

Twitter Chat: **Guilty of Weight-Bias with Clients? Examine Your Attitudes, Explore the Conversation**

9 Critical Questions to Ask about Weight, Lifestyle and Eating Habits

I always encourage other HCPs to **ask lots of open-ended questions** – they can give you a ton of good info! (@DiabeticPsych)

Ask “**why do you think you eat** when you are not physically hungry” ... can be great conversation starter (@DrNBereolos)

Ask about: their feelings, weight hx, dieting hx, weight “goals,” **life values and quality of life goals** (@MelissaJoyRD)

Do you have sense of hunger or fullness? Diabetes = dysfunction of more hormones than just insulin. And **explore hunger cues**. Often times they are diminished after years of diabetes. (@KellyRawlings)

I ask about **stressors, sleep patterns, anxiety**, (@lorenadrage)

During my initial assessment I ask questions about **prior hospitalizations, medications, eating disorders** etc. to identify potential risk and monitor to determine need for referral. (@Eatingsoulfully)

I have also learned to ask about **stress, pleasure, and sex** in sessions. (@ScratchfieldRD)

I ask about whom they live with and whether these people and **others in their life support or sabotage** their weight control efforts (@HopeWarshaw)

I **delve into their understanding, concepts, beliefs** about weight control to assure all is accurate and if any info needs correcting (@HopeWarshaw)

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Assessing Readiness to Change

What's going well for you right now? **What's most challenging/stressful?** You can probe from there (@DiabeticPsych)

How ready do you feel to change your eating patterns and/or lifestyle behaviors? How is your **current weight affecting your life** right now? (@Eatingsoulfully)

I'd want to know first if person is even interested in **losing weight, not always a priority** for those who are overweight, HCP's assume it is bc it is a priority for them (@DrNBereolos)

I work with folks to **identify their barriers** to losing weight. If we don't name and address these barriers (psychological, logistical, time, financial), we're setting folks up for failure (@DiabeticPsych)

I talk about the stages of change, barriers to change, the **ABCs of behavior change** = Antecedent, Behavior and Consequence. (@Eatingsoulfully)

I always **focus on their motivation**. Is losing weight something they want to do? Why? Zeroing in on specific, tangible motivations is key (@DiabeticPsych)

I use a **weight loss readiness quiz** as a starter for discussion. I also use a comprehensive food diary that captures their hunger rating, feelings, who they were with, time at start of meal etc. (@Eatingsoulfully)

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Putting Your Finger on Psychological Concerns

It's **never just about the food.** (@LoriTheRD)

Even as a health psychologist, I **need to refer some patients** to a colleague who specializes in eating disorders, because soooo complex (@DrNBereolos)

I've made many referrals through the years for inpatient and outpatient **psychological help.** (@Eatingsoulfully)

According to @Dr_Jen_ in her @LifeScanDI webinar, "Incidence of **trauma, childhood abuse, sexual abuse**, low self-esteem and depression is high in those with obesity and who've had bariatric surgery" (@HopeWarshaw)

Diabetes can co-occur with eating disorders (EDs). **Screening for EDs is important.** You can have an ED at any size. Very hard not to veer toward disordered eating when food is therapy. (@ScratchfieldRD)

Ask about body image, abuse history, all plays a role, some afraid of not being overweight (@DrNBereolos)

Lifetime trends in weight can correlate with psychological stressors/life changes (@DrNBereolos)

According to @Dr_Jen_ in her @LifeScanDI webinar, "There's a substantial body of evidence that suggests many people who routinely **use food for emotional regulation** have a history of psychological issues" (@HopeWarshaw)

I do a **full psych eval** with all my patients. Specific things I look for with regard to weight are depressed mood, feelings of hopelessness, low self-esteem and lack of healthy coping skills (@DiabeticPsych)

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Wise Words of Counsel from Healthcare Providers

Let's keep reflecting on weight stigma, improving health really does include helping people care for their bodies, **respecting their stories and experiences** (@ScratchfieldRD)

I use mindfulness in my practice, both for myself and with my clients. I always try to be mindful of my own reactions and biases. I **teach my clients mindfulness** as well and have found mindful eating to be a great tool (@DiabeticPsych)

