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COACHING FOR HABIT & SELF EFFICACY:
CHANGES TO PROMOTE SUCCESS FOLLOWING 
BARIATIC SURGERY

OCCUPATIONALTHERAPY.COM
LIVE WEBINAR COURSE
DECEMBER 2, 2013
AOTA: 0.1 CEU; NBCOT:1.25 PDU

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Founding Chair & Professor
Department of Occupational Therapy
Phoenix Biomedical Campus

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COURSE LEARNING OUTCOMES

• Describe the role of bariatric surgery in addressing the obesity epidemic.
• Differentiate potential responses to proposed surgery and the rapid weight loss period
• Define the MBST period and list the requisite habit changes to sustain weight loss
• Delineate the role of occupational therapy before surgery & 24 months after (the MBST)
• Outline intervention strategies that promote self-efficacy

---

BACKGROUND

In the United States:
• more than 50% of adults are overweight or obese
• half of this group has medical conditions associated with obesity (Lawrence, K. & Cozzolino, M. (2011).
  diabetes
  hypertension & ischemic heart disease
  cancer (breast, prostate, colon)
  stroke
  sleep apnea
damage/pain to back, feet, hips & knees
  gall bladder disease

More than 1/3 of adults (35.7%) are obese
72 million

... Another 1/3 are overweight

2.8 million adults die as a result of being overweight

---
BACKGROUND

Causes

- Strong genetic basis
- Combination of individual factors: physiological, psychosocial, emotional, metabolic, etc.
- Sedentary lifestyle: work & leisure pursuits
- Medication use
- Availability of high-fat, high-glycemic food
- Food additives, food processing & food chain manipulations
- Environmental triggers: food media; grocery store trickery;

The ongoing battles between:

'Want and need'
New urban reality

BMI or 'Body Mass Index' = numerical indicator of body fat for most people.
Calculated by using your height and weight.

Some small variations for body types. Generally considered to be one of the most reliable indicators in the health industry.
BACKGROUND

Obesity as a societal concern...
- lower health ratings
- decreased quality of life
- psychological impact
- stigma, prejudice & discrimination
- increased mortality rate

- 40 million children overweight
- In 2008, costs of overweight/obesity = $147 million
- Job absenteeism: > $25 billion/year

BARIATRIC SURGERY & THE OBESITY EPIDEMIC

Qualifying for Surgery
- BMI > 40
- BMI 35-39 with severe co-morbid conditions
- No cancer in 5 years
- Psychological evaluation

Varies by insurance company
- Prior unsuccessful weight loss history
- 6 months of continuous weight loss through start of surgery
  - Targeted weight loss amount; inc. total weight loss
- Pre-surgical behavior modification program
- Dietary & nutrition counseling
- Special pre-surgical diet restrictions and cleansing
BARIATRIC SURGERY & THE OBESITY EPIDEMIC

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BARIATRIC SURGERY & THE OBESITY EPIDEMIC

Bariatric Surgery Options

- Roux-en-Y gastric bypass
- Vertical sleeve gastrectomy
- Adjustable gastric banding
- Biliopancreatic diversion with duodenal switch
- Vertical banded gastroplasty

Weight loss varies from 39-80% in first year

Weight loss maintained after several years varies widely

*problem with insurance funding

BARIATRIC SURGERY & THE OBESITY EPIDEMIC

Utilization Patterns

<table>
<thead>
<tr>
<th>Period</th>
<th>Increased 9-fold</th>
<th>13,386 to 121,955</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998 to 2004</td>
<td></td>
<td></td>
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<tr>
<td>2003 to 2004</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2004 peak</td>
<td></td>
<td>135,985</td>
</tr>
<tr>
<td>Plateau</td>
<td></td>
<td>~124k+</td>
</tr>
<tr>
<td>Procedures: per/100,000</td>
<td></td>
<td>54.2 to 63.9</td>
</tr>
<tr>
<td>Laparoscopic</td>
<td>2003</td>
<td>20.1%</td>
</tr>
<tr>
<td></td>
<td>2008</td>
<td>90.2%</td>
</tr>
<tr>
<td>Bariatric surgeons in ASMBS</td>
<td>2003</td>
<td>931</td>
</tr>
<tr>
<td></td>
<td>2008</td>
<td>1,819</td>
</tr>
</tbody>
</table>

