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
     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:

- Food allergies:
  - [http://www.foodallergy.org/section/common-food-allergens1](http://www.foodallergy.org/section/common-food-allergens1) (identifies 8 main food allergies)
  - [http://www.foodallergy.org/section/how-to-read-a-label1](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
  - 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/HMLDisplay.cfm&CONTENTID=7764](http://www.acsm.org/AM/Template.cfm?Section=Home_Page&TEMPLATE=/CM/HMLDisplay.cfm&CONTENTID=7764))
  - Be able to gauge level of intensity of physical activity:
    - [http://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA_Intensity_table_2_1.pdf](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 > 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

  o 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](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

  o Self-Monitoring:
  • Familiarity with the benefits of self-monitoring
  • Working knowledge of how to self-monitor, including weight, food/beverage intake, and physical activity

  o 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

  o Cognitive Restructuring:
  • Explain the ABCs (antecedents, beliefs, consequences [feelings and behaviors])
  • Help patients identify cognitive distortions and problematic thought patterns (e.g., all-alone, rationalization) and learn to replace these with more helpful ways of thinking

  o 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”

  o 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

  o Social Support:
  • Identify sources of support for patients’ weight loss efforts
  • Help patient cultivate a supportive environment (i.e., support from significant others).