# The Role of CBT in Supporting Behavioural Change Following Metabolic and Bariatric Surgery

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# Disclosures

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# Objective

- To describe CBT strategies for improving eating behaviours and psychological functioning following MBS

# Treatment Approaches for Obesity

obesity canada

## Medical Nutrition Therapy (MNT)

**MNT is used in managing chronic diseases and focuses on nutrition assessment, diagnostics, therapy and counselling. MNT should:**

**a.** be personalized and meet individual values, preferences and treatment goals to promote long term adherence
**b.** be administered by a registered dietitian to improve weight-related and health outcomes

## Physical Activity

**30-60 mins of aerobic activity on most days of the week, at moderate to vigorous intensity, can result in:**

**a.** small amount of weight and fat loss
**b.** improvements in cardiometabolic parameters
**c.** weight maintenance after weight loss

ⓘ **Remember nutrition and physical activity recommendations are important for all Canadians regardless of body size or composition.**

## The Three Pillars of Obesity Management that Support Nutrition and Activity

### Psychological Intervention

**a.** Implement multicomponent behaviour modification
**b.** Manage sleep, time, and stress
**c.** Cognitive behavioural therapy and/ or acceptance and commitment therapy should be provided for patients if appropriate

### Pharmacological Therapy

**a.** semaglutide
**b.** liraglutide
**c.** naltrexone/bupropion *(in a combination tablet)*
**d.** orlistat

criteria
**BMI ≥30kg/m2** or
**BMI ≥27 kg/m2** with obesity (adiposity) related complications

### Bariatric Surgery

ⓘ Procedure should be decided by surgeon in discussion with the patient.

**a.** Sleeve gastrectomy
**b.** Roux-en-Y gastric bypass
**c.** Biliopancreatic diversion with/without duodenal switch

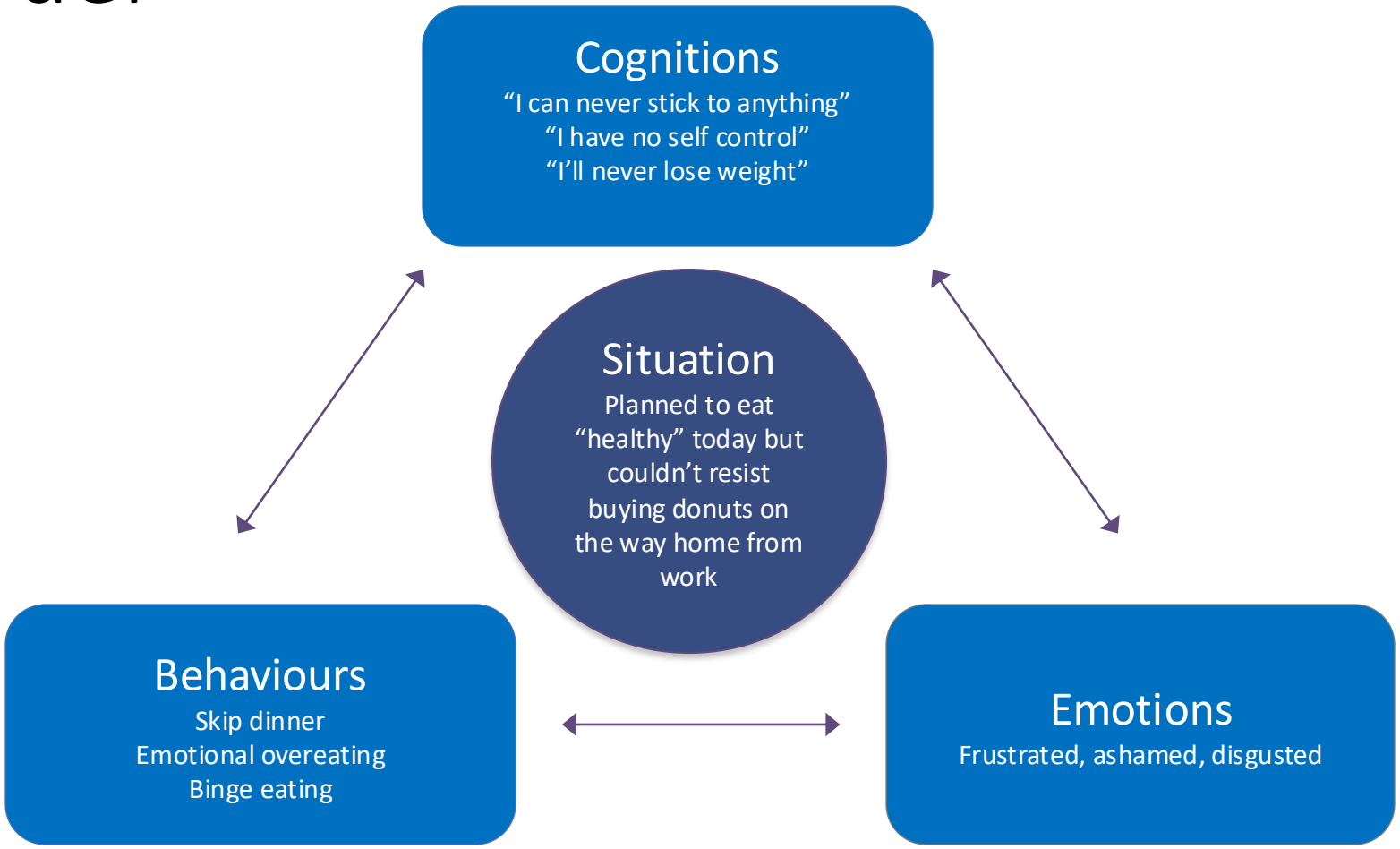
criteria
**BMI ≥40 kg/m²** or
**BMI ≥35 - 40 kg/m²** with an obesity (adiposity) related complication or
**BMI ≥30 kg/m²** with poorly controlled type 2 diabetes

