

The Weight Control Program

Elena Marie Ramirez, PhD PLC

595 Dorset Street, Suite 2 South Burlington, VT 05403

(802) 651-8999 ext 2

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www.therapyvermont.com

Dear Applicant:

Thank you for your interest in The Weight Control Program. The information and application packet is enclosed. Here is the schedule of upcoming 18 week groups as well as short term groups for program "alums" and family/couples groups. Please check which of these you can attend in order of preference. **All groups are currently offered only remotely, using ZOOM.**

____ **Monday September 21, 2020-February 8, 2021 5:30PM-6:45PM**

____ **Monday October 5, 2020-October 26, 2020 7:00PM-8:15PM**
Family/Couples Group

____ **Monday November 9, 2020-January 11, 2021 7:00PM-8:15PM**
"Getting Through the Holidays Without Gaining Weight"

____ **Monday February 15, 2021-June 28, 2020 5:30PM-7:00PM**

____ **Monday March 8, 2020-April 19, 2021 -7:00PM-8:15PM**
Spring Alumni "Refresher" Group

____ **Monday May 10, 2021-September 20, 2021 7:00PM-8:15PM**

____ **Monday July 12, 2012-August 16,2021 5:30PM-6:45PM**
Summer Alumni "Refresher" Group

If there is not a class scheduled at a time that suits your needs, fill out the application and send it in. I can then contact you when new groups are starting and hopefully one of those will work for you. The groups do fill quickly so please send your application as soon as possible. If your choice is not available, I will offer you the next available group.

Good luck and I look forward to working with you!

Sincerely,

Elena Marie Ramirez, PhD PLC, Licensed Psychologist-Doctorate

The Weight Control Program

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Dear Applicant:

We invite you to participate in The Weight Control Program, a program that is designed to help you to lose weight and become more physically fit. This is the only professionally led program in Vermont that incorporates both psychological/behavioral and nutritional counseling.

What is the Weight Control Program? This program is for adults who are serious about wanting to lose weight and who are willing to make the changes in behavior and lifestyle that are required for lasting weight control. In addition to losing weight, other goals of the program include: self-management skills for healthy eating and exercise habits, not letting weight interfere with activities or self-esteem, not giving-up on weight control, learning more effective stress management skills, and dealing with issues that underlie being overweight. We acknowledge that most people have a lot of knowledge about changes they should be making, but struggle with implementing those changes consistently due to a variety of obstacles. Specific problems often associated with overweight can be addressed here, including emotional and binge-eating, body image problems, stress and overeating, negative attitudes about exercise, and hopelessness or anger about having to lose weight.

How does the program work? The program is conducted with a group of about 15-17 members and a psychologist and dietician as group leaders. Meetings are an hour and a quarter weekly for 18 consecutive weeks. Not a drop-in program, participants stay with the same group of people throughout.

During the meetings, the leaders lecture and work with the group as a whole, but also work individually with participants to help them solve their problems. In-between the meetings you keep a diary of all eating and physical activity. When you come to the meeting, you weigh yourself and keep a chart of your weight and exercise time. In the group you are expected to speak about your progress or any trouble you are having with changing eating or exercise. We understand that on occasion a person may need to miss a meeting for an important reason. However, we expect participants to commit themselves to their weight control by making their weekly meeting a top priority. People who succeed in our program regularly attend meetings and do their homework.

What is the philosophy of the program? We do not prescribe a diet or specific exercise program. Participants are the ones in control to develop solutions that fit with their lifestyles, so long as those solutions produce weight loss and healthy behavior and are realistic to continue indefinitely. We have high expectations for eating healthy and exercise. We believe that eliminating poor food choices and increasing healthy ones reduces risk for serious illness. That being said, we also recognize that learning to moderate, as opposed to totally eliminating, certain foods is the most realistic approach. We will teach you how to incorporate "forbidden foods" into your diet in a controlled manner without compromising your health and/or your weight. We believe that long-term weight control is only possible if a person spends a lot of time being physically active. We believe that changing behavior is psychologically complex and that time is better spent learning how to control oneself in the present, rather than to dwell on experiences that might have created bad habits in the beginning.

We strongly emphasize that long term weight control is a focus of this program. We know that continued accountability is absolutely necessary in order for people to successfully manage their weight for the rest of their lives. Thus we offer free monthly

follow-up meetings for anybody who has completed the program, as well as more focused "alumni" groups several times per year. Alumni are also invited to repeat the full eighteen week course at any time. We would like to encourage you to think of this as joining a program (not just a time limited group) that you can use more or less frequently depending on your needs. This approach allows you to access support at any time and catch those inevitable lapses before they threaten your weight control.

