Providing Weight-Inclusive Care: From Diet Culture and Weight Stigma to Health At Every Size®

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SAMHSA
Substance Abuse and Mental Health Services Administration

MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D., served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2024

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers and a Network Coordinating Office.

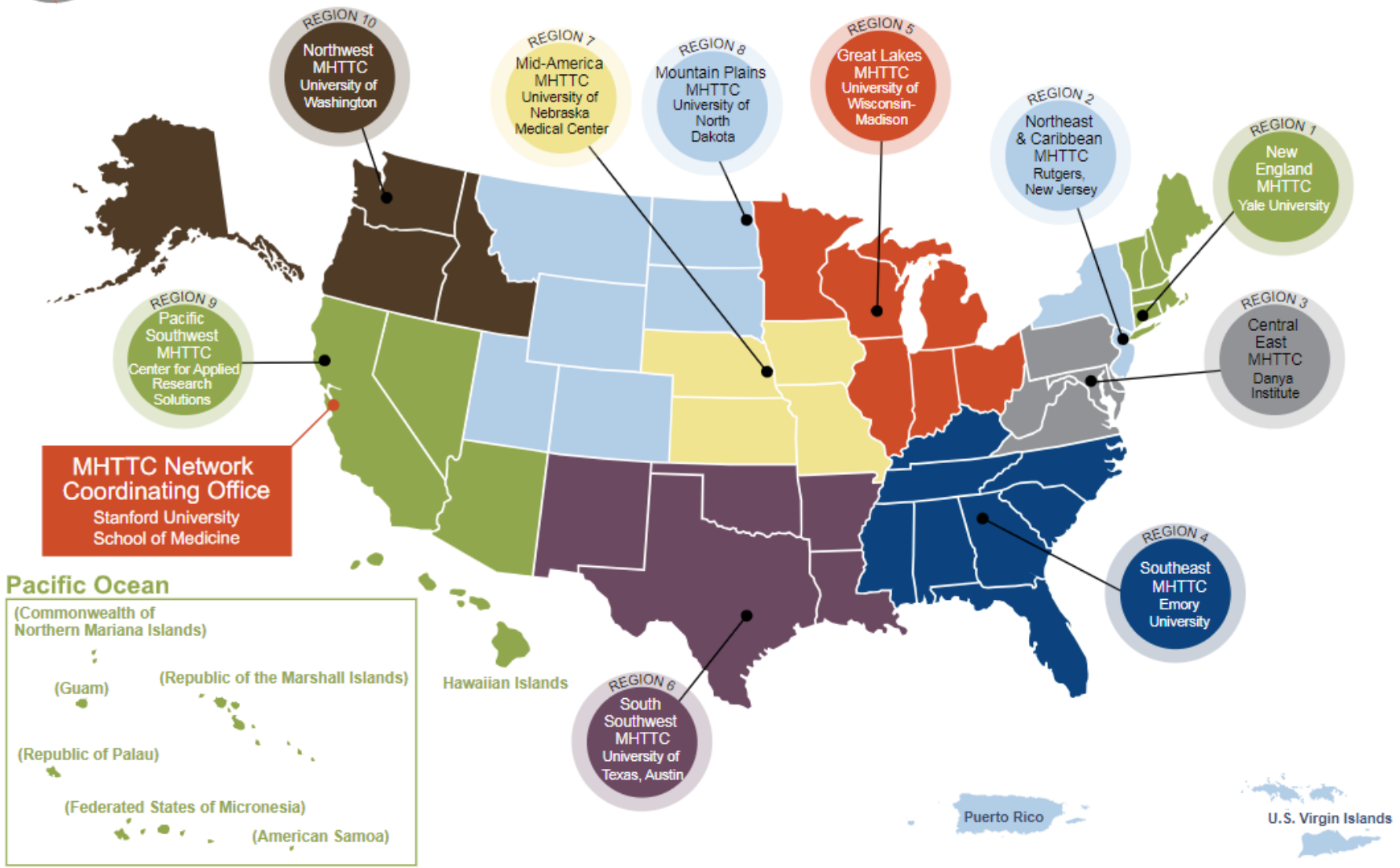
Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

SAMHSA

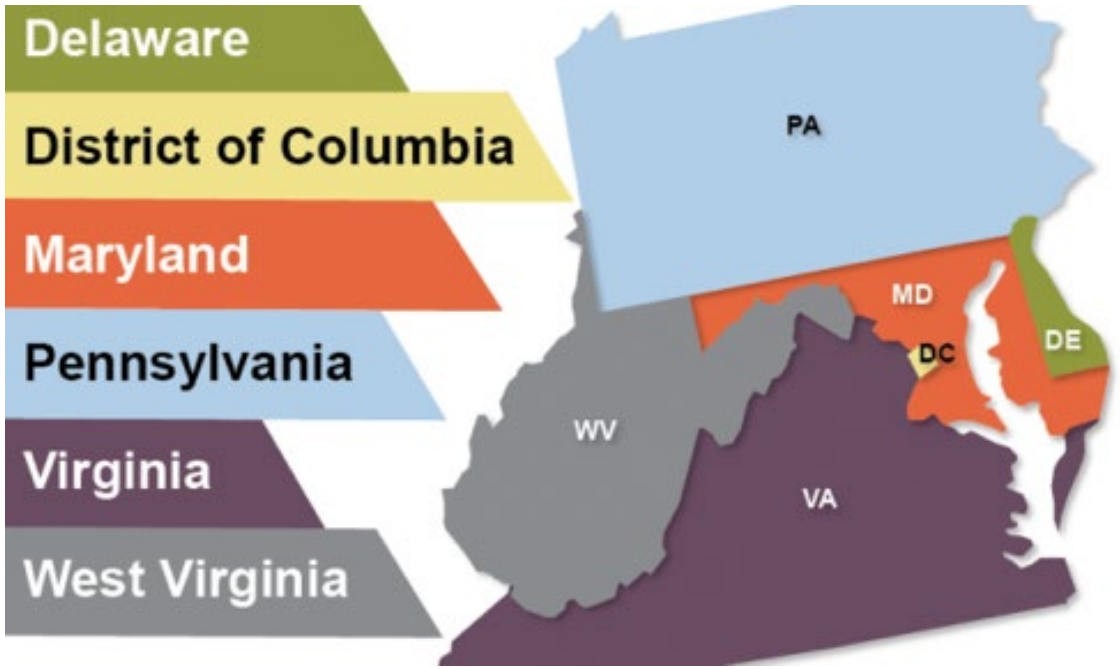
Substance Abuse and Mental Health Services Administration

MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

MHTTC Network



Central East Region 3



Central East (HHS Region 3)

MHTTC Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Healing-centered and trauma-responsive
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Evaluation Information

- The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.
- At the end of today's training please take a moment to complete a **brief** survey about today's training.

Evaluation Link

PROVIDING WEIGHT-INCLUSIVE CARE:

From Diet Culture to Health A Every Size®

Learning Objectives

- Break down the myths of diet culture and understand its influence in society today
- Understand the principles of Health At Every Size (HAES) and the positive benefits of HAES-informed care
- Identify weight discrimination and personal bias to ensure inclusive, affirming practices through their work with clients

AGENDA

The Dominant Paradigm

Diet Culture

Risks and Harms

Problems with the Dominant Paradigm

Anti-fat Bias

The Weight-Inclusive Paradigm

Care Model

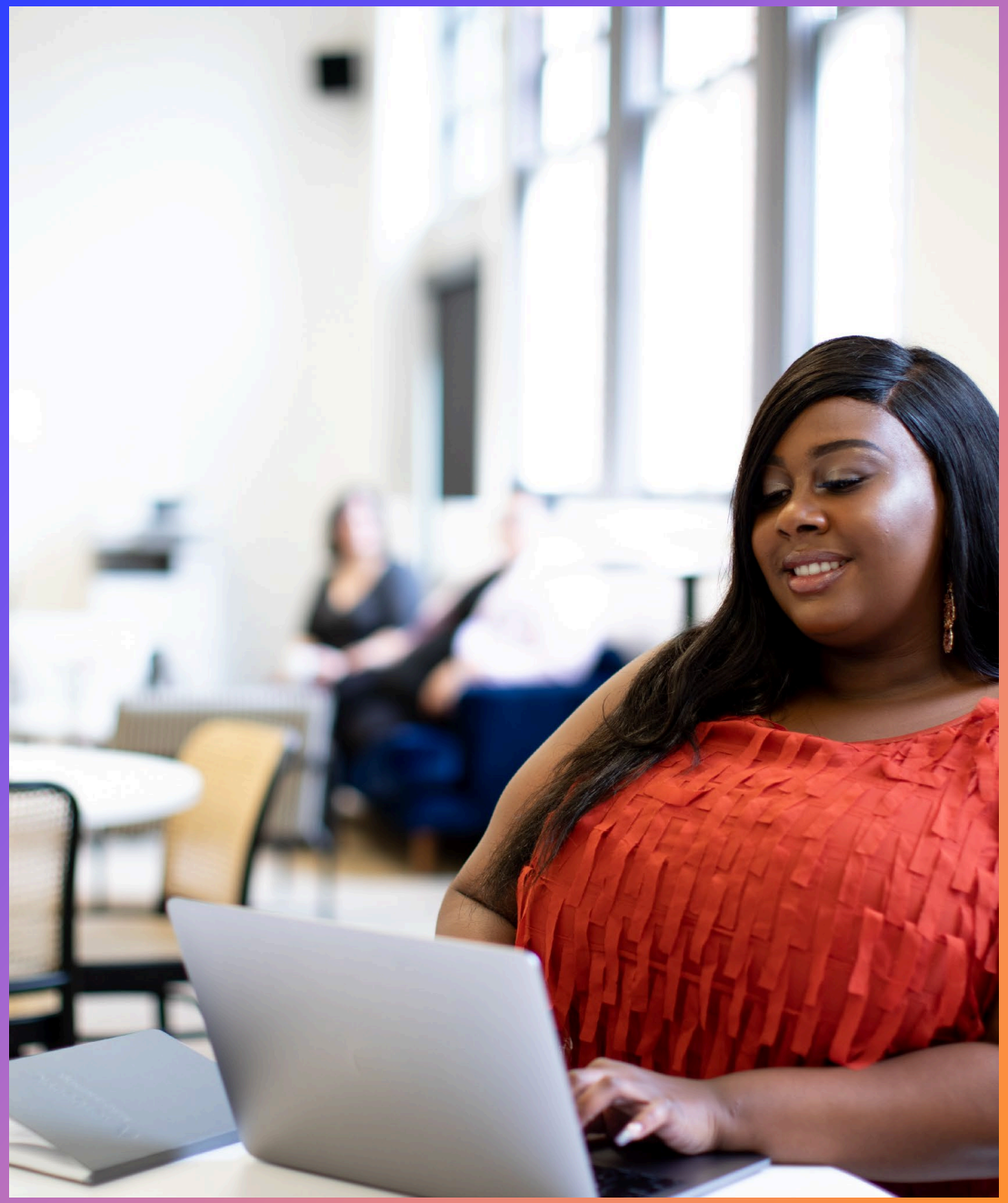
Weight-Inclusive Care in Practice

Presented by Rock Recovery

Heather Clark, LCPC, LPC, is the Clinical Director at Rock Recovery, a non-profit that uniquely provides accessible group and individual therapy for disordered eating – through in-network coverage, generous sliding scale rates, and virtual options – as well as inclusive Christian faith-based recovery support groups.

Presented by Rock Recovery

Natasia "Tasi" James, MA, is a Resident in Counseling in the state of Virginia. She has a wide breadth of experience in the mental health field, including experience with both adolescents and adults with eating disorders in the Partial Hospitalization and Intensive Outpatient levels of care. She is passionate about creating inclusive spaces, and access to high quality of care for underserved communities.



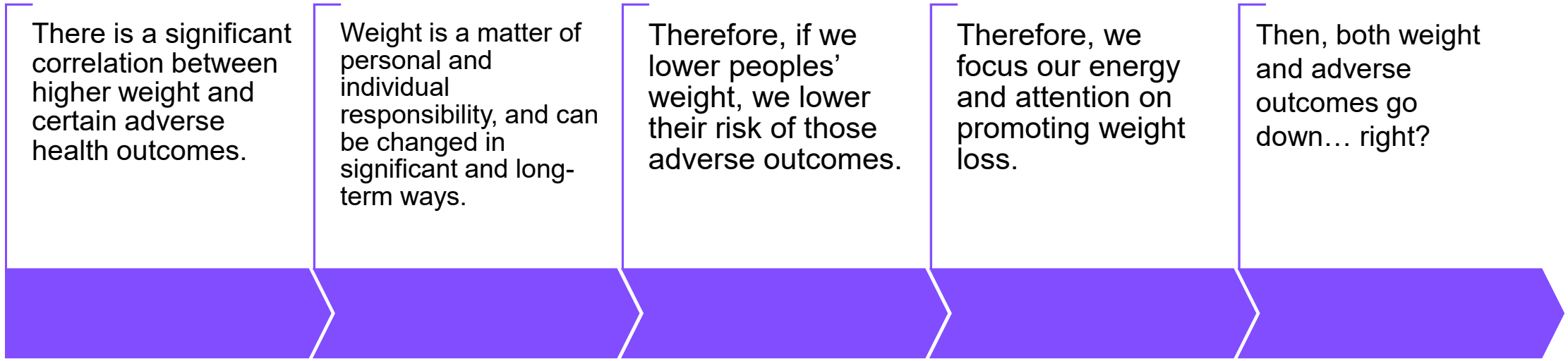
A word about words…

Also, please take good care of yourselves today.

THE DOMINANT PARADIGM

Weight-Normative Care

Weight-Normative Thinking



Diet Culture

Definition

- *Diet culture is a system of beliefs that:*
- Worships thinness and equates it to health and moral virtue,
