Increase the Success of Weight Loss Programs by Creating an Environment for Change

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Abstract: Veterinary professionals frequently recommend weight loss programs for pets, but success is often elusive. By learning techniques to assess clients’ readiness for change, the veterinary team can apply communication tools and strategies to help clients overcome obstacles and barriers to sustainable change. With a better assessment of a client's ability to change, a weight loss plan can be implemented at the right time in the right way to achieve better adherence to the agreed-upon plan and improve patient health.

All too often in small animal practice, the discussion about weight loss and obesity is a frustrating one. The topic can be sensitive, and recommendations frequently go unheeded. Before lack of success in helping pets achieve and maintain a healthy weight leads you to ignore obesity in your patients, consider trying another way of communicating with your clients about helping their pets.

Obesity continues to be the most prevalent disease of dogs and cats: it is estimated that between 24% and 40% of pets in the United States are overweight or obese. Although it is well established that obesity negatively influences health, well-being, and even life span, veterinary professionals still struggle to influence clients to begin or adhere to a weight loss program for their pets. One difficulty may be that veterinary team members lack concrete tools to assess their clients’ readiness for change. By using carefully worded questions when taking a medical and diet history, veterinary professionals—both veterinarians and technicians—can identify a client’s receptiveness to and readiness for change. With this knowledge, they can better identify the appropriate time to implement a nutritional plan. If a client is not yet ready, they can instead help him or her explore obstacles and overcome barriers to sustainable change.

Essential Elements of a Weight Loss Program
In veterinary practice, there are three essential elements of a successful weight loss program. Ensuring that each of these components is present greatly contributes to successful patient weight loss as well as client and veterinarian satisfaction.

1. Establish owner commitment: Assess the client’s readiness for change, as outlined below. If the client is ready to act, proceed with your nutritional plan. If not, use statements and questions such as the examples in TABLE 1 to encourage the client to move from thinking (contemplation) to doing (action).

2. Customize the weight loss plan: Partner with the client to create an individualized plan that works for him or her and meets the nutritional needs of the pet. A careful and complete diet history (e.g., food and treat types, amounts, schedule) can reveal important information about how the family relates to the pet through food and often provides insight about potential challenges for the client. The diet history can also reveal information about the pet’s nutritional status, which is often imbalanced from excess treats and human foods being added to commercial pet foods. Because pets’ energy needs can vary significantly, it is important to know an individual pet’s current caloric intake. The diet history can provide this information, which can then serve as a much more accurate starting point for calculating the pet’s specific food dose (start at 75% to 80% of current intake).

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3. **Reassess:** Initially, biweekly follow-up helps to support clients, ensure a healthy rate of loss (0.5% to 1.5% body weight/week), and detect potential relapses early so that the weight loss plan can be adjusted or the client redirected before additional weight gain occurs and frustration becomes another barrier to success.

**Keys to Communication**

Great communication skills are as essential as clinical (physical examination and technical) skills to achieving success in helping clients with weight loss programs for their pets. Often, the most frustrating cases are those in which the client’s and the veterinary professional’s expectations are mismatched. An appreciation of the client’s level of motivation for weight loss allows us to tailor our interventions and can help reduce our frustration with clients who do not adhere to the weight loss program we have designed.

Using collaborative communication skills encourages clients to actively participate in their pets’ care. This communication style, known as *relationship-centered care,* uses techniques that engage the client, allowing for shared decision-making between the client and the veterinarian. Shared decisions are especially important in developing a successful weight loss plan. To begin this process, first ask permission to discuss the pet’s weight. This helps include the client in the direction of the visit, and the answer will give you insight into the client’s perspective. To help elicit pertinent information, especially when collecting a diet history, use open-ended questions, such as those beginning with “when,” “what,” and “where.” When the client answers, summarize and clarify the information in a supportive, nonjudgmental way. These techniques, called *reflective listening* and *empathetic statements,* communicate to the client that his or her perspective is recognized and valued. **Table 1** provides some specific examples of these communication techniques, as well as common client statements that can help identify the client’s stage of change.

