Psychological Assessment for Patient Undergoing Bariatric Surgery

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Who am I?

- Licensed Professional Counselor
- Board Certified Bariatric Counselor
- AFPA
Why does one chose Bariatric Surgery?
Stigma Associated with Obesity and WLS
Researchers at New York -Presbyterian/Weill Cornell Medicine

• “Do you think people mostly have weight loss surgery for cosmetic or for health reasons?”
• “Do you think weight loss surgery us usually an ‘easy way out’?”
• “Should health insurance cover medical procedures to help people lose weight

A Group of 948 people were survey. The surprising results revealed the following:

• **49.4%** think weight loss surgery is mostly for cosmetic reasons
• **39.1%** say the surgery is chosen as an “easy way out”
• Only **19.2%** said insurance should always pay for it
Is the Patient Ready for Surgery?

- Pre-contemplation
- Contemplation
- Implementation
- Relapse
- Collapse
Pre Bariatric Surgery Requirements

- Meet with Surgeon
- Multiple Medical Evaluation
- Nutritional Requirements
- Liquid Diets
- Weight Loss is Required
- Exercise Regime
Types of Bariatric Surgery

- Gastric Bypass
- Sleeve Gastrectomy
- Duodenal Switch/Loop
- Adjustable Gastric Band
What to expect during the psychological assessment?
Goals of the Interview/Assessment

- Overview of Types of Surgeries
- Risk and Benefits
- Identify Eating Habits
- WL HX
- Post Surgery Restrictions
- Review Medical Issues
- R/O Active MH Issues
- Life after surgery
Social History

Support System
Relationships
Family
History of Obesity

❖ When did weight become a problem?
❖ Highest adult weight vs. lowest adult weight
❖ Current Weight and BMI

❖ Genetics
❖ Contributing factors towards obesity
❖ Impact of obesity on life
❖ Diet Hx
“Skinny” Bucket List
Assessments
Weight and Lifestyle Inventory (WALI)


SECTION B: WEIGHT HISTORY
1. At what age were you first overweight by 10 lbs or more? ______ years old
   How do you remember that you were overweight at this time? (e.g. pictures, clothes size, others telling you)

2. What has been your highest weight after age 21? _____ lbs., ______ yrs. old

3. What has been your lowest weight (not due to illness) after age 21, which you maintained for at least 1 year? _____ lbs. ______ yrs. old, maintained for ______ yrs.
   Was this weight reached after a weight loss effort? Yes ☐ No ☐

4. Check the statement number below that best describes you. “During the past 6 months my weight has…”
   1. decreased more than 10 lbs. ☐ 4. increased by 5 to 10 lbs. ☐
   2. decreased 5 to 10 lbs. ☐ 5. increased more than 10 lbs. ☐

5. For each time period shown below, please list your maximum weight. If you cannot remember what your maximum was, make your best guess and mark “G” (for guess) next to your answer. In addition, please note any events related to your gaining weight during this period.

<table>
<thead>
<tr>
<th>Age</th>
<th>Max Weight</th>
<th>Events Related to Weight Gain</th>
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<tbody>
<tr>
<td>5-10</td>
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<td>11-15</td>
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<td>16-20</td>
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<td>21-25</td>
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<td>26-30</td>
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<td>31-35</td>
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<td>36-40</td>
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<td>41-50</td>
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<tr>
<td>51-60</td>
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<tr>
<td>60-70</td>
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</tbody>
</table>

SECTION E: WEIGHT LOSS HISTORY
1. Please record any major weight loss efforts (i.e., diet, exercise, moderation, etc.) that resulted in a weight loss of 10 pounds or more. Think about your previous efforts, starting with the first one, whether in childhood or adulthood. You may have difficulty remembering this information at first, but most people can if they take their time. Start with your first weight loss effort and proceed in order until you reach your most recent one.

<table>
<thead>
<tr>
<th>Age at time of effort</th>
<th>Weight at start of effort</th>
<th>#lbs lost</th>
<th>Method used to lose weight</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please turn to the last page if you need more space.

2. In the past year, how many times have you started a weight loss program on your own that lasted for more than 3 days?

3. In the past year, how many times have you started a weight loss program on your own that lasted for 3 days or less?

4. Have you ever experienced any significant physical or emotional symptoms while attempting to lose weight or after losing weight? Yes ☐ No ☐
   If you answered “yes,” please describe your symptoms, including when they began, how long they lasted, and the type of help you sought, if any.

### AMA Eating Pattern Questionnaire


#### Weight Loss Questionnaire

Please complete this questionnaire, which will help you and your physician develop the best management plan for you.