What is the learning process? You learn up-to-date scientifically based information on food, exercise, and psychological issues. You learn to use techniques of behavior therapy and behavior modification to gradually change unwanted habits. You learn to stay motivated by developing helpful attitudes and self-management skills. Finally, one of the strongest points of this program is that you learn from other people in the group who typically offer a lot of ideas and emotional support and social pressure to do your best.

Many people in need of weight control have trouble taking care of their health, procrastinate on health behavior change, have mixed feelings about having to change, and have a history of giving-up after a short weight control attempt. If we accept you into this program, we assume you are serious about improving your health. We will hold you accountable for your behavior and will do anything we can to help you stay committed to change.

What happens after the program? As mentioned previously, a follow-up program is offered free of charge to all graduates of our program. Meetings are the first Thursday of each month from 5:30 to 6:30 pm. Some graduates attend regularly and others appear months after finishing the program for some extra help when they've slipped. As continued support following weight management programs has been shown to be an important factor in maintaining weight loss, participation in the follow-up program is strongly encouraged.

How is this program different from other weight reduction programs? At present there is no other professional control program in Vermont that uses a group approach with a combination of psychology and nutrition. In general, regular weight loss programs and The Weight Control Program both help people to lose weight. But there are some important differences. This is not strictly a weight loss program. It's a behavior change program. This is not a temporary "diet". It's a style of living that you can live with after the program ends. This is not a quick weight loss program. It's designed to lose weight gradually, without unrealistic restrictions. The leaders of this program are health professionals with scientific expertise, not lay persons or business persons. When needed, the leaders of this program work together with your primary physician and integrate into your healthcare to help you overcome health problems. Consistent with the research on weight control and exercise, we encourage a high level of physical activity. Other programs are weak on motivating people to engage in exercise and focus too much on "dieting". This program starts and ends with the same group of participants, not a steady stream of different people who come in and out of the program. The meetings are in a group, but the leaders care about participants as individuals.

What are our results? Compared to national trends in weight control, research has demonstrated that The Weight Control Program has excellent results; with the exception of obesity surgery, behavioral therapy is the most effective approach to weight control.

Am I eligible? To participate, you must have some weight to lose. This program is appropriate for people who have a body mass index (BMI) of 25 or more. (Your BMI can be calculated by taking your current weight in pounds, multiplying it by 700, dividing this number by your height in inches, and then dividing this number again by height in inches.) If your weight is below but close to this cutoff, we may be able to accept you if you have mental or physical health problems associated with your weight, if your current weight puts you at risk for these problems, and/or if you are regaining weight. Please call and we can discuss if this group would be appropriate for you. In addition, you would have to agree to the conditions listed under "Agreement" at the end of the application.

How much does it cost? The full cost of this program is \$880.00, which includes the \$110 application fee. These charges cover the cost of both the psychologist and the dietician. You will be required to pay your total expenses for the program with the initial application fee of \$110, and then two payments of \$385 each. We ask that you send in your initial deposit of \$110 with your application, which is non-refundable three weeks before the start of the program. The first payment is due two weeks before the beginning of your scheduled group and the second payment will be due at the fifth session. These payments are not refundable after they have been paid even if you drop out of the program or miss a session. However, if you decide to drop out of the group after the first session, then your payment will be refunded minus the charge for that session and the \$110 initial deposit. There will be no refund after that date. Remember, the follow-up program is free once you have fully completed the 18 week program. **Please note: Insurance does not cover behavioral weight control treatment.**

How do I apply? Complete the application, including the two-day eating/exercise record and the application fee of \$110. **Please note: Your application cannot be processed without this deposit.** You can send your application with the physician form or have that sent separately. We don't need the physician form to begin considering your application. The sooner you return the application materials, the sooner we can give you an answer and schedule you to begin a group. If you have any questions about The Weight Control Program or your application, I would be happy to speak with you. My phone number is (802) 651-8999 ext 2 and my email is eramirez@therapyvermont.com.

Sincerely,
Elena Marie Ramirez, PhD PLC
Licensed Psychologist-Doctorate

Mail the application and your \$110 deposit (checks payable to Elena Ramirez, Ph.D.) to:

Elena Marie Ramirez, Ph.D.
595 Dorset Street, Suite 2
South Burlington, VT 05403

Elena M. Ramirez, Ph.D. is a Licensed Psychologist-Doctorate who works with people to help them change behaviors that will improve their emotional and physical health. Her specialties are weight control, eating disorders and body image. She is recognized as a Health Service Provider in Psychology by The Council for the National Register of Health Service Psychologists.

