

# ASMBS INTEGRATED HEALTH SUPPORT GROUP MANUAL

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The ASMBS Bariatric Surgery Support Group Facilitator Manual is intended to help bariatric support group leaders create and provide a productive, safe, and caring environment that will allow patients and their support networks to freely express their concerns and give them an opportunity to learn from others.

The Manual discusses the value of patient support groups, while offering an up-to-date look at research about their effectiveness. It offers a rationale for keeping patients engaged and provides suggestions about how the facilitator might do this. Information is provided about the various types of groups that can be offered to patients. Perhaps most importantly, a detailed chapter about relevant topics and content of support groups is offered for the facilitator to consider. New technologies and alternative support group formats such as online support modalities are also mentioned.

Just as bariatric surgery is a powerful tool that assists the patient in achieving their weight loss goals, we hope this Manual is utilized by facilitators, novice or experienced, to not only help the patient achieve, but maintain optimal lifelong weight loss and health. The support group committee recognizes that without creative, compassionate, dedicated and knowledgeable support group facilitators, the bariatric patient's tool box would be incomplete. It is our hope that you read, re-read, review, and utilize this Manual to assist you in augmenting and expanding your skill set as a support group facilitator.

In closing, the information provided in the Support Group Facilitator Manual consists of suggestions that may be helpful to group facilitators. This information is not intended to establish a standard of care or to be legally binding in any way. The Manual is intended to be a living document, one that can be periodically updated as new research and information emerge. More importantly, we hope that as facilitators you will feel free to share your feedback so that the IHSG Committee can make periodic modifications to the Manual, keeping it fresh and relevant.

## **Section 1: Format/Participant Suggestions**

The available research clearly highlights the importance of making support groups and related structures available to bariatric surgery patients, and provides evidence that support group participation may enhance bariatric outcomes [1-4]. Support groups have the ability to provide valuable information to patients, while helping them deal with unexpected challenges. They also provide an opportunity for patients to create a broader social/relational support network. Such groups can also be important resources for patients' family members and supporters.

When starting a group, it is important to establish the group contract, in which the basic rules of group participation are made clear. This can be spelled out in writing or can be reviewed verbally at the start of the meeting. To meet MBSAQIP standards, groups must be supervised by a licensed health care provider and run at least quarterly, with documentation of the time, location, agenda, and supervisor. Sign-in sheets serve as satisfactory documentation as long as they include the aforementioned information. Individuals participating in groups should be informed of the importance of focusing on their own issues and maintaining the confidentiality of information shared. Group leaders are encouraged to try to involve as many individuals as possible in group discussions.

It is important to provide guidance for managing groups that include both pre-operative and post-operative patients. Pre-operative patients may still be considering surgery. Post-operative patients will be in differing stages of recovery from surgery, and learning how to move forward with weight loss and maintenance. Support group leaders will want the content of the group sessions to be relevant to both. Suggestions are included below.

There is nothing in the literature to suggest that particular group formats are likely to be most effective in improving patient retention and enhancing weight loss maintenance. There are many possible formats for support groups, though, and suggestions are noted below. While this list is not exhaustive, it is intended to provide the support group facilitator with a range of options. Specific parameters, such as the frequency of group meeting, group size, etc. must be determined by the needs of each program and its patients, but monthly meetings appear to be most common.

### **Pre-surgery Groups**

- For patients only or patients and their significant others
  - Specific, scheduled topics vs. open forum or a combination of the two
  - Educational focus vs. process/sharing orientation

- Adolescents and their family members may be likely to benefit from a separate pre-surgery group

### **Combined Pre- and Post-surgery Groups**

- Pre- and post-op patients only or patients and their support people
- Specific, scheduled topics vs. open forum or a combination of the two
- Adult vs. adolescent groups
- Establish a Buddy system whereby pre-surgery patients are connected with post-surgery patients for support.
- Hold a combined group meeting for half the meeting time, and separate pre- and post-surgery groups for half the meeting time.
- Focus on support group meeting content that applies to both populations such as mindful eating, arranging one's home and work environments for success, and hunger versus cravings.

