Talking to Change: An MI Podcast
Glenn Hinds and Sebastian Kaplan

Episode 43: MI and Weight Management, with Claire Lane, PhD

Sebastian Kaplan:

Hello everyone and welcome to another episode of Talking to Change, a Motivational Interviewing podcast. My name is Sebastian Kaplan, and I'm based in Winston-Salem, North Carolina. And as always, I'm joined by my good friend Glenn Hinds from Derry, Northern Ireland. Hello there Glenn.

Glenn Hinds:

Hello Seb, how are you doing man?

Sebastian Kaplan:

Great. Well, before we introduce our guest, why don't you orient everyone to social media platforms and ways to contact us?

Glenn Hinds:

Okay, of course. So, if you're on Twitter, you can follow us @ChangeTalking. On Instagram, it's Talking To Change Podcast. On Facebook, it's Talking To Change. And if you have ideas or suggestions or you want more information on training that we offer, it's podcast@glennhinds.com.

Sebastian Kaplan:

Excellent. And as always, rates and reviews are welcomed and ideas. We keep getting some really good ideas from people from all over on future episodes. And we always talk about them and brainstorm how those would work, so please keep those coming. Well, we will proceed onward now to welcome our friend and colleague for a discussion about the role of Motivational Interviewing in weight management services. But before we get into the specific topic, we'll welcome Claire Lane. Hello Claire.

Claire Lane:

Hi Seb, hi Glenn. Thank you for inviting me.

Sebastian Kaplan:

So, Claire, why don't you get us rolling like we often have our guests do. Tell us a little bit about yourself, what you're doing these days, but also your journey, your early MI story.

Claire Lane:

Okay. So currently I am working as a clinical psychologist for Swansea Bay University Health Board, and I'm working in a cardiac rehabilitation setting. But just immediately prior to me taking that role, I spent about six, seven years working within weight management

services. So, a bit of a step across, but obviously weight management is still quite important to that role that I've got now. In terms of how I came to MI, I mean this is quite a good story really. I came to MI as a non-practitioner, and I was a researcher undertaking a doctoral study at the Wales College of Medicine. And my background was actually in linguistics, my first degree is actually in linguistics. For those people who aren't quite clear on what that is, my interest was in how and why people use language in the way that they do.

Claire Lane:

And one of the things that I was interested in was how language is used within healthcare contexts. So, I applied for studentship that I saw in a local newspaper. And this studentship was to work alongside a guy I'd never heard of before called Steven Rollnick. He was offering a studentship, somebody to come and work in the department of general practice on whatever they fancied. So, I thought I better Google this guy. And that was the first time that I came across Motivational Interviewing. And I thought, "Wow, this is interesting. This isn't your average medical discourse that you tend to see, and I'm really interested in this." And so, my PhD study actually involved myself and also one of my colleagues Michelle Hughes-Thomas was highly involved in this developing a measure of practitioner skill in MI within healthcare settings. And this was particularly a training instrument, so we were looking to try and pick up differences before and after training in MI.

Claire Lane:

It's an instrument called the BECCI, some of you might have come across it. And I extended that into looking at different types of MI training and whether there was any difference in skill acquisition levels at the end of that. And then I went native after that because I just got really, really interested in what makes people change and what helps people change. And I've been very privileged to work alongside some clinical psychologists in a cardiac rehabilitation setting, and I wanted some of that. It wasn't enough for me to be researching about people. Although don't get me wrong, I love doing MI based research. It was absolutely fascinating, and I loved it, but it wasn't quite enough for me anymore. So, then I basically converted my linguistics degree to a psychology degree. And I went off and I did clinical psychology training, and here I am. So, I guess now my relationship with MI is less about understanding how it works, I'm more about sharing skills with my colleagues and also practicing it myself.

Glenn Hinds:

Dedication immediately comes to mind, Claire, about what you're describing because it sounds, first of all, how passionate you were about the linguistics and the reward that that offered you. But then to discover something even more interesting for yourself in Motivational Interviewing and the time and effort that you put into convert from one area of specialty to this other area of specialty and the urge and the commitment and the time to do, my understanding is a second PhD and become a clinical psychologist. I suppose one of the things that we're curious about is what was it about MI that really invaded you to make such a commitment having already studied for five, six years in your first journey?

Claire Lane:

Gosh, that's a good question. I don't think anyone's ever asked me that before. I think it actually helped me to deepen my interest in what goes on for people. I could see this stuff and I could see that it worked really well. And I guess I felt that I wanted to be one of those people who was out there making a difference. I was simply interested in that stuff, so don't get me wrong. I mean, my discipline is really, really wide. Clin psych is amazing because you can basically work from birth to death focusing primarily on mental health, physical health, learning disabilities, forensics. And I got to do a bit of all of that as part of my training, and I loved it. But actually, my passion has always very much been around the health field and around health illness, health behavior change, that sort of stuff.

