

Manuscript for podcast series:

Physiotherapy and Behaviour Change in People Living with Obesity

Episode 1: *Physiotherapists' Role in Behaviour Change*

Brian: Hello everyone, and welcome to our podcast. I'm Brian.

Matilda: And I'm Matilda. Today, we're going to explore the role of physiotherapists in supporting behaviour change among people living with obesity. We're especially happy to have you, our students, with us for this important discussion.

Brian: In earlier sessions, you've heard about different models and theories that try to explain why people change their behaviour - or sometimes don't. The Health Belief Model, the Transtheoretical Model, Self-Determination Theory, Social Cognitive Theory, the Theory of Planned Behaviour, and the COM-B model within the Behaviour Change Wheel... these give us frameworks.

Matilda: Right. But models are only part of the story. What really matters is how we, as physiotherapists, meet the person in front of us. For clients living with obesity, behaviour change is not just about exercise prescriptions or diet advice. It's about understanding the person's whole lived life.

Brian: That's such an important point. We need to remember that obesity is complex. It can involve biology, psychology, social environment, even stigma. So, when a physiotherapist meets a client, the starting place should be empathy, not judgment.

Matilda: Exactly. Many people living with obesity have faced negative experiences in healthcare - feeling blamed, misunderstood, or dismissed. If we come in with assumptions, we may unintentionally repeat that cycle. A better approach is to listen first. Ask open questions. Explore what matters most to the client.

Brian: And here's where those theories help us - not as rigid recipes, but as reminders. For example, Self-Determination Theory highlights autonomy, competence, and relatedness. If we support a client's sense of choice, build their confidence in small successes, and show genuine connection, we're more likely to see meaningful and lasting change.

Matilda: Social Cognitive Theory adds another angle. A client may benefit from observational learning - seeing others with similar challenges succeed. And self-efficacy, that belief in one's ability, is a powerful driver. As physiotherapists, we can help foster that belief by celebrating progress and breaking down goals into achievable steps.

Brian: Yes. And the COM-B model reminds us to check whether the client actually has the capability, the opportunity, and the motivation to follow through. For instance, does the person have safe spaces to be active? Do they know simple exercises they can perform confidently? Is their daily environment supportive, or full of barriers?

Matilda: These reflections help us avoid placing the entire responsibility on the individual. Instead, we collaborate - adjusting the programme to real-life conditions.

Brian: So, how do we actually meet a client living with obesity in practice? One way is to start with curiosity. Ask about their goals: maybe they want to play with their children without pain, or climb stairs more easily, or simply feel more energetic.

Matilda: Then, rather than giving a long list of "shoulds", we work together on achievable steps. For example, instead of prescribing an hour of exercise daily, it might start with five minutes of gentle activity, building gradually.

Brian: And we should remember that success is not defined only by weight loss. Improved mobility, less pain, more confidence - these are valuable outcomes.

Matilda: Absolutely. For many clients, the key is finding activities that feel meaningful and enjoyable. If the behaviour brings a sense of joy or purpose, it's more likely to be sustained. That ties back to intrinsic motivation - acting because it feels right, not just because someone else says so.

Brian: And as physiotherapists, we can reinforce that by offering encouragement, celebrating small milestones, and being consistent allies in the process.

Matilda: I'd also add the importance of addressing stigma. People living with obesity often carry heavy burdens of shame or negative self-image. When we create a respectful, supportive space, we help reduce that burden. And that can open the door to change.

Brian: So, if we put this together: theories give us concepts, but meeting the client means listening with empathy, building confidence, respecting autonomy, and supporting small, achievable steps toward what matters most to them.

Matilda: Exactly. In the end, our role is not to control the client's behaviour, but to walk alongside them, offering tools, encouragement, and understanding.

Brian: We hope this discussion has given you both practical ideas and inspiration for your future work as physiotherapists.

Matilda: And remember - behaviour change is complex and deeply personal. By combining theoretical knowledge with compassionate practice, you can make a real difference in the lives of people living with obesity.

Brian: Thanks for listening.

Matilda: And we look forward to continuing this learning journey with you.

Episode 2: *Stigma in Healthcare*

Brian: Hello everyone, and welcome back to our podcast. I'm Brian.

Matilda: And I'm Matilda. In this episode, we're going to talk about something that many people living with obesity face - stigma in healthcare. This is a sensitive but very important topic for us as physiotherapists.

Brian: To help us, we're joined today by Harry, who has kindly agreed to share some of his experiences. Harry, welcome.

Harry: [slightly out of breath] Thank you... glad to be here.

Matilda: We really appreciate you joining us, Harry. Could you start by telling a little about yourself?

Harry: Sure. I'm in my sixties, and I've been living with obesity for many years. I also have metabolic syndrome, and walking can be hard because of my knees. [short breath] Even a small hill can leave me out of breath. Over the years, I've had a lot of contact with healthcare - sometimes positive, sometimes not.