### **Post-surgery Groups**

- For patients only or patients and their support people
- Closed membership vs. open membership groups
- Time-limited vs. ongoing
  - Specific, scheduled topics vs. open forum or a combination of the two
  - May stratify by:
    - Time since surgery (e.g. < 1 year vs. > 1 year post-surgery)
    - Type of surgery (specific groups for LAGB, LSG, RYGB)
    - Gender
    - Support person focus
    - Age (e.g. adolescent vs. adult)
    - Specific needs
      - Ongoing education
      - Process/problem oriented
      - Back on track focus
      - Targeted audience
        - Individuals who abuse alcohol or other substances
          - May involve local AA, NA meetings nearby
        - Individuals who engage in binge or night eating
          - Specific CBT groups are especially effective

## **Adolescent Support Groups**

- For ages ranging 16-21 years old
- Run by individuals with specific adolescent training and experience
- Require extra attention to dietary recommendations, exercise expectations, and how to utilize the surgery - given developmental status
- Parental/family attendance
  - For all or part of the group, may have a separate breakout for parents and family members
- Age appropriate topic focus
  - May involve group activities to teach nutrition topics, eating out, grocery shopping, and more
  - Use technology to engage the group: video clips and short powerpoint presentations
  - Interactive discussions addressing both peer and familial issues, involving the behavioral health clinician
  - Should integrate social media, which may include the capacity for staying in touch in between groups and group reminders/announcements

## **Alternative Support Group Modalities**

- Online support groups
  - Can tailor to various patient needs while also reaching a broader population
  - May utilize social media such as Facebook, Google+, and Yahoo Groups
  - Video conferencing using programs such as GoToMeeting, WebEx, Fuze
- Phone conference groups
- Peer run support groups
- Mentorship programs
  - Patients that are at least one year post-op
  - Patients that have been successful in weight loss
  - Patients that are active in support group
  - Must ensure that these programs conform to HIPPA, hospital policies, and agree not to give medical or diet advice

## **Intervention Groups**

Intervention groups and support groups differ in several ways (See Table 1 below), but have common factors including having group norms (e.g., non-judgmental environment,

confidentiality, and respect for others) and having an individual present to provide management and direction. Patients may feel especially comfortable sharing emotional eating concerns in a support group setting. Thus, support groups offer a potential opportunity for screening for more serious pathology.

The subject of eating disorders (e.g., Binge Eating Disorder, Night Eating Syndrome, and Bulimia Nervosa) and disordered eating (e.g., loss of control eating, graze eating, and chewing/spitting out of food) may arise during support groups. The re-emergence of eating pathology after bariatric surgery is underreported, rare for classical eating disorders of Anorexia Nervosa and Bulimia Nervosa, and is still poorly understood [5]. For patients who are in need of more intensive emotional support or intervention, a support group is not an appropriate setting to address such issues. Thus, it is important to know when to refer the patient for evaluation and treatment (individual or group) for an eating disorder.

Table 1. Differences Between Support Groups and Intervention Groups

<b>Support Group</b>	<b>Intervention Group</b>
Non-clinical	Clinical in nature
May have a session topic or an open forum	Targets specific concerns (e.g., mood disorder, binge eating disorder, social skills)
Provides information, education, coping strategies, peer support, and suggestions	Typically follows a standardized protocol utilizing empirically-based strategies
Can be directed by many individuals: health care provider, psychologist, trainee, patient/peer, guest speakers, panels	Typically facilitated by a licensed provider with experience providing mental health treatment
Support persons may be welcome	Patients only
No record keeping (other than attendance) or appointment needed	Documentation required
Free	Co-pay, fees, and/or billed to insurance

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2. Kaiser KA, Franks SF, Smith AB. Positive relationship between support group attendance and one-year postoperative weight loss in gastric banding patients. *Surg Obes Relat Dis.* 2011 Jan-Feb;7(1):89-93.
3. Orth WS, Madan AK, Taddeucci RJ, Coday M, Tichansky DS. Support group meeting attendance is associated with better weight loss. *Obes Surg.* 2008 Apr;18(4):391-4.

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## Section 2: Group Topic Suggestions

Support groups are a wonderful avenue for patients to gain knowledge, network with other bariatric patients, and obtain meaningful support. Effective support groups may optimize long term post-surgery weight loss outcomes for their patients. It is our role as support group leaders to provide a variety of topics to keep groups exciting, informative, useful, and welcoming. This can help to ensure maximum support group attendance and participation, while encouraging patient retention for years to come. Keeping patients and their support systems engaged and enthused is an ongoing and sometimes challenging endeavor. Below is a list of categories of possible group topics and themes to consider in your practice.