Claire Lane:

So, I guess I always had the passion for that, and it just broadened a little bit more. I was already doing training when I was a researcher, so it's not as if I wouldn't have been training people. But now I actually have the privilege to be able to do training with the teams and my colleagues who I work with and actually be part of their journey and be able to offer them more than just a few workshops here and there when I can take annual leave to run them. Dedication, some people might say stupidity, self-included sometimes. It was something that I really, really wanted to do and something that I really wanted to be part of.

Sebastian Kaplan:

You used the phrase early in that answer about MI allowed you or afforded you the possibility of deepening your understanding for what goes on with people. It also seemed like it deepened and broadened your work to include training and to apply not just MI skills but other skills with a whole host of people who are struggling or searching for answers in other realms.

Claire Lane:

Yes. Sebastian actually something I've just remembered as well, MI actually helped me to better my research skills as well because during the process of doing things like qualitative interviews, for example, I think having that understanding of MI and having spent time teaching people listening skills and listening out for what's happening here, actually that was a real asset when it came to doing things like semi-structured interviews. You have to be careful not to influence the content too much, but actually it helps you to highlight and put things on hooks in your heads when people say something that might be interesting. It gave back as well.

Sebastian Kaplan:

Well, yeah, I can imagine in the context of research and doing these semi-structured interviews and qualitative interviews that it's so, so important as you're hearing what a research participant is telling you that you have the listening ear really well attuned, but you're also processing it in somewhat structured areas guided by of course the research project. And I suppose there is a parallel there to doing MI clinically. So yeah, it certainly makes sense that that would have enriched your research skills. And I was thinking

maybe that deepening understanding that you described is pretty consistent with our topic for today. And as we were meeting before we started the episode, what our plan today anyway is for you to share a bit of your thinking about weight management that certainly goes deeper than what traditional weight management services are about. So perhaps you can start us off with how you envision helping in the context of weight management services.

Claire Lane:

Perhaps it would be helpful if I talked about my experiences first coming into that arena because I saw a job advertised working in a specialist weight management service. And I thought, "This is great, I get to apply my wonderful psychological skills, I get to use MI. MI will be absolutely great for this stuff, I'm there." And I think I was right, but it wasn't quite what I was envisaging it to be. I think in terms of the amount of complexity that I was faced with, I always thought that weight management would be a complex area, but I didn't quite anticipate how complex it would be. And if I can just highlight to you, I moved from a severe and endearing mental health service working with clients at the severe end of presenting difficulties.

Claire Lane:

And generally, what my case load would look like, if you screened this group for anxiety and depression, you would expect on your basic screening measures ... I mean, generally here in the UK, we tend to use the PHQ-9 to measure low mood and the GAD-7 to measure anxiety. You were expecting those services that you would be seeing numbers at the higher end of those scales. I expected in weight management services that you might get a bit of a mixture in there. What I found in the service that I was working with was that people were experiencing anxiety and depression at a severe level about, I think it worked out something like 70, 80% of the people that we were seeing were experiencing anxiety and depression at those levels. And around, I think it was about 35% of those people were expressing some degree of not wanting to be alive or of having suicidal ideation or thoughts of self-harm in some way.

Claire Lane:

Now, in severe and endearing mental health, I would expect to see that. I didn't quite expect to see that in specialist weight management. So, I think when we're thinking about weight management, quite often people are thinking about things like diet and exercise behaviors and what changes people can make there. I think for my experience, and MI really does fit very, very well within the services. But certainly, from my experience and I think the experiences of my colleagues working in those settings, quite often the changes that we're looking at are kind of like a layer underneath that. People have got such difficult relationships with food. And quite often people say, "Oh, well that person's overweight." Well, it's calories in, calories out, isn't it? What you need to do is you need to reduce the calories in, increase the calories out, and then that will bring the weight under control. But the question that I always have is, yeah, but why is the energy balance tipping in that way? Why is this person taking in more calories than they're expending? What is it that's actually driving that behavior in the first place?

Glenn Hinds:

Even just listening to you, I know myself that if push had come to shove, if somebody said to me, what is weight management? My instinct would've said eat less, exercise more, simple. And what you're saying is in your experiencing and really helpful for me and anyone else that's not as common at this from this perspective, what you're saying. That's a very simplistic way of understanding this and perhaps not a very useful or helpful way of being able to support people with a weight problem. That the weight, the presentation itself is an expression of something else that we need to be interested in.

Glenn Hinds:

The passion that you have each time you talk about what it is you do, just the enthusiasm it raises in you. Devote for whatever that you put your mind to just is that you became curious, what's going on here? In the same way your search for understanding linguistics, it's like, what's this person trying to communicate, and what is it we need to understand in a way that then would be helpful for them? And you said that Motivational Interviewing really blended well into that world. What is it that MI aided you to do in that search for understanding where there was something behind the weight that needed to be understood?