Brian: Thank you for being open. Could you share what stigma in healthcare has meant for you personally?

Harry: [pause, deeper breath] Honestly, it's often the feeling that people only see my weight first. Like, before I even say a word, they've already decided I'm lazy, or that I don't care about my health. I've had doctors talk about diet before even asking what I came in for. And sometimes, with physiotherapists, I've felt judged when I couldn't do an exercise as well as others. [short breath] That's really discouraging.

Matilda: That sounds painful. And I imagine it makes it harder to trust or stay engaged in care.

Harry: Exactly. If you feel blamed or dismissed, it's hard to keep going back. But there have also been good experiences, when a physiotherapist took the time to listen - to ask me what I wanted to achieve, not just what they thought I should do. That made a huge difference.

Brian: What would you say is the most important thing a physiotherapist can do when meeting a patient like you?

Harry: [breathing heavier, then steady] First, see me as a person, not just as "obese." Ask about my daily life, my goals. For me, I just want to walk without pain and be able to play with my grandkids. Also, be patient - understand that I get out of breath easily, but that doesn't mean I'm not trying. Encouragement, empathy, and celebrating small steps mean a lot.

Matilda: That's powerful advice. It's a reminder that physiotherapy is not only about exercises, but about relationships and respect.

Brian: And Harry, your story really highlights how stigma can create barriers, but also how empathy and individualized care can open doors.

Harry: Yes... [short breath] exactly. It's not easy, but with the right support, it feels possible.

Matilda: Thank you so much, Harry, for sharing your experiences with us and with our students.

Brian: And thank you to everyone listening. As physiotherapists, let's remember that how we meet our clients can either add to the burden of stigma, or help to lift it.

Matilda: We hope this discussion encourages you to reflect on your own practice, and to always approach people with understanding, compassion, and respect.

Brian: Until next time.

Matilda: Take care, and keep learning.

Episode 3: *Motivational Interviewing and the 5A Model*

Brian: Hello everyone, and welcome back to our podcast series. I'm Brian.

Matilda: And I'm Matilda. In today's episode, we're going to talk about how physiotherapists can use *Motivational Interviewing* together with the *5A model* to support people living with obesity.

Brian: In our earlier episodes, we looked at theories of behaviour change the impact of stigma in healthcare. Those episodes gave us the "why." Today, we're shifting to the practical tools you can use in everyday clinical encounters. Today is more about the "how" - what do we actually say and do in practice.

Matilda: Let's start with Motivational Interviewing, or MI. It's not a script, but a communication style: collaborative, empathetic, and focused on helping clients explore their own reasons for change. Instead of telling someone what to do, we're guiding them to find their own motivation.

Brian: Exactly. It's a counselling style developed in health psychology, and it's been widely used in areas like smoking cessation, diabetes care, and, of course, weight management. The essence of MI is that it's not about giving orders. It's about guiding people to discover their own reasons for change.

Matilda: Right. In fact, one of the key principles of MI is to resist the "righting reflex" - that urge we often have as healthcare professionals to immediately correct or tell the patient what to do. Instead, we focus on listening, reflecting, and supporting the client's autonomy.

Brian: And that's where the 5A model comes in. It gives us a simple structure: *Ask, Advise, Assess, Assist, Arrange*. When combined with MI, it becomes both practical and respectful.

Matilda: Exactly. Think of it as a roadmap. MI gives us the style, the tone of the conversation, while the 5A model gives us the steps to follow.

Brian: Let's walk through it. First, *Ask*. With MI, this means asking with genuine curiosity. So instead of asking, "How often do you exercise?" - which might feel judgmental - we could ask, "Can you tell me about the

kinds of movement or activities that fit into your day right now?" That opens space for the client to share freely.

Matilda: Then comes *Advise*. But remember, in MI, advising is always respectful and collaborative. We don't dump information; we offer it in small, tailored ways. For example, "Since you mentioned that walking makes your knees hurt, would you be open to hearing about some low-impact activities that might feel easier?" That gives the client a choice, which is empowering.

Brian: Next is *Assess*. Here we're looking at readiness and confidence. This is where we explore the readiness to change. We can ask: "On a scale from 1 to 10, how confident do you feel about trying this activity?" It helps us understand both motivation and barriers. If the client says "4," instead of pushing, we could ask, "Why a 4 and not a 2?" That invites them to talk about their own motivation, and it often reveals what strengths they already have.

Matilda: And after that comes *Assist*. This is the heart of problem-solving together. Maybe the client says they don't have time for the gym. We could help them brainstorm alternatives - like short stretching sessions at home, walking during lunch breaks, or even using household chores as movement opportunities. The key is making it practical and achievable.