### Physical Health

- Managing medications and co-morbid health issues after surgery
  - Communicating effectively with multiple providers: Sharing blood draw results, visits, and medication dosage changes with surgeon and PCP/other specialties in the short and long term post op period
- Post-bariatric surgery patient healthcare self-advocacy ideas and tips
  - Review need for regular visits to PCP, dentist, GYN, specialists
- Periodic support group visits by bariatric surgeons, nurse practitioners, PCPs, etc.
- Learning the warning signs of potential issues such as dehydration, hypoglycemia, leaks, etc.
- Pregnancy issues following bariatric surgery
- Updates on research findings regarding biological mechanisms and obesity and mechanisms of action of WLS
- Importance of physical activity and exercise
  - Ideas to raise accountability: Gym or class commitment, exercise buddies, utilization of trainers, and support group discussion
  - Holding walking groups or “support group” teams
  - Participate in the Walk from Obesity or a local 5K as a group
  - Invite a fitness professional to teach skills (i.e. Zumba, yoga, resistance bands)
- In conjunction with an exercise physiologist, teach the value of cardio vs. weight bearing exercise, and adaptive physical activities for those with limitations
- “Bariatric surgery in the news”; discussion of recent findings in the literature in an audience-friendly manner. Have the patients seen or read any information in popular news or television shows? e.g., effects of surgery on diabetes, new medications that may be approved, My 600 lb Life vs their own experience, etc.



## Emotional Health

- Mindful behaviors and habits
  - Offer a description/have a group discussion of mindfulness with examples. Provide relevant resources and readings about mindfulness and mindful eating
  - Invite a local behavioral care health professional to offer instruction about mindfulness
  - Recommend individual therapy and counseling alternatives for mindfulness skill-building
- Identify the difference between and the potential consequences of adaptive versus maladaptive coping styles in the face of meaningful life stress
- Changing body image
  - Visualization exercises, visits to stores and clothing catalogue review
  - Relevant readings, community and online resources to enhance post-op body image
  - Invite a local art therapist to facilitate useful self-image awareness, enhancement exercises and activities
  - Discuss creative ideas and useful alternatives for dealing with loose and sagging skin
  - Body contouring presentation facilitated by a plastic surgeon
  - Discussion of body image distortions that may occur after surgery and how to cope with them (e.g., not being able to see that weight has been lost when looking in the mirror)
  - Discussion of the impact that unattainable beauty standards often portrayed in the media can have on body image
- Image makeover/fashion show/fashion mentoring
  - Bring in speaker for undergarment fitting, makeup application, accessories, hair stylist (could also include clothing donation or clothing exchange)
- Addictive behaviors (before and after surgery)
  - Latest research based education (myth busting)
  - Group discussion and instruction about alternative means for self-care
  - Sharing of resources and treatment options to address problematic addiction transfer behavior
  - “Red flags” or warning signs for patients and their loved ones to be looking out for
- Creation of coping skills to address life stressors
  - Identify problematic behavioral triggers and healthier alternative coping methods
  - Group discussion of potential and real post-op life stressors

- User-friendly stress management ideas
- Relaxation training via deep breathing, guided imagery, progressive muscle relaxation
- How to best manage special occasions, holiday and other significant life stressors
- Enhancing self-confidence and self-worth
  - Group sharing, buddy system, establishing one new insight for each group meeting
  - Develop lists of positive personal qualities
  - Identify new functional abilities as part of post-surgical identity
- Having mentors/ angels/ guides talk to group about their experiences
- Invite a local psychotherapist to discuss the risks associated with problematic coping strategies and the merits of therapy
- Self-Sabotage: how to recognize and meaningfully address it
- Facilitate skill-building with regard to assertiveness and healthy self-advocacy
- Eating disorders and bariatric surgery
  - Discuss food meanings and attachments, encourage additional support from focused programs and resources
  - Define the ways in which disordered-eating might manifest itself post-operatively
  - Discuss how to determine when problematic eating after surgery reaches the point of needing professional assistance
  - Provide resources and alternatives for meaningfully tackling emotionally/psychologically –disordered eating (psychotherapy, Overeaters Anonymous, Foodaholics Anonymous, online support sites)
  - NOTE: The focus should be on providing information on eating disorders not evaluation or treatment. If patients present with significant concerns, they should be referred to a licensed provider for evaluation to determine the need for focused treatment.
- Recognizing non-scale victories
  - Reduction in medications, improvements in co-morbidities, completing a 5K, tying shoes, flying in an airplane without a seatbelt extender, etc.
- Open forum in which each member brings up an issue of relevance (equitable sharing)
- Patient testimonial in which post-op patients are the “Panel of Experts” who give their “testimony” as to how weight loss surgery has changed their lives
- Spirituality and the role of faith based activities and organizations
- Rekindling of old passions and hobbies and development of new ones
  - Patients volunteer to speak about new hobbies (gardening, scrapbooking, painting)