Claire Lane:

What I would say is that generally a lot of my interventions tend to be MI heavy at the start of them. And they possibly decrease with me holding an MI style while practicing perhaps a different kind of therapy or intervention later on. But for me, MI is absolutely fundamental in building a safe and trusting relationship with the person that you are working with. Just to give you an example, I'm thinking about my most recent position where I was working in weight management. I was working with a medic who, bless him, had a real interest in this area and was really passionate about trying to help patients. And he could do amazing things with diabetes medications that would impact weight in an absolutely amazing way.

Claire Lane:

And he was able to have a good chat with our dietician, we can think about some swaps that you can make here, and we can monitor what's going on with your weight. And the first time that I sat in his clinic, he said that it was an absolute eye-opener for him because he would start with, "Well, tell me what's been going on with your weight. What's been going on there?" And my question would always be, "So why don't you tell us about what's led up to you having an appointment with us here today?" And quite often people will say, "Well, how far back do you want me to go?" And I go, "Just start where it makes sense." And using those really fundamental reflective listening skills to make people feel understood. And the amount of times when people say, "I've had people for years and years, and years telling me that I need to do something about my weight, nobody has ever asked me why I put the weight on in the first place."

Claire Lane:

I guess what MI is really good for is those kinds of really wide-open questions and also setting up that no matter what you say to me, I'm not going to judge you even if I know that what you're telling me can't be clinically accurate. Weight is a very, very shaming thing. It's a very stigmatizing thing if you're somebody who's got a larger body size than what is considered to be average, and particularly if you're female. It can be shaming, and it can be stigmatizing for people. People have experienced bullying; people basically experience abuse that is for the most part socially accepted because of their body size. It's seen as acceptable if you get a politician on national radio in the morning saying, "Well, we're thinking of charging extra bus fare for people who are a certain way because obviously the bus is burning more fuel because of those people." For goodness sake, there's a person at the end of this.

Claire Lane:

So, if somebody's sitting there and they're saying, "At the end of the day, I don't eat anything. I eat a few lettuce leaves on a day, and that's all I eat." And we can see that their weight is increasing, and we know that this cannot be the case. There's no point in me arguing about that because actually what that's telling me is that somebody isn't feeling safe, and they think that they're going to be judged by me if they tell me what's actually going on there. It's really important for me to hold that nonjudgmental stance and to just be where somebody is at and just accept them for who they are and what they've been through.

Claire Lane:

And if their experience is that no matter what I try to do I can't get on top of managing this weight, I believe them because they wouldn't be sat there in my clinic if that wasn't the case. So, I think that MI is fabulous in helping you to build that strong relationship and build that trust in relationship. And also helping people to recognize the strengths that they have. If you're somebody who's scoring a PHQ-9 score in the 20s, and actually you've managed to hold down a job successfully, raise a family, support everybody around you anytime that they need help, you are one really resilient person. And I see MI as something fundamental in helping people to recognize the strengths that they do have because quite often when they come and see me, they think that they're not capable of anything because they've never managed to get their weight under control.

Sebastian Kaplan:

Wow, so many really important nuggets there that you're sharing with us, Claire. And MI, I guess one of the key things is you started us with the very common question that someone going to weight management service would hear as a first question, tell us about your weight or some weight related question. It makes sense, it's a weight management service. And you're saying or suggesting that if you start with a question, one of these open questions that of course are very common in MI, these open questions about them as a human being, as a person, that eventually of course you're going to get to the issue of their weight, but it doesn't need to start in that very problem centric manner.

Sebastian Kaplan:

And in fact, the care that you deliver and really the comfort level of support that the other person would experience is much different if you start with seeing them as a person and wanting to hear their story, that may not have anything to do with weight just as a young kid growing up somewhere, their experiences in school or whatever it might've been. And so, MI really has guided you into seeing, well, certainly not judging somebody and trying to search for their strengths, but starting with this really open question of what was it like to come in today or what brings you in today?

Claire Lane:

How do you feel about being here today is a question that I quite often ask? People usually say, "I'm feeling really optimistic," or they more often would say, "I'm actually feeling pretty terrified, I'm pretty terrified about having this conversation and where things might go." Some people just sit and burst into tears when I ask them that question. And some of that is because nobody has ever really asked them what it's like to be in their shoes. But also, this is such a massive thing for them, it's emotional. People don't gain 100 kilograms overnight, it's something that takes months and years to get to that point. It can feel overwhelming for people. And so just trying to offer an environment that feels welcoming and accepting. I think that at least my MI skill has really offered me a great means of being able to do that with the people that I see.

Glenn Hinds:

It's pretty moving what you're describing there, Claire, that people coming in and saying, "No one has ever asked me that before," or "this is the first time I have felt heard." Just emoting just, a sense of almost tears of release just going, "At last, at last, thank goodness." It's almost like a relief that someone is there who is trying to understand, may not necessarily, they may not say, because you said that, and I feel safe with you. It sounds like that in and of itself is potentially just an invitation for them to try something different with you because you have done something different with them first. And I think that's the one thing that keeps coming up with our guests is that when we're learning MI, the thing that seems to be so significant is that very often it's the practitioner that does something different first that invites and supports the client being able to be different with them.