Physiological realities of keeping lost pounds off to help people buy into getting off the on/off diet roller coaster. Successful weight control, maintenance of lost weight is a forever proposition. That's hard to swallow (@HopeWarshaw)

ACT (**Acceptance and Commitment Therapy**) is behavioral therapy that focuses on distress tolerance (acceptance) and committed action that is in line with one's values - even if it's not 'comfortable' it can be a very powerful tool to help folks change behavior (@DiabeticPsych)

A big issue in my clients with obesity and diabetes is **dealing with body shame**, in a culture that says smaller must be better and healthier (even though it's not true). I found self-care grows when shame is reduced (@ScratchfieldRD)

Immediate gain (food) vs. long-term health! **Motivation is not always clear-cut** and behavior change is hard! (@DiabeticPsych)

I stopped doing weight loss counseling. For my clients, including diabetes, **it's all self-care**. Many have traumatic history of dieting and poor body image. I team with therapist and doctor (@ScratchfieldRD)

I am always sure to mention, while I am an expert in nutrition, **you are the expert in your life ...** you will be the one to implement the strategies learned to achieve your goals. (@LoriTheRD)

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Perspectives from People with Obesity

Music to my ears! Most people affected by #obesity aren't lacking willpower and drive to lose weight. We just haven't had the right tools because **it isn't a simple process**. (@pattynece)

A lack of understanding of the complexities of #obesity is often to blame for #weightbias. Behavior change is just a part of a **multifactorial chronic disease** (environmental, psycho-social, biological factors as well) (@Eggface)

Sharing with patients that there is **no one size fits all #weightloss method** is helpful & empowering. There are many evidence-based options and what worked for your co-worker or sister might not be what is best for you (@Eggface)

HCPs need to **learn how to communicate about weight**. Some cornerstones: respectful, non-judgmental, supportive, empathetic conversations. For help, check out @STOPObesity Why Weight Guide at whyweightguide.org. (@pattynece)

I appreciate as a #patient **not being labeled as my disease** ... so hearing #peoplefirstlanguage I am a person with or affected by #obesity (@Eggface)

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Tips and Tools from Dr. Jen Nash, Psychologist*

As @Dr_Jen_ states in her @LifeScanDI webinar: Weight management is complex, multifactorial! The message: **Eat Less, Move More ... isn't generally successful.** (@HopeWarshaw)

I want to share @Dr_Jen_ **Eating Blueprint**. This is a resource she's created. Here's a link: eatingblueprint.com/willpower/ (@HopeWarshaw)

In the @LifeScanDI webinar @Dr_Jen_ discussed **helping clients share their "Eating Story."** I like that concept. Yes, we HCPs need to listen intently, ask lots of Qs before jumping in with advice (@HopeWarshaw)

Here's the great closing statement from @Dr_Jen_ "We may be more effective if we help the person **solve problem they're using food to deal with**, rather than trying to 'motivate' them to remove food to cope that they're likely to be quite attached to." Powerful! (@HopeWarshaw)

I encourage you to **watch the @LifeScanDI webinar** by @Dr_Jen_. At the end she shares a number of other resources and references. (@HopeWarshaw)

*View the webinar "Psychological Strategies for Weight Change Conversations" presented by Dr. Jen Nash at <https://www.lifescandiabetesinstitute.com>

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Resources to Gain Further Knowledge and Insights

Weight Bias in #Healthcare – **A Guide for Healthcare Providers** Working with Individuals Affected by #Obesity found at www.obesityaction.org (@Eggface)

Look for a simple video on YouTube called “**The Problem with Poodle Science,**” that helps explain size diversity (@ScratchfieldRD)

I often promote the **National Weight Control Registry** found at <http://nwcr.ws> developed and maintained over last 20 years by Drs James Hill and Rena Wing. Amassed lots of learnings about what it takes to keep lost pounds off (@HopeWarshaw)

Overeaters Anonymous (www.oa.org) and the **Obesity Action Coalition** (www.obesityaction.org) are excellent resources for people with Obesity and HCPs (@Eatingsoulfully)

Why Weight is a guide to discussing obesity & health with people you counsel www.whyweightguide.org (@MarkHarmel)

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