- Promotes weight loss as a means of attaining higher status,
- Demonizes certain ways of eating while elevating others, which oppresses people who don't match up with its supposed picture of “health,” which disproportionately harms women, femmes, trans folks, people in larger bodies, people of color, and people with disabilities (Harrison, 2019)

A rose by any other name would smell as sweet

William Shakespeare

RISKS AND HARMS

Weight-Normative Care

Risks and Harms of Intentional Weight Loss Efforts

In children…

- By age 6, girls especially start to express concerns about their weight or shape
- 40 - 60% of elementary school girls are concerned about their weight or about becoming “too fat”
- Over 1/2 of teenage girls and nearly 1/3 of teenage boys use unhealthy behaviors to control their weight (i.e. - skipping meals, dieting, smoking, purging) (Seruya, 2020)

In healthcare…

- Our healthcare system often reinforces diet culture (i.e. - dieting, fasting, restriction, over-exercise)
  - BMI
  - Perpetuates and promotes anti-fat bias
  - Anti-fat bias in a care setting can be traumatic
  - Leads to conditions going untreated and/or misdiagnosed
  - Disordered eating is often encouraged, especially for larger-bodied patients

In mental health…

- “Our health, happiness, relationships, education and contributions to the world are damaged and stifled when we are dedicating a steady, invisible stream of mental and physical energy to monitoring and controlling our appearances” (Starving and Stifled, 2014)

Risks and Harms of Intentional Weight Loss Efforts

Eating Disorders

- Internalization of the "thin ideal" is a **causal** risk factor for disordered eating (Thompson & Stice, 2001).
- EDs have highest mortality rate of any mental disorder, with the exception of opioid use disorder.
- EDs affect all ages, races, genders, sizes, and classes of people.
- In a large study of 14– and 15-year-olds, dieting was the most important predictor of a developing eating disorder. Those who dieted moderately were 5x more likely to develop an eating disorder, and those who practiced extreme restriction were 18x more likely to develop an eating disorder than those who did not diet. (Golden, et al. 2016)