1. Is there a reason you are seeking treatment at this time? ____________
2. What are your goals about weight control and management? ____________
3. Your level of interest in losing weight is: 
   - Not interested 1 2 3 4 5 Very interested
4. Are you ready for lifestyle changes to be a part of your weight control program? 
   - Not ready 1 2 3 4 5 Very ready

#### Weight History

10. As best as you can recall, what was your body weight at each of the following time points (if they apply)?
   - Grade school _______ High school _______ College _______ Ages 20-29 _______ 30-39 _______ 40-49 _______ 50-59 _______
11. What has been your lowest body weight as an adult? _______
12. At what age did you start trying to lose weight? _______
13. Please check all previous programs you have tried in order to lose weight. Include dates and your length of participation.

<table>
<thead>
<tr>
<th>Program</th>
<th>Date</th>
<th>Weight Lost/gained</th>
<th>Length of participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTS</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Weight Watchers</td>
<td></td>
<td></td>
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<tr>
<td>Overeaters Anonymous</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Liquid Diet (Optional)</td>
<td></td>
<td></td>
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<tr>
<td>Weight loss, medically induced</td>
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<td></td>
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<tr>
<td>Weight loss, psychiatric</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Healthy Eating (veryClin)</td>
<td></td>
<td></td>
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<tr>
<td>VL/F diet pills</td>
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<td></td>
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<tr>
<td>Obesity Surgery</td>
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<td></td>
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<tr>
<td>Weighted Diet</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

14. Have you maintained any weight loss for up to 1 year on any of these programs? Yes ☐ No ☐
15. What did you learn from these programs regarding your weight? ____________
16. What did not work about these programs? ____________
17. Have you been involved in physical activity programs to help with weight loss? Yes ☐ No ☐ Which ones or in what way? ____________

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### Eating Pattern Questionnaire

Please answer the following questions and check the appropriate boxes that most closely describe your eating patterns.

1. Do you follow a special diet? 
   - No ☐
   - Diabetic ☐
   - Low sodium ☐
   - Low fat ☐
   - Kosher ☐
   - Vegetarian ☐
   - Other ☐
   - Give examples of what guidelines or diets, if any, you follow: ____________

2. Which meals do you regularly eat? 
   - Breakfast ☐
   - Lunch ☐
   - Brunch ☐
   - Dinner ☐

3. When do you snack? 
   - Morning ☐
   - Afternoon ☐
   - Evening ☐
   - Late night ☐
   - Throughout the day ☐

4. What is your favorite snack foods? ____________

5. How is your food usually prepared? (check all that apply) 
   - Baked ☐
   - Broiled ☐
   - Boiled ☐
   - Fried ☐
   - Steamed ☐
   - Poached ☐
   - Other ☐

6. How many times each day do you have the following food items? 
   - a. Starch (bread, bagel, roll, cereal, pasta, noodles, rice, potato) 
     - Never ☐
     - Less than 1 ☐
     - 1-2 ☐
     - 3-5 ☐
     - 6-8 ☐
     - 9-11 ☐
   - b. Fruit 
     - Never ☐
     - Less than 1 ☐
     - 1-2 ☐
     - 3-5 ☐
     - 6-8 ☐
     - 9-11 ☐
   - c. Vegetables 
     - Never ☐
     - Less than 1 ☐
     - 1-2 ☐
     - 3-5 ☐
     - 6-8 ☐
     - 9-11 ☐
   - d. Dairy (milk, yogurt) 
     - Never ☐
     - Less than 1 ☐
     - 1-2 ☐
     - 3-5 ☐
     - 6-8 ☐
     - 9-11 ☐
   - e. Meat, fish, poultry, eggs, cheese 
     - Never ☐
     - Less than 1 ☐
     - 1-2 ☐
     - 3-5 ☐
     - 6-8 ☐
     - 9-11 ☐
   - f. Fat (butter, margarine, mayonnaise, oil, salad dressing, sour cream, cream cheese) 
     - Never ☐
     - Less than 1 ☐
     - 1-2 ☐
     - 3-5 ☐
     - 6-8 ☐
     - 9-11 ☐
   - g. Sweets (candy, cake, regular soda, juice) 
     - Never ☐
     - Less than 1 ☐
     - 1-2 ☐
     - 3-5 ☐
     - 6-8 ☐
     - 9-11 ☐

7. What beverages do you drink daily and how much? 
   - Water ☐
    - times or glasses per day (8 oz) ☐
   - Coffee ☐
    - times or cups per day ☐
   - Tea ☐
    - times or cups per day ☐
   - Soda ☐
    - times or glasses per day (12 oz) ☐
   - Alcohol ☐
    - times or glasses per day (12 oz) ☐
   - Other ☐
    - times or glasses per day ☐
(Specify) ____________

8. Would you like to change your eating habits? Yes ☐ No ☐
   Which habits would you like to begin to change? ____________

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(BEDS-7) Binge Eating Disorder Screener - 7


A guide to using the Binge Eating Disorder Screener-7 (BEDS-7)

This patient-reported screener is designed to help you quickly and simply screen adults whom you suspect may have binge eating disorder (B.E.D.).