Age group with highest number: Age 35-44

Age of fastest growing number: Age 55-64

Most frequent gender: women (82%)

Sources: Zhao, 2007; Nguyen, Maggio, & Mango, et al., 2011
**BARIATRIC SURGERY & THE OBESITY EPIDEMIC**

<table>
<thead>
<tr>
<th>Pitfalls</th>
</tr>
</thead>
<tbody>
<tr>
<td>dumping syndrome</td>
</tr>
<tr>
<td>significant loss of muscle mass</td>
</tr>
<tr>
<td>special dietary considerations</td>
</tr>
<tr>
<td>vitamins &amp; protein intake</td>
</tr>
<tr>
<td>psychosocial considerations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long term Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>bowel obstruction</td>
</tr>
<tr>
<td>dumping &amp; vomiting</td>
</tr>
<tr>
<td>stomach ulcers &amp; stomach perforations</td>
</tr>
<tr>
<td>gallstones</td>
</tr>
<tr>
<td>malnutrition</td>
</tr>
<tr>
<td>hernias</td>
</tr>
<tr>
<td>hypoglycemia</td>
</tr>
<tr>
<td>death (rare 1% in 2008)</td>
</tr>
</tbody>
</table>

**THE ROLE OF OT IN OBESITY**

American Occupational Therapy Association (AOTA) (2007) position paper on obesity states:

"through their knowledge of psychosocial, physical, environmental, and spiritual factors, as well as cultural traditions and perspectives that influence performance, occupational therapy practitioners help consumers develop and implement an individualized, structured approach for lifestyle change."

treatment as a chronic condition

Draw upon: medical foundation

physical & psychological needs

food-related cultural patterns & traditions

meaningful habit change

**BARIATRIC SURGERY & THE OBESITY EPIDEMIC**

<table>
<thead>
<tr>
<th>Pre-surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>surgery = one tool vs. not fix</td>
</tr>
<tr>
<td>Drastic lifestyle changes</td>
</tr>
<tr>
<td>Dietary &amp; nutrition counseling</td>
</tr>
<tr>
<td>Weight loss</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Post-surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Surgery Benefit Time = 24 mo.</td>
</tr>
<tr>
<td>MSBT</td>
</tr>
<tr>
<td>initial 'jump start'</td>
</tr>
<tr>
<td>lifestyle modification: eating &amp; exercise</td>
</tr>
<tr>
<td>physiological &amp; psychological adjustments</td>
</tr>
<tr>
<td>body image</td>
</tr>
<tr>
<td>relationships &amp; environment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After MSBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>body contouring</td>
</tr>
<tr>
<td>maintenance behaviors</td>
</tr>
</tbody>
</table>

Continued
RESPONSES TO BARIATRIC SURGERY & THE RAPID WEIGHT LOSS PERIOD

Common Barriers*

- Lack of time
- Poor time management
- Food preferences
- Work schedule
  - Work relationships
- Do not like exercise
- Lack of consistency
- Give up too soon
- Not seeing results
- Family & friend comments
  - Relationships & leisure

Environmental Changes

- People’s responses
- Social dis-Engagers
- Do not recognize self
- Suicide

Common Supports*

- Most common reported: “Seeing results”
- ...but what about when not on scale?
  - Feeling better
  - Fitting into clothes; new clothing options (MBST clothes swaps)
  - “dress for success”
  - Better energy levels
  - Better focus & concentration
  - More patient
  - Less stressed & anxious
  - Moving more easily (exercise place & options)
  - Higher self esteem
  - Feeling in control of eating
  - Family/ Friends/ Co-workers

Additional Considerations:

