

MEANT FOR EACH OTHER: MOTIVATIONAL INTERVIEWING AND THE HEALTH AT EVERY SIZE® PRINCIPLES

Ellen R. Glovsky, PhD, RD, LDN
www.TrainingWithDrEllen.com
Ellen@TrainingWithDrEllen.com



Agenda

- Health At Every Size
 - Definitions
 - Principles
 - HAES Myths
- A Non-Diet Approach
 - Hunger and Fullness
 - Conscious/mindful eating
- Motivational Interviewing
 - Spirit of MI
 - Ambivalence
 - The Guiding Style
 - Handling Resistance: “Dancing, Not Wrestling”
 - Making a Plan for Change
- Putting It All Together



*I will be giving away 2 of my Training DVDs after the webinar

- 'If shame were effective motivation there wouldn't be many fat people'



Definition of Health At Every Size

- HAES supports people in adopting health habits for the sake of health and well-being (rather than weight control).
- HAES encourages:
 - Eating in a flexible manner that values pleasure and honors internal cues of hunger, satiety, and appetite.
 - Finding the joy in moving one's body and becoming more physically vital.
 - Accepting and respecting the natural diversity of body sizes and shapes.

Health At Every Size and HAES are registered trademarks of the Association for Size Diversity and Health and used with permission

The Health At Every Size Principles

- Accepting and respecting the diversity of body shapes and sizes
- Recognizing that health and well-being are multi-dimensional and that they include physical, social, spiritual, occupational, emotional, and intellectual aspects
- Promoting all aspects of health and well-being for people of all sizes
- Promoting eating in a manner which balances individual nutritional needs, hunger, satiety, appetite, and pleasure
- Promoting individually appropriate, enjoyable, life-enhancing physical activity, rather than exercise that is focused on a goal of weight loss*

*ASDAH, Health at Every Size® (HAES®) Principles, www.sizediversityandhealth.org

Common HAES Myths*



Myth 1: The Health At Every Size message is that everyone is healthy regardless of weight

Facts:

- Not everyone may be at the weight that is right for them
- However, efforts to lose weight are often futile and even harmful
- The HAES paradigm supports people in making good health choices regardless of size

Myth 2: The Health At Every Size message is that people shouldn't be concerned about nutrition and activity

Facts:

- Eating and exercise habits are important components of health
 - Weight is not
- When eating based on internal cues, certain foods make you feel good and others don't
- Dietary variety is encouraged

*Adapted from: <http://haescurriculum.com/>

Common HAES Myths

Myth 3: If people “eat healthy”, they will automatically lose weight. If a person is fat, they are probably not eating healthy.

Facts:

- There is no “healthy”, perfect diet.
- A healthy diet is different for different people, and often has no relationship to body weight.



Myth 4: People who eat based on cravings will eat junk food all the time

Facts:

- It's the anticipation of dieting and guilt around eating that leads to feeling out of control around food¹
- Humans crave variety²

¹Urbszat, Herman & Polivy, 2002; ²Havermans, 2013

A “Non-Diet” Approach

- Rather than *teach* people what to eat, a Non-Diet approach centers on 3 questions:
 - Am I hungry right now, physically hungry?
 - If so, what do I *really want to eat*?
 - How much of this food do I need to feel satisfied?
- Conscious Eating
 - Requires that *attention be paid to the act of eating*
 - Avoid other activities such as talking on the phone, watching TV, working at the computer, making lists
 - How well is this *particular food* satisfying me?
 - Would a different food be more satisfying?



