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COMMUNICATING ABOUT BODY WEIGHT IN THE CLINIC AND BEYOND: NAVIGATING DISCUSSIONS GRACEFULLY IN A BODY POSITIVITY VS OBESITY TREATMENT WORLD



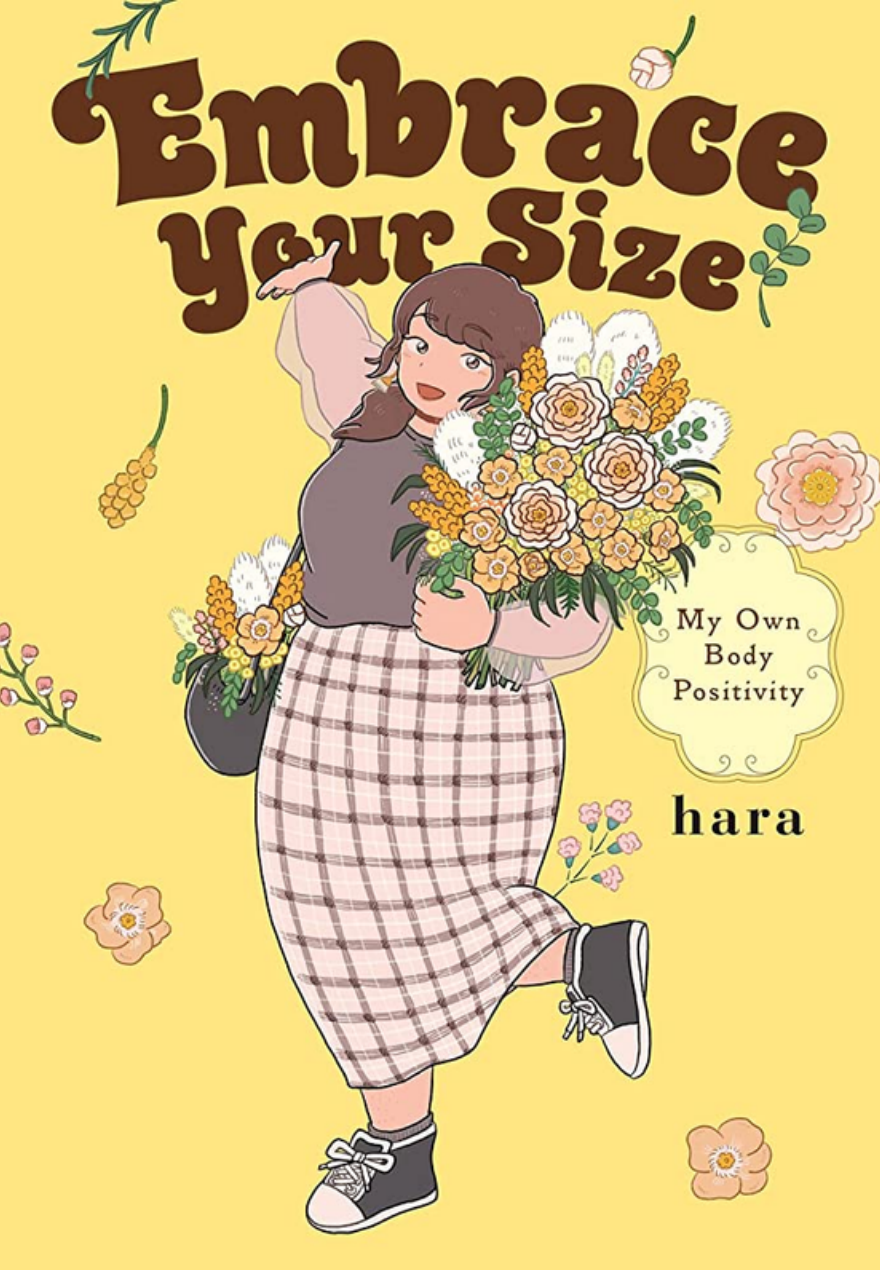
ROBYN PASHBY PHD
CLINICAL HEALTH PSYCHOLOGIST
OAC BOARD MEMBER
WWW.DCHEALTHPSYCHOLOGY.COM

