

Practitioner Self-Assessment

Intensive Behavioral Weight Loss Counseling

An effective intensive behavioral weight loss counselor will be able to demonstrate the ability to...

... build healthy working alliances with patients.

- **Effective:** Patient and counselor collaborate in developing treatment objectives, nature and course of treatment, and behavioral plan
- **Less Effective:** Counselor dictates the goals that patient should achieve and the behaviors by which patient should achieve those goals
- **Less Effective:** Counselor allows patient to set goals and determine behavioral course without appropriate guidance/direction

... appreciate that obesity is multifactorial in its origin and be empathic to patients' struggles.

- **Effective:** Counselor remains mindful that multiple factors and behaviors contribute to the development of obesity and shows empathy and understanding when patients struggle with making behavioral changes
- **Less Effective:** Counselor focuses too heavily on a single cause of a patient's weight problem, missing other potentially important factors
- **Less Effective:** Counselor begins problem-solving and offering solutions before or in lieu of making empathic statements to let patient know s/he (counselor) recognizes the difficulty associated with making these types of behavior changes

... provide patients with general information about how weight loss and weight maintenance are achieved.

- **Effective:** Counselor can effectively explain how reducing calories, increasing physical activity, and making other behavioral changes work together to help patients lose weight and/or maintain a healthier weight
- **Less Effective:** Counselor is unable to explain the basics of how weight loss/maintenance are achieved
- **Less Effective:** Counselor dives right into the specifics of the weight loss plan (i.e., what to eat, what kinds of PA should be done, etc.) without first reviewing the general concepts of how weight loss/maintenance are achieved (i.e., the "big picture")

... effectively convey to patients basic knowledge of nutrition, physical activity, and behavioral change concepts.

- **Effective:** Counselor has a good working knowledge of basic nutrition, physical activity, and behavioral concepts and is able to help patients come to understand and utilize these concepts towards the goals of weight loss and/or maintenance
- **Less Effective:** Counselor is not comfortable enough with the nutritional, physical activity, or behavioral basics to effectively convey these concepts to patients or to work with patients on making these types of changes

- **Less Effective:** Counselor assumes that patients already know some or all of these basics and does not assess patients' actual understanding in an attempt to identify possible misinformation

... help patients modify unrealistic expectations or goals.

- **Effective:** Counselor recognizes expectations or goals that might be difficult for patients to achieve and is able to guide them towards more realistic but still satisfying expectations or goals; counselor is able to explain the benefits of modest weight loss
- **Less Effective:** Counselor is uncomfortable raising concerns about or critically examining patients' seemingly unrealistic expectations or goals and allows them to go unchecked
- **Less Effective:** Counselor tells patients what is and what is not realistic to achieve without engaging them in collaborative discussions about desired and reasonable expectations and goals

... help patients set effective short-term behavioral goals to work on between sessions.

- **Effective:** Counselor helps patients devise short-term goals that are specific, measurable, attainable, that refer to a specific timeframe, make appropriate use of rewards, and are behavioral in nature
- **Less Effective:** Counselor does not encourage patients to set regular short-term behavioral goals; OR, if short-term goals are set, counselor does not review degree of goal attainment during the next session
- **Less Effective:** Counselor allows patients to set short-term goals that are either overly vague, unattainable, or are not behavioral in nature

... make effective use of self-monitoring records.

- **Effective:** Counselor explains the benefits of self-monitoring, identifies various behaviors that different patients would benefit from self-monitoring, and consistently reviews with patients the self-monitoring records they kept
- **Less Effective:** Counselor asks patients to self-monitor, but then doesn't review these records in session
- **Less Effective:** Counselor asks patients to self-monitor, reviews the records in session, but is overly critical of mistakes/instances of non-adherence made by patient

... help patients problem-solve areas of difficulty.

- **Effective:** Counselor helps patients discover the cognitive-behavioral formulation of their problematic thoughts and behaviors, help them brainstorm possible solutions, and help them devise a plan and set appropriate behavioral goals
- **Less Effective:** Counselor tells patients how to resolve their problems without considering unique contexts of each patient or soliciting their input
- **Less Effective:** Counselor construes non-adherence as simple lack of motivation or will power on the part of the patient without engaging her/him in the problem-solving process

... effectively teach and demonstrate cognitive restructuring skills.

- **Effective:** Counselor explains to patients the ABCs (antecedents, beliefs, consequences [feelings and behaviors]) related to weight loss, and is able to identify and help patients learn to identify and replace problematic thought patterns (e.g., all-or-none, rationalization) with more helpful ways of thinking
- **Less Effective:** Counselor corrects patients' thinking without helping them learn how to identify and change problematic thought patterns
- **Less Effective:** Counselor fails to appreciate the contribution that problematic thought patterns are making to patients' weight and/or difficulty with adherence

... teach patients how to manage slips and how to keep them from turning into relapses

- **Effective:** Counselor is able to help patients identify and appreciate their successes and reframe their difficulties/slips less self-critically and more constructively as "practice opportunities"; able to explain the relationships between slips, problematic thoughts, and relapse, as well as how to change problematic thought patterns
- **Less Effective:** Counselor fails to equip patients with cognitive restructuring, problem-solving, and/or goal setting skills
- **Less Effective:** Counselor conveys the notion that slips and setbacks are not a normal part of attempts at lifestyle change