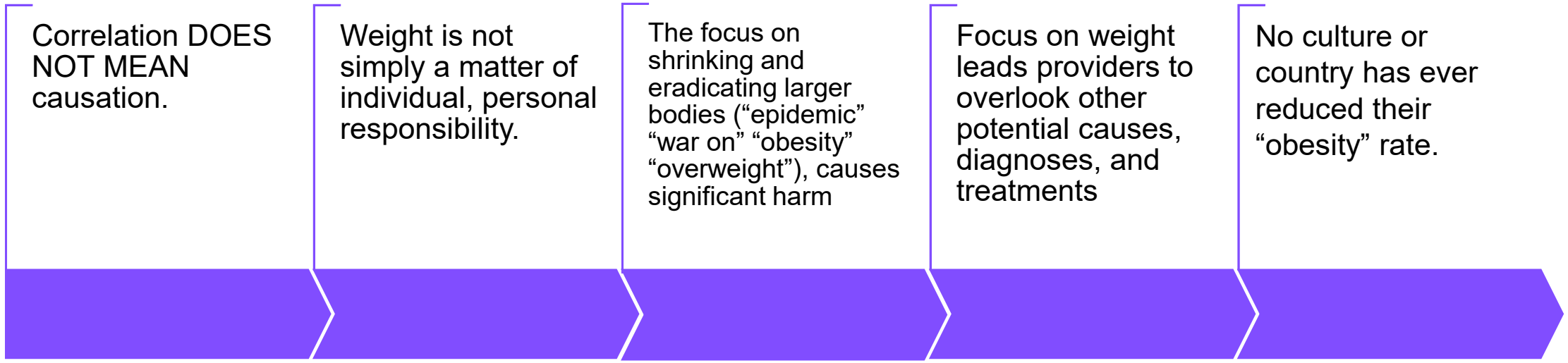
Anti-fat Bias

- Focus on shrinking and eradicating larger bodies ("epidemic" "war on" "obesity" "overweight"), causes stigma and systemic discrimination. (Puhl, et al., 2014)

THINKING ERRORS

Weight-Normative Care

Weight-Normative Thinking Errors



CASE EXAMPLE

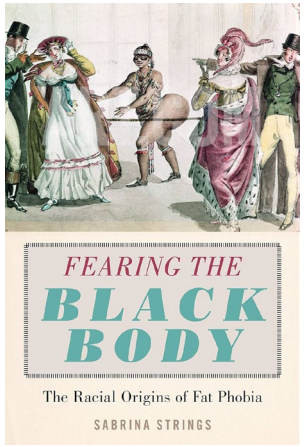
Anti-fat Bias

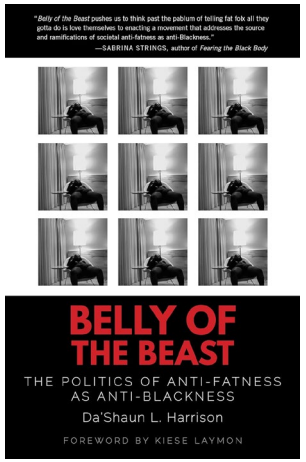
Definition

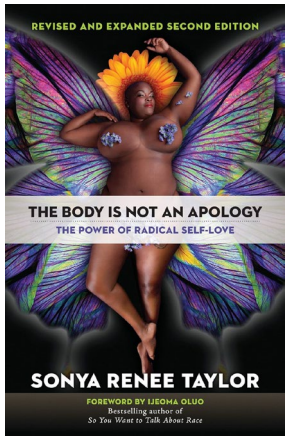
- "…social devaluation and denigration of people considered to carry excess weight, which leads to prejudice, negative stereotyping, and discrimination…" (Puhl, et al. 2009)

Racist Roots

- Dating back to the trans-Atlantic slave trade, thin bodies and self-denial with food became markers white people used to differentiate themselves from enslaved people of color, and assert superiority.







Anti-fat Bias (cont.d)

Systemic

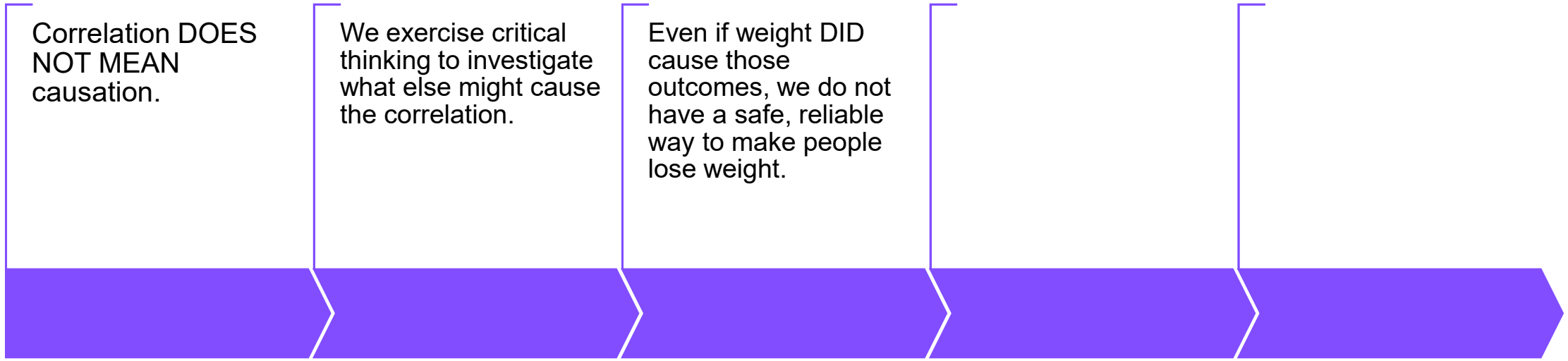
- Seating and other matters of access
- Interviews and pay
- Moral/character assumptions
- Interferes with access to respectful, comprehensive medical care
- Access to comfortable, stylish clothing, which leads to more workplace and character assumption issues
- Lack of appropriate medical equipment and devices