# Cognitive Behavioural Therapy

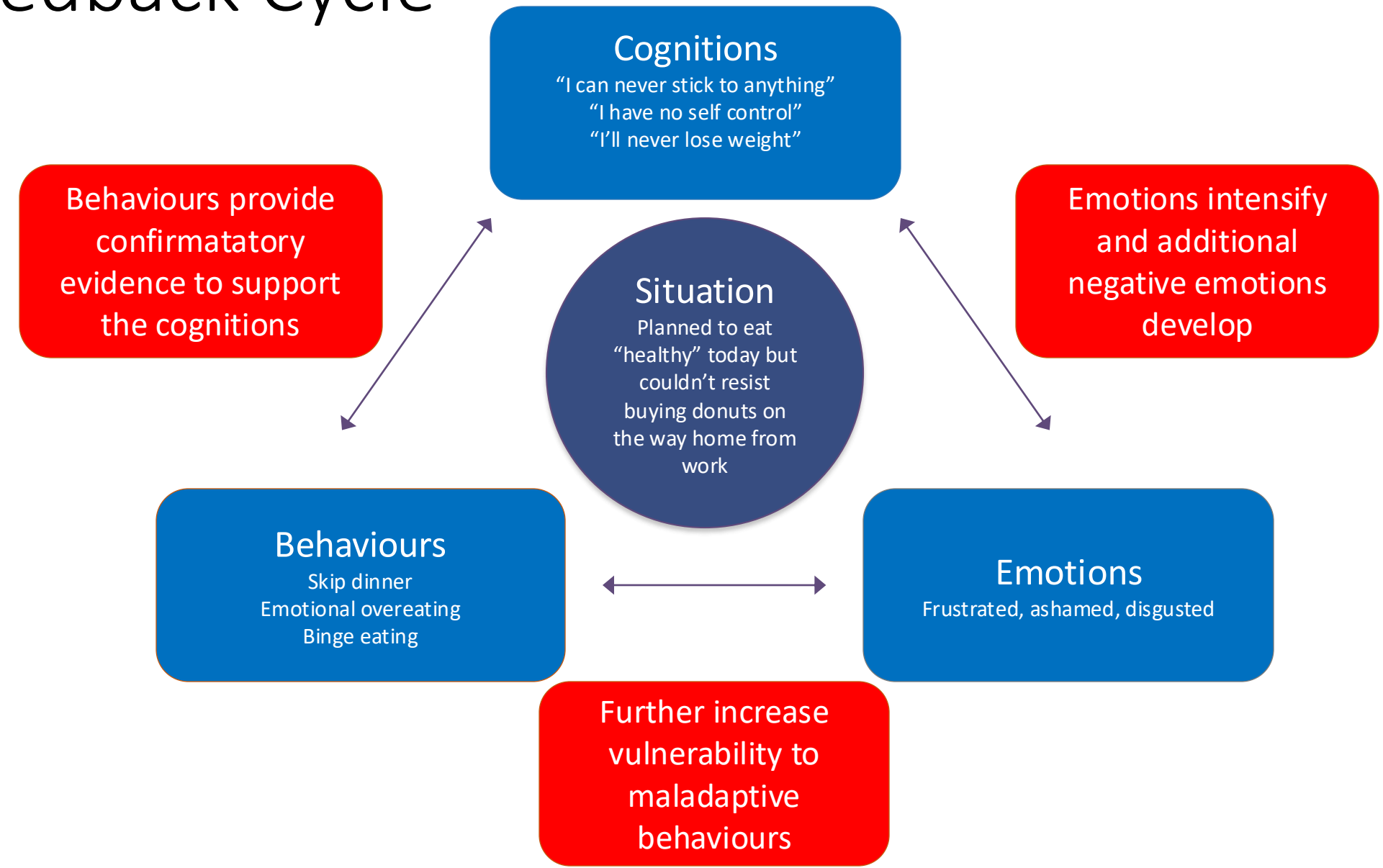
# CBT Psychoeducation and Socialization

- CBT is a short-term, skills-based intervention
- Based on the theory that thoughts, emotions, and behaviours mutually influence one another
  - The way in which an individual perceives a situation can influence their emotional and behavioural responses

# CBT Model


Cognitions
"I can never stick to anything"
"I have no self control"
"I'll never lose weight"
Situation
Planned to eat "healthy" today but couldn't resist buying donuts on the way home from work
Behaviours
Skip dinner
Emotional overeating
Binge eating
Emotions
Frustrated, ashamed, disgusted