- Group sharing of personal favorites
- Each member of group writes an honest account of themselves and what they have learned or hope to learn and share with others on their journey
  - Incorporate a “Letter to Myself” exercise where patients write to themselves about what motivated them to have surgery, how they are doing at this point (nutritionally, emotionally, medically, with exercise, etc.), motivational tips, goals they hope to accomplish for the year, and what to do if they are struggling (e.g., “If I still need additional help with the above goals, this letter is my reminder that I am not alone. I will seek support from the following people:...” Mail the letters to the patient in 6 months or 1 year.
- Ways to maintain motivation and help control eating
  - Group members create a list of reasons they want to lose and/or maintain weight loss
  - Members can continually add to their list, and may choose to share with the group
- Addressing cognitive distortions/Identifying and challenging thinking errors such as:
  - All-or-nothing thinking, *“Either I’m perfect on my food plan or I’ve failed.”* Teach a healthy response, *“Just because I detoured from my plan today doesn’t mean I’m a failure.”*
  - Discounting the positive, *“It doesn’t matter that I’ve lost a significant amount of weight, I deserve credit only after I’ve lost all my excess weight.”* Healthy response, *“I can give myself credit for all the positive action I take.”*
  - Responding to sabotaging thoughts. For example: A group member is discouraged because post-operative weight loss has slowed. She may be thinking, *“This is terrible. I’ll never be successful in losing weight.”* Group discussion on evaluating sabotaging thoughts. *“What is the evidence that the thought is true? Is there another way to view the situation? What advice would I give a friend in a similar situation?”*

## **Nutritional Health**

- Involve a dietitian in planning and providing instruction and consultation
- Basic nutrition and fluid requirements
  - Instruction for skillful bariatric nutrition label reading
  - Discuss healthy nutrition strategies for optimal weight loss/ weight loss maintenance
- Developing sensible eating habits
  - Make food lists, plan meals ahead, on the go options, nutritional follow up
  - Books showing healthier food choices

- How to order at restaurants
- Plan a week of meals in group format
- Discuss bariatric food substitutions
- Teach about online cooking resources
- Creative meal preparation
  - Alternatives for snacks, main courses, desserts, beverages, etc.
- Small group trip with dietitian to a supermarket
- Make sample grocery lists, focus on ingredients and best food pairings
- Virtual grocery store tours - work with your local grocery chain and see if you can record a tour of the store
- Protein, vitamin and supplement maintenance
  - Dietitian visits, encourage regular CBC/blood draw and visits to PCP/surgeon for review
  - Host a protein supplement taste test and provide samples
  - Invite a bariatric vitamin company to provide free samples, patient discounts and/or a presentation
- Pot Luck/recipe sharing
  - Host a food/recipe exchange – Have each patient bring their favorite post-op meal and multiple copies of their favorite recipes
- Cooking Demonstration - Invite a dietitian or chef to prepare foods in various phases (puree meals, breakfast choices, holiday options, side dishes, etc.)
- Holiday, special occasion eating strategies
  - Potluck with group for ideas, pre-planning menus, recipe exchange, discussion of stress reduction techniques
  - Set up a faux potluck/holiday dinner where patients write the name of a dish on a piece paper (okay to have duplicates). Each patient gets a paper plate and “chooses” the food they will eat for that occasion—let them walk around the table. Use the time to review what strategies people may do before, during, and after this meal to set themselves up for success.
    - Coping techniques such as eating a bit beforehand, calling ahead to see what will be on the menu, bringing a safe food choice, staying farther away from the food at the gathering, protein first, dealing with “food pushers” or those with good intentions, focusing on interactions and not on the food, etc.
- Enhancing personal accountability by using food journals, goal setting, consistent reminders
  - Review of phone apps- pros/cons. Examples include My Fitness Pal, Baritastic, BariApps, My Diet Coach, Fooducate, Happy Scale, MyPlate, LoseIt!,