Glenn Hinds:

And it sounds like again your willingness just to open that conversation up and explore what brings you here today. So, in many ways, what you're describing is that the first of the four processes in Motivational Interviewing, the engagement process. And it sounds like from what you said along is that at the beginning of your intervention that you're using MI to really develop that engagement process. And is it then that as you go across the processes that your MI intervention softens, and other interventions may be brought in to enhance or to work alongside what it is you're trying to achieve?

Claire Lane:

I'd say so. And I'd say that I kind of ... Once I've got a good level of engagement with somebody, and it sounds awful to say this, but actually once you've got that really good

engagement and that good relationship and something that's really anti-MI at that point, but I pay a lot of attention to the engagement phase. And sometimes I might end up spending a lot of time there. Other times, it might be quite quick, but I allow time for that. As a clinical psychologist, you're groomed in a particular way. First you do your assessment and then you do your formulation, and then you do your intervention, and then you do your evaluation. What I do is I say, "Here I'm seeing them for assessment." What I actually mean is I'm seeing somebody for engagement, I'm focusing on building that relationship.

Claire Lane:

And I know that I'm going to find out information that I need to find out if I just give that person respect and space. And then as we've got that, we then move into the focus-in stage, if you like. And because I'm a psychologist and I work on using formulation or case conceptualization to try and understand how somebody's weight has become a problem for them in some way, there is a problem there because they wouldn't be coming to see me if there wasn't. So just using what we found out during that engagement phase to try and make some sense of what seems to be going on for that person. I would say that that's focusing because at that point we kind of like, "Well, there's this, and there's this, and there's this, is there anything that we've missed? Is there anything that seems like it's more important to focus on than any of these other things?"

Claire Lane:

And then that's when we move into evoking. I think one of the things that's quite nice about MI as a practitioner is actually to an extent the heat is off of me because I know that I can't make this person change. I could use all kinds of psycho trickery that I've caught up my sleeves. But at the end of the day, the person's going to get wise to it, and they need to be in the driving seat. As I kind of say to them, "I guess I'm a bit like co-driver in a rally car because you're the one who's got control of the steering wheel, the brakes. And you're the one who's in control of what direction we actually go in. I'm the one who sits back here with my map. I can read out coordinates to you, and I can suggest we might want to go this way rather than this way. But actually, at the end of the day, you're the one who's in charge of this process."

Claire Lane:

At that point, I guess I draw out and we plan what it is that we're going to do. And I think because of obviously the job that I do, it's like, well, what kind of an intervention might we start to look at? And which ones would you feel comfortable with? I think what I probably would say is that most interventions that I deliver are colored by MI in some way. So, I might deliver something like a Cognitive Behavioral Intervention or an acceptance and Commitment Therapy-Based Intervention, but it's always got a little bit of a flavor of MI about it.

Claire Lane:

I also do trauma processing stuff, so I use quite a bit of Eye Movement Desensitization and Reprogramming, I think that's what EMDR stands for. I hope that's what it stands for.

And whereas when I'm actually doing the actual processing, I can't use any MI there. What I've always got when I'm doing my building up to that is a lot of MI skill and also empathizing with people when we get to the end of a session, "That must've been really tough what you went through there, it's taken some real grit for you to get through that." I guess it flows through all the different phases of work that I might do with somebody.

Sebastian Kaplan:

You've nicely described there how there are certain elements of MI that don't really go away. I suppose they could. But if people are curious about the boundaries of MI and when do you stop doing MI and start doing something like ACT and EMDR, there's certain pieces that you could have run through all of them. So, for instance, the elements of the MI spirit, having an empathic quality to the interaction, that doesn't need to end if you're doing any of these other approaches. Using reflective listening skills certainly would be applicable when doing some of these other approaches even if what you're doing is say, doing some cognitive restructuring exercise within a CBT intervention. It's great to hear you describe it that way both in terms of a weight management context but really anyone who's doing some of these other therapies.

Sebastian Kaplan:

One thing that I was interested to hear a little bit more about I think was the focusing part. So, you laid out the four processes, engaging, focusing, evoking, and planning. With focusing, I would imagine it's a place that providers might already know or think they know, or at least have an idea of a rationale for why a person should focus on particular areas. And MI, I imagine you would agree provides a really nice way of maintaining the partnership and the relationship there where you're inviting the person to influence the focus greatly, if that makes sense. I wonder if you could talk a little bit about how you bring in that MI-ness to a conversation where you might have some answers already for them.