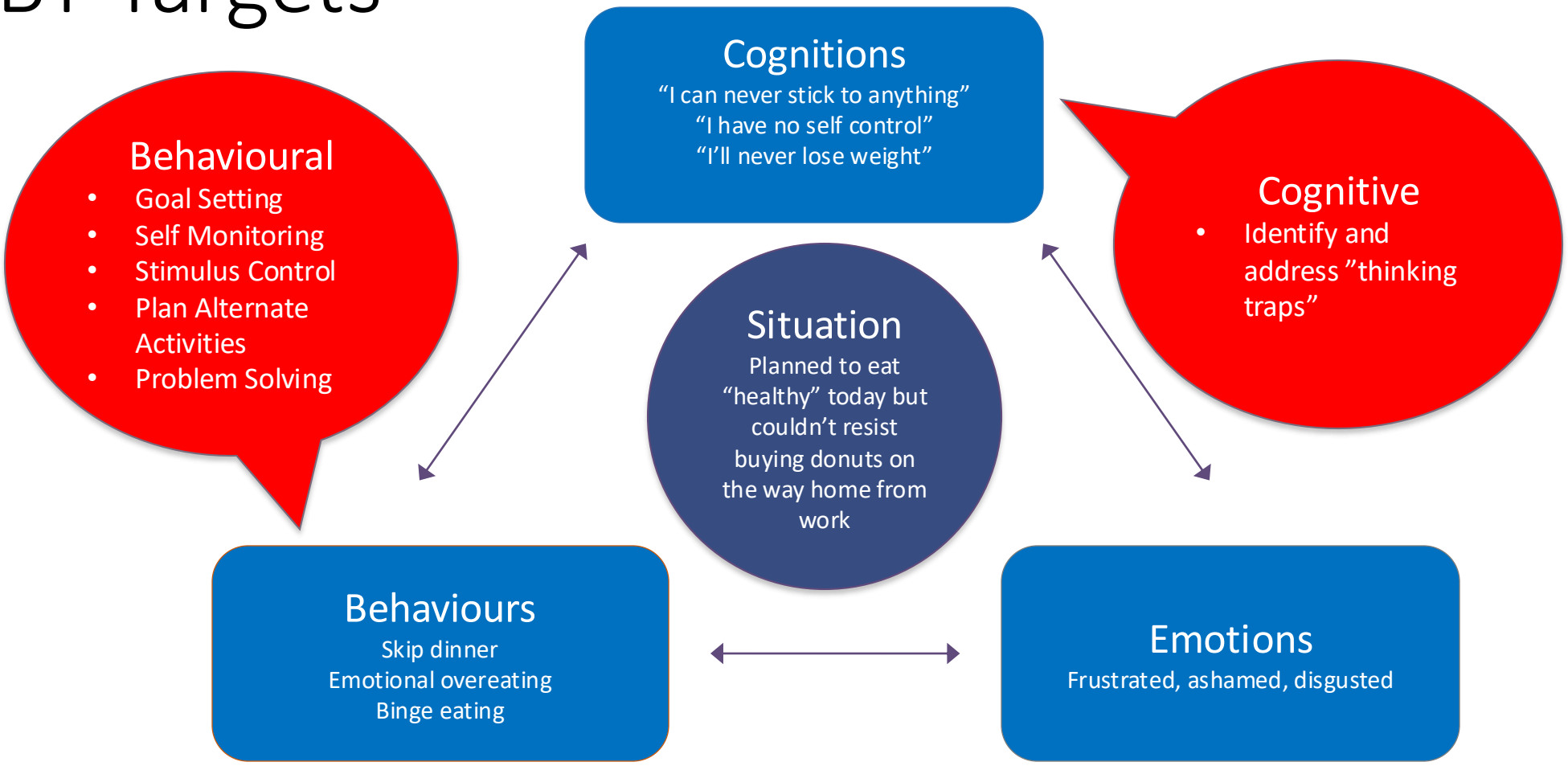
# Feedback Cycle



# CBT Targets

- The goal of CBT is to target the mechanisms that *currently* maintain this unhelpful feedback cycle
  - **Behavioural techniques** aimed at improving eating behaviours and increasing physical activity
  - **Cognitive strategies** to identify and challenge negative thought patterns

# CBT Targets


Cognitions
"I can never stick to anything"
"I have no self control"
"I'll never lose weight"
Behavioural
Goal Setting
Self Monitoring
Stimulus Control
Plan Alternate Activities
Problem Solving
Cognitive
Identify and address "thinking traps"
Situation
Planned to eat "healthy" today but couldn't resist buying donuts on the way home from work
Behaviours
Skip dinner
Emotional overeating
Binge eating
Emotions
Frustrated, ashamed, disgusted

# Goal Setting

- Patients may tend to evaluate their success in treatment based on weight loss
- Goal setting can help patients brainstorm additional ways to measure their success
- Set both long-term and short-term SMART goals
  - “What is the goal that I’m working towards?”
  - “What specific action am I going to take today and for the rest of the week to help get me there?”

# Self-Monitoring and Activity Records

- Monitor food intake and physical activity in real time to ensure accurate recall
  - Helps to identify situations, thoughts, and feelings that increase vulnerability to overeating and inactivity, and to facilitate changes in eating and activity
- Weekly weighing is also recommended
  - Tracks the impact of eating/activity on weight
  - Helps reduce both avoidance of the scale and frequent weight checking
  - Can also track other metrics of interest (e.g., blood pressure, glucose levels)