- Occupational therapists
- Office furniture are multi-factor
- Wheelchairs: lifestyle balance integrationists
- Life coaching: Lifestyle coaches
- Occupational roles & skills
- Stress management

THE ROLE OF OT IN OBESITY

Bariatric Surgery Team

- Surgeon & physician
- Physician assistant
- Nurse practitioner
- Dietitian
- Psychotherapist & psychiatrist
- Personal
- Physical Therapist & exercise physiologist
- Trainer

Additional Considerations:

- Occupational therapists
- Office furniture are multi-factor
- Wheelchairs: lifestyle balance integrationists
- Life coaching: Lifestyle coaches
- Occupational roles & skills
- Stress management
THE ROLE OF OT IN OBESITY

Occupational profile
Occupational self-analysis
Evaluating & planning post-surgical lifestyle
self care, coping skills, use of time, side effect prevention

Weight loss maintenance
MBST & on
protein
hydration
supplements
new food
new habits
exercise

Habit training & new routines
Trigger control
Health and activity promotion
‘weight scale’ phobia
movement fears
gym depression: images
excess skin
body image
ind. response to change
‘familiar fat’ comfort
people reactions & relationship trauma

ROLE OF OT BEFORE & AFTER SURGERY

Occupational Goals*
✓ ROM/movement twist, bend, reach
✓ Dressing
✓ Bathing
✓ Sleep
✓ Medication management
✓ Home management & role expectations
✓ Work routines
✓ Eating routines
  ✓ Meal preparation
  ✓ Grocery shopping
✓ Time & stress management
✓ Leisure engagement patterns (travel)
✓ Socialization

*adapted from Dieterle & Rice, 2013

ROLE OF OT BEFORE & AFTER SURGERY

All experience

Fact 1:
Plateaus are normal

Fact 2:
Diet & exercise decrease weight

1. Decrease caloric intake
   Note: food types/journals
2. increase exercise
   Note: need for regular change-up

COACHING FOR HABIT & SELF EFFICACY FOLLOWING BARIATRIC SURGERY: CRIST 12/2013
ROLE OF OT BEFORE & AFTER SURGERY

Perceived self-efficacy
- People’s beliefs about their capabilities to produce designated levels of performance exercises influence over events that affect their lives.
- Self-efficacy beliefs determine how people feel, think, motivate themselves and behave.

CONTRIBUTE TO:
- CHOICE & ENGAGEMENT
- MOTIVATION FOR HABIT CHANGE
- Self-efficacy beliefs effects cognitive, motivational, affective and selection processes

PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

Evidence that...... Strong sense of efficacy
- enhances human accomplishment & personal well-being
- approach difficult tasks as challenges to be mastered rather than as threats to be avoided
- intrinsic interest & deep engrossment in activities
- take-on challenging goals & maintain strong commitment to them
- sustain their efforts in the face of failure
- quickly recover their sense of efficacy after failures or setbacks.
- attribute failure to insufficient effort or deficient knowledge and skills which are acquirable
- approach threatening situations with assurance that they can exercise control over them
- producing personal accomplishments, reduces stress & lowers vulnerability to depression.

From Overview of Bandura’s self efficacy theory http://www.uky.edu/~eushe2/Bandura/BanEncy.html

PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

Evidence that...... weak or lack of sense of efficacy
- doubt their capabilities
- shy away from difficult tasks which they view as personal threats.
- have low aspirations & weak commitment to the goals they choose to pursue.
- when faced with difficult tasks, they dwell on
  - their personal deficiencies
  - on the obstacles they will encounter
  - all kinds of adverse outcomes rather than concentrate on how to perform successfully.
- slacken their efforts & give up quickly in the face of difficulties.
- slow to recover their sense of efficacy following failure or setbacks.
- view insufficient performance as deficient aptitude and thus, easily lose faith in their capabilities.
- fall easy victim to stress depression

From Overview of Bandura’s self efficacy theory http://www.uky.edu/~eushe2/Bandura/BanEncy.html
Bandura’s self-efficacy beliefs consist of combinations of:

**Affective Processes:** Processes regulating emotional states & elicitation of emotional reactions.

**Cognitive Processes:** Thinking processes involved in the acquisition, organization and use of information.

**Motivation:** Activation to action. Level of motivation is reflected in choice of action & in the intensity and persistence of effort.