Claire Lane:

Actually, it's quite interesting because I'm not sure if anybody else does this, this might be a Claire-ism that I'm going to share that quite often in Motivational Interviewing and interventions, we use an agenda setting chart to actually map out, well, these are some of the things that people might come and talk about in this particular clinic or scenario. And so just thinking about where I work at the moment in cardiac, we might have something like some people might want to talk about diet, some people might want to talk about alcohol or smoking, and then we've got these empty bubbles over here. Basically, I use an agenda setting chart in reverse. As we're going through that process of engaging and finding out more about this person's story and what's actually bought them to seek help for their weight at this point, what I do is in my head I'm grouping those things into different themes that sit together.

Claire Lane:

So, to give you an example, at the end of what we call the assessment phase, I'm grouping those things into themes to make it I guess digestible for the person that I'm

working with. And we might end up with, I usually have a great big circle in the middle saying what's contributing to my difficulties with weight or words to that effect. And then around the outside, we might have I really struggle with difficult emotions, I struggle to prioritize myself. I think other people are often more important than me. I've got lots of commitments, I've got a busy life. I really struggle financially, and I have to work a lot. There's a lot of stressful things that have happened in my life so far, and they're continuing to happen to me.

Claire Lane:

There could be a whole load of different things. And so, I end up with this bubble diagram. That's when I say to people, "Does that look like it covers it? Is that how your weight has ended up where it is? Are there any of these that I need to get rid of or that I've misunderstood? Are there any that aren't on there or don't feel like they've been tapped by what's on there that need to be on there?" And so, we're working on this all together. And then I say, "Right, if we were going to start to do something to help you with your weight in some way, looking at this, where would it make most sense for you to start?" As a practitioner, that's a difficult position to be in because usually I can within that pinpoint the one or two things that are really, really driving this disharmony in eating behavior, the calories in, calories out thing. But it's really, really important to allow the person to decide actually where they want to start and what's the right starting point for them.

Claire Lane:

Because actually if I try and shove them into something that they're not ready to face at the moment, that they're not ready to engage with or it just feels too terrifying for them at the moment, that would just be absolutely futile, and it would be disrespectful frankly. I'm generally working with very, very resilient people who've lived through absolutely horrendous challenges in their life, and weight is a horrendous challenge in their life. And actually, if they want to start over here, even though I'm thinking, oh I think we're going to go round and round in circles. I'll let them go round and round in circles if the need be because they need to decide that they need to be over here if that's where they need to be. And actually, if you're making progress over here, maybe it might make some of those things feel a lot easier.

Claire Lane:

It's interesting because I think in MI, we talk a lot about the righting reflex. And I'll put my hand up, I've got a righting reflex, but I have to keep it down there somewhere. I just have to be aware of it, and I have to just ride it even though everything in my head is thinking, "No, no, no, it's this, it's this, this is going to be a disaster." I've just got to sit there and be calm and sit with that because it's so important for that person to take charge of how they manage things from here. They've been following other people's plans for years, and they've not worked.

Glenn Hinds:

Claire, as you were describing that, it sounds like the image that you created was that at the center of your understanding or the center of your visualization of what it is they're

presenting with is this notion of this thing called weight. And in many ways, its recognizing weight represents the answer to all of these things, all these other bubbles on the outside of this image. Given all of these other contributory factors to this thing called your weight, what will be a good place for you to start? And just autonomy support, and you're saying there about resisting your instinct to go, "You should really start over here," or, "I have a fantastic idea, why didn't you do this?" or "this would be the shortest quickest route for you." That's the precedent, but you recognized it and then choosing not to articulate it and to see what happens.

Glenn Hinds:

And again, it sounds like much of what it is you're endeavoring to do is to create a space where this person is probably expecting you to go, do you know what you should do. And then when you don't do that, they can't stay the same, they don't know the line. If we think of it as a script, if you don't ask that question, they have to come up with a new answer because they're not used to being asked, well, what do you think would work?

Claire Lane:

And actually, sometimes people say, "What I want you to do is just tell me what I need to do because actually I don't have any space for all of this, I just need you to tell me what to do." And I don't do it. I got caught by that quite a few times early on in the game, and I don't do it.

Glenn Hinds:

And I guess there's a lot of people out there going, "Really?" And I imagine not just in weight management, I think a lot of people will identify with clients or service users coming and going, "But can you just tell me what to do?" What is it you normally do instead of telling them, how do you respond to that from an MI position?

Claire Lane:

I guess it would depend on the specific person, but just thinking of times when I've done that before. Sometimes I think about what it is that the person is trying to say when they're saying, "I just want you to give me a simple solution. I want you to just tell me what to do and I go off and do it and that's the end of it." What does that mean? And quite often I'll make a reflection of I'm pitching my best hypothesis there about what that means. And I might say something like, "This has been a really long and hard journey for you, and it just feels so overwhelming to have to face any of this stuff right now." And usually, I will get back something like, "You know what, yeah, that's exactly how I'm feeling."