**Moving Clients From Thinking to Doing**

The best predictors of adherence to a weight loss program are the veterinary professional’s interviewing skills and the qualities of the veterinary–client interaction. To improve adherence, it is essential to establish an atmosphere of trust and demonstrate concern for both the patient’s and the client’s well-being. It is also important to understand how behavior change takes place.

Psychologists have developed several models to help guide understanding of how humans make changes in behavior to improve health. The “stages of change” model developed by Prochaska and colleagues, also known as the *transtheoretical model,* can be used to assess a client’s readiness to change his or her behavior. It can help veterinary professionals better understand the change process, better partner with clients and patients, and customize recommendations that best suit their clients’ needs—in other words, to use the “right” approach for the “right” client at the “right” time. Implementing a weight loss plan when the client is ready to act on your advice will improve your success and be a more efficient use of your time.

**Step 1. Identify the Stage of Change**

The transtheoretical model identifies five stages of change and their characteristic attributes:

1. **Precontemplation.** The person has no intention of taking action in the next 6 months. These clients might commonly be referred to as **resistant,** **unmotivated,** or **unaware,** but clearly, they are not ready to change. In reality, our intervention programs are often not ready for them.

2. **Contemplation.** The person is aware of the pros and cons of changing and intends to change in the next 6 months. These clients may be stuck “thinking about it,” intending to change “soon.”

3. **Preparation.** The person plans to take action in the next month. Clients may have recognized the problem of their pet’s weight and already sought advice from books, online sources, or a pet store employee, trainer, or veterinary professional.

4. **Action.** The person has taken action that is significant enough to reduce the risks for disease. For example, the client may have reduced the number of treats fed or selected a different pet food. However, a change is not considered a significant action unless it has reduced calories by at least 10% and provided complete and balanced nutrition.
## Table 1: Assessing Readiness for Change

<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Tasks for Veterinarians</th>
<th>Common Client Comments</th>
<th>Options for Veterinarians</th>
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| **Precontemplation**— the client is unaware of the problem or has no intention of making changes at the present time. | • Seek permission to talk more about the problem.  
• Provide general information.  
• Establish a supportive relationship.  
• Leave the door open for future discussion. | “Toby looks just fine to me. She’s kind of cute that way.”  
“Tried that special diet last year and she just won’t eat it.”  
“I can’t get my kids to stop feeding her from the table.” | • AP: “I am wondering if we could talk about Toby’s weight.”  
• OQ: “What are your thoughts about Toby’s weight?”  
• OQ: “I am concerned that Toby’s weight may be contributing to her health problems. Do you think?” |
| **Contemplation**— the client is aware of a problem, but not yet necessarily ready to change behavior. | • Look at pros/cons of change and identify supports and barriers.  
• Talk about ambivalence. | “Yes, but….”  
“I might be able to fit another walk into my already busy day.”  
“We could try reducing the amount of table scraps. She has come to expect a treat at every meal.” | • RL: “It seems like you are concerned about Toby’s weight and are not quite sure how to make the change.”  
• OQ: “What will be most difficult for you?”  
• OQ: “What will be the easiest piece to put into place?”  
• OQ: “Tell me what is most important to you in caring for Toby.”  
• OQ: “Who in your family is on board and will help you with Toby?”  
• ES: “I know it’s hard to do this when you are already busy.” |
| **Decision making**— the client commits to making a change, and plans are set to do the best the client can. | • Help determine the best course of action and aid in setting small, specific, achievable goals. | “What can I do to address Toby’s weight?”  
“What was the name of that weight-reducing diet we might try?” | • OQ: “What are your goals concerning Toby’s weight?”  
• OQ: “What small change might you make to start with?”  
• OQ: “How might we work together to develop a weight loss plan for Toby?”  
• RL: “I hear you saying that you would like to discuss a plan to address Toby’s weight.”  
• ES: “You seem motivated to address Toby’s weight.” |
| **Action**— the client is ready and is making changes. | • Provide active support and encouragement.  
• Praise the client’s efforts. | “I am walking Toby twice a day now.”  
“She seems to like the weight reduction diet and eats it readily.” | • C: “It sounds like you are doing a great job of increasing Toby’s activity.”  
• OQ: “What changes have you noticed in Toby?”  
• RL: “It sounds like your plan is working well for you and Toby.” |
| **Maintenance**— the client is progressing with the changes. | • Provide active support to maintain and practice new behaviors.  
• Praise the client’s efforts and recognize progress. | “I am starting to look forward to the monthly weigh-ins, as I am anxious to see how much she has lost.” | • C: “Due to your hard work, Toby lost one pound in the past month.”  
• OQ: “What has been the most challenging for both of you?”  
• OQ: “How have you overcome these challenges?”  
• RL: “You are pleased with the progress you are making with Toby’s weight.” |
| **Lapses**— the client lapses into old habits. | • Identify changes that have worked and use these as strategies for moving forward.  
• Understand that motivation comes and goes as a normal part of life.  
• Plan ahead for lapses. | “We did not make any progress in Toby’s weight this month. With the holidays, I did not have time to walk her like I had been.”  
“We were doing well until I had the baby. I just don’t have any time for Toby these days.” | • ES: “It’s hard to be consistent with any health plan. At times we will do better than others.”  
• OQ: “What has been working well for you and Toby?”  
• OQ: “How might we capitalize on these successes?”  
• OQ: “How do you feel we should proceed from here?” |