**Perceived Self-Efficacy:** People’s beliefs about their capabilities to produce effects.

**Self-Regulation:** Exercise of influence over one’s own motivation, thought processes, emotional states & patterns of behavior.

**Bandura’s self-efficacy model & Habit Change with bariatric surgery**

- Performance/Achievements (i.e., past experience)
- Verbal Expectancy (i.e., goal-setting behavior)
- Social Persuasion (i.e., modeling and vicarious self-efficacy)
- Physiological & Emotional States

Source of Self-Efficacy Information

**Bandura’s self-efficacy model & Habit Change in bariatric surgery**

- Affective Processes: regulating emotional states
- Cognitive Processes: thinking processes in the acquisition, organization & use of information
- Motivation: activation to action, choice of action, intensity & persistence of effort
- Perceived Self-Efficacy: beliefs about capabilities to produce effects
- Self-Regulation: exercise of influence over one’s own motivation, thought processes, emotional states & patterns of behavior


## PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

### Risk Factors

<table>
<thead>
<tr>
<th>Modifiable*</th>
<th>Non-Modifiable*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight, BMI, body composition</td>
<td>Family history, Medication effects</td>
</tr>
<tr>
<td>Physical activity</td>
<td>Gender</td>
</tr>
<tr>
<td>Food choices</td>
<td>Age</td>
</tr>
<tr>
<td>Healthy coping</td>
<td>Ethnicity</td>
</tr>
<tr>
<td>Relationships (Environmental triggers support)</td>
<td>Social history, income, education, geographic location, (Past experience) (Genetics)</td>
</tr>
</tbody>
</table>

*adapted from Dieterle & Rice, 2013

### Habit Practice:

#### eat three small meals per day with healthy snacks

- **Beware grazers!**
  
- better to snack than overeat next meal

- **portion control/ serving size**
  
- read labels (not usually 1 serving/container)
  
- measure-out (store in serving size)
  
- Do the math!

- avoid high fat & high sugar foods

- protein first at a meal (feel full, longer, healing)

- eat vegetables, whole fruit and whole grains

- water high volume but NOT 30 minutes before, during or 45 minutes after

- sip, no straws (air); no carbonated drinks

- alcohol intolerance


### Habit Practice:

#### eat slowly: 30 minutes per meal; primary focus

- chew food thoroughly (25-30 chews to toothpaste consistency)

- small plates and bowls

- baby utensils or condiment servers

- bring your food to special events

- eat before special events

- when think food, walk instead

- start walking daily
PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

Evaluation:
- Canadian Occupational Performance Measure, 4th ed.
- Activity Card Sort, 2nd ed.
- Occupational Self Assessment, Version 2.2
- Quality of Life:
  - Bariatric Quality of Life Index
  - Impact of Weight on Quality of Life
- Coaching: Values clarification & honoring

Life balance wheel

COACHING FOR HABIT & SELF EFFICACY FOLLOWING BARIATRIC SURGERY: CRIST 12/2013     SLIDE

Step One:
Resonates

Personal

Step Two:
Narrow

Step Three:
Honor (1 - 10 Scale)

Achievement - accomplishment, mastery, achieving goals
Action - task-oriented, high activity
Activity - active, maintaining an active lifestyle
Ability - skills, abilities, competencies, overcoming obstacles
Acceptance - accepting and adapting to internal & external
Attitude - trusting, faith, self-confidence
Affiliation - interacting with others, belonging
Authority - influence, power, control
Aesthetic - appreciation, creating beauty
Affluence - financial success, prosperity
Authority - position, influence, control
Balance - lifestyle that allows for work, family, self & community

Opportunity to consider current health status and set goals.
Repeat to track personal & lifestyle changes
O.K. to rename or add