NO DISCLOSURES

EXAMPLES OF 'WHAT TO
SAY' WERE CREATED BY DR.
PASHBY EXCLUSIVELY FOR
THIS PRESENTATION

**“I WAS RAISED TO BELIEVE
THE WORST THING YOU CAN BE IS FAT.”**

Sarah Tyrell



I W
ORST THING YOU CAN BE I

I practice health at every size

This is an evidence-based approach where the focus is on health and healthy habits, rather than body size and weight loss. In order for us to work together for my best health, please:

- Don't prescribe weight loss as a health intervention.
- Don't weigh me unless medically necessary (e.g. for the proper dosage of medication) and don't tell me the number unless I ask.
- Consider prescribing the same things that you would to a thin person with the same problem.
- Provide evidence-based interventions and give me with the opportunity to provide informed consent.
- Provide me with shame-free healthcare.

Thank you!

Adapted from 'Dances with Fat'

Nude Nutrition



WHY FAT ACCEPTANCE?

GOOD QUESTION

- FAT IS UNHEALTHY
- DIETS DON'T WORK
- FAT PEOPLE ARE HUMAN
- HAVING TOBSERVE
- RESIST & THIRTY
- (EVEN UNHEALTHY CHED)
- STOP FAT SHAMING
- "CRISPY CRISPS" IS APOLO
- BY DIET CORNARIES
- FAT CRIMINATION
- IN REAL
- ALL BODIES ARE GOOD

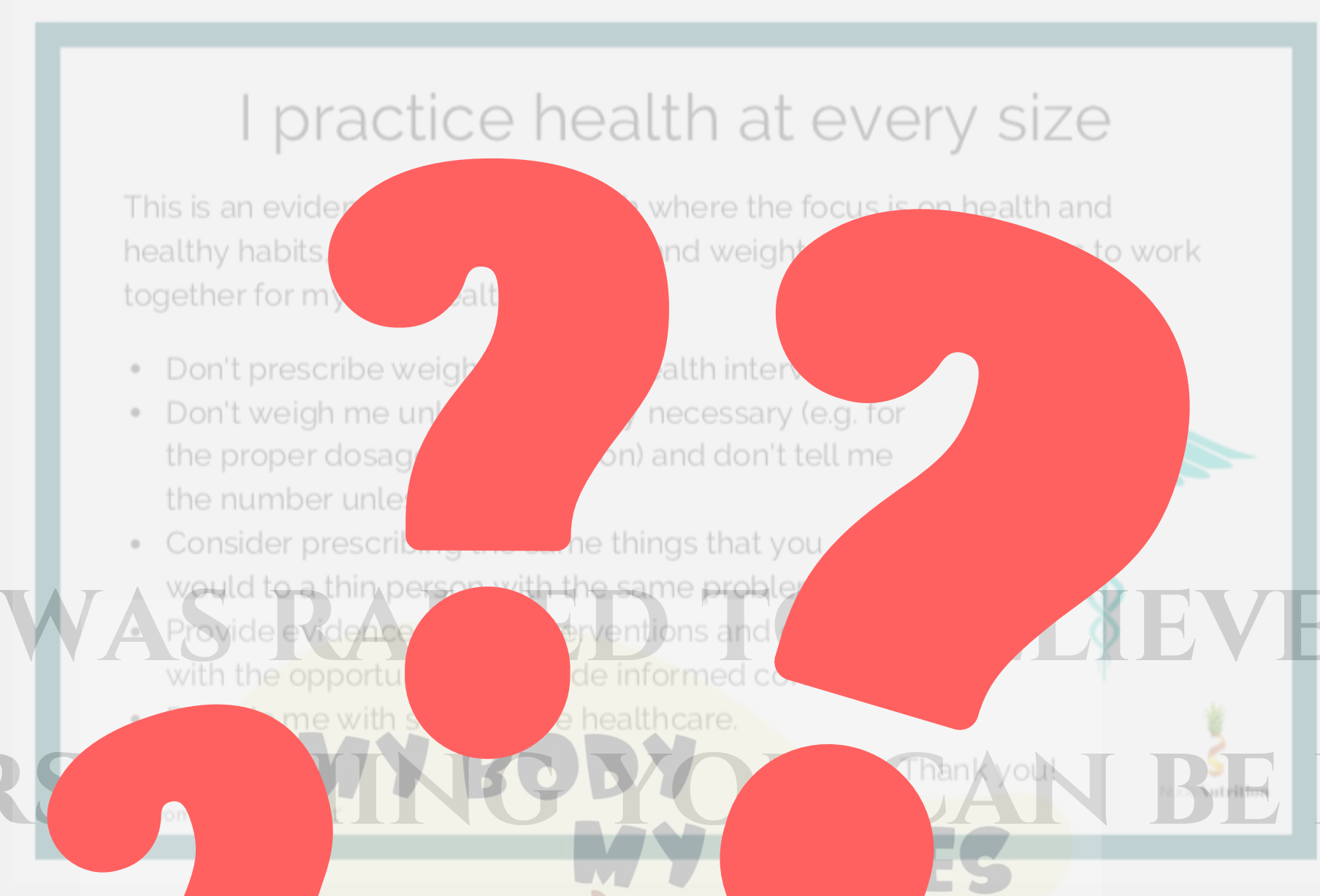
**START NOW
END FOOD
GUILT!**
JUMP ON! / PICK OFF