ASDAH December 2014 9

THE HUNGER AND FULLNESS SCALE

1 2 3 4 5 6 7 8 9 10
 Empty Ravenous "I'm hungry!" Pangs Neutral Satisfied Full Stuffed Sick

- ❖ This scale represents the range of hunger to fullness that we experience with food. It can help you to identify your initial hunger when you begin to eat, as well as your fullness.
- ❖ This rating system is purely subjective and very personal. It can help you to get in touch with your body's inner signals.
- ❖ The neutral point is 5, when you are neither hungry nor full. As you eat, you can visualize your stomach filling. Your sensations will change as you fill up, and you can track the changes in sensation as you move up the scale.
- ❖ Check your hunger level before you begin to eat. Notice how the sensations change as you eat.
- ❖ Most of the time, it's best to stay between 3 and 7, never overly hungry and never overly full. If you are not at least at 3, you are not physically hungry.
- ❖ Remember to *honor your hunger*.

Adapted from [Intuitive Eating, Tribole and Resch](#)

ASDAH December 2014 10

```

    graph TD
      Q1[Question #1: Am I Hungry??] -- YES --> Q2[Question #2: What do I really want to eat? What qualities should that food have? What texture, flavor, color, or temperature is the food that I really want?]
      Q1 -- NO --> Stop[NO Stop before you eat!]
      Q2 --> Q3[Question #3: How much of this food do I really need?]
      Stop --> Q4[What need am I trying to fill with food?]
      Q4 --> Q5[Am I... Bored? Angry? Lonely? Tired? Anxious? Stressed? Hurt? Or Just plain Happy?]
      Q5 --> Q6[What would fill that need right now?]
  
```

www.nutrition-coach.com

Diet vs. Non-Diet

	Diet Paradigm	Non-Diet Paradigm
Weight	<ul style="list-style-type: none"> • Aim for a certain weight 	<ul style="list-style-type: none"> • Body will seek its natural weight when individuals eat in response to cues
Food	<ul style="list-style-type: none"> • Good/bad, legal/illegal, should/shouldn't etc. • Quantity/quality determined by external source (calories, grams, exchanges) 	<ul style="list-style-type: none"> • ALL food is acceptable • Quantity/quality are determined by responding to physical cues (hunger/fullness, taste, etc.)
Physical Activity	<ul style="list-style-type: none"> • Exercise to lose weight 	<ul style="list-style-type: none"> • Aim to be more active in fun and enjoyable ways

Using HAES with a Motivational Interviewing (MI) Approach

Motivational Interviewing

Definition: A directive, person-centered counseling style for increasing intrinsic motivation by helping clients explore and resolve ambivalence.

(Miller & Rollnick, 2013)

MI is a collaborative approach to helping people change their behavior regarding their health.



The Spirit of MI

- **Collaboration**
 - You don't have to make change happen; you can't
 - You don't have all the answers
 - Message to your client is "you have everything you need, and we'll find it together"
- **Evocation**
 - Calling forth that which the client already has
 - Not "installation therapy"
- **Acceptance**
 - Express Accurate Empathy: "I get you."
 - Autonomy
 - Absolute worth
- **Compassion**



Ambivalence

- Not pathology!
- A normal part of the process of change
- Think about a time when you were asked to change a behavior
 - Were you sure you *wanted to change*?
 - Were you sure you were *able to change*?



A telltale sign of ambivalence is the “but” in the middle of a sentence

MI: The Guiding Style



GUIDE

Instruct

Listen

*

*

*



Listen for and Reinforce *Change Talk*

Change Talk is *Self-Advocacy*

Reading between the lines:
What is your client telling you?



Get Your “OARS” in the Water

- **O:** Open-ended questions
 - How you ask questions is critical!
 - Can not be answered with “yes” or “no”
- **A:** Affirm
 - Rapport building
- **R:** Reflect
 - Helps to let your listener know you *heard* and helps to clarify *what you heard*
- **S:** Summarize
 - Link *material* client has offered; ask if it's accurate
 - Allows clinician a chance to build “argument” for change



Open Questions

- Can not be answered with a “yes” or “no”
- Client will often provide more information when questions are open rather than closed
- Example
 - Closed: How many diets have you been on?
 - Open: Tell me about your history with dieting.
- Ask for Elaboration