**AP** = ask permission, **C** = compliment, **ES** = empathy statement, **OQ** = open-ended question, **RL** = reflective listening

*Adapted from material by Jane Shaw, DVM, PhD, Argus Institute Director, Colorado State University. Used with permission.*
5. Maintenance. The person continues action to prevent relapse.

Step 2. Select a Stage-Appropriate Intervention

Many weight loss programs fail because the type of intervention chosen is not matched to the client’s readiness to change. Many traditional programs are action-oriented, but most clients do not start in the action stage. By understanding the stages of change, veterinary health professionals can adapt their communication tactics to better meet a client’s readiness and support the client to become ready for change (TABLE 1). It may take time and several visits to establish rapport and build the trust necessary to move clients along to the next stage. These visits may require patience, but we can better serve the patient’s health needs and build great loyalty when we partner with these clients.

1. Precontemplation. If a client is in this stage, it is not yet time to try implementing a weight loss plan for the pet. However, it is equally important not to ignore the patient’s obesity until the next annual examination. A frequent monitoring plan should be implemented for these patients. Express your concern about the pet’s health and support the client to become ready for change.

2. Contemplation. If a client seems to be “stuck” in this stage, he or she may need to learn more about the issues involved. Providing resources such as handouts or links to reliable Web sites may give them necessary information and reinforce the message that you care about their pet’s health and that obesity is a real health concern.

3. Preparation. Recruit these clients for action-oriented programs. Ask them if they are ready to begin.

4. Action. Work with clients to design an individual weight loss plan that accounts for their pet’s needs and their own schedule and lifestyle. Provide feedback and compliments on the patient’s progress to encourage the client to stay with the plan.

5. Maintenance. Refine the plan as necessary to achieve or continue healthy weight loss. Give clients information and permission for a possible relapse. This removes judgment if a relapse should happen and encourages them to seek your help if it does.

Conclusion

When you form a partnership with a client, you create an environment that supports change. By understanding the stages of change, you can help move your clients from thinking to doing, bring them closer to implementing a weight loss program for their pets, and, ultimately, improve their pets’ health. Selecting the right intervention at the right time for the right client can tremendously improve the clinical outcome. Successfully managing obesity can change a frustrating problem to a rewarding one. The pet’s health and quality of life improve, and the pet owner becomes a loyal client because he or she has been an active partner in the health care plan.

References