Food Coach Me, and FitBit. Don't forget about hydration apps, fitness apps, and "chew timers"

- Help for managing weight loss plateaus and how to deal with weight regain

### **Social/Relational Health**

- Share experiences and needs with group and leader, encourage bonds between patients and empowerment outside of group setting
- Discussion about what meaningful support is and its merits
- Focused topics for family and other support people to help them understand changes after weight loss surgery
- Discussion/ideas for support/family opportunity to communicate with other patients/support/family and/or the surgical team
- Process the impact of the "food police" and/or weight loss saboteurs in patients' lives. Discuss/role play how to be assertive in these situations
- Influence of cultures and traditions and the impact upon post-surgery weight loss outcomes
- Discussions of family dynamics, work life, intimate life, self-perception and the successful maintenance of weight loss
- Appreciation of how relationships may become strained during the bariatric process
- Suggestions for involving others in a more supportive, shared manner
- Sensitivity to comments/opinions of others: Identify sensitivity in life history, include discussions, role/play, ways to respond with group
- Patients "paying it forward"
  - Discuss ways to reach out to other patients, renew commitment to better health and quality of life by being role model to others, helping others who struggle (as mentors, angels, guides, staying in support group after surgery)
  - Schedule a service project for your group, i.e. everyone brings a canned food item for food drive or have a clothing drive or exchange
  - Offer raffle to encourage participation
- Post-surgery intimacy
  - Share self-perceptions of appearance vs. reactions of others prior to and following surgery and how this affects comfort with intimacy, sexuality
  - Risks related to promiscuity
  - How to cope with increased attention from others (both wanted and unwanted)

- Instruction, group discussion about stress, anxiety management, other self-care ideas in response to the increased opportunity for intimate relationships (non-sexual and sexual)
- Marking special occasions within support group (AA model for milestones)
  - Weight loss surgery anniversary celebration
  - Fashion show
- Outside events, consider gathering outside of group. This is a great way to build relationships.
  - Summer picnic, fall party, attending a health lecture, going to a baseball game

The previous represent some possible options to enhance your current support groups. Another great way to get ideas would be to ask your attendees for their feedback. Consider distributing a support group survey no less than annually to encourage creative ideas, as this could be one of your greatest and most relevant resources.

### **Section 3: Keeping Patients Engaged**

Patients who have had bariatric surgery want to lose as much weight as realistically possible, and they hope to maintain that weight loss for the rest of their lives. More importantly, they hope for a dramatic improvement in the overall quality of their lives. Bariatric surgery programs can help their patients accomplish those goals by partnering with them at multiple junctures along their pre and post-surgery journey. A consistently responsive and meaningful bariatric support group component can be one way to strengthen the alliance, helping patients to stay actively engaged with their programs for years to come.

#### **Components of Effective Support Groups**

Effective bariatric surgery program support groups offer patients and their support systems a variety of ways to stay connected. They offer opportunities to learn about and incorporate healthier lifestyle habits with the hope of facilitating better long-term post-surgery outcomes. Responsive support groups provide a sense of shared mission and purpose in the midst of an embracing and accepting community. Increased emphasis on patient accountability and “back on track” weight loss education and assistance may be additional components of any bariatric surgery program’s support group mission. These and other benefits are paramount to any support group’s commitment to facilitating a long-term program/patient alliance.

In addition to the more traditional in-person support group option, current and newly emerging technologies offer a myriad of possibilities and options for bariatric surgery programs to keep their patients active and connected. Technology (online/smart phone) and social media programs that allow for real time interaction are viable options. Such alternatives are seen as retention enhancing vehicles for patients and their supportive others. They offer advantages including accessibility, convenience, and cost effectiveness. Social media/chat sites/blogs, video conferencing, online newsletters, weekly email and similar resources are possible alternatives within the support group framework and mission. Obesity surgery related websites also offer on-line support groups, as well as education modules that can be used by programs to keep patients and their support systems connected via a program’s website, either using a link to the materials or by imbedding them on the site.