Brian: Finally, *Arrange*. This step reminds us that change isn't a one-off event. We need to arrange follow-up - whether it's a check-in appointment, a phone call, or even encouraging the client to join a supportive group. It signals that we are partners in their journey, not just giving advice and walking away.

Matilda: I think it's also important to say that the tone matters just as much as the steps. If we *Ask, Advise, Assess, Assist, Arrange* without empathy, it can still feel mechanical or even judgmental. That's why the MI spirit - partnership, acceptance, compassion, and evoking the client's own motivation - is so essential.

Brian: Absolutely. Especially for people living with obesity, who may have experienced stigma or shame in healthcare, this combination of structure and empathy can make all the difference. Instead of leaving the clinic feeling blamed, they leave feeling supported and capable.

Matilda: So, for physiotherapists listening, remember this: When you bring together the roadmap of the 5A model with the guiding style of Motivational Interviewing, you're not just helping your client exercise.

You're helping them believe in themselves, and that's often where real change begins.

Brian: Well said. And with that, we'll wrap up today's episode.

Matilda: Thank you for joining us. We hope this discussion helps you reflect on your own practice and gives you some concrete tools for your next patient encounter.

Brian: Until next time - take care, and keep learning.

Episode 4: *From Small Wins to Big Progress*

Brian: Welcome back to our podcast series. I'm Brian.

Matilda: And I'm Matilda. In this episode, we're focusing on how physiotherapists can help clients set realistic, meaningful goals - and how even small steps can create big impact over time.

Brian: We've talked earlier about behaviour change models, motivational interviewing, and stigma. Today is about turning those insights into action. For people living with obesity, goal setting can be a turning point. But only if the goals are *achievable* and *personally meaningful*.

Matilda: Exactly. It's not about saying, "You should lose 20 kilos" or "You need to exercise an hour every day." Those kinds of goals can feel overwhelming and discourage clients before they even start. Instead, we want to explore what matters most to the person. Maybe it's being able to climb stairs without pain, or walking to the park with their children.

Brian: And that's where *self-efficacy* comes in. When goals are realistic and tailored, clients start to believe, "Yes, I can do this." That belief fuels confidence and builds momentum.

Matilda: The other piece is recognising the power of small steps. Change doesn't always mean drastic lifestyle overhauls. For example, walking five minutes more each day, standing up during TV commercials, or choosing the stairs instead of the elevator. These might sound small, but over weeks and months, they add up to real progress.

Brian: And from a physiotherapist's perspective, celebrating those small steps is essential. When we acknowledge even modest improvements, clients feel encouraged, not judged. That reinforcement strengthens *intrinsic motivation* - the internal drive to keep going.

Matilda: It's also worth remembering that meaningful goals and small steps go hand in hand. A goal like "play with my grandchildren without getting out of breath" can be broken down into manageable steps: starting with short daily walks, adding light strength exercises, and gradually increasing stamina.

Brian: The role of the physiotherapist is to guide this process, but also to listen. We're not just prescribing; we're collaborating. We help the client identify what feels important and what feels possible right now, and then we build from there.

Matilda: And that's where combining realistic goals with small steps really shines. A goal on its own can feel like a distant mountain - too far away, too intimidating. But when we break it into small steps, suddenly the mountain becomes a series of gentle hills, each one climbable.

Brian: Exactly. Take the example of someone who says, "I want to be able to walk for half an hour without stopping." If we expect them to do that straight away, it might end in frustration. But if we set the first step as walking for two minutes, then pausing to rest, and gradually building from there, the client not only moves closer to the goal but also experiences success at every stage.

Matilda: And that sense of success is so important. Each small achievement reinforces confidence. It tells the client, "I can do this", and that fuels both self-efficacy and intrinsic motivation. When people see themselves succeeding, even in small ways, they are more likely to keep going.

Brian: Another benefit of small steps is flexibility. ~~Life is unpredictable.~~ A client might have joint pain flare-ups, family responsibilities, or days when motivation is low. Small steps can be adapted to those realities - maybe it's stretching in a chair instead of walking outside, or doing two minutes instead of ten. The important thing is continuity, not perfection.

Matilda: That's a really good point. Each step connects directly back to the bigger, meaningful goal.

Brian: So, the key message of today's episode is this: meaningful goals give direction, and small steps make change possible. Combined, they create sustainable progress for people living with obesity.

Matilda: As physiotherapists, our job is to walk alongside our clients. Thanks for listening, and see you in the next episode.

Episode 5: From Theoretical Models into Practical Physiotherapy

Brian: Welcome back to the fifth and final episode of our podcast series. I'm Brian.

Matilda: And I'm Matilda.

Harry: And I'm Harry. Thanks for inviting me back to join the conversation.

Matilda: We're so glad you're here, Harry. Today, we're going to look back at everything we've discussed in the series - behaviour change models, stigma, communication tools, meaningful goals, and small steps - and tie it all together. Think of this as a reflection and a chance to highlight the key lessons for physiotherapists.

