:
 - Explain the ABCs (antecedents, beliefs, consequences [feelings and behaviors])
 - Help patients identify cognitive distortions and problematic thought patterns (e.g., all-none, rationalization) and learn to replace these with more helpful ways of thinking
- Relapse Prevention
 - (Understand and convey process of slips and relapse
 - Teach patient how to use cognitive restructuring to prevent slips from turning into relapses
 - Help patients identify and appreciate their successes and reframe their difficulties/slips less self-critically and more constructively as “practice opportunities”
- Stimulus Control:
 - Assist patients to identify and modify environmental influences that contribute to overeating, under-activity, and other behaviors that undermine weight loss/management efforts
- Social Support:
 - Identify sources of support for patients’ weight loss efforts
 - Help patient cultivate a supportive environment (i.e., support from significant others).