Whether in-person or using an alternative format, patients are more likely to remain invested in the support group when they actively participate. With an in-person support group, a volunteer or “buddy” program of post-operative patients can be one way to encourage engagement through greeting patients, providing testimonials/experiences, as well as answering questions from pre-operative patients or those who recently had surgery. Patients can serve on advisory committees and help with the development of program specific useful resources for the support group, whether on-line or in person. They can serve as in-hospital

mentors for the post-operative patient. These and other volunteer tasks can help a bariatric patient feel that they are an integral part of the group, and increase the likelihood of their continued support group attendance.

Evolving bariatric surgery program support groups need to be flexible and adaptable to meet patient needs. The traditional group format may not always be the most practical option. Patient schedules, financial considerations, and support group accessibility (time, location and transportation limitations) may influence attendance. Regardless of these challenges, meaningful support is thought to be vital for optimal pre and post-bariatric surgery outcomes. Bariatric surgery programs must consider creative and pragmatic options for patient support. Whether utilizing in-person groups meetings or alternative options, patient privacy issues (HIPPA) must obviously be taken into account. Institutions should review their policies and procedures guidelines with this in mind.

From a practical standpoint, in-person support group frequency of attendance may be affected by a number of variables. While not an exhaustive list, factors such as where and when a group might be offered can greatly impact support group attendance regardless of a patient's motivation. The number and types of patients at any given meeting, along with the scope of topics discussed may affect in-person attendance one way or another. These and other considerations are important for helping patients and their support systems to remain actively engaged. Alternative means of providing support can reduce these barriers to actively engaging in a support group. While in-person support groups might be considered "the Gold Standard," maintaining patient connection and involvement is essential to long-term success with maintaining weight loss.

### **Role of the Facilitator**

The group facilitator can play a significant role in how much a patient and his/her accompanying support people may feel connected to or put off by the support group experience. Patients are likely to feel actively engaged to the extent that they believe that their emotional well-being is of paramount concern to the facilitator. This can be accomplished in a variety of ways. Facilitators can do this in part by cultivating a climate that respects the privacy of sometimes very sensitive issues that get discussed in support groups. The group may address this by beginning each support group session with verbal instruction that confidentiality must be maintained by all participants. Sign in sheets or posted "house rules" may also work.

Facilitators may cultivate a welcoming environment by fostering a friendly environment. This allows patients to comfortably share their experiences, while clarifying misperceptions and educating them about a wide range of bariatric surgery journey issues. It is imperative that the



facilitator maintain a positive and respectful tone which emphasizes sensible and positive post-surgery outcomes, while addressing the sometimes very emotional concerns raised by those struggling with their post-operative process and the challenges it may bring.

### **Special Events**

Groups that offer and host special events might be another way to keep patients and their support systems actively involved, engaged, and repeatedly attending meetings. Examples might include offering a cooking class, having a surgeon present to address relevant patient issues, hosting a protein taste test or offering a grocery store tour. New patients may be more likely to attend a support group meeting when a special event is added. Ongoing patient involvement may also be enhanced with a yearly picnic, a Fall festival/Spring gathering or team participation in the Walk from Obesity. These and other creative initiatives can be a great way for support group members to get together outside of the traditional group setting.

Groups may be divided by types of surgery, by pre-versus post-op status, by how far out from surgery patients might be, and by sex, age and other variables. There are valid arguments in favor of segmentation; however, if the facilitator has the experience and skills to address all types of patients, then the group may benefit from the wide diversity of patients, their input, and the discussions generated.

### **Problematic Group Dynamics and Behaviors**

A myriad of potentially destabilizing group dynamics can make or break the support group experience. For example, if one participant is allowed to repeatedly dominate group discussion, others may feel less valued or able to have a voice. Members may react to this either by tuning out in the moment, or they may feel disenfranchised enough to leave the group altogether. It is important that the facilitator respectfully acknowledge each participant's issues, but if necessary, sensitively and skillfully shift the focus of attention away from that participant. The group leader may choose to draw others into the discussion or adeptly transition to another topic. In any case, the facilitator's skill set has a meaningful role when it comes to keeping patients connected to, and engaged in, the group over time [1].

