

Clinical Nutrition Conversations: Goal Setting Techniques to Support Lasting Lifestyle Changes for Patients with Obesity

Featuring:

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TRANSCRIPT

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Voiceover: Welcome to Abbott Nutrition Health Institute's Clinical Nutrition Conversations podcast. In this episode, Dr. Nina Crowley and Dr. Dominique Williams discuss goal-setting techniques to support lasting lifestyle changes for patients with obesity.

Dr. Nina Crowley is the Professional Affiliations and Education Manager for seca's Medical Body Composition and Bioimpedance Analysis Division. She earned her PhD in Health Psychology from Walden University, her Master of Science in Healthcare Policy and Management from SUNY Stony Brook, and her Bachelor of Science in Nutrition Science from Cornell University. Before joining seca, Dr. Crowley was the Program Director of the Metabolic and Bariatric Surgery Program at the Medical University of South Carolina.

Dr. Dominique Williams is the Adult Nutrition Medical Director at Abbott. She is double board certified in Obesity Medicine and Pediatrics and is an active member of the Obesity Medicine Association. Dr. Williams obtained her Bachelor of Science in Nutrition from Case Western Reserve University, her medical degree from Wright State University School of Medicine, and her Master of Public Health in Nutrition from University of Massachusetts Amherst.

And now, here are Dr. Crowley and Dr. Williams.

Dr. Williams: Dr. Crowley, I think it's time for us to really get into some more practical insights and keep driving home more recommendations or considerations for someone to use at the bedside. And as we approach that conversation, it reminds me of my personal approach to how do you talk about what to do next or what would the patient like to do?

And it's just as simple as ask permission. We're well intentioned. We have lots of information. We have our goals as clinicians, but the first step really is, is it okay if we talk about, is it okay if we look through, is it okay

if I show you, would it be okay if we really started to drill down some goals? That one act of asking permission and then respecting the “No.”

It's not to say, yeah, but it's to say, okay. It sounds like today's not a good time to talk about that. And you can either ask permission of something else or take another approach with an open-ended question and say, okay, if you don't feel as though we want to talk about this, what would you like to talk about in the time that we have left with our visit? In the instance where the patient wants to talk about goal setting, can you walk me through how a clinician can approach that conversation?

Dr. Crowley: Wow. Well, yes. Thank you for having me back. I really do love that we're being able to talk about all this important information with people because it really, it's our life's work. And I think it's really what we've sunk our teeth into over the past two decades. And actually I think one of my big goals is the take home of, we're working with humans.

We're working with people with a health condition like many other chronic health conditions. And I think what people need to do a little bit more work on is how to have some human behavior counseling, empathy, rapport building, those type of what people may call soft skills. That training for people with obesity I think is so important.

So yes, I think asking permission is a critical skill. I think being curious and starting from where the patient is at, we hear so much more nowadays about patient-centered care and meet them where they're at. And so to that point, there's some things that we need to remember about people. One of them I think in this space is we really have a tendency to be all or nothing thinkers, and especially when it comes to weight. We hear terms like good and bad, success and failure, on a diet, off a diet, a cheat day, on the plan.

There's tons of these terms that people use and they really do put things in sort of two buckets. And I think one of the skills we can really help people with is sort of getting into that gray area and teaching them that it is not all or nothing. It is a long-term condition. You're not going to be on the same regimen today that you're on next year because it's food, it's eating, it's movement, it's life, it's all of these things. And I think what we can offer our patients is a much more balanced long-term human approach.

Dr. Williams: And some of what you're saying too reminded me of like deprivation frustration, right? If I take everything away from you, how long will that last and how quickly will you become frustrated? And how do we have more giving additive type language when we talk to our patients? What can we help you build? What can we preserve? What can we add?

Dr. Crowley: For me, part of that question in the beginning is what's worked in the past or what's worked in a non-food and nutrition area? I thought that was always a really important way to go because people can

think of clearer examples when they're, oh, about school or about work or about their parenting. It's also really important to think about how you can tie in someone's core values to their goal setting and their work in this area.

Because one thing I think people often come to when they talk about core values is like family, right? They do this for their family. People are really willing to do a lot of things for their kids or for their partner or for their parent that they wouldn't necessarily do for themselves. So if we can connect that to some of the behaviors that we're talking about, well, you're going to maybe eating a meal together so that you're modeling healthy behavior for your kid. That could be something they would really buy into because that's something that, well, it's for the kid. Yeah.

Dr. Williams: And I love what you're saying, what's worked in other areas, because it reminds me of something that I would say to my patients and my students and residents, and that's line your pockets with confidence. A clinician could just as easily line their pockets with confidence to say, you know, I might not have all the technical knowledge about obesity medicine. I have a good heart. I'm a great listener. I went into this field for this reason. I can approach my patient with confidence just as much as the patient comes back to clinic and says, I'm going because I care about my health. I don't care about what's on the scale to the extent that it'll keep me from achieving these outcomes.