Claire Lane:

And then I say, "Okay. So, one of the things you'd like me to do is to tell you what to do because actually we want to make this feel less overwhelming for you. And I know that actually that's not going to be helpful for you because at the end of the day you are the one who's the expert in you and in your life, and I don't live your life. But what I really would like to is to try and make this feel less overwhelming in some way. So, I wonder if you've got any ideas about how we might make this feel less overwhelming? What would

feel less overwhelming than what it is that we're looking at right now?" And I take it from there. That's just an example. Another example might be, "You've experienced a lot of different weight management interventions before, and there's always been a plan for you to take away, and it's the way seemed a lot more certain. And actually, having something that feels more certain feels a lot better for you."

Claire Lane:

Like I said, it's hard to do it because I'm not there, but I'm just thinking about things that I've said when I've been put in that situation. And interestingly, a lot of my MI training with health professionals when they say, "Oh yeah, I've done an MI workshop before, how did you get on with it?" "Well, I did really well, and then I lost it by the by." I'd ask these wide-open questions and then patients say, "Oh, I don't know." And what do I do with that? Well, I just jump straight in with something else. So, I've had to learn not to just jump in because it would be so easy for me to say, well, what I think you need to do is this, this, this, bish-bash-bosh, all done, but I know that's not going to be effective.

Sebastian Kaplan:

Yeah. You're providing wonderful examples of, again like the non-calories in calories out elements of weight management, the emotional burden that people will come into these meetings with. Even just how to respond to that question of just tell me what to do, just highlighting how a person might be feeling overwhelmed with everything that they're facing with that focusing discussion highlighting a lot of the elements about the relationship with food as opposed to what to do or not do. I hope all of that deepened material there is helpful for people to understand this kind of work for people that do this kind of work or not. And I suppose one thing that everybody listening to this podcast regardless of their profession, everyone has a relationship with food at some level ourselves. So maybe this is something that can be eye opening for them that way too.

Sebastian Kaplan:

I'm curious about times where you actually do give feedback. You may not just tell someone what to do completely, but there may be opportunities where you give someone feedback about how they might change in this context. And also wondering when and if you do get to some more behaviorally focused parts of the conversation where it might be a bit about a particular style of eating or physical activity or whatever it might be like, do you get to those points? And if you do, how do you get there?

Claire Lane:

Yes, I do. And usually, I would be at that point working in conjunction with one of my dietetic colleagues when it comes to that because obviously, they know a lot more about nutrition than I do. When we've reached that point, when it's like, actually you know what, I'm going to start making some changes to what I do. I think one of the things that I find very helpful years using MI as a skill to draw on is the idea of helping people to draw on their past experiences of trying to lose weight and getting them to evaluate them for themselves. I will put myself out there and say I'm an absolute very low-calorie diet hater. I've been on several of them in my life, and I wish I'd never gone anywhere near them.

Claire Lane:

And interestingly, most people who have approached our services in over the course of their life have managed to probably lose collectively more weight than they weigh currently. What we know about a lot of those approaches is that they're highly effective of getting a chunk of weight off in the short term but they're rarely a good method to use over the long term. So, what I will generally do because quite often people go with what's familiar, they go with what they perceive has worked for them because they went onto X diet, and they managed to lose all this weight and they felt great and they felt healthy, but then the problem was their willpower. I might do a little bit of education work around the concept of willpower, along the lines of if you feel like you're gritting on and you're using all your fingernails and your teeth to cling onto what you're doing, it's probably not the change for you.

Claire Lane:

But what I would do is I'll ask people to draw on their past experience and say, how did that work out for you? Yeah, it was great for this, and it was great, but how did it work out for you over the long-term? How able were you to keep that going over the long-term? What were their things that stood in the way? So, if you were going to do this again, what changes would you need to put in place that are slightly different from what you did that time to make it feel less like you're clinging on with your fingernails and your teeth to being able to do this? I guess I'm quite often drawing out from people, I'm quite often coming from a position of we know what's not going to work for these people. But ultimately if they're absolutely hung up and sure that they're going to do it again, there's very little that I can do to stop them, so I don't try.

Claire Lane:

I guess what I do with my MI skills is I try to actually draw out from them what might work. And actually, if we think back over that experience, why didn't it work out that time, and what would need to be different this time? What could help you feel more confident to keep that going? Quite often I think something that people in weight management services will struggle with is the idea that actually you don't have to be really, really harsh on yourself to lose weight, it doesn't need to be quick. Whoever came up with this formula of two pounds a week is a good weight loss, actually you're having to make quite drastic changes to what you're doing to achieve that over long-term. Just helping people to entertain the idea that perhaps it doesn't need to be quick, it doesn't need to be fast, it needs to be maintainable. And thinking about what has worked well in the past, but what would need to be different this time? How could we make it work, and how could we make it maintainable?