### **Size**

Size also matters when it comes to group dynamics. Groups with less than ten participants are more likely to share their personal concerns and experiences. Groups with larger numbers may provide more opportunity for finding others to relate to, but may decrease the time each individual has to share experiences. The facilitator should take the group size into consideration as to how to best lead the discussions. Larger groups may be better suited for more general didactic discussions relating to program guidelines for diet and lifestyle changes.

Smaller groups may be more conducive to exploring personal experiences, feelings, perceptions, fears, and individual challenges.

### **Accommodations**

Besides group size and dynamics, bariatric surgery program support groups need to be sensitive to the physical needs of their attendees. Any support group provided should take into consideration and offer accommodations for patient safety, comfort, and ease of access. User-friendly bariatric seating should easily accommodate individuals with obesity and their supporters. The meeting place should have good ventilation and heating/cooling for physical comfort. Noise distractions should be minimized be it from adjacent rooms, construction, or any other form of external source. Meetings should be held in an easily accessible room, either on the main floor, or if on a different floor, be available by elevator. Any meeting site should meet ADA guidelines with regard to accessibility, parking, and otherwise. Programs that emphasize and accommodate patient needs may increase the chances that participants stay actively engaged.

### **Use of Surveys**

While keeping attendees engaged in meetings and satisfied with content is a vital support group focus, members will vary in their beliefs of what is useful or irrelevant in regard to the topics/discussions offered. Some may actively participate in meetings, while others may remain silent, yet absorb a great deal from any particular meeting. Still others may sit quietly, but feel frustrated that their needs are not being met. It is important that the support group facilitator ensure that the groups are consistently representative for the largest number of members. One way to assess this might be with a support group member survey. Such a measure may be a helpful vehicle for the quieter individual who might feel more comfortable sharing his or her thoughts in an anonymous manner. The support group survey can gather meaningful data with regard to logistics, topics, group format, valuable resources and other relevant issues. Support group surveys can utilize a mix of item ratings on a Likert Scale (a Likert Scale measures to what extent an individual agrees with a specific statement) and/or more open-ended questions that provide attendees the opportunity to offer their feedback and suggestions in a less structured manner. Ideally, a support group survey would be available to be administered to all attendees of a bariatric surgery program. Hopefully, this would allow for a representative sampling of ideas and suggestions that might best enhance the support group experience. Current technologies allow for a broader range of options for support group survey dissemination and completion.

In summary, bariatric surgery programs that have support groups with meaningful topics, activities, and flexible formats increase the likelihood of helping patients stay connected and

focused on their long-term weight loss maintenance and can assist in providing patients opportunities for personal growth and an improved quality of life. Each program must utilize all team disciplines (administrative staff, dieticians, physicians, other medical staff, etc.) to promote the value of commitment to support group attendance among its patients for short and long term healing and success.

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## **Section 4: Current Research**

The studies referenced below use the scientific method to arrive at conclusions surrounding the effectiveness of support groups. While common sense and subjective experience should never be dismissed, the scientific method is systematic and adds objectivity, precision, and a means of verification. Even a passing knowledge of the scientific method is valuable in everyday life, such as being able to read the daily news more critically, making decisions on what to eat, and navigating the healthcare system. More specifically, the ensuing support group research literature can be helpful in several situations. It can help bolster confidence in support group leaders as they experience the inevitable ups and downs common to facilitating groups. It can also help them come up with useful ways to encourage the attendance of potential members who might initially be more indecisive about coming. Finally, the data can be a valuable asset in enlisting the assistance of hospital/bariatric surgery center administrative personnel in making decisions about support group availability and implementation.

Research suggests that bariatric surgery support groups are linked with better weight loss outcomes. A higher level of social support in general has been associated with greater weight loss after bariatric surgery [1]. The 2013 updated clinical practice guidelines for the perioperative support of the bariatric surgery patient includes the recommendation that “all patients should be encouraged to participate in ongoing support groups after discharge from the hospital” ([2] p. 168).