Affirmations

- Something positive you have heard the client say
 - *You have a wonderful capacity for insight.*
 - *Sounds like your health is very important to you.*
- A statement of appreciation
 - *I really appreciate your honesty with me.*
- Catch the person doing something right
 - *Thanks for coming in today!*
 - *You've got a plan!*
- An expression of hope, caring or support
 - *I hope this week goes well for you; I'll be thinking about you.*
 - *I really hear that you are committed to making the changes we've discussed today.*



Types of Reflections

- **Simple Reflection**
 - Client: *I really want to lose weight. Every time I do I feel so much better about myself!*
 - Practitioner: *You would really like to feel better about yourself.*

- **Complex or Meaning Reflection: adds the next sentence**
 - Client: *It's embarrassing for all my friends to see me regain the weight I lose. I want o lose it permanently this time! My doctor says I might be headed for diabetes.*
 - Practitioner: *Losing and regaining is painful, and you have a reason to focus on your health now.*

Summarization

- **A way to check to see if your understanding is clear and link material the patient has told you.**
 - **Collecting Summary**
 - *Let me see If I understand what you've told me so far...*
 - **Linking Summary**
 - *When you say.....that sounds a bit like what you've said about how bad it makes you feel when you mother criticizes your weight.*
 - **Transitional Summary**
 - *So far we've discussed.....and..... Did I miss anything important?*
 - *Could we move on now to?*

Roll with Resistance/ Dance With Discord

- **Resistance is within the client.**
- **There can't be resistance if you don't participate.**
 - *Client: I don't get why you want me to give up dieting. I'll be a whale!*
 - *Practitioner: It's hard for you to understand why I'm suggesting HAES.*
- **Discord refers to a problem in your relationship.**
 - *Client: You just don't understand. You've never been fat, so how could you know?*
 - *Practitioner: It seems to you that I'm not getting what you mean.*

Invite resistance into the room...

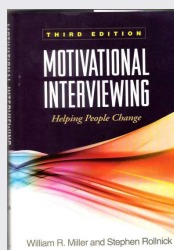
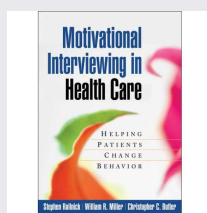


- **Don't try to stop resistance or anger; listen, listen, listen.**
- **Let the client know you heard and understand.**
- **When people feel validated, anger decreases.**
- **You may learn something very important about your client.**
- **Shift gears, ask what they would like to talk about.**
 - *I hear that my asking you to think about another way of doing things makes you angry. Could we talk about that?*
 - *We have another x minutes together today. What would be most helpful?*

Putting It All Together

- Health At Every Size (HAES) supports people in adopting health habits for the sake of health and well-being (rather than weight control).
- A Non-Diet approach compliments the HAES principles. It is a *gentle, non-judgmental* way of being with food that honors hunger and fullness, and encourages all people to eat in a manner that leaves them feeling healthy and strong.
- Motivational Interviewing is a patient-centered counseling style for addressing the common problem of ambivalence to change. It includes the *spirit, the skills, and the techniques* of MI.

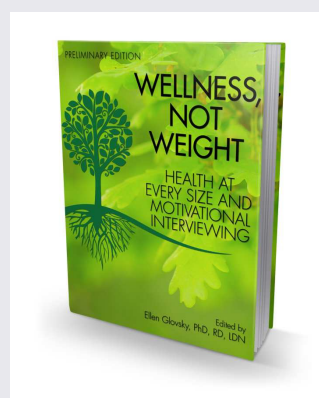
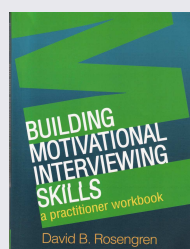
Resources



Guilford Press

www.guilford.com

Use Promo Code: MINT



www.trainingwithdellen.com

<http://bit.ly/WellnessNotWeight>

Ellen Glovsky:

ellen@trainingwithdellen.com

www.nutrition-coach.com

www.trainingwithdellen.com

Resources for Motivational Interviewing

▪ www.motivationalinterviewing.org