Glenn Hinds:

So really offering quite a broad framework. For this to work, we know something that's going to be long-term and manageable for you. What will make this long term and manageable for you? And then you go back into this curiosity without judgment. And it sounds like what it is you're endeavoring to do is you're really trying to scare people into change. You're really going and just sitting alongside of them going, how did you get

here? And on this journey to here, what did you discover? And let's just be curious about what it is you discovered and what it is that you may have learned from those previous experiences that will help you this time. But this time it's about them discovering it, that you invite them to go back over, maybe not necessarily just discover, maybe it's rediscover what has worked somewhat in the past and what else could be added to it.

Glenn Hinds:

But again, it sounds like you're asking them, what do you think would add to that rather than going what you should do new, instead of doing that, the next time just do this this time. There's so many times that you again have to sit on your righting reflex when you're given this information or drawing out this information. And I think that's something that listeners will be keen to understand. Is that when you feel given, you ask?

Claire Lane:

Yeah. I think that I should probably also say that there are times when I have raised concerns with a patient that I'm working with. But the way that I do it isn't to say I don't want you to do this because this is what's going to happen. That's not going to be helpful for them, and actually it's going to completely batter their self-efficacy as well. I don't want to be doing that. What I might say is, "You've come up with some really, really good ideas, and I can really see why you think that they're likely to work for you. However, because of the things that we've talked about before, I've got a few concerns that that might not be the best approach for you. But at the end of the day, it's up to you what you decide to do, but would it be okay for me to share some of those concerns with you?"

Claire Lane:

I don't actually think I've ever had anyone say, "No, I don't care. I'm going off and doing whatever anyway." And actually, it's really interesting because when patients give me feedback, one of the things that they say that they value most about the work we've done together tends to be my genuineness. And they're like, "You don't beat about the bush, you don't tell me what I can and can't do or what I shouldn't and shouldn't do. But actually, you kind of own, if you don't think it's a good idea, you'll share it." And I think that that's important. But again, you need to make sure that you've got that really, really good relationship between you before you can start saying stuff like that.

Sebastian Kaplan:

So, what you were describing there, Claire made me think of a phrase that we use here in the states, which is usually seen as a positive quality. But whenever I hear it, I cringe. And that is telling it like it is. And when I hear somebody say that, in my mind, I think that means giving people feedback rudely or in an overbearing kind of way. I really appreciated your anecdote there and the example of how people have given you feedback and saying that you're actually pretty direct with them. You've demonstrated a way of being direct not in a rude way certainly, but also in a way that supports their autonomy.

Sebastian Kaplan:

You explicitly state that while here's a piece of feedback that I have for you, you're aware that a person is free to make their choices once they leave the office with you. And even asking for permission, which again is something that we try to do a lot in MI. When you give feedback, you ask for permission. Which again acknowledges I have an idea that might be interesting for you, but only if you're wanting to hear it. So, some really important specific skills there that you're sharing with us in how you give feedback in a really direct, honest manner that patients have likely appreciated.

Claire Lane:

It's a really interesting one because actually time and again people will say to me it's my honesty, and it's my genuineness. People know when you're not being straight with them. If you're going to give somebody some feedback or share some of your thinking with them, you need to hold that lightly, and you need to accept that actually it might not be their way of wanting to do things, and you need to be comfortable with that. It's a bit like not white knuckle riding I guess; you just have to ride with that. There's this process weighting people. Weight management services, we weigh people. And I've always felt very, very ambivalent about that because actually most of the people that we work with have had so many experiences in their life of been weighed and being judged based on what is on that scale and including judging themselves. If you feel that your body should look a particular way or be a particular size or you should weigh a particular weight and then you're trying to do all these things and it's not working out for you, it's a big thing stepping on those scales.

Claire Lane:

And it's a big deal stepping on those scales in front of a health professional and who you perceive is going to be making assumptions about how well you're doing based on that way. And it's a difficult one because obviously we're commissioned to help people to manage their weight, and we have to provide evidence of that, but it's never something that I felt entirely comfortable with. So, MI gives me a vehicle to actually discuss that process with people and say, "Obviously we do need to weigh people here, but we need to think about what's going to feel most comfortable for you. I completely accept that this might not feel comfortable for you at all. But in terms of trying to make it as comfortable as it can be, how often would you like us to weigh you?" When we weigh you, do you want to know what your weight is? If things haven't gone well, what is it that you're going to need from me at that point? If things go absolutely brilliantly, what do you need from me at that point?"

Claire Lane:

Just asking those real open questions. I've been with people where they've stepped on the scales and they've sobbed, they've absolutely sopped their hearts out just seeing that number and what that number means to them. And just being there with lots and lots of empathy for those people and demonstrating that to them and saying, "I could see this is really, really upsetting for you, what is it about that that's the most upsetting thing at the moment? And what can we do break you away from that number?" It's a horrific, horrific process. In an ideal world, I'd like to see weight management services get rid of the scales. But realistically, that's not going to happen.