### **Psychotherapy vs Support Groups**

A recent literature search and resulting meta-analysis of nine studies of either psychotherapy sessions or support groups after surgery focused on weight loss as the outcome of interest [9]. It showed a modestly beneficial effect on weight loss up to three years after surgery. The difference between psychotherapy (individual or group sessions led by psychologists) and support groups was not statistically significant. An important finding was a “dose effect,” with patients who attended five or more meetings the first year after surgery losing more weight. Another study, examining adherence to clinic follow-up visits in the year after surgery, found that among adolescent patients, support group attendance was positively associated with better adherence [10]. Weight loss, which is easily quantifiable, is typically the primary outcome of interest in research studies. However, as noted by various authors, support groups are potentially beneficial in ways other than weight loss alone [5-8]. Future research may investigate additional hypothesized benefits such as improved health-related quality of life, fewer obesity-related comorbidities, reduced emotional suffering, heightened sense of community, promotion of continued patient-provider follow-up, access to a forum for improving knowledge, enhanced coping with changes in relationships, and reduced risk of a return of old eating habits.

## **Non-weight Related Benefits**

In examining non-weight related benefits of support groups, a 2012 study demonstrated that using an online support group was viewed as very important for patients experiencing a loss of appetite after surgery. They noted that the group offered a social support system which encouraged airing of concerns, which ultimately normalized individuals' experiences [13]. A recent Canadian study found that support group attendance was associated with being nearly twice as likely to engage in weekly moderate to vigorous activity in the years following surgery [14].

## **Patient Self-Report Studies**

Studies based on the self-report of patients who do and do not attend support groups illustrate the problems of potential bias in nonrandomized research models. Not surprisingly, patients who did not attend support groups were more likely to endorse a statement such as "I would do the same with or without attending support group meetings" than those who do attend such groups [11]. However, these researchers also showed that self-report data can yield fruitful insight that can improve support group attendance and/or retention. Participants suggested strategies including the provision of food samples, having a physician attend group meetings, offering something new at each meeting, and offering more than one option for meeting times, including weekend meetings. In another study, using a telephone survey of 118 patients, participants were asked to list the reasons for support group non-attendance. The top reasons included being too busy (25%) and feeling intimidated (21%), while the most frequently-endorsed reason for attending was to meet "like-minded" people (63%) [12]. Such studies provide valuable information about possible strategies to improve attendance, such as addressing practical and emotional obstacles, and emphasizing the support group as an opportunity to interact with people who share similar experiences, issues, and concerns.

A recent area of inquiry has involved online support formats. One of the most recent studies coded more than 1,400 messages posted on online bariatric support forums. They identified the values of sharing factual information, gaining advice and emotional support from peers, and reinforcement for following guidelines for weight loss. There was strong evidence that bariatric patients benefited from such opportunities both prior to and following surgery. In conjunction with in-person groups, it was concluded that referrals to online support forums seem to be of value to patients [15]. A similar study provided a content analysis of 6,800 posts on Facebook based bariatric support groups. These groups were seen to be a popular and highly utilized means to gather information regarding medical and dietary issues, seeking support for emotional issues such as body-image, and addressing concerns related to stigma and bias based on weight. A cautionary note, however, was that accuracy of information provided was not assessed, and may be a limitation to such online forums [16].

## Challenges of Support Group Research

There are several challenges within the domain of support group research. Articles reviewing studies linking support groups to WLS outcomes reveal a reliance on self-selecting samples, rather than randomized clinical trials [1,3]. Participants in the existing observational studies, who were already attending support groups, likely represent a subset of patients who are particularly motivated, and thus may not be representative of the overall population of WLS patients. In other words, the observed benefits of support group attendance could be biased by the characteristics of the person who chooses to attend rather than to the intervention itself. One challenge to empirically demonstrating the benefits of bariatric surgery support groups is that a randomized clinical trial withholds support group access from control participants. This presents an ethical challenge, given that observational studies and clinical experience suggest that support groups are beneficial. Rather than withholding participation in a support group entirely, randomized assignment could be accomplished by using groups that emphasize different components of what are thought to be the ingredients for an effective intervention such as open discussion versus education-based format, or, as suggested by Kaiser et al., use of different modalities such as internet-based and telephone-based groups [4]. Another approach would be to study the difference between the effect of enhanced support with a focused and intensive support program and visit schedule versus a standard care perioperative education and support approach. Given the positive findings cited regarding the benefits of bariatric support groups, and the limited availability of such research, continued exploration within this area seems especially promising and likely to yield information which will be of great value both to individual patients and bariatric programs eager to maximize outcomes.

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