I love my body!

**FAT AND
HAPPY**

**IT'S TRUE
YOUR CALL**

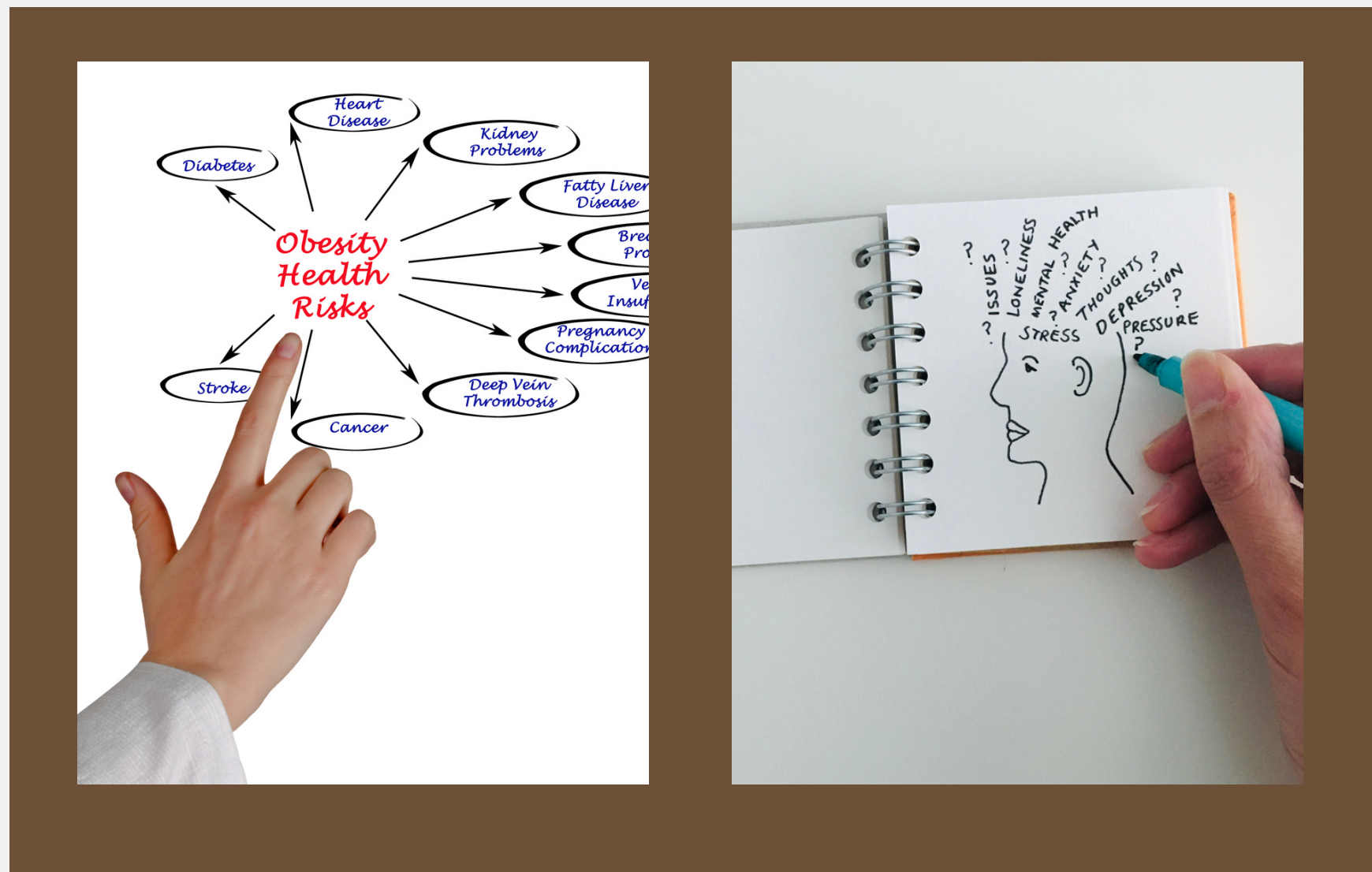
Add a little bit of body text; Embrace Your Size: My Own Body Positivity by Hara; http://sjwiki.org/wiki/Fat_acceptance_movement; <https://haeshealthsheets.com/resources/>