This tool was developed by Shire US Inc and is intended for screening use only. It should not be used as a diagnostic tool.

**USING THE BEDS-7 IS SIMPLE:**

**STEP 1:**

**QUESTION 1**

If the patient answers “YES” to question 1, continue on to questions 2 through 7.

If the patient answers “NO” to question 1, there is no reason to proceed with the remainder of the screener.

**STEP 2:**

If the patient answers “YES” to question 2 AND checks one of the shaded boxes for all questions 3 through 7, follow-up discussion of the patient's eating behaviors and his or her feelings about those behaviors should be considered.

**STEP 3**

Evaluate the patient based upon the complete DSM-5 diagnostic criteria for B.E.D.

The following questions ask about your eating patterns and behaviors within the last 3 months. For each question, choose the answer that best applies to you.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the last 3 months, did you have any episodes of excessive overeating (i.e., eating significantly more than what most people would eat in a similar period of time)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>NOTE: IF YOU ANSWERED “NO” TO QUESTION 1, YOU MAY STOP THE REMAINING QUESTIONS DO NOT APPLY TO YOU.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you feel distressed about your episodes of excessive overeating?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Within the past 3 months...</td>
<td>Never or Rarely</td>
<td>Sometimes</td>
</tr>
<tr>
<td>3. During your episodes of excessive overeating, how often did you feel like you had no control over your eating (e.g., not being able to stop eating, feel compelled to eat, or going back and forth for more food)?</td>
<td></td>
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<tr>
<td>4. During your episodes of excessive overeating, how often did you continue eating even though you were not hungry?</td>
<td></td>
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<tr>
<td>5. During your episodes of excessive overeating, how often were you embarrassed by how much you ate?</td>
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<tr>
<td>6. During your episodes of excessive overeating, how often did you feel disgusted with yourself or guilty afterward?</td>
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<tr>
<td>7. During the last 3 months, how often did you make yourself vomit as a means to control your weight or shape?</td>
<td></td>
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</tbody>
</table>
HX of Eating Behavior and R/O Eating D/O

- Binging (BEDS7) Binge Eating
- Disorder Screener-7
- Purging
- Restricting
- Over-exercising
- Laxatives/Diuretics
- Other
Knowledge of Nutrition
Meals
Snacks
How often dine out
Foods/beverages Intake
As suicide risk is both high before and after the surgery, long-term supervision and timely intervention are suggested.

Postsurgical weight loss is likely to improve cognitive function and psychiatric symptoms like depression, but not anxiety.

Presurgical MH issues may imply poor postsurgical outcomes and hence warrant thorough evaluation and aggressive treatment.

As suicide risk is both high before and after the surgery, long-term supervision and timely intervention are suggested.

Psychiatric disorders such as depressive disorders, anxiety disorders, and binge eating disorders are prevalent among bariatric surgery candidates.

Psychiatric History
Major stressors

Ask Specific Questions

Have you ever seen a psychiatrist or counselor?

Ever been treated for depression/ Anxiety/ other

Family history of MI
Substance Use
Trauma HX

Physical Abuse

Emotional Abuse

Sexual Abuse
Medical /Surgical History
Knowledge and Motivation for Surgery

❖ Type of Surgery chosen and Why?
❖ What have you done to educate yourself about surgery
❖ Motivation for surgery?
❖ Benefits and Risks of surgery
❖ Who will your eating habits impact surgery choice
Develop Goals
Review/Summarize Session
❖ Potential for cross addictions
❖ Goals and lifestyle and behavioral changes
❖ Importance of adhering to nutritional guidelines
❖ Importance of exercise
❖ Adequate hydration
❖ WL prior to surgery and why?
❖ Purpose of behavioral evaluation and role of behaviorist
❖ If a smoker, the importance of smoking cessation
Required Documentation for WLS
Client is evaluated to be an appropriate candidate for weight loss surgery. This patient was seen for evaluation for psychological suitability and stability to participate in the bariatric surgery program and was assessed to determine the presence or absence of any serious mental health difficulties. Patient was also assessed to determine knowledge and awareness of the procedure, especially the lifestyle changes that are concomitant to this procedure. At the present time, patient appears psychologically suitable to proceed with the process for bariatric surgery.
If not appropriate what are the recommendations...

- Client is NOT an appropriate candidate for weight loss surgery.
- Client is an appropriate candidate for weight loss surgery once additional documentation, supporting this finding, is provided by the client’s own mental health care provider.
Postoperative Behavioral Care Needs

- Medical monitoring and managing comorbid conditions
- Nutritional monitoring and managing dietary adequacy and the deficiencies that may occur
- Assessment for surgical complications
- CBT/Supportive Counseling and Group and Peer support
“Mind set” for ongoing long term weight loss success

No One Wants to be the “Angry thin person” in the room
Closing Remarks
Questions?