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Assessing Readiness To Lose Weight

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Abstract

Counseling clients on weight reduction is often challenging, as it involves helping clients make multiple behavioral changes. This article briefly reviews the transtheoretical model of behavior change and explains how it can be adapted to help dietitians assess a client's readiness to lose weight. This knowledge can be used to help dietitians further identify key lifestyle behaviors clients are willing to work on and select counseling strategies that reinforce and motivate clients to change.

Overweight clients aren't always motivated or ready to lose weight when they are first prescribed a weight-reduction diet during nutrition counseling for diabetes and other chronic diseases. Some won't see a need for it. Some will say they lack the willpower to do it. Others may, from past failed diet attempts, lack the confidence to try again.

The transtheoretical model of behavior change (stages of change model) has been used by dietitians to help determine whether clients are ready to change dietary behaviors. The model, originally developed as a theory by James Prochaska and his colleagues, classifies clients into one of five stages (precontemplation, contemplation, preparation, action, and maintenance) where movement from stage to stage is reliant upon behavioral and cognitive variables and self-efficacy. The model

identifies the psychological processes for each stage that are helpful in motivating clients to make lifestyle changes for improved health (1).

When applied to weight reduction, the model can be adapted to assess a client's readiness to lose weight. The precontemplation stage identifies those clients whom see no need or have no intention of losing weight in the next six months. The contemplation stage identifies clients who are thinking about losing weight in the next six months. The preparation stage identifies clients who, in the next 30 days, are ready to start or have already started making small behavior changes to lose weight. The action stage identifies clients who have been actively forming new habits and trying to lose weight for six months. The maintenance stage identifies those whom have successfully lost weight or are working to maintain their weight loss for over six months.

A challenge with weight-loss counseling is that weight reduction is a goal rather than a behavior. The goal can be reached only through other behavior changes. So while the stages of change model can be used to help assess a client's readiness to lose weight, additional assessment is needed to identify the specific behavior(s) the individual needs to make and is ready to work on, such as reducing dietary fat, portion control, modifications in eating habits, increasing physical activity, changes in psycho-behavioral habits and attitudes, stress management, or other lifestyle behaviors. Overall improvement in weight-reduction behavior can be complicated to measure. Clients may progress at varying rates through the stages of change for different weight-related behaviors they are working on at the same time. These behaviors are often affected by complex environmental, social-support, and self-efficacy factors.

Assessment Tools

Two tools based on the stages of change

Table 1. Stages of Change Algorithm

Question	Answer	Stage Scoring*			
		PreC.	Cont.	Action	Maint.
1. In the past month, have you been trying to lose weight?	Yes/No	No	No	Yes	Yes
2. In the past month, have you been actively trying to keep from gaining weight?	Yes/No	No	No	Yes	Yes
3. Are you seriously considering trying to lose weight to reach your goal weight in the next six months?	Yes/No	No	Yes	—	—
4. Have you maintained your desired weight for more than six months?	Yes/No	—	—	No	Yes

* PreC. = Precontemplative, Cont. = Contemplative, Maint. = Maintenance. Reprinted with permission from: Allison DB, *Handbook of Assessment Methods for Eating Behaviors and Weight-Related Problems: Measures, Theory and Research*. Thousand Oaks, Calif.: Sage Publications; 1995:412.

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model that have been designed to assess a client's readiness to lose weight are the Stages of Change Algorithm (SCA) and the University of Rhode Island Change Assessment Scale (URICA). While neither tool can accurately predict a client's response to weight-loss counseling, they can be useful to clinicians when selecting appropriate counseling strategies and interventions to encourage behavior change.

The SCA consists of four questions which quickly assess a client's weight-loss intentions and current behaviors (2). (See Table 1) Based on selected answers, the tool classifies people into one of four stages: precontemplation, contemplation, action, or maintenance.

The SCA tool is easy to use and its validity is based on studies with other health behaviors. Limitations of the tool are that it does not include a way to identify those in the preparation stage and does not measure outcome success in the action stage. Because of the tool's brevity, it doesn't assess complex dietary behaviors, physical activity levels, or psycho-behavioral factors (e.g., negative self-talk, disordered or compulsive eating, self-efficacy), often involved with weight management. Once a client is deemed "ready" to start a weight-loss program, additional assessment tools are needed to determine which counseling strategies and action steps will best fit the client's needs and lifestyle.