"I WAS RAISED TO BELIEVE

THE WORST THING YOUR BODY CAN BE IS FAT."

..... YOU CAN UNDERSTAND OBESITY
WITHOUT
UNDERSTANDING HOW TO TALK
TO PEOPLE ABOUT OBESITY



AMA
WHO
NIH
CDC
Consensus statement

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PEOPLE FIRST LANGUAGE?

Adults

"Weight", "unhealthy weight" and
"overweight"
"Morbidly obese", "extremely obese"
and "super obese"

Youth/Adolescents

'healthy weight' "weight
problem," "plus size," "chubby,"
"weight" and "BMI"
"obese," "fat," and "large"

Parents

'Weight', "unhealthy weight" and "body
mass index" "too much weight for his/her
health" ("demasiado peso para su salud")
"fat", "extra-large" and "extremely obese"
when describing their children's weight

PREFERRED
NOT PREFERRED



4 STRATEGIES TO HELP **BRIDGE THE GAP** BETWEEN BODY POSITIVITY AND OBESITY TREATMENT IN CLINICAL PRACTICE

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FIRST, MIND THE GAP

The gap stems (in part) from erroneous beliefs like:

- body positivity 'promotes' obesity
- body positivity is just about body size
- 'weight loss' is just about health
- obesity treatment is the same as weight loss
- internalized weight bias can be 'fixed' with weight loss



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SECOND, CHECK YOUR ASSUMPTIONS



Patients:

- all want to lose weight/be thin(ner)
- who are "body positive" don't want to lose weight
- who are thin(ner) are health(ier)
- with larger bodies lack knowledge or put forth low/wavering effort at self-care
- all with obesity/body positive are all the same
- can be helped by just by advising, directing, suggesting
- should do what you tell them to do
- can change quickly

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THIRD, MAKE "BETTER" ASSUMPTIONS



Patients:

- may or may not want to "lose weight"
- may or may not be 'body positive'
- likely have high knowledge
- often put forth sustained & exhausting 'effort'
- are allowed to make their own healthcare decisions
- may feel judged and alone, despite statistics
- may experience shame & self-blame
- may want to 'please' you
- will take time to change
- may have experienced traumatic stressors*
 - not just ACES

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"STEP AWAY FROM THE TABLE"