COACHING FOR HABIT & SELF EFFICACY FOLLOWING BARIATRIC SURGERY: CRIST 12/2013     SLIDE

CONTINUED
PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

OT Intervention Foci:
Habit change through lifestyle modification
Application of Bandura's model of self efficacy

Goal #1

Performance Accomplishments

Considerations:
Medical model → health promotion
Coaching
Reflective Journaling
Emotional Eating
Environmental Modifications
Physical activity
Time management

PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

Medical model → health promotion
Self-efficacy that leads to motivated habit changes
practitioner ← coach

Coaching for self-efficacy & effective lifetime strategies
objectives:
- positive relationship with food and one’s body
- transformative habits that sustain permanent, healthy weight
- transform negative relationship with food
- reinforce strengths and values
- celebrate baby steps in habit change
- expect backsliding
  - but encourage getting back on track

PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

Journaling

Tracking
- food: type, timing, amount
- water intake: timing and amount (oz. marked bottle)
- exercise: type, timing & duration

Nutrition label boot camp
Restaurant menu-hacking
Social event food traditions & cultural expectations
“The Break Room” saboteur & “Candy Jar Challenge”

Food intolerances (vary by individual)
- starchy carbs
- sugar
- meats (microwaved; reheated)
- dairy

CONTINUED
PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

**OT Reflective Journaling**

**pre-surgery**
- Why are you doing this? intrinsic vs. extrinsic motivators
- Thoughts & feelings
- New option seeking & try-out
- Guided questions:
  - What contributes to your success?
  - What habits challenge you?
  - How does it feel:
    - ...to be eating differently
    - ...to be feeling differently
    - ...to see & experience your new self?
  - What new habits do you need to take-on?
  - What strategies lead to successful & sustained weight loss?

**post-surgery**
- Check for old and new motivators. Habit change response

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PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

**Emotional Eating**

"eating outside of our need to satisfy hunger and/or nourishment" related to both positive & negative emotions & situations

Food “Addiction”
- Carbohydrates = serotonin
- Fatty foods = dopamine
- Sweets/sugars = opioids
  - Energy loading

Hyperpalatable foods that have excessive amounts of sugar, fat or salt can also cause overeating and the sense of not being able to stop eating because they stimulate the dopamine reward centers in our brains, similar to addictive drugs (Kessler, 2009)

Do you have experience with the “Sugar-Salt Craving War?”

---

PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

**Emotional Eating & Environmental Modification**

<table>
<thead>
<tr>
<th>Behaviors to Modify*</th>
<th>Situations to Modify*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portion sizes</td>
<td>Measurable food activities</td>
</tr>
<tr>
<td>Eating too quickly</td>
<td>Environments that trigger eating</td>
</tr>
<tr>
<td>Inattentive/distracted eating</td>
<td>rooms in home</td>
</tr>
<tr>
<td>Leave food on plate</td>
<td>buffets</td>
</tr>
<tr>
<td>Sneaking food</td>
<td>Multi-tasking</td>
</tr>
<tr>
<td>Surprise calories:</td>
<td>Nighttime eating</td>
</tr>
<tr>
<td>taste samples</td>
<td>Missed a meal (make it up)</td>
</tr>
<tr>
<td>mini-desserts</td>
<td>Binge eating</td>
</tr>
<tr>
<td>leftovers</td>
<td>Food to increase energy</td>
</tr>
<tr>
<td>Cravings</td>
<td>Irational rewards</td>
</tr>
<tr>
<td>Immediate vs. delayed gratification</td>
<td>&quot;People are staring in _______.”</td>
</tr>
</tbody>
</table>

PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

Emotional Eating & Environmental Modification

<table>
<thead>
<tr>
<th>Emotions*</th>
<th>Situations*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Uncomfortable situations</td>
</tr>
<tr>
<td>Bored</td>
<td>Difficult people</td>
</tr>
<tr>
<td>Upset</td>
<td>Avoid offending the cool</td>
</tr>
<tr>
<td>Stressed</td>
<td>Eating to be polite</td>
</tr>
<tr>
<td>Anxious</td>
<td>Eating even if not hungry</td>
</tr>
<tr>
<td>Depressed</td>
<td>Eating even if not hungry</td>
</tr>
<tr>
<td>Excited</td>
<td>Food to nurture others</td>
</tr>
<tr>
<td>Lonely</td>
<td>Celebrate with food</td>
</tr>
<tr>
<td>Having fun</td>
<td>Places: staff room, road signs</td>
</tr>
<tr>
<td>Distracted</td>
<td>TV watching; cooking channel</td>
</tr>
</tbody>
</table>

Adapted from
Dieterle & Rice, 2013.

COACHING FOR HABIT & SELF EFFICACY FOLLOWING BARIATRIC SURGERY: CRIST 12/2013

PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

Emotional Eating

Substitute Old Ways for New Occupations as:

Rewards

Distractions

PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY

Physical Activity

Educate about graded exercise for weight control

Bone & joint health
Increase lean tissue mass; decrease fat mass (WL caution)
Energy increase & better sleep (7-8 restorative hours)
Safety & injury prevention

‘Change-it-up’

Make it meaningful, fun and seek partnerships

Personal training
Environment
Weather changes

101 Reasons to Exercise by American College of Sports Medicine
Activity Card Sort
Glasser’s Positive Addiction to activity: exercise, yoga, etc.
(lakes 6-12 months)

COACHING FOR HABIT & SELF EFFICACY FOLLOWING BARIATRIC SURGERY: CRIST 12/2013

P Crist/OccupationalTherapy.com
### Promoting Intervention Success Through Self-Efficacy

#### Time Management & Balance

**Schedule:**
- Organize routines & prioritize activities
- Pre-planning responses to food events
- Unexpected situations

**Self-managing a chronic condition and/or disability**
- Age considerations
- Feelings & mood
  - Practice & celebrate saying 'no'

#### Handling Stress

**Fight or flight response**

- Stress usually related to lack of time that leads to comfort seeking
  - Convenience/convenient foods
  - Taste and/or pleasure foods

#### Life Balance

**Individualize COPM**

- "What is work to one person is play to another of changes based on intention."

**Take Control**

- "We never get more time but each of us has the choice to do with our time!"

**Coach occupations using life wheel & honoring one's values**

**Journaling**

- Regularize weight & blood pressure checks
- Medicines/supplements timing & management

---

**Continued**
**PROMOTING INTERVENTION SUCCESS THROUGH SELF EFFICACY**

**Self Efficacy Apps examples:** personalize choice  
**Coach:**  
- BarMate  
- Noom Weight Loss Coach  
- My Diet Coach  
**Food Labels:**  
- Fooducate  
- Label Lookup  
**Restaurant:**  
- Restaurants & Nutrition  
- Restaurant Nutrition  
- Fast Food Nutrition  
**Walking:** (calcium absorption for bones strength)  
- (lift mood; improve balance and coordination)  
- Imp My Walk  
- Body Walk  
- Walker Tracker  

Pedometers (2014 comparative reviews)  
http://pedometers-review.toptenreviews.com/

---

**PROGRAM OUTCOMES**

**Formative Experiences**  
(Pre-surgery to end of MBST)

**Summative Options:**  
- Pre-surgery occupational profile and objectives/motivations.  
- Track clients who do and do not go through surgery  
- Offering post-surgery support  
- Weight at 2, 5 and 10 years  
- Self-efficacy  
- Identify success profiles  
- (track medical history)

Practice-scholar intuitions and checking  

---

**THANK YOU**

**CLOSING & QUESTIONS**

**References**  

**Useful Links**  
- Practice: http://www.selective.com/ot/celebratethecaregiver/obesity.aspx  
- AOTA: http://www.aota.org/ProfessionalResources/AOTA-Formula.aspx  
- CMO: http://www.cmot.org/Clinical/Therapy/