And I've done this and I've done that, or I'm going to do it for my family because I know I can do that. I've done it in other ways. I think in the end, it's us bringing humanity and humanness to something that has been picked apart and dissected in a way that dehumanizes others with obesity if we're not careful, right? We have to take the same careful approach.

Dr. Crowley: I think what you're really getting at is the intrinsic factors that are within somebody's self rather than extrinsic, right? So people may come to you saying, I've heard about these medication. I've heard about, you know, people losing a lot of weight and getting healthier on this. I see what they're doing. Give me a diet plan. Tell me what to do.

There's a big category of people who just want you to tell them what to do as an expert. And I find it really rewarding to work with patients like that because there's a way to turn that conversation around and figure out what their core values are, figure out what they want, what's important to them. And when you do that and they self-select their own goals, you're not telling them what to do.

You're not prescribing goals. You're certainly not giving them a list of everything they should be doing. You're figuring out where they're at, what they want and what works for them. I mean, that's the special sauce, right? In whatever, whatever patient encounter you're at, you're figuring out what works for them and they will be motivated to stay doing those things because they came up with it and it works for them.

Sometimes they might not support the behavior changes they're making. You might be doing all these really healthy things for other reasons and you might not see the change in that outcome. So there's also, I think, an important role for us to talk about weight fluctuates and there's, you know, we're not going to be judgmental about that. We're not going to give you negative feedback and I'm going to show you some other ways to look at your success that are beyond just that number. And you know, that's when we can kind of get into some of the really good stuff. I'll give you one pretty objective and easy thing to do when you're talking about this non-scale victories, because I think that's an important concept.

I don't want to veer too far away from that, is when I started my conversation with someone who was going to become a patient, I would ask them, of course, some questions about their weight history, but I would, or their goals and all of that. But I would also really ask, what is something that you want to do that you're limited by your weight right now?

You know, kind of that would be the way I would ask for the answer of a non-scale victory. And they always were these really rich and really interesting things like you mentioned, amusement park rides. I would always hear, get on the floor and play with my kids or my grandkids, get on an airplane without feeling uncomfortable. You know, the category is all of these functional things that are involved in living their life without being seen as odd or different or out of place.

And so I'd remember that, I'd write that down. And I would refer back to that often, especially when they were getting into a place of, my weight's not where I want it to be because that's natural. And I'd normalize that it's natural to feel that. And I'd say, but remember when you got into this, we were looking at getting on the floor with your kids and not having pain and being able to get back up. Can you do that now? Oh, absolutely. Well, that is really that quality of life, functional health goals, and the more of those that we can generate, the better.

Dr. Williams: But what you said reminded me of other conversations I would have with patients. Because if you think about the patient that's been referred for weight management, maybe they're there because they go to visits, right? But they might not buy into why I need to go to this visit. I would sometimes ask, give me three reasons why we just need to leave things the way they are.

Don't go changing my weight. Don't go asking me to change my behavior but give me three reasons why we should just leave them the way that they are. And it's that same richness of conversation that it's like, so that I won't look so different from my family or from my culture or from my peer group, or so that I won't be afraid that I'll fail. If I keep things the way they are, no one can say that I failed, right? So I would give them three reasons to keep them the way that they are. And then the flip side would be, give me three reasons why we should consider making some changes, whether it's your medical plan, like with your medications, or to your point, like behavior change, whatever it is. But give me the three and three.

Dr. Crowley: Behavior change wouldn't be difficult if there were only pros, right? If it was just, hey, if I made this change, everything would be great. Well, then we would just all do it, right? So getting them to say out loud, as you said, their reasons for why it might be hard and why they might still be doing it. It's really important work. And it really does get them to talk about the next level of that.

And you don't have, again, you don't have to do the work. Maybe that's our take home of today is you don't have to work so hard. If your questions and your strategy is a little more curious and asking them to find out for themselves what their personal reasons for or against change are, and then they can come up with, well, I mean, you really will see that. Well, maybe I could start to blady blah, right? Fill in the blank.

Dr. Williams: It would be my sincere hope that our conversations have been able to provide that to someone that if there's just one thing they take from our conversation that they could apply, it's one more thing that they have in their toolbox to help in the care of patients across the lifespan, right? And across disease states, but most importantly to those living with obesity, you know that it's always a joy to talk to you and to enter into these conversations. So I appreciate your time always. And I hope that others have appreciated the insight and the richness that you've brought to this conversation. So thank you, Dr. Crowley.

Dr. Crowley: Well, thank you for giving me a mic and a platform. And I think we've run out of our words for the day.

Dr. Williams: Certainly. So thanks again.