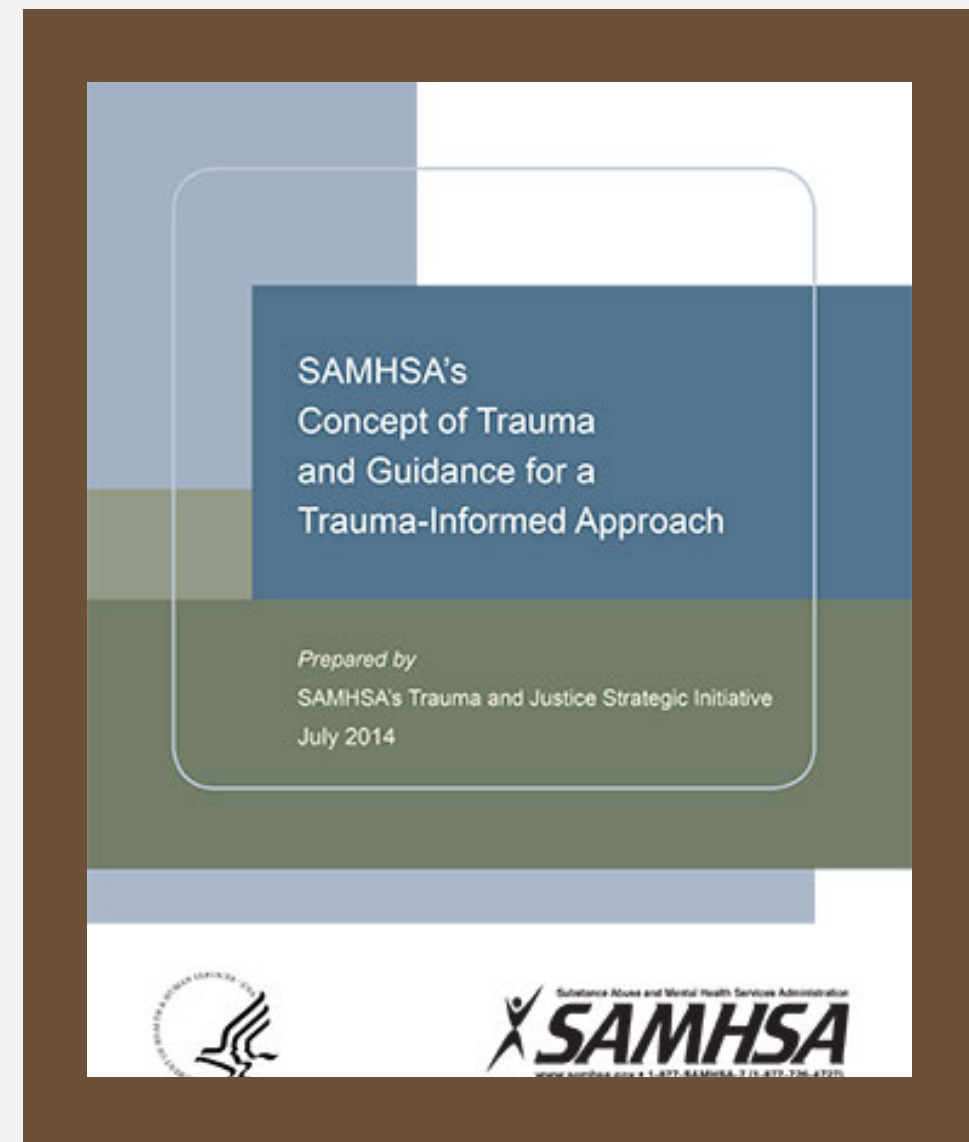
AND COUNTLESS OTHER STORIES



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FOURTH, LEARN & ADOPT TRAUMA INFORMED CARE (TIC)

(YES, YOU CAN.
IT IS NOT THE SAME AS
TRAUMA TREATMENT)



TIC ACCOUNTS FOR THE
POSSIBILITY THAT EVERY
PATIENT YOU SEE **MAY**
HAVE A HISTORY OF
TRAUMA EXPOSURE

- SAFETY
- TRANSPARENCY
- TRUSTWORTHINESS
- COLLABORATION
- AUTONOMY/CHOICE
- CULTURAL
AWARENESS

APPLYING THESE STRATEGIES
IN THE CLINIC (AND BEYOND):
3 SCENARIOS

○ ○ ○ ○

*



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*just for a thought exercise, not to imply these are shameful conditions

PATIENT SAYS: "I WANT TO LOSE 100 POUNDS."