[Revisiting Episode 1 – Behaviour Change Models]

Brian: Let's start with the foundation. In Episode 1, we introduced behaviour change models - the Health Belief Model, the Transtheoretical Model, Self-Determination Theory, Social Cognitive Theory, the Theory of Planned Behaviour, and the COM-B model from Michie's Behaviour Change Wheel.

Matilda: Right, and the main point was that these models are not recipes but tools. They give us ways to understand how people make decisions about change. For physiotherapists, they're like lenses that help us see the complexity behind a client's behaviour.

Brian: Exactly. They remind us that change isn't just about knowing what's healthy - it's about beliefs, confidence, environment, and motivation.

Harry: From my perspective, it's reassuring to know that you as physiotherapists think about these things. Because for someone like me, living with obesity, it's not simple. It's not just a matter of "eat less, move more." Life is more complicated than that.

[Revisiting Episode 2 – Stigma]

Matilda: In Episode 2, Harry, you joined us to talk about stigma, and that was such an important conversation.

Harry: Yes. And honestly, it wasn't always easy to share. But stigma is a reality for many people living with obesity. Sometimes healthcare professionals see the weight before they see the person. That hurts.

Brian: And what we learned is that stigma creates barriers. If someone feels judged, they're less likely to engage in physiotherapy, even if they know it could help.

Matilda: Which is why it's crucial for physiotherapists to create an environment of respect and empathy. The first step is to see the person, not the diagnosis.

Harry: Exactly. When I feel heard, when a physiotherapist asks me about my goals and not just my weight, I feel more willing to try. That's when I feel supported instead of blamed.

[Revisiting Episode 3 – Motivational Interviewing and the 5A Model]

Brian: Episode 3 was all about communication - how we talk with clients. We introduced Motivational Interviewing and the 5A model: Ask, Advise, Assess, Assist, Arrange.

Matilda: And we emphasised that MI is the style - empathetic, collaborative, client-centred - while the 5A model gives the structure, the clear steps. Together they help us guide conversations without being judgmental or directive.

Harry: From my side, I can tell the difference right away when someone uses that style. Instead of saying, "You need to do this," they ask, "Would you like to hear some options?" That makes me feel like I have a choice. It's empowering.

Brian: And it's more effective. When clients feel ownership, they're more likely to follow through.

[Revisiting Episode 4 – Realistic, Meaningful Goals and Small Steps]

Matilda: Episode 4 built on this by focusing on setting realistic and meaningful goals, and breaking them down into small steps.

Brian: Yes, we talked about how overwhelming it can be when goals are too big or too abstract. But when goals connect to what truly matters in a client's life, and when they're broken into achievable steps, success becomes possible.

Harry: That's so true. For me, the meaningful goal is playing with my grandchildren without getting out of breath. If someone just tells me to lose weight, I feel defeated before I even start. But if they say, "Let's try

walking five minutes more this week,” that feels doable. And every time I manage it, I feel proud.

Matilda: And that’s the beauty of small steps. They build confidence, or self-efficacy, and keep motivation alive. Progress isn’t always about dramatic change - it’s about building momentum over time.

Brian: And importantly, physiotherapists can help connect those small steps back to the bigger, meaningful goal, reminding the client that every little achievement is moving them closer to what they really value.

[Putting It All Together]

Matilda: So, if we put all this together, what does it mean for physiotherapists working with people living with obesity?

Brian: It means remembering that behaviour change is complex and deeply personal. Models and theories help us understand it, but empathy and communication bring it to life.

Harry: It means recognizing that stigma is real - and that how you meet me matters. If you listen, respect my experiences, and focus on my goals, I’ll be more engaged and more motivated.

Matilda: It means using tools like Motivational Interviewing and the 5A model to have supportive, structured conversations that empower clients rather than overwhelm them.

Brian: And it means setting meaningful goals together and celebrating small steps along the way. Because those small steps are what make lasting change possible.

[Take-Home Message]

Matilda: So, here’s our take-home message.

Brian: As physiotherapists, your role is not just to prescribe exercise or deliver treatment. It’s to walk alongside your clients as they navigate change.

Harry: See the person, not the weight. Listen to their story. Ask about their goals. Respect their challenges. And encourage their small successes.

Matilda: When we combine theory with compassion, and structure with empathy, we create the conditions for real, sustainable change.

Brian: And for people living with obesity, that support can make the difference between feeling defeated and feeling empowered.

Harry: From someone who knows - trust, encouragement, and patience are what matter most.

Matilda: Thank you, Harry, for sharing your voice in this series.

Brian: And thank you to all of you listening. Remember - every small step counts, and as physiotherapists, you have the privilege of supporting those steps toward healthier, more fulfilling lives.