

# Cognitive Behavior Therapy Procedure Prior To Bariatric Surgery

Paul L<sup>1</sup>, Heiden CVD<sup>2,3</sup>, Biter LU<sup>4</sup> and Hoek HW<sup>1,5,6</sup>

<sup>1</sup>PsyQ International Mental Health Services, Parnassia Psychiatric Institute, The Hague, The Netherlands

<sup>2</sup>PsyQ International Mental Health Services, Parnassia Psychiatric Institute, Rotterdam, The Netherlands

<sup>3</sup>Department of Psychology, Education and Child Studies, Erasmus University Rotterdam, Rotterdam, The Netherlands

<sup>4</sup>Department of Bariatric surgery, Sint Franciscus Hospital, Rotterdam, The Netherlands

<sup>5</sup>Department of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands

<sup>6</sup>Department of Epidemiology, Columbia University, Mailman School of Public Health, New York (NY), USA

**Corresponding author:** Linda Paul, MSc, Parnassia Psychiatric Institute, The Hague, The Netherlands, Tel: +31 88 357 3032; E-mail: [l.paul@psyq.nl](mailto:l.paul@psyq.nl)

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## Abstract

Although bariatric surgery is an effective treatment for morbid obesity, approximately 20-30% of the patients stabilize premature in weight loss or regain weight post surgically. Adherence to post-surgical diets and permanent changes in life style concerning eating habits and physical exercise are supposed to be important factors for successful weight loss on the long term. A preoperative cognitive behavior therapy (CBT) protocol has been developed, based on treatment protocols for eating disorders and obesity and modified for bariatric surgery patients. This 10 session treatment is focused on modification of thinking and behavior in terms of eating habits and physical activity. This procedure is promising as illustrated by a case study.

**Keywords** Obesity; Bariatric surgery; Cognitive behavior therapy; Psychological treatment developed for eating disorders [6] and obesity [7] and

Psychological treatment

Bariatric surgery is an effective treatment for morbid obesity. However, 20-30% of the patients experience premature weight stabilization or weight regain [1,2]. Among other factors, dysfunctional eating behaviors such as emotional eating binge eating and loss of control over eating have been indicated as negative psychological factors for treatment outcome [3,4]. As such, behavioral life style interventions seem important to achieve optimal weight loss results [5].

A preoperative cognitive behavior therapy (CBT) protocol has been developed, which is based on cognitive behavioral treatment protocols

		thoughts and feelings, physical activity diary, week goals.
<b>6. Cognitive restructuring behavioral analysis</b>	<b>II:</b> Analysis of eating or physical activity situation with ABC model <sup>b</sup> , behavioral analysis of situation, week goals eating and activity.	Analysis of recent situation of undesirable eating behavior and of underactivity, eating and physical activity diary, week goals, registration difficult and success moments.
<b>7. Cognitive restructuring constructive thoughts</b>	<b>III:</b> Obstructive thoughts in difficult moments-replacing by constructive thoughts, increasing credibility of constructive thoughts, week goals eating and activity.	Registration difficult and success moments, practicing constructive thoughts, eating and physical activity diary.
<b>8. Self-control</b>	Stimulus control-diminishing probability of undesirable eating behavior by organization of environment (e.g. eating of small plate), stimulus-response intervention: Applying alternative behaviors for urge to eat (e.g. taking a walk), Response consequences - linking undesirable behavior (overeating) to negative consequence (e.g. cleaning), week goals eating and activity.	Composing list with self-control measures, performing one self-control measure, registration difficult and success moments, eating diary and physical activity diary, week goals.
<b>9. Self-control, mindfulness, relapse prevention plan</b>	Relapse prevention: Future difficult moments, behavioral alternatives and constructive thoughts, week goals eating and activity.	Completing relapse prevention plan, practicing self-control measures, eating and physical activity diary, week goals.
<b>10. Relapse prevention and preparation</b>		

slowly, first in session and next as a homework exercise for the next session.

Focus of the eighth session was enhancing self-control by stimulus

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All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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