..... STARTING POINTS FOR RESPONDING TO PATIENT WEIGHT LOSS GOALS



- remember your 'better' assumptions
- thoughts & feelings --> behaviors, not outcomes
 - 'beating you to the punch,' ashamed, frustrated, stuck, anxious, exhausted, or worried about health
- consider barriers
- consider your tone
- ask consent
- use TIC principles



WHAT TO SAY?

"Is it alright if we talk more about that? Can you tell me more about what you're thinking?"

"Your weight is bothering you. It is common for people to feel stuck and I am glad you are willing to talk to me. I am not here to judge, only to help."

"Let's build on what you are already doing to care for yourself. Working towards helping our bodies be and stay healthy is something we all have to do and I am happy to help you."

"If you are feeling stuck, let's identify some small, intermediate steps we can work towards together."

"Are you interested in learning more about medical treatments?"

"Weight is much more complicated than eat less, move more. I would like to help you get the support you need. Can I give you the name of someone who may be able to help more consistently than me?"

**YOU THINK: "THIS PERSON'S HEALTH IS
IMPACTED BY HIS WEIGHT."**



..... STARTING POINTS FOR RAISING THE TOPIC OF WEIGHT



- remember your 'better' assumptions
- thoughts & feelings--> behaviors, not outcomes
 - intentionally avoiding, hopeless, stuck or practicing body positivity/HAES, in active or recovery from ED, etc.
- think about context of appointment
- consider barriers
- consider your tone
- ask consent
- use TIC principles



WHAT TO SAY?

"Would it be okay if we talk about your weight as part of your overall health today?"

"Could we talk about how you are feeling about your physical and mental health lately? Are there any health behaviors you'd like some support in changing? Almost everyone has something they are working on and I'd like to help."

"Are you wanting support to manage your weight? Weight isn't entirely in your control, and I am happy to work with you to make some small changes in areas you feel ready to change."

"So many factors contribute to overall health: stress, sleep, weight, social connections, mental health, and more. Your labs suggest that some of your health concerns may be better managed with some behavioral changes, but I know behavior change is hard. How can I help or support you as we work together towards improving your health?"

YOU ARE TALKING TO PARENTS/KIDS ABOUT WEIGHT



STARTING POINTS FOR KID/FAMILY WEIGHT DISCUSSIONS



- remember your better assumptions
- changes for the whole family
- consider context of appointment
- thoughts & feelings--> behaviors, not outcomes
 - bullying, judgment, parents struggling/worried
- consider barriers
- consider your tone
- ask consent
- use TIC principles



WHAT TO SAY?

"What are your health goals? Do you have any concerns about your health or how you are feeling that you want to discuss?"

"All bodies are different and unique, and we just want to keep them as healthy as possible. Part of health is your body and your body image, too. How are you feeling about your body?"

"Lots of factors help keep us physically and mentally healthy, like good sleep, managing stress, having friends, staying active and more. What helps keep you healthy? Are there any changes you'd like to make?"

"Are there some ways you think your family can help you feel healthier? Some kids would like more family meals, for example, but that isn't possible for everyone. I am happy to work with all of you to figure it out. It sure can feel hard but you don't have to figure it out alone."