The Weight Control Program

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APPLICATION TO PARTICIPATE (This information is confidential)

date _____

Name _____

Address & Zip _____ Hm tel _____

Wk tel _____

Cell # _____

Emergency contact (name & telephone)

Your Email (s) _____

age: _____ birth date _____ sex (circle): male female

marital status (circle): single married living with partner divorced widowed

ages of children at home _____ not living at home _____

who else do you live with _____

education (check one): (a) less than high school (grade completed) _____ (b) high school graduate (c) some college (how many yrs) _____ (d) 2-yr college degree (e) college bachelors degree (f) graduate education (how many yrs, what degree) _____

occupation/job title & employer

If unemployed: state why including type of disability if relevant and give last job and dates

Who referred you to our program?

Your Primary Care Provider

weight (don't guess, weigh yourself if possible) _____ height _____

What is the most _____ and the least _____ you have weighed as an adult?

When were you overweight? (check all that apply) young child ___ pre-teen ___ teenager

young adult ___ adult ___

Have you ever tried to lose weight? How long ago was the last time you stuck with a weight loss plan and lost a good amount of weight? Number of years or months (for example, 2½ years ago) _____

Why do you want to lose weight at the present time? Give some specific reasons or benefits that you expect.

What type of help do you need?

Do you have any concern about participating in this program or in a group? What might be difficult about trying to lose weight at the present time?

HEALTH

Please list all medications

for what problem?

Check any of these health problems that you may have

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high blood fats (cholesterol, triglycerides) _____

high blood pressure _____

diabetes (high blood sugar) _____

gout ____
arthritis ____
history of stroke, heart attack, or diabetes in your mother or father ____
heart attack ____
chest pain when exercising ____
irregular heart beat ____
respiratory disease (specify) _____
thyroid disease ____
cancer (specify) _____
swelling of legs or ankles ____
excess snoring, difficult breathing during sleep ____
sleep apnea ____
currently pregnant ____
currently breast feeding ____
chronic pain or limited movement (check which areas): back ____ neck ____ knees ____
hips ____ wrists ____ hands ____ shoulders ____ elbows ____ feet ____

Use this space to add details you wish about your health problems or other problems not listed

EATING, BEHAVIOR, ATTITUDES, MOODS

Check all that apply to you

overeate under stress ____
negative moods such as depression trigger overeating ____
at times feel out of control when eating ____
eat trigger foods that cause me to overeat ____ (which foods _____)
go on eating binges (unusually large amount of food at one time) ____ (how often per month _____)
eat too often when I'm not hungry ____
vomit or use laxatives to control weight ____
self-conscious eating in front of other people ____
feel too guilty or preoccupied with eating and weight ____
used to have an eating disorder (what type _____)

feel embarrassed to exercise in front of other people ____
give-up on exercise because I feel awkward or weird trying to be physical ____
hate to sweat when I exercise ____
worry about causing a heart attack when I exercise ____
preoccupied with how bad I feel when I exercise ____
feel hopeless about losing weight or dealing with health problems ____

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can't seem to follow my doctor's advice to improve my health behavior ____
want to lose weight, but think it's too hard to do myself ____
can't motivate myself to change my health habits ____
give-up on dealing with my health when I feel frustrated ____
have trouble making myself and my health a priority ____
have trouble finding time in my schedule to exercise and take care of myself ____
my appearance has a negative effect on feelings about myself or relationships ____

avoid situations because of my appearance; try to hide my body ____
my self-esteem is low because of my overweight or ill-health ____
get too much negative feedback from my family or other people about my weight ____

feel guilty because I can't participate in family activities or responsibilities as I should ____
have a hard time being a good parent or grandparent because of my overweight ____
worry about health problems ____
worry that I might become disabled or a burden to other people ____
worry that I might die prematurely ____

don't know how to eat healthy ____
need ideas to prepare meals that will help me control my weight ____
don't know how to add exercise to my life ____
need ideas to tailor exercise to my physical health limitations ____

trouble with depressed moods ____
thoughts of suicide ____
trouble being too irritable or angry ____
physical fights or violent behavior ____
trouble being too worried or nervous ____
too shy with other people ____
too much life stress ____
how much alcohol do you drink each week? beers ____ glasses of wine ____ liquor

drink too much or use drugs that aren't prescribed ____
marital problems or problems with my partner ____
children with behavior or learning problems ____
children with serious health problems ____
currently in counseling or psychotherapy (specify what problem
_____)
have been in the hospital for depression, mental health or substance abuse problems ____

smoke cigarettes ____
need assistance with self-care (bathing, showering, dressing, or toileting) ____
have trouble doing housework (cleaning, vacuuming, laundry) ____
limited in doing outside chores (shoveling, raking, gardening, cleaning car) ____
difficulty driving ____
do not participate in regular exercise or physical outdoor activities ____

rarely leave the house ____

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difficulty shopping and running errands in public ____
difficulty with ordinary lifting or carrying (e.g. laundry, grocery bags) ____

Use this space to add details you wish about any personal problems not listed

INSTRUCTIONS FOR THE EATING/EXERCISE DIARY

Keep an eating and exercise diary for two days using the next two pages. You may start today if you can remember everything that you have eaten so far. Do not try to remember for both days. Keep the information as the day goes on. It's better to keep two days in a row, rather than days apart from each other. Write everything that you eat or drink, including small bites of food or candy. Try to keep the two days as typical as possible. Do not feel like you must change your eating or exercise in any way. We want to see your normal pattern.

Write the amount of food and what ingredients. Here are some examples:

| | |
|--------------------|--|
| Lunch | 1 large glass 2% milk roast beef sandwich, swiss cheese, tomato, lettuce, roll & light mayo 1 small apple |
| Afternoon snack | handful of tortilla chips 5 Oreo cookies |

If you know how to measure food, put the exact amount. For example:

| | |
|-------|---|
| Lunch | 12oz 2% milk 3 oz hamburger 1 tbl mayo |
|-------|---|

Write any exercise you did and how much time. Only list exercise activities, not activity at work, house chores, or shopping. For example:

| first exercise | second exercise | third exercise |
|--------------------------|--------------------|--------------------|
| bike ride 20 mins | walk 14 min | yoga 45 min |

We understand it might not be easy to record this information, but it is very useful. Thank you for your cooperation.

Date _____ First Day

| MEAL | TYPE & AMOUNT OF FOOD & DRINK |
|-----------------|-------------------------------|
| Breakfast | |
| Morning snack | |
| Lunch | |
| Afternoon snack | |
| Dinner | |
| Evening snack | |

list the type of exercise that you did today, if any, and number of minutes exercising

| first exercise | second exercise | third exercise |
|----------------|-----------------|----------------|
| | | |

| MEAL | TYPE & AMOUNT OF FOOD & DRINK |
|-----------------|-------------------------------|
| Breakfast | |
| Morning snack | |
| Lunch | |
| Afternoon snack | |
| Dinner | |
| Evening snack | |

list the type of exercise that you did today, if any, and number of minutes exercising

| first exercise | second exercise | third exercise |
|----------------|-----------------|----------------|
| | | |

AGREEMENT

1. If I am accepted into The Weight Control Program, I agree to attend all the meetings except for excused absences.
2. I agree to do all my homework and put my best effort into following the program and changing my behavior.
3. If appropriate, I agree to come to a meeting before making a final decision to drop out of the program.
4. I understand participating in the program involves psychological and nutritional counseling to change my eating and exercise in order to lose weight and improve my physical fitness and counseling for related personal attitudes and behaviors.
5. I give permission to The Weight Control Program to send information about my weight loss or participation in the program to my primary care provider and any other health provider that I designate here:
6. Your primary care provider _____
7. Other provider I'd like my results sent to _____
8. I agree to participate in a brief telephone survey by the Weight Control Program after I graduate to answer questions about my weight and status of my weight control effort.
9. If I participate in this program, I agree to pay for the program in full as delineated in the application.

Your name (print) _____

Signature _____

Date _____

The Weight Control Program

Elena Marie Ramirez, PhD PLC

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(Please give to your provider's office)
MEDICAL AUTHORIZATION FOR WEIGHT REDUCTION

Your patient, _____ date of birth _____, would like to participate in The Weight Control Program, an 18 week group program led by a psychologist and dietitian. The program teaches people to gradually lose weight with a modest calorie reduction, healthy food choices, and increases in physical activity up to seven hours per week or more. Participants are not prescribed a "diet", rather they develop their own solutions to changes in their lifestyle that produce weight loss and are realistic. Graduates of the program average a 25 lb weight loss by the end of the program. Graduates are strongly encouraged to attend free monthly maintenance sessions after the program is over to maintain healthy habits and weight loss.

please initial for medical clearance

_____ **It is medically appropriate** for this patient to lose weight.

_____ **It is medically appropriate** for this patient to increase exercise.

Any restrictions on exercise or weight reduction?

name of provider: _____

signature: _____ date _____

Thank you very much.

Elena Marie Ramirez, PhD PLC
Licensed Psychologist-Doctorate

please return this to:

Elena Marie Ramirez, Ph.D.
595 Dorset Street, Suite 2
South Burlington, VT 05403
Or confidential fax 651-8997