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Wellness, Not Weight:
Health at Every Size and Motivational Interviewing

Health at Every Size and
Motivational Interviewing:
Tools for Counseling Your Clients
Learning Objectives

At the conclusion of this webinar, the learner will be able to:

- List and describe four types of non-diet approaches
- Define HAES®
- List the main foundations of HAES®
- Describe the three key aspects of motivational interviewing (MI)
- Explain what the acronym DARN-CAT represents
- Define change talk
- Define the components of OARS
- Describe one controversy surrounding HAES®
Part I: The Non-Diet Approach and Health at Every Size (HAES®)
The Non-Diet Approach

- Based on belief that diets are destructive, and don’t work over the longer term
- Refers to a mindful, conscious style of eating that focuses on responding to bodily sensations of hunger and fullness to know when, what, and how much to eat.
- Utilizes the body’s natural homeostatic drive for health, thereby increasing the likelihood of its success in helping individuals eat in a way that supports health.

[Glovsky, 2014]
Types of Non-Diet Approaches

- **Mindful Eating**—Involves allowing yourself to become aware of all aspects of the food selection, preparation and eating experience without judgment.

- **Intuitive Eating/Attuned Eating**—Emphasizes eating for physical instead of emotional reasons, relying on internal cues for hunger and satiety, and giving oneself unconditional permission to eat using attunement.

- **Conscious Eating**—Generally refers to eating in a mindful, intuitive or attuned way.

- **Structured Eating**—Generally consists of eating regular, well-balanced meals. Often used with clients in recovery from chronic dieting or an eating disorder.

[Hudnall in Glovsky, 2014]
Health at Every Size (HAES®) Defined

■ A set of ideas that logically follows the ideas of a non-diet approach.
■ Believes that people can be healthy at whatever size they are, and that size does not equal health or ill health
■ Does not allow room for “dieting”
■ All people are encouraged to adopt healthy lifestyle behaviors, including healthy food choices, moving one’s body in a way that feels good, and other behaviors that promote health and wellness.

[Glovsky, 2014]
Foundations of HAES®

Acceptance of:

- The natural diversity in body shape and size
- The ineffectiveness and dangers of dieting
- The importance of relaxed eating in response to internal body cues
- The critical contribution of social, emotional, and spiritual, as well as physical factors to health and happiness.
Components of HAES®

Opportunity to change how we define & respond to our clients’ food- and weight-related struggles.

Occurs in three main ways:

- **Self-Acceptance**: Affirmation and reinforcement of human beauty and worth irrespective of differences in weight, physical size, and shape.

- **Physical Activity**: Support for increasing social, pleasure-based movement for enjoyment and quality of life. Calorie burning/weight loss are not goals of activity.

- **Normalized Eating**: Removal of externally imposed rules for eating, and attaining a more peaceful relationship with food by relearning to eat in response to physiological hunger and fullness cues.

[Robison in Glovsky, 2014]
Part II: Motivational Interviewing and Key Considerations for Using it
Motivational Interviewing Defined

“Motivational Interviewing is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

[Taken from: Motivational Interviewing: Helping People Change (3rd Ed.) Miller and Rollnick, 2013, page 29]
MI: Key Concepts

Guiding Style:
- Says “I can help you solve this for yourself.”
- Goal is to help the client find his or her own answer to the problem.

Ambivalence:
- Most people faced with change are ambivalent, even if change is something they really want
- Important aspect of MI is helping the client to resolve ambivalence, and make a decision about whether or not to change.
- Ex: the client who thinks the Health At Every Size ideas are great, but can’t let go of the desire to lose weight.

Change Talk:
- Statements the client makes in favor of change
- MI involves learning to listen for change talk (as well as sustain talk), and reinforce in the direction of positive change

[Glovsky, 2014]
MI: Looking for Change Talk

Two basic categories which create acronym (DARN-CAT).

- Preparatory change talk:
  - Desire—"I want..." "I wish..."
  - Ability—"I am able to..."
  - Reason—"I know it would be good for my health to..."
  - Need—"I must..." "I have to..."

- Commitment change talk:
  - Commitment—"I’m going to..." "My plan is to..."
  - Activation—"I have done this to get ready for..."
  - Taking steps—"This past week I..."

[Glovsky, 2014]
Strengths of Change Talk: Examples

- **Weak change talk:** “Stopping dieting sounds good, but I can’t give up the idea of losing weight.”
- **Stronger change talk:** “I know that dieting is not the answer to my food problem.”
- **Even stronger change talk:** “I am ready to experiment with eating mindfully.”
- **Commitment talk:** “I’m done with dieting and this week will try some of your non-diet ideas.”

[Glovsky, 2014]
OARS and MI

- A framework for responding to change talk
- Consists of:
  - O=Open questioning: Allows clinician to learn more and possibly elicit change talk. Ex: “Tell me about...”
  - A=Affirming: Positive statement about the client
  - R=Reflective listening: Allows client to know you heard him/her, and confirm you heard correctly
  - S=Summarizing: Clinician lists or pulls together what has been discussed, emphasizing client’s change talk

[Glovsky, 2014]
HAES and MI: A Good Team

- **MI:**
  - Helps practitioners enhance motivation for change by helping their clients examine their own motivation, and then to decide if, when and how they will change.
  - Promotes idea of client autonomy & free will to make decisions for themselves,
  - Practitioner is a guide who helps them make decisions about change.

- Guiding concept works well with the non-diet and HAES approaches

- In MI, non-diet and HAES, the client is the one who makes decisions about how they will behave regarding lifestyle change.

[Kellogg in Glovsky, 2014]
Integrating MI & HAES using OARS

- **Ex: Open Questions for a client focused on dieting:**
  - “Tell me about your experience with diets?”
  - “Tell me more about what it feels like to be on a diet.”

- **Ex: Affirming strengths relating to HAES principles:**
  - “You notice which foods tend to satisfy you and which ones don’t”
  - “You are capable of distinguishing between eating for appetite and eating for emotions.”

- **Ex: Reflecting change talk that moves in the direction of HAES principles:**
  - “You dislike the feeling of guilt when you eat something forbidden and see that giving yourself permission to eat anything will allow that to fade away.”

- **Ex: Summarizing clients’ main points and goals:**
  - “You’ve been on rigid diets before and learned that they backfire. You are ready to use this journal to take a good look at how your eating goes now...”

[Kellogg in Glovsky, 2014]
Emerging Research & HAES®

- New research calls into question some of the tenets of HAES, specifically:
  - "Believes that people can be healthy at whatever size they are, and that size does not equal health or ill health."

- Two recent studies indicated that those who are overweight or obese do have a higher risk of health problems and premature death:
  - The Myth of Healthy Obesity: 
  - Are Metabolically Healthy Overweight and Obesity Benign Conditions?:

- How should we interpret this?
Question & Answer
Books:

- Glovsky, E. (Ed). *Wellness, Not Weight: Health at Every Size and Motivational Interviewing* (get FREE MI and a Non-Diet Approach DVD download with purchase ($40 value))
- Kellogg, M. *Counseling Tips for Therapists Workbook (Vols I and II)*
- Motivational interviewing training courses: [www.Trainingwithdrellen.com](http://www.Trainingwithdrellen.com)
- Fletcher, M, and Burggraf, F. *Discover Mindful Eating: A Step-by-Step Guide to Using 51 Mindful Eating Activities with your Clients*
- Tribole, E and Resch, E. *Intuitive Eating*

Articles:

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