Communicating with Compassion and Respect to Dispel Weight Stigma

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Strategies to facilitate supportive communication

1. Engage in active and reflective listening
2. Use sensitive and respectful language
3. Acknowledge patients’ prior experiences
4. Focus on health behaviors, not weight
5. Engage in collaborative goal setting
Active and reflective listening

Active listening
- Seek to understand
- Open-ended questions
- Notice nonverbal cues
- Withhold judgment

Reflective listening
- Reflect patients’ comments back to them to confirm understanding
- Repeat or paraphrase
- Reflect patient’s feelings

- Eases patient fear/anxiety
- Promotes patient engagement
- Increases respect and trust
- Patient feels heard, understood
- Confirms your understanding
- Clarifies expectations

Using the OARS approach

O
Open-ended questions

How do you feel about your weight and health?
Can you say more about that?
Can you tell me more about_______?

A
Affirmative statements

I can understand why you feel this way.
I can see you are dedicated to improving your health.
Thank you for your willingness to discuss this with me today.

R
Reflective listening

I hear you saying that...
So, you’re feeling...
It sounds like you feel _______ about _______

S
Summary reflections

To summarize what you’ve said today, I hear you saying that...
Here’s what I’ve heard from you...
So, my understanding of what you’ve described is_______. Is this correct?

## Respectful terminology about weight

### Preferred terminology:
- Weight
- High weight
- High body weight
- Unhealthy weight

<table>
<thead>
<tr>
<th>Initiate by asking permission</th>
<th>Patient response</th>
<th>Provider follow-up response</th>
<th>Next step</th>
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</table>
| Could we talk about your weight today? | Yes | What words do you prefer to describe your weight? | (use patient’s preferred terms): How do you feel about your [weight]?
| Would it be okay for us to discuss your weight? | No | That is okay. | I’m here if you change your mind and would like to talk about this in the future |

## Consider language about health behaviors

<table>
<thead>
<tr>
<th>INSTEAD OF:</th>
<th>TALK ABOUT:</th>
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</thead>
<tbody>
<tr>
<td>‘excuses’...</td>
<td>...strategies to minimize triggers</td>
</tr>
<tr>
<td>‘discipline’ or ‘self-control’...</td>
<td>...ways to practice healthy habits</td>
</tr>
<tr>
<td>‘cheating’...</td>
<td>...situations that create challenges in staying on track</td>
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<td>‘resist temptations’...</td>
<td>...how to cope with emotions or cravings that influence eating behaviors</td>
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<tr>
<td>‘don’t overindulge’...</td>
<td>...ways to feel satisfied, not deprived</td>
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UConn Rudd Center, *Weight Bias in Clinical Care* 2016.
Acknowledge patients’ prior experiences

- Many patients have previously implemented lifestyle changes
  - Limited weight reduction
  - Weight regain
  - Frustration, shame, or discouragement

- Patients may have experienced weight stigma in healthcare
  - Anticipate stigma from healthcare providers
  - Hesitant to discuss weight
  - More likely to avoid healthcare topics or check-ups

- Acknowledge the patient’s experiences
- Validate the patient’s feelings
- Communicate without judgment
- Acknowledge the challenges of weight reduction
- Recognize the presence of weight stigma in society and healthcare
- Approach conversations with compassion

Focus on health behavior, not weight

Recognize the limitations of using BMI to assess obesity and health

- Focus on health, rather than BMI
- Emphasize health behavior changes
- Discuss goals in terms of improving health indices rather than weight loss
- Place value on non-scale victories
- Consider patient symptoms independent of BMI
- Avoid assuming that weight status is the cause of patient symptoms

American Medical Association, 2023; Tylka et al., J Obesity 2014.
Respect patients’ readiness for change

**Stage of Change**

- **Pre-contemplation**
  - Not considering health behavior change

- **Contemplation**
  - Ambivalent about health behavior change

- **Preparation**
  - Committed to making health behavior change

- **Action**
  - Actively engaged in changing health behavior(s)

**Motivational Interviewing**

- I hear you saying that you are not ready to change your health behavior right now.
- Could you tell me what leads you to feel this way?

- What is a benefit of changing your [health behavior]? What is a drawback of making this change?
- After thinking more about this, if you feel you would like to make some changes, I am here to help.

- What is one change you could make that would be achievable and could be beneficial to your health?
- Which family members and friends could support you as you make this change?

- In what ways can I be helpful to you as you continue to implement these changes?

Engage in collaborative goal setting

**SMART Goals:**

**SPECIFIC** – how much and what type of behavior

**MEASURABLE** – for assessing progress over time

**ACHIEVABLE** – realistic given patient’s resources and barriers

**RELEVANT** – targeted behavior change aligns with patient’s goal

**TIME-BOUND** – timeline for goal initiation and review of progress

**EXAMPLES**

Walk 30 minutes at lunch time, 5 days/week.

Eat 1 serving of fruit at breakfast every morning.

Go to bed at 10:30pm each night starting this Sunday. Reassess in 4 weeks.

Summary: What to avoid

When communicating with patients about weight-related health, **avoid** the following:

- Focusing only on BMI and weight loss
- Oversimplifying the etiology of obesity and body weight regulation
- Making assumptions about a patient’s current or past health behaviors
- Assuming that the patient wants to lose weight
- Weight terminology that patients dislike
- Language that implies blame or judgement of patients
Summary: What to prioritize

Instead, prioritize the following in your communication:

- Establish rapport and trust
- Discuss benefits of health behavior change
- Use respectful, patient-centered language
- Acknowledge the complex etiology of obesity
- Ask permission to discuss patient’s weight
- Respect patient’s freedom to make own decisions
- Ask patient for preferred word to describe weight
- Collaborate to identify realistic, sustainable goals
- Engage in active and reflective listening
- Keep door open for future communication
- Prioritize health behaviors rather than BMI
Maximize success of communication with patients

- Recognize your own attitudes and assumptions about weight
- Ensure the environment is welcoming and comfortable for patients of all body sizes
- Try to set aside time for discussion, extending across visits if needed