Adverse Effects

- Eating disorders
- Avoidance of medical care (Messinger et al., 2018)
- Health risks of systemic discrimination (Leger et al., 2022; Puhl et al., 2014) Allostatic load, epigenetics
- May miss or misdiagnose health issues due to weight-based stereotyping
- Intersectionality can compound and complicate adverse effects

WEIGHT-INCLUSIVE PARADIGM

Weight-Inclusive Thinking



How sure are we that weight regain after intentional weight loss happens most of the time?

As sure as we are that smoking causes cancer.

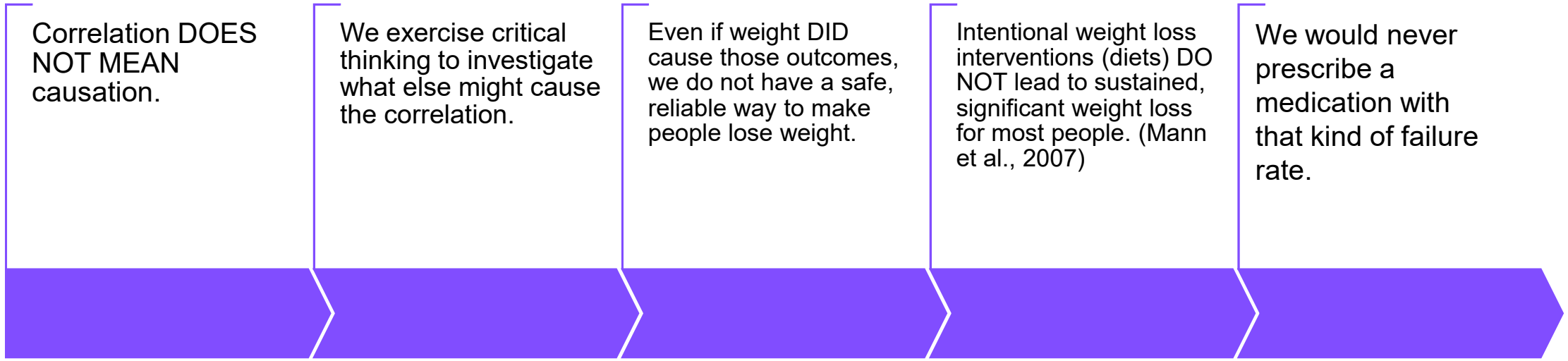
Level A Evidence

LONG-TERM WEIGHT MANAGEMENT					
How effective are lifestyle interventions in maintaining weight loss in adults?					
Weight loss following lifestyle intervention is maximal at 6–12 months. Regardless of the degree of initial weight loss, most weight is regained within a 2-year period and by 5 years the majority of people are at their pre-intervention body weight.					A
Evidence base A	***Consistency*** B	***Clinical impact*** A	***Generalisability*** A	***Applicability*** A	
REFERENCES: Dansinger et al. 2007; Schmitz et al. 2007; Stahre et al. 2007; Cussler et al. 2008; Martin et al. 2008; Svetkey et al. 2008; Cooper et al. 2010; Neve et al. 2010					

Department of Health and Ageing, National Health and Medical Research Council, Clinical practice guidelines for the management of overweight and obesity in adults, adolescents and children in Australia, Melbourne 2013, p161

fionawiller ler for Unpacking Weight Science

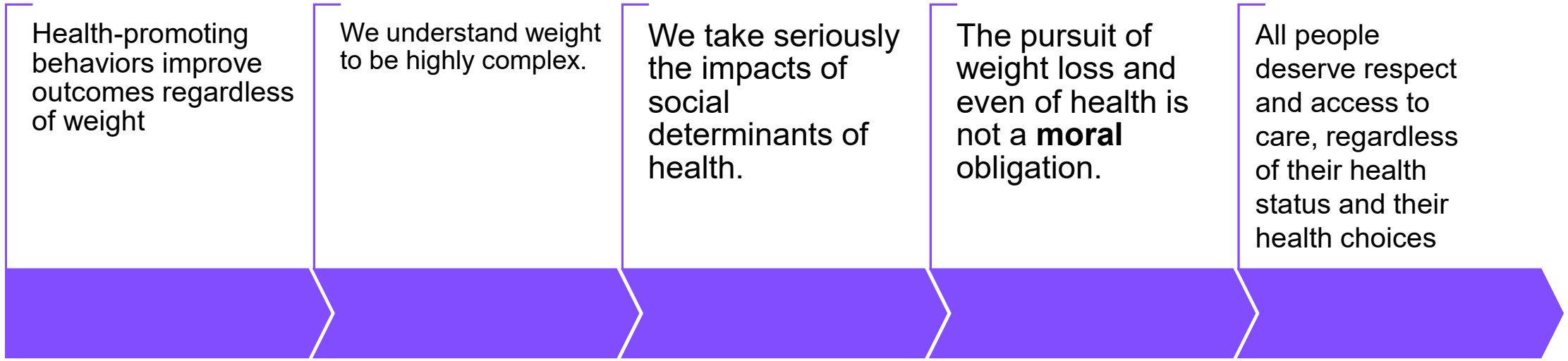
Weight-Inclusive Thinking (cont.d)



Even if…

…weight **caused** poor health outcomes, **and** people were personally and individually responsible for their weight, people still deserve respect.