The URICA is an assessment tool that was originally created for use with psychotherapy groups struggling with substance abuse (3). The tool was adapted to use in weight counseling programs (2). Consisting of 32 questions, the tool classifies people into the same four stages of readiness to change as the SCA tool. Because the tool's developers found subjects had difficulty discriminating among the preparation, contemplation, and action stages, the tool does not classify people into a preparation stage. The tool contains eight questions per stage, and can be used to help evaluate treatment progress and identify commonalities of people within each stage grouping. The tool has been helpful predicting behavior-change success and counseling session attendance when used to profile a group.

A variety of tools have been created to help assess a client's readiness to change eating habits, physical activity levels, and assess self-efficacy or decisional balance. Validated tools to measure physical activity and dietary behaviors (e.g., dietary fat, fruit/vegetable consumption, dietary fiber) have been compiled by the Behavior Change Consortium, sponsored by the National Institute of Health, and are listed online at www1.od.nih.gov/behavior-change/index.htm. Other tools include the Dieting Readiness Test, Weight Efficacy Life-Style Questionnaire, and Decisional Balance Inventory (4-6).

Getting Started

If you're not sure how to apply the SCA tool in your clinical setting or practice, remember the acronym, MAAA, which stands for: mention, ask, assess, and advise. After you determine a client would benefit from weight reduction ...

Mention—Introduce the subject. Often patients wait for health-care providers to bring up the subject before seriously thinking about the need to lose weight.

Ask—Use the SCA questions to find out if clients are ready to control their weight and listen to their responses (see Table 2).

Assess—If clients are ready to start losing weight, use supplementary assessment tools to help determine what weight-related behaviors will most benefit them, and which of these individuals are ready to start.

Advise—Help clients set up a personalized action plan that fits their lifestyle. If clients are not yet ready to start making changes in their lifestyle habits, counsel them on the benefits they would receive from weight loss, the risks they are taking if they don't lose weight, and help them overcome the barriers to starting a weight reduction program.

Summary

When counseling clients on weight reduction, it's important to first assess motivational readiness towards weight loss. The SCA tool is a practical first-line tool for clinicians to help determine this. Based on individuals' readiness, further assessment can be done to identify clients' need and weight-related behavior changes they may be ready to make. By tailoring one's assessment approach in this way, the coun-

seling strategies and interventions chosen can help create a personalized action plan leading to success.

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Table 2. Common Phrases By Stages

Phrases Clients May Say	Stage
<ul style="list-style-type: none"> • I was born to be big—everyone in my family's big ... • I'm not going to stop eating the foods I want ... • I'm not going to lose weight, so ... • I don't have time to exercise or cook fancy meals ... • What's the point in losing weight? I'll never keep it off and just end up weighing more ... • My spouse cooks all my meals, talk to her ... 	<p>Precontemplation (no intention to change within next six months)</p>
<ul style="list-style-type: none"> • I wouldn't mind losing weight, but ... • I've tried to lose weight before ... • If only there was a magic pill I could take ... • I've been thinking about joining ... • I'm out of shape and know I sit too much ... • I just look at food and gain weight, I wish my metabolism worked faster ... 	<p>Contemplation (thinking about losing weight in the next six months—needs help overcoming barriers to change)</p>
<ul style="list-style-type: none"> • I'm tired of looking and feeling the way I do—I've got to start doing something to feel better ... • I want to learn how to eat healthier ... • What do I need to do to lose weight? • I want to start an exercise program ... • I tried a low-fat dressing and was amazed it tasted OK. • I've been trying to cut back on how much regular soda I drink each day. 	<p>Preparation (ready to start losing weight in the next 30 days or has started trying small changes—needs help getting started and learning basic skills)</p>
<ul style="list-style-type: none"> • I'm eating healthier and am surprised I'm not missing sweets like I thought I would ... • I feel like I spend hours at the grocery store now reading food labels. • I'm eating so many vegetables now I'm starting to feel like a rabbit ... • People at work noticed I'm losing weight ... • I'm starting to get bored with my exercise routine ... • I feel like I'm in a rut eating the same foods every day ... 	<p>Action (actively forming new habits and trying to lose weight for six months—needs help staying motivated, learning new skills, and preventing relapse)</p>
<ul style="list-style-type: none"> • I've always got fresh fruit and vegetables now to nibble on. • I don't snack on chips or candy anymore. • When I eat out, I split my meal with my spouse or just eat half—restaurants serve meals that are just too big ... • It's hard to stay on my diet during holidays and vacations. • If I don't get out to walk every day, I can really feel it. • I've been trying to not eat when I'm not hungry. 	<p>Maintenance (has lost weight for over six months—needs help maintaining weight loss, establishing environmental and social supports, and reinforcing decisions made)</p>