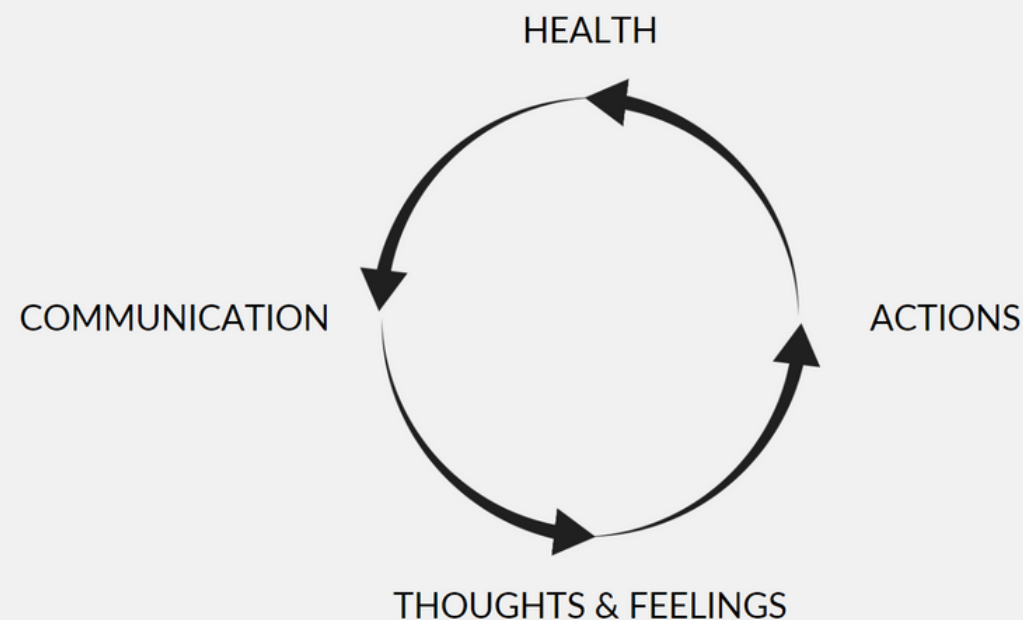
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CLOSE THE GAP

"My ability to do things that are good for my health is tied directly to how I feel mentally."

- patient

- Your **communication** --> person **thinks & feels**
- How a person **thinks & feels** --> **actions** that person takes
- Person's **actions*** --> **health**
 - *health behaviors, follow through with medical treatment, using medications, attending medical appointments, engaging in therapy, etc.