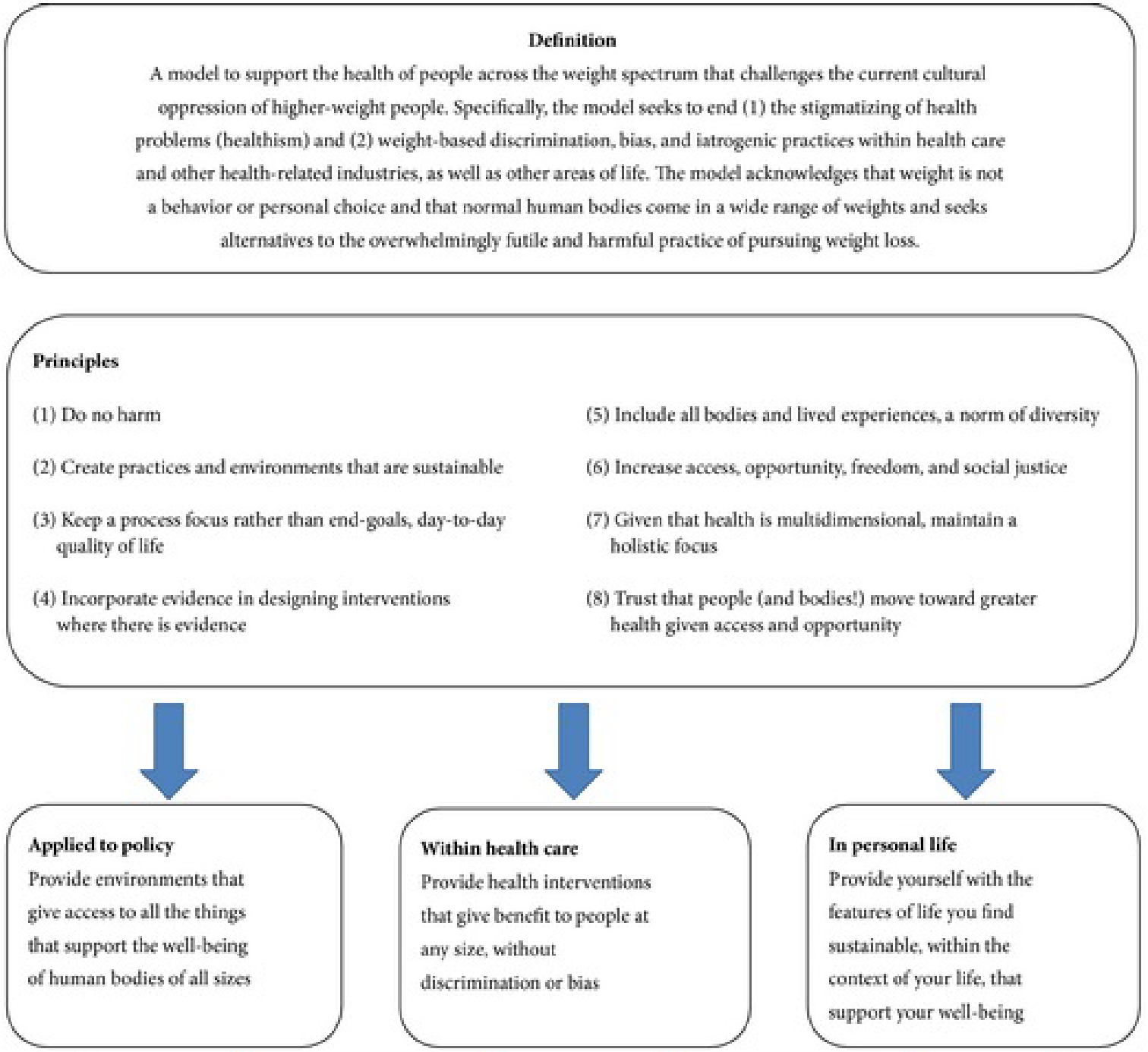
Weight-Inclusive Thinking (cont.d)