# Recommendations for Eating

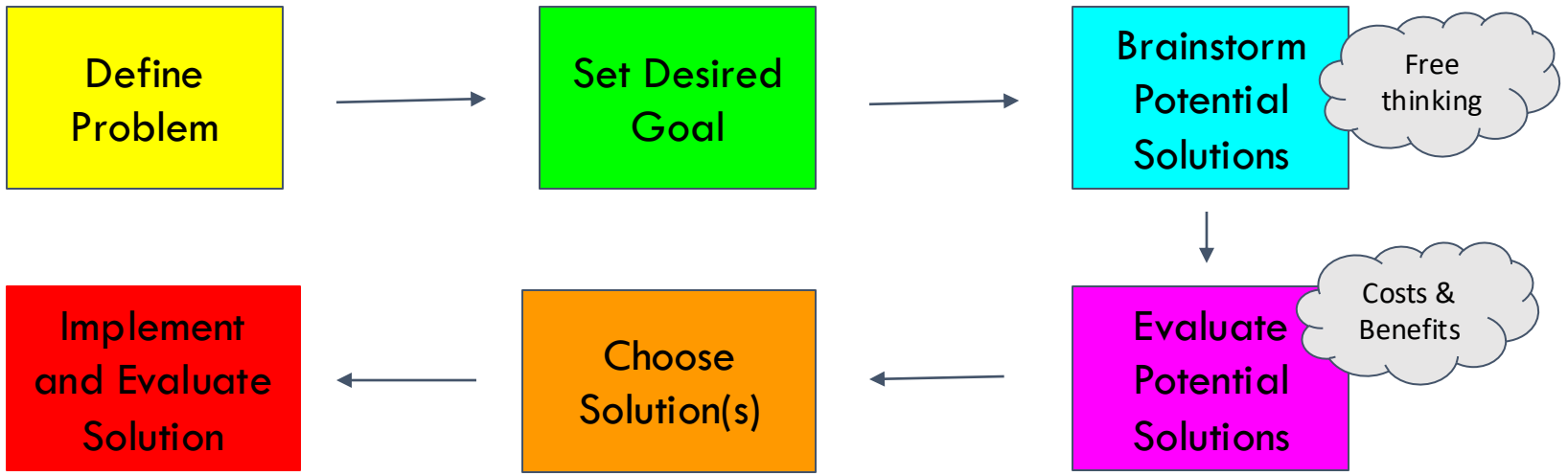
- Eat 3 meals and 2 to 3 snacks per day
  - Eat something within 30 minutes of waking, and then every 3 to 4 hours afterwards
  - No grazing between meals
- Include a variety of food groups in each meal
- Eat in a designated eating area without distractions (i.e., stimulus control)

# Alternatives to Overeating

- To make long-term changes to eating behaviours, it is important to find alternative activities that can be used to:
  - Ride out urges to overeat
  - Reduce vulnerability to overeating (e.g., by improving mood)
  - Enrich the patient's life outside of food

# Planning for Challenging Eating Situations

- Identify places, people, and foods that make it challenging to eat well
  - "When I watch TV alone in the evening, I end up overeating snack foods."
  - "I have a holiday party to attend this weekend, and I often end up overeating at these types of events and then falling 'off track' for the rest of the holidays."
- Use problem-solving skills to help anticipate and troubleshoot such challenges



# Identifying “Thinking Traps”

- All-or-nothing thinking
  - “If I have one ‘bad’ food or miss one workout, I’ve totally blown it”
- Overgeneralizing
  - “I can never stick with anything”
- Fortune-Telling
  - “I’m going to regain all the weight”
- Catastrophizing
  - “I’m going to regain all the weight plus more, and nothing else will ever work for me”

# Addressing “Thinking Traps”

- **Validity:** What is the evidence for and against this automatic thought?
- **Goal:** Balance maladaptive thoughts with more adaptive ones that promote change

- **Utility:** What are the benefits/costs of continuing to hold this thought?
  - Does this thought bring you *closer towards* or *farther away* from your values and goals?
- **Goal:** Act in accordance with your goals/values regardless of thoughts/emotions

- **Self-Compassion:** What would you say to a close friend who was having this same thought?
- **Goal:** Treat yourself with the same compassion you would show a friend

# Summary

Psychological interventions are an important pillar of obesity care

CBT includes a variety of strategies that target disordered eating and promote psychological functioning

# Select References


- Cassin, S. E., Hawa, R., & Sockalingam, S. (2018). *Psychological care in severe obesity: A practical and integrated approach*. Cambridge University Press.
- Cassin, S. E., Sockalingam, S., Wnuk, S., Strimas, R., Royal, S., Hawa, R. & Parikh, S. (2013). Cognitive behavioural therapy for bariatric surgery patients: Preliminary evidence for feasibility, acceptability, and effectiveness. *Cognitive and Behavioral Practice, 20*(4)*,* 529-543.
- David, L. A., Sijercic, I., & Cassin, S. E. (2020). Pre- and post-operative psychosocial interventions for bariatric surgery patients: A systematic review. *Obesity Reviews, 21*(4), E12926.
- Wharton, S., et al. (2020). Obesity in adults: a clinical practice guideline. *Canadian Medical Association Journal*, *192*(31), E875-E891.

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