#### Symposium or Masterclass Title (max. 10 words):

The title should be as brief as possible and clearly indicate the nature of the session. If you wish to include a subtitle, it must be included in this field and included in the 10-word limit.

# Supporting behaviour change in people with diabetes and obesity

#### Presenters:

Please provide details of all proposed presenters including their name, email address, ADS or ADEA member number (if applicable) and their residential state. Please indicate the key contact person for this session with an asterisk.

# Kathryn Craft <u>Kathryn.craft@health.nsw.gov.au</u> NSW Sarah Lam\* <u>sarah.lam@health.nsw.gov.au</u> NSW

## Session Chair(s):

Please provide details of the nominated session chair(s), including their name and email address.

Sarah Abdo Sarah.Abdo@health.nsw.gov.au NSW

## Session description (max. 200 words):

Please provide an overview of the session, including key content each presenter intends to cover.

People living with diabetes and obesity face multiple barriers to self-managing their health. Healthcare professionals can assist individuals to address these barriers, but can also unwittingly add to the barriers experienced. The aims of the masterclass are to

- i) increase understanding of the common barriers to health behaviour change and
- ii) Introduce ways to support health behaviour change via sensitive evidencebased interactions.

Participants will be introduced to guidelines and evidence for improved engagement and retention of people with obesity. The focus will be on how to use skills and strategies in the clinic environment. Case examples will be used to illustrate key issues. The topics will include:

- Introducing the topic of weight in a sensitive manner
- Skills and pitfalls in collaborative and person-centred care
- Common barriers to health behaviour change (e.g., feelings of personal failure; stigma, internalised weight bias; other psychosocial barriers)
- The role of psychoeducation in the reduction of stigma
- Realistic goal setting and follow-up
- Relapse prevention building in resilience to setbacks
- Incorporating cultural sensitivity into assessments and interventions

The presenters are clinical psychologists with extensive experience in health psychology. They both work in multidisciplinary public hospital metabolic clinics.

#### Evidence base (max. 100 words):

Where appropriate, please include a brief description and citations of the evidence that supports your session or will be presented and discussed during the session.

The common advice to "eat less; move more" is generally unhelpful and outdated. It places blame for excess weight on the person with obesity, rather than noting the dominant role of biology and environment.<sup>1</sup> Additionally, efforts at promoting behaviour change based only on education or a "you should" approach tend to be ineffective.<sup>2</sup> Behaviour change is more likely to occur when the healthcare practitioner pays attention to, and tries to reduce, personal and contextual barriers.<sup>3</sup> Behavioural science provides evidence-based techniques to facilitate this.<sup>45</sup> These techniques will be introduced in this masterclass.

## Key learning objectives (max. 100 words):

Please identify the key knowledge and/or skills that delegates will achieve by the conclusion of the session. Key learning objects can be presented in dot point form.

At the conclusion of the session, participants will:

- Be aware of the common psychosocial barriers experienced by people with diabetes and obesity when attempting health behaviour change
- Understandthe effects of weight stigma and bias (including within the healthcare system) and how to avoid exacerbating this.
- Be informed about key evidence-based skills that can promote a better experience with healthcare, and increased engagement and retention with treatment
- Know how to access further information regarding key skills to increase consumer engagement and retention.

# References:

<sup>1</sup> English S, Vallis M. Moving beyond eat less, move more using willpower: Reframing obesity as a chronic disease impact of the 2020 Canadian obesity guidelines reframed narrative on perceptions of self and the patient-provider relationship. Clin Obes. 2023 Dec;13(6):e12615. doi: 10.1111/cob.12615. Epub 2023 Jul 30. PMID: 37518832.

<sup>2</sup> Hood KK, Hilliard M, Piatt G, Ievers-Landis CE. Effective strategies for encouraging behavior change in people with diabetes. Diabetes Manag (Lond). 2015;5(6):499-510. PMID: 30100925; PMCID: PMC6086609.

<sup>3</sup> Lam, S., Craft, K., Beardmore, S., Smith, S. To improve diabetes outcomes, prioritise the psychosocial aspects of care. Australian Diabetes Educator 2024: 27(4)

<sup>4</sup> The International Centre for Allied Health Evidence. Rapid review of literature for health literacy in people with diabetes. Technical Report. Prepared for the Australian Diabetes Educators Association. Adelaide: University of South Australia; 2014.

<sup>5</sup> Bilgin A, Muz G, Yuce GE. The effect of motivational interviewing on metabolic control and psychosocial variables in individuals diagnosed with diabetes: Systematic review and metaanalysis. Patient Educ Couns. 2022;105(9):2806-23