

Body weight management interventions: Practice Guidelines

Australian Psychological Society College of Health Psychologists

The following Practice Guidelines aim to highlight the importance of including psychological services in both population health/health promotion and clinical health weight management programs.

The outline of clinical health psychology services for weight management could be applied in private practice settings, hospital programs, community health services and workplace settings.

The outline of population health psychology services would be applicable to government, community, school and workplace initiatives.

The evidence-based health psychology models of care support a **three-phase approach** to long-term body weight management: *Education; Behaviour Change; and Behaviour Maintenance* phases. These phases are sequential, although they overlap across the period of health change. The interventions are best undertaken within interdisciplinary teams in the public/population health and clinical health domains. Evidence supports positive client outcomes from a three-phase *clinical health intervention*, which typically involves a 12-week program, as outlined later.

Education phase

The Education phase of weight management involves approaches to increase the individual's knowledge of the negative consequences of high body weight and to motivate the person to change existing unhealthy lifestyles.

Types of activities	Population health interventions	Clinical health interventions
<ul style="list-style-type: none"> • Dietary and physical activity information • Weight-related health morbidity and mortality information • Chronic disease risk factors information 	<ul style="list-style-type: none"> • Product labeling • Development of school-based healthy eating and physical activity programs • Workplace awareness of healthy lifestyles • Promotion of walking/bike tracks • Media campaigns • Stress-metabolism- health promotion 	<ul style="list-style-type: none"> • Psycho-education sessions on health behaviour change • Reinforcing dietary, exercise, psychological, medical and pharmacological information on weight management • Stress, metabolism and health information • Education on unhealthy food and hydration needs and non-hungry eating

Behaviour Change phase

The Behaviour Change phase of weight management involves the implementation of strategies to reduce unhealthy behaviours and increase healthy behaviours. The key factor is to support individuals to get ready for these changes as well as implement change. It is noted that nutritional, pharmacological and surgical interventions for weight management have reported greater positive health outcomes when a behavioural component is included.

Types of activities	Population health interventions	Clinical health interventions
<ul style="list-style-type: none"> • Increase motivation to change • Define health goals and strategies • Build enablers to health change • Manage barriers to health change 	<ul style="list-style-type: none"> • Legislation on food, advertising practices • Private health insurance incentives • Workplace incentives • Community support programs • Health coaching programs • Telephone information and coaching 	<ul style="list-style-type: none"> • Support for adherence to dietary, exercise, medical and pharmacological goals • Telephone health coaching • Cognitive, emotional and social factors of behaviour change • Stress management • Assessment and monitoring of behaviour change

Behaviour Maintenance phase

The Behaviour Maintenance phase of weight management is an essential component for long-term weight management. The interventions in this phase help the individual to develop lifestyle behaviours that are automatic and embedded into daily life without the active decision making processes required in the earlier Behaviour Change phase. Health psychology research supports behaviour maintenance interventions that are based on social-cognitive models of health changes.

Types of activities	Population health interventions	Clinical health interventions
<ul style="list-style-type: none">• Maintenance of positive lifestyle behaviours• Relapse prevention• "Slip" recovery	<ul style="list-style-type: none">• Media promotion for male and female positive lifestyle behaviours across the life span• Promotion of healthy lifestyle role models by communities (e.g., national, state, schools)	<ul style="list-style-type: none">• Active teaching of strategies for weight maintenance (different to strategies for weight loss), illness perception/ attitude changes• Phase out excessive monitoring focus• Build self-efficacy for sustained change• Lifestyle mindfulness skills• Distress management, including depression and anxiety• Positive body image• Reviewing progress in treatment

Additional information

More information about clinical health psychologists and population or health promotion psychologists can be found on the APS College of Health Psychologists website: www.groups.psychology.org.au/chp

Also, the APS Find-a-Psychologist service can be used to locate a Health Psychologist in your area by using the "Advance Search" option and ticking "Health Psychologists (CHP)":

<http://www.psychology.org.au/FindaPsychologist/Default.aspx?Mode=Advanced>

Example: Psychology input into clinical health interventions

The following is an example of the role of psychologists in a team-based clinical health program for body weight management. This could be the framework for health services provided in a specific weight management program, or the framework for a care package available for an individual to receive services in community-based private practice services. A best practice body weight management program would involve consultation with health professionals, including psychologists, to support the client, using an interdisciplinary collaborative model of care.

Psychology program staff: Minimum requirement would be a psychologist with health psychology expertise, but a specialist health psychologist is recommended for complex client and program development work.

Client selection requirements: Psychologists would be involved in the assessment of client suitability for weight management programs, motivation to change, cognitive, emotional and social barriers and enablers to behaviour change, and psychological readiness for any surgical intervention.

Duration: Total of 12 (50 minutes) sessions of health psychology interventions

The following table displays the sequential, but overlapping, nature of psychology interventions from the three phases of weight management.

PHASE	Weekly Sessions (5)					Fortnightly Sessions (4)				Monthly Sessions (3)		
	1	2	3	4	5	6	7	8	9	10	11	12
Education												
Behaviour Change												
Behaviour Maintenance												

Access: Psychological support in a weight management program can to be offered through a number of modalities to ensure all clients have access to support. These modalities could be face-to-face sessions, telephone-based sessions, internet communications or a combination of modalities to meet the needs of the client.

Assessment of health outcomes: In addition to a number of biological outcome measures that would be taken by medical, nursing or allied health colleagues in the weight management team (e.g., weight, BP, HbA1C values, respiratory levels), the health psychologist would assess social engagement, work involvement, quality of life and psychosocial wellbeing across the intervention period. Scores would be compared to a baseline assessment of the same measures. Measurement and monitoring of health behaviour change (including psychological, motivational and behavioural changes) would also need to be undertaken by the health psychologist.

Pathways to complementary care: Any weight management program needs to develop a smooth and efficient system so that appropriate referrals to complementary care are assured (e.g., severe mental illness care, learning difficulties, cardiovascular care, gynecological care, etc.).