If you become a candidate for bariatric surgery, you will likely be referred for evaluation and consultation with a psychologist. Although this may seem surprising to you, it has become a routine part of your preparation for surgery. Your follow-up care will be provided by a team of professionals and each of them, including a dietitian, exercise therapist and psychologist, will need to become more familiar with you and your individual situation and needs.

People sometimes say, “Why do I have to see a psychologist?”

There are two very good reasons for this evaluation. First, many insurance companies realize its importance and require a psychological evaluation before they will approve bariatric surgery. More importantly, your entire surgery team of physicians, nurses and dietitians want you to maximize your success – to lose excess body weight, become a healthier person and improve the quality your life to the greatest possible extent.

The psychological evaluation can help identify your strengths, such as a strong motivation to exercise as your weight is coming off, a complete understanding of the effects of surgery or a supportive marital relationship. It can also help find areas where you might need support after surgery, such as depression or mood swings, lack of family support or triggers for past emotional eating.

The thought enters some people’s minds, “Do they think I’m crazy?”

It is important for you to understand that people with obesity are usually psychologically normal and do not fit any specific psychological profile. The psychologist’s main purpose is not to find underlying problems and conflicts that might have caused you to become obese. Most psychologists who perform these evaluations specialize in health psychology, and as such, are looking for ways to help you prevent disease and promote health in the future. The psychologist’s purpose is never to “fail” people and exclude them from surgery. In fact, studies have shown that a very small number (perhaps four percent) of individuals are found to be poor candidates based on their psychological evaluation results.

Weight-loss surgery is by far the most successful treatment method for people with morbid obesity, where the body mass index (BMI) approaches 40 or greater. There is really no specific personality pattern that predicts success or failure after surgery. Many studies have examined depression, bipolar illness, history of childhood sexual abuse and even severe mental illness or eating disorder as potential predictors of failure to reach weight-loss goals after surgery.

Results have shown no clear-cut predictors of failure. As an example, about 40 percent of candidates for bariatric surgery have a history of depression. Often, the depression is being treated with medication and/or counseling and is well controlled. This situation almost never presents a problem after surgery.

There are, however, behavior patterns which suggest greater need for follow-up after your surgery. For example, grazing, or non-mindful snacking and nibbling on
high-calorie foods between meals can be a problem if not identified and stopped once you have had surgery. It is a pattern that significantly reduces your chances of success.

Your evaluation will probably include psychological testing, such as personality tests, mood inventories and other questionnaires. This paperwork is often completed before meeting with the psychologist. You will also have a face-to-face interview, usually scheduled for about an hour.

It is often suggested that you bring a family member or close friend along to the interview if possible, since it is important to know that you have good family and social support. Results of the testing are usually discussed during this time, and the psychologist will want to know about your family and social history, any medical or psychological concerns you may have and your reasons and motivation for seeking the surgery. You will also be asked about your past and present eating patterns, your level of activity and exercise and your current family and social situation.

The psychologist can often answer questions you might have. For instance, some people are fearful of the surgery itself and may be able to benefit from stress management techniques. There is evidence that people who are relaxed prior to many types of surgery not only heal faster, but also have less postoperative pain. The psychologist may be able to guide you toward techniques which may help with this.

Others may be concerned about future feelings of “deprivation,” such as not being able to eat their favorite rich, high-calorie foods after surgery. The psychologist will help you to understand that these feelings, if they occur at all, will usually be short-lived. And, if you feel the need for a referral for counseling, please feel free to ask. Just remember, the psychologist is part of your “safety net” after your surgery whose primary focus is your ultimate success.

About the Author:

David Engstrom, PhD, ABPP, is a clinical health psychologist, board certified in Clinical Psychology. He practices in Scottsdale, Arizona and is a psychologist at Scottsdale Bariatric Center. An active member of the American Society for Bariatric Surgery and is a specialist in applying mindfulness techniques to long-term weight management. Dr. Engstrom currently serves on the OAC Advisory Board.
The Obesity Action Coalition is a non profit patient organization dedicated to educating and advocating on behalf of the millions of Americans affected by obesity. By strictly representing the interests and concerns of obese patients, the OAC is a unique organization with a patient-focused approach to obesity. To learn more about the OAC, visit www.obesityaction.org or contact the National Office at (800) 717-3117.

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OAC Resources

Through education and advocacy, patients need to get involved to help drive change in the obesity community. The OAC provides several beneficial resources for patients, as well as professionals.

- OAC Introductory Brochure
- Obesity Action Alert
- OAC News
- State-specific Advocacy Guides
- Understanding Obesity Brochure
- The OAC Web site: www.obesityaction.org

All OAC resources are complimentary and may be ordered in bulk. To request materials or an order form, please contact the OAC National Office at (800) 717-3117 or send an email to info@obesityaction.org.

OAC membership

Membership in the Obesity Action Coalition allows the patient voice to be heard in the fight against obesity. By building a coalition of members, consisting of patients, family members and professionals, the OAC strives to educate and advocate on behalf of the millions who are affected by obesity. Membership benefits include:

- Official charter membership card/certificate
- OAC News - the OAC’s quarterly newsletter
- Subscription to Obesity Action Alert - a monthly e-newsletter
- Representation through advocacy in addition to information on advocacy issues concerning patients
- Patient/Family Member: $20
- Allied Health Professional Member: $50
- Physician Member: $100
- Surgeon Member: $150
- Institutional Member: $500 (Bariatric surgery centers, weight-loss management centers, etc.)
- Chairman’s Council: $1,000 and up*

* Different benefits apply. Contact the OAC National Office for more info.

Membership Application

Name: __________________________
Company Name: __________________________
Address: ____________________________________________
City: _______ State: _____ Zip: _______
Phone: __________________________
E-mail: __________________________

Payment Information

Enclosed is my check made payable to the Obesity Action Coalition for $_______.
Please charge my credit card for my membership fee of $_______.

[Credit Card options]

Credit Card #: __________________________
Expiration: __________ Name on Card: __________________________
Signature: __________________________

Please mail to: Obesity Action Coalition 4511 North Himes Ave, Suite 250 Tampa, FL 33614
Or fax to: (813) 873-7838 If you have questions about OAC membership, please contact the National Office at (800) 717-3117.