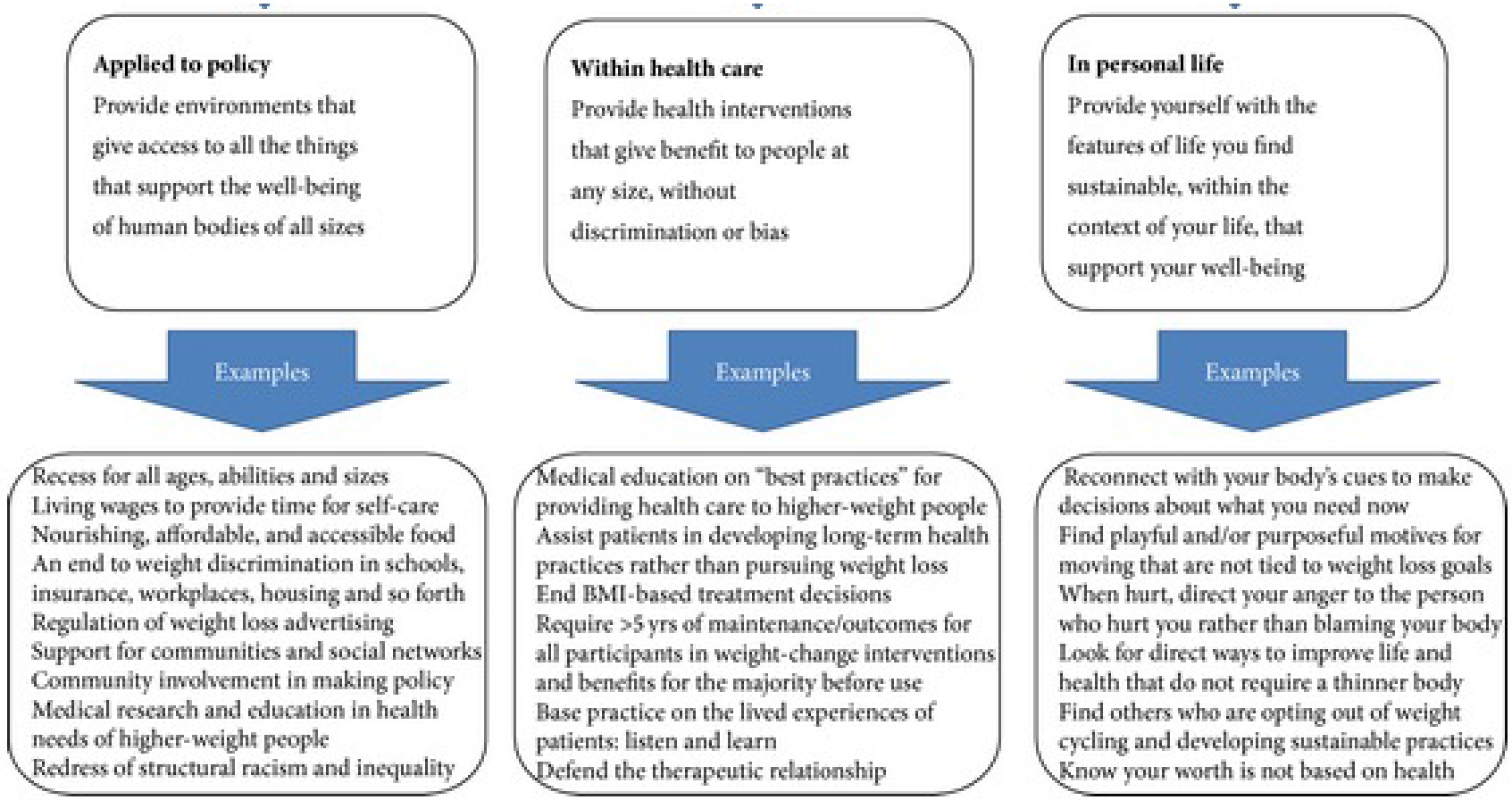
CARE MODEL

Care Model

Tylka et al. (2014)



Care Model



Tylka et al. (2014)

WEIGHT-INCLUSIVE CARE IN PRACTICE

Weight-Inclusive Care In Practice

- Working on our own anti-fat bias
  - Harvard's Implicit Attitudes Test
- Educating ourselves proactively
- Creating an inclusive physical space
- Noticing bias in our assessments and diagnoses
- Never assume you can tell how a person eats, exercises, or engages in health-promoting behaviors based on their size/appearance.

Weight-Inclusive Care In Practice (cont.d)

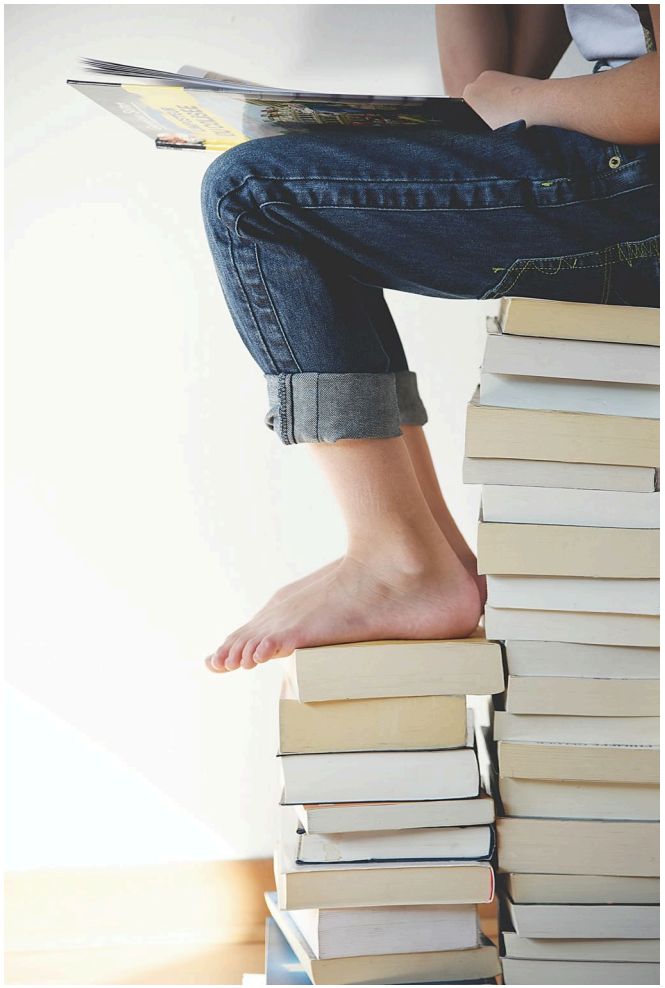
- Working on our own anti-fat bias
  - Harvard's Implicit Attitudes Test
- Educating ourselves proactively
- Creating an inclusive physical space
- Noticing bias in our assessments and diagnoses
- Never assume you can tell how a person eats, exercises, or engages in health-promoting behaviors based on their size/appearance.

