



# CBT & Motivational Interviewing for Weight Management

---

**PROFESSIONAL CERTIFICATION  
PROGRAMME**



*Irish Association for Counselling and Psychotherapy*



# WEEK 1

---

Introduction

---

Obesity

---

Cause of weight gain

---

What does research tell us

---

Social Cognitive Theory for change

---

8 week step by step Mind over Body program

# Guidelines

- Confidentiality
- Share on social media
- Recording of each week

# Increase in Obesity

---

- Obesity is a *major public health problem* and it has more than doubled across the world since 1980.
- According to the WHO, almost a quarter of adults in Ireland are obese and obesity rates in Ireland are higher than most EU countries. Obesity in Ireland has been estimated to cost the state approximately €400 million per year (Department of Health, 2009). Obesity is responsible for 2–8% of health costs and 10–13% of deaths in different parts of the WHO European region (WHO Europe, 2011).
- According to WHO (2000), nearly all adults return to pre-treatment baseline within five years.

# Awareness

---

- Obesity is often comorbid with depression, general anxiety disorder, eating disorders, and other psychological pathologies.
- Dieting further diminish self-esteem, since diets tend to be unsuccessful (Miller & Downey, 1999).
- Many dieters gain weight through dieting over time, and weight cycling has a negative impact on self-esteem since society assumes that weight is controllable (Miller & Downey, 1999).

# Awareness

---

- Need to increase awareness of how psychological interventions can be a helpful addition to more traditional physical programming for improved weight management, mental health, and quality of life.
- Focusing on nutrition and physical activity is not enough because the issue of managing weight is just as much about the mind as it is about the body.

# Causes of weight gain

---

**Biology**

**Environment**

**Individual  
behaviour**

# Biology

---

Evolution - humans have evolved mechanisms that promote the accumulation of fat during periods of abundance in order to survive periods of scarcity.

What was an advantage during evolution, however, has become a burden in the current “pathoenvironment” (Price, 2002; Ravussin, 1995).

Although the human body has physiological defences against depletion of energy stores, it has poor defences against the accumulation of excess energy stores.

Keeping a healthy body weight can not be left to physiological processes but necessitates cognitive effort (Hill, et al., 2005; Jebb, 1997).

# Environment

---

- Environment that implicitly discourages physical activity while explicitly encouraging the consumption of large amounts of food with a high fat and sugar content
- The high intake in fat is partly attributable to our shopping and eating habits (Brownell & Wadden, 1992). Foods are heavily advertised, in particular impulse items like sweets, snacks, and desserts.
- Moreover, people consume more convenience foods and eat out more frequently. Working hours have increased in the last decade and roads have been increasingly congested. This leaves less free time to prepare meals at home
- Food technologies have enabled the development and modification of foods that artificially enhance their rewarding properties by making them more palatable in order to increase sales in the competitive food market

# Environment & Stress

---

- The social environment further has an important influence on food consumption and activity levels. This influence includes community norms and values regarding eating and physical activity.
- Stress or more precisely an individual's capacity to control stress levels might also play a part in the aetiology of obesity. Stress has been linked to the consumption of high fat foods and to weight gain (McCann, Warnick, & Knopp, 1990). Stress can disinhibit eating and influence body fat distribution (Schwartz & Brownell, 2004). Data from longitudinal studies indicate that chronic life stress may be causally linked to weight gain .

# Research

Cognitive Behavioral Therapy (CBT)

Motivational Interviewing (MI)

Mindfulness

<b>Intervention</b>	<b>Objective</b>	<b>Components</b>	<b>Activities Applied for Weight Management</b>
<b>Cognitive Behavior Therapy</b>	<b>Identify and change problematic thoughts, beliefs, and behaviors</b>	<b>Self-monitoring; stimulus control; identifying alternative behaviors; cognitive restructuring</b>	<b>Set goals, diary of physical activity and nutrition habits; identify triggers to overeat and problem solve to reshape environment to avoid them; keep a journal of all-or-nothing thoughts about one's body mass and develop more realistic thoughts</b>
<b>Motivational Interviewing</b>	<b>Explore and resolve ambivalence in a nonjudgmental and empathic manner to enhance motivation and self-determination</b>	<b>Facilitative and directive counseling style; can be combined with other modalities</b>	<b>Examine pros and cons of changing behaviors; Use open-ended question to elicit "change talk"; reflect individual reasons/needs for behavior change</b>
<b>Mindfulness Meditation</b>	<b>Develop awareness of the present moment, purposefully, in a nonjudgmental manner to manage stress, cravings, and urges</b>	<b>Mindful meditation; Attitude shifts; Present-moment awareness; breath control</b>	<b>Present-moment meditation; mindful walking; gentle yoga; breathing exercises; mindful eating; recording and managing hunger and craving sensations</b>
<b>Acceptance and Commitment Therapy</b>	<b>Uses functional contextualism (how current/past context influences behavior) to understand behaviors. Examines pragmatic usefulness of behavior for individual to determine goals</b>	<b>Explores history and meaning of unhealthy behaviors; uses personal values to guide new behaviors; engagement in mindful activities; enhance commitment</b>	<b>Practice core mindfulness skills; develop specific goals; identify personal values; committed action plan to do what it takes to have congruence between values and behaviors (<i>i.e.</i>, coping skills, assertiveness, time management, etc.)</b>

# CBT

---

CBT is a therapeutic approach directed toward identifying and changing problematic thoughts, beliefs, and behaviors

- Goal oriented
- Directive
- Problem solving
- between sessions tasks/homework

# CBT

---

## **Foundational interventions include**

- goal setting
- self-monitoring
- stimulus control
- identifying alternative behaviors
- cognitive restructuring

# CBT

---

- CBT has been recognised as the best-established treatment for obesity (Moffitt, Haynes & Mohr, 2015).
- RTC by Ciblis et al (2012) allocated 128 participants to CBT treatment plus treatments as usual, or to treatment as usual only. This study found a significant improvement in BMI, weight, waist circumference, symptoms of eating disorders, anxiety, and quality of life.

# CBT

---

- Cannon and Kunar (2009) Cognitive–behavioral interventions should be included in every weight management program
- Cochrane review by Shaw et al. (2005) confirmed that intervention programs had better weight loss outcomes when they were combined with behavior therapy or CBT, than diet and/or exercise alone (Shaw et al., 2005). Participants who received CBT in combination with a diet and exercise intervention lost 4.9 kg more weight than participants in the comparison group who received only a diet and exercise intervention
- A more recent meta-analysis by Hilbert et al. (2019) combined 81 studies totaling 7515 individuals diagnosed with binge eating disorder. It showed large-size effects for the reduction of binge eating episodes and abstinence from binge eating.

# Motivational Interviewing

---

- MI is nonjudgmental and interactive. It uses an empathic voice and Socratic questioning to elicit change talk and reasons for change from clients.
- This type of questioning is supportive, acknowledging the client's difficulty in making lifestyle changes and the personal cost of not making a change, and leverages previous successes.
- MI helps the client give voice to his or her individual reasons, obstacles, and strengths when embarking on a behavioral change program for health.

# Motivational Interviewing

---

- Using MI as a foundation in delivering CBT interventions
- MI was the underpinning counselling approach used to influence motivation, self-efficacy and resolving ambivalence.
- Relational components - empathy, collaboration, evocation, and autonomy support
- technical components refer to specific techniques (e.g., specific open-ended questions, affirmations, reflections, summaries) to elicit and reinforce client verbalisations of arguments for change

# Mindfulness

---

- There is lots of research evidence, that mindful eating will help you lose weight. One study, for example, tracked more than 1,400 mindful eaters and showed them to have lower body weights, a greater sense of well-being, and fewer symptoms of eating disorders.
- When you are eating mindfully your body is satisfied with less because it's getting more sensation and more satisfaction from the food that you are eating.
- The reason for this is that it takes about 20 minutes for your bodies satiety signals to register. Eating slowly allows your body time to register when you are full and give you a chance to stop eating when you are physically full.
- Another reason for feeling full with eating less food is psychological. When you eat slowly and mindfully you will feel satisfied and feel less deprived, because your senses are more tuned in to tastes, smells and textures.

# Social Cognitive Theory For Change

---

Social cognition models are employed to aid in the understanding, prediction and modification of health-relevant behaviours (Conner & Norman, 1998). Social cognitive theory identifies a core set of determinants, how they work, and how to best transform this knowledge into efficient health practices (Bandura, 2004).

- 1) knowledge of health risks and the benefits that can be gained from different health practices
- 2) perceived self-efficacy which is the belief that it is possible to have control over one's health habits
- 3) outcome expectations which consider the expected costs and benefits associated with different health habits
- 4) health goals which individuals set for themselves (or plans or strategies on how to realise them)
- 5) perceived facilitators and social or structural obstacles to the change (Bandura, 2004).
- 6) Cognitive restructuring

# 1) Knowledge - Why

Knowledge is necessary for behaviour modification since it establishes the preconditions for change. Unless individuals know about the effects of their lifestyle habits on their health, they see no reason why they should go through the toil of changing unhealthy habits that they enjoy.

## 2) Self- efficacy

- self efficacy is an essential prerequisite for any behaviour modification. It is at the core of human motivation and action. If a person does not believe that he or she can achieve a desired effect by their action,
- they do not have much incentive to persist when faced with difficulties.
- Individuals with low self-efficacy are easily convinced of the pointlessness of effort when facing difficulties and quickly stop trying. Individuals with high efficacy view obstacles as something that can be overcome by improvement of self-management skills and persisting effort and do not give up when they face difficulties (Bandura, 2004).

### 3) Expectations

- Even a modest sustained weight loss of 10% can have tremendous health benefits (Field, et al., 2002; Foreyt, Poston, & Goodrick, 1996; Haslam, et al., 2006; Pi- Sunyer, 1996).
- Reduction in body weight of about 5%-10% can lead to health improvements such as reduction in blood pressure, blood glucose, and hyperlipidemia if the weight loss is maintained over time (NHLBI, 2000; Perri & Corsica, 2002; Seals, 2007).

### 3) Expectations

Outcome expectations encompass physical outcomes such as positive and negative effects of the behaviour, social outcomes such as approval and disapproval that the behaviour evokes in interpersonal relationships, as well as positive and negative self-evaluative reactions to the health behaviour and health status. Individuals adopt personal standards and regulate their behaviour based on self-evaluative reactions.

# 4) Goal setting

- Personal goals comprise proximal and distal goals (Sharma, 2005), and provide self-incentives and guide health habits
- Perceived facilitators and obstacles relate to personal or situational factors as well as to impediments
- Ideally, goals should be specific, measurable, and achievable.
- Setting specific goals can help make weight management more manageable and less overwhelming and can increase motivation for adhering to a healthy lifestyle.

# 5) Self-monitoring

Social cognitive approaches promote effective self-management of health habits that help individuals to remain healthy throughout their life span (Bandura, 2005).

- monitoring specific target behaviors like caloric intake, exercise to track progress and identify problem areas.
- Triggers for unhealthy behaviors
- Emotions (stress)
- thoughts ( look fat)
- environments (office parties)

# 5) Stimulus Control

- The information obtained through self-monitoring can be used to alter environmental factors that cue unhealthy behaviors. This may involve keeping certain foods out of sight, using smaller plates, or avoiding activities associated with being sedentary or overeating (*e.g.*, watching television). Environmental cues that increase healthy behaviors also can be helpful, such as keeping walking shoes or gym bag by the front door.

# 5) Alternative Behaviors

Create a list of alternative activities that may act as substitutes to unhealthy behaviors. It is essential that these activities are realistic, do not require excessive resources, and are valued.

Engaging in valued activities as alternatives to unhealthy ones has two important functions.

- learn that urges to overeat or engage in sedentary behaviors are transient and diminish in intensity across a period
- Second, it can foster a sense of self-efficacy as the individual engages in valued behaviors despite the presence of cravings or distressing emotions that can lead to unhealthy choices.

## 6) Cognitive Restructuring

- 1) Identifying and challenging the thoughts, attitudes, and/or beliefs that undermine one's weight management goals.
- 2) Unhelpful thoughts or beliefs, called *cognitive errors*, include
- 3) All-or-nothing thinking - "Being healthy means never eating anything bad"
- 4) Catastrophic thinking - "If I overeat again, there is no hope of losing weight"
- 5) Permission-giving statements - "I deserve a second helping because I had a stressful day"

## 6) Cognitive Restructuring

- Regularly recording one's thoughts when urges to engage in unhealthy behaviors are present
- Identifying errors in thinking that may be occurring and objectively considering the evidence for and against the thought or belief.

It is important to note that the aim of this approach is not to foster overly positive thinking.

# 8 week Mind over Body Programme

- Branded Material
- Licensed
- Interventions
- Each week will cover one intervention
- Role play
- Client for the duration to practice