Glenn Hinds:

The people that are listening can understand when we were exploring the idea of giving people feedback, that while you're giving it to them straight, what's consistent throughout our conversation with you today is you're genuinely and authentically caring about people. That when you're giving feedback, it's because you care enough about them. And it's in the context of so much else that's gone on in the conversation, a bit like your model around that at the middle of this image is Claire cares, and here's all the ways that she could do it, which way is she going to do it with you first? And it's just recognizing that there's a need for us as an organization to use these scales. And there is a potential that these scales can be a benefit to you too. But if they're not, we'll keep the information for ourselves. But if they can be of benefit, how would you ... Again, it's just back to that autonomy support, what would you find helpful?

Glenn Hinds:

That you're not interpreting these results for this client, there's numbers and then you're asking the client, what does this mean to you? And what else do you need as a consequence of this? And simply coming alongside of them again. Again, I can understand why people are then willing to hear what I think maybe this, that with all of that going on, that I become more receptive to your ideas. If it comes to a point where you're saying my concern is you're bringing your expertise in and going, "Look, there is information I have, I think you need to take into account. But whatever you do with it is up to you." You give that autonomy support. So again, I think a lot of people will recognize people are happy enough to come in and do what it is they do because they feel held by you emotionally, psychologically. It sounds beautiful.

Glenn Hinds:

I'm conscious of our time as we often do is we get to the point where we say, there's so many more directions we can go on, but time has caught up with us. And at this point in the conversation, we normally ask her guests, what else is happening or what else is going on for you at the minute Claire that may or may not be MI related that we could talk to you about for a few minutes?

Claire Lane:

Sure. So, I guess one of the sad things that happened as part of lockdown is that I'm a member of a community choir. I kind of joined there with absolutely no interest in singing and no experience of singing at all. Just wanted to get out the house, have a new baby for a bit. And I absolutely love singing with my choir, but obviously it's not been possible at all. And so, another opportunity that presented itself is that I decided to take some online singing lessons with somebody that I've been on a choir trip with. One of the things I'm working on at the moment is that I'm trying to learn more about singing and trying to get better at doing something that I love doing.

Glenn Hinds:

What is against so consistent with everything else that said, it's your dedication to this. I imagine you're going to anticipate what we're going to ask you next.

Claire Lane:

You're going to ask me to do it, aren't you?

Glenn Hinds:

Of course, well.

Claire Lane:

I thought Majella Greene had the monopoly on the singing thing.

Glenn Hinds:

Yes, Majella invited us to sing, it's nice-

Claire Lane:

You didn't, did you?

Glenn Hinds:

I did not, Seb did.

Sebastian Kaplan:

I did not.

Glenn Hinds:

Well, you definitely did rap.

Sebastian Kaplan:

I don't think I rapped, I referenced to rap, but I didn't actually rap which would have mortified my children. I mean, if you're willing, of course would be happy to hear a bar or two, but we'll support your autonomy fully also.

Claire Lane:

Well, I'll do it because it scares me, it scares the life out of me. But as a psychologist, I know that it's always a good idea to face up to whatever you're scared of. I'm going to just mute my headphones so that I can actually hear myself, otherwise this could be flat as hell. And let's just hope it works out (singing).

Sebastian Kaplan:

Wonderful.

Glenn Hinds:

Fantastic.

Sebastian Kaplan:

With no warmup or anything, nice range. That's the limit of my-

Claire Lane:

Yeah, that's what my singing teacher says. He says I've got great range, I go from B2 up to A5, and he thinks that's amazing.

Sebastian Kaplan:

And I don't know if you chose those verses purposely, but I think if people were to listen back to the words there, they might apply a bit to the practice of MI. And it's not about doing things perfectly, well, it's about having some courage too, which we appreciate you spending some time sharing your developing skill there, Claire. Claire, if people had questions for you about the material that we've been talking about with regard to weight management or if they wanted to sing with you or maybe contact your choir instructor, would you be open for people to contact you? And if so, how can they reach you?

Claire Lane:

Sure. Sure. Okay. And they can contact me if they want to, the best way to do that is to get me on my email address, which is clarelane1978@gmail.com.

Glenn Hinds:

And what about Twitter, are you on Twitter or any other social media that you would be happy to-

Claire Lane:

Yeah, I'm on Twitter. I've got to be honest; I don't really look at it. I'm a bit old, and I don't really get Twitter. So, it's probably not the best way to get hold of me to be honest.

Glenn Hinds:

And just to remind people then to stay in touch with ourselves, myself, and Seb. You can do that on Twitter @ChangeTalking. On Instagram, it's Talking To Change Podcast. On Facebook, it's Talking To Change. And by email, it's podcast@glennhinds.com. Thank you very much Claire for coming and talking with us this evening and sharing with us such wonderful insights and wisdom. And perhaps we can clip that song and put it out as a bit of promo but thank you very much for common. And Seb as always, my friend, good to see you, take care.

Sebastian Kaplan:

Good to see you Glenn and thank you so much Claire, great to see you.