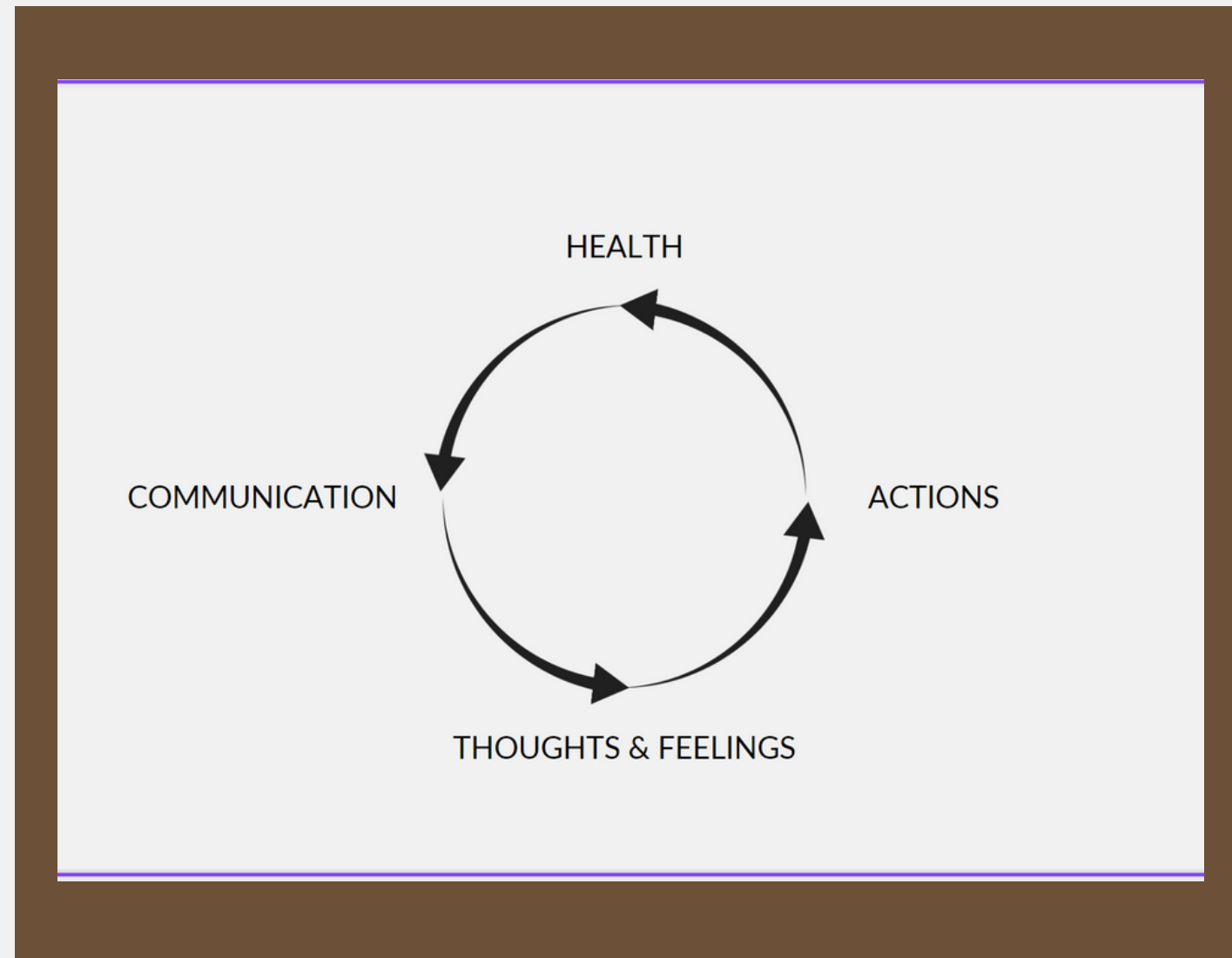


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THINK AND, NOT OR

ASK

LISTEN

ENCOURAGE LIFESTYLE
FACTORS

OFFER THE CHOICE FOR
MEDICAL TREATMENT

VALIDATE BODY
POSITIVITY/
ACCEPTANCE

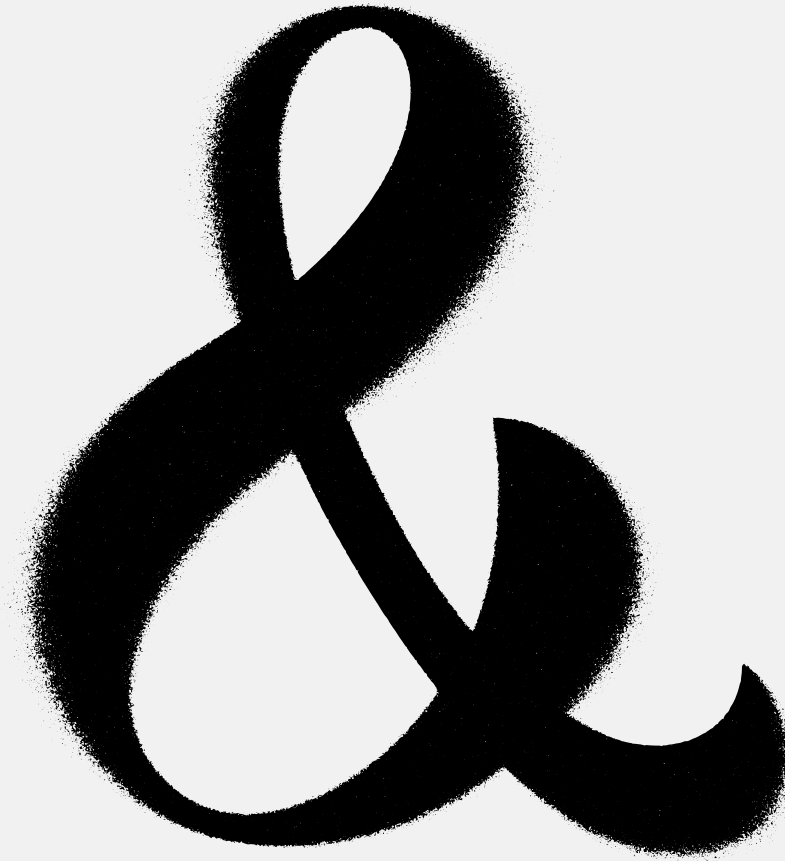
SUPPORT DESIRE FOR CHANGE

DISCUSS HEALTH

FOCUS ON MORE THAN
WEIGHT & WEIGHT LOSS

SCIENCE

COMPASSION





THANK
YOU

Robyn Pashby, PhD
rpashbyphd@dchealthpsychology.com
[@rpashbyphd](https://www.instagram.com/rpashbyphd)

www.dchealthpsychology.com