- Don't weigh people unless you absolutely have to. It communicates to patients/clients that weight is top of mind in this space.
  - Respect clients' wishes if the ask not to be weight. You can put "declined" in their chart, if you must.
  - Respect clients' wishes to step on the scale backwards to do their weight "blind." Be sure to train ALL staff on this, so it is not mistakenly mentioned to patient/client later.

Weight-Inclusive Care In Practice (cont.d)

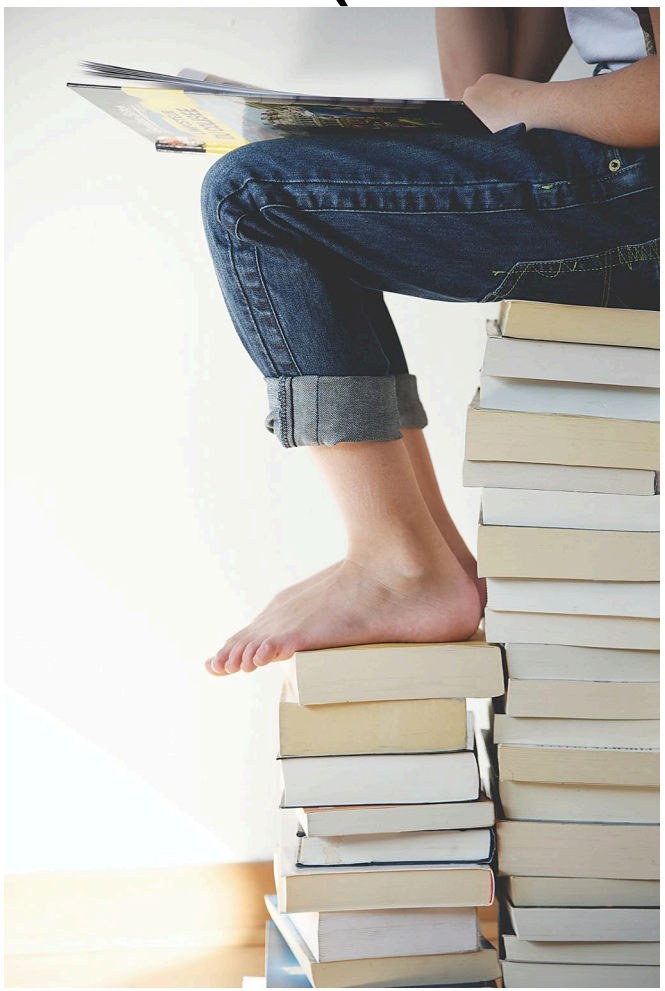
- Ask yourself – how would I conceptualize this case if this person were in a smaller body? What treatments would I recommend?
- Understand that people in larger bodies have probably experienced harm from providers. Respect those experiences as valid, even traumatic. They aren't "reading into things," and they aren't "overly sensitive."
- Anticipate that nutrition- and movement-related interventions may be too fraught with past experiences of anti-fat bias for your patient/client to engage with, at least for a time. Encourage them to explore the many other health-promoting behaviors that they have more access to.

Resources



- Rock Recovery - Therapy Services & Faith Support Groups
  - https://www.rockrecoveryed.org
  - Individual therapy
  - Meal support & body image groups (virtual/in-person for MD, VA and DC, FL)
  - Faith-based virtual support groups nationwide
  - Rock Referral Guide - Therapists, dietitians and treatment centers in the area
- Association for Size Diversity & Health (ASDAH)
  - Information on weight inclusivity and Health At Every Size ®
  - Community and special events

Resources (cont.d)



- Books
  - What We Don’t Talk About When We Talk About Fat
  - Reclaiming Body Trust
  - Anti-Diet
  - Fearing the Black Body
  - Belly of the Beast
  - The Body Is Not An Apology
  - You Have the Right to Remain Fat
- Podcasts
  - Maintenance Phase
  - Unsolicited Fatties Talk Back
  - Food Psych

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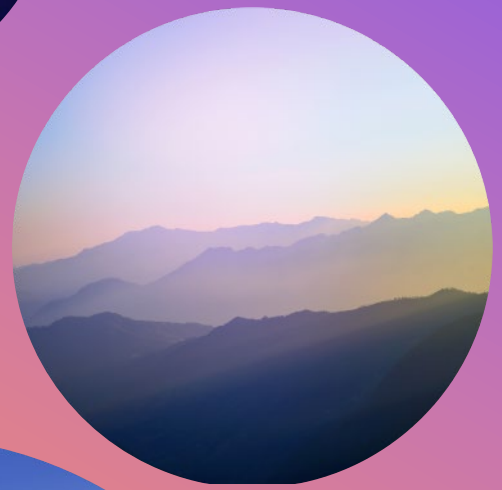

THANK YOU

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Appreciation

Contact Us

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MHTTC Mental Health Technology Transfer Center Network
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THE DANYA INSTITUTE

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Let's connect: