




**MCNER Webinar Series for Health Professionals**

**Using Trauma Informed Care When Discussing Weight in Clinical Practice**

Wednesday, October 4, 2023



Moderator:  
Lisa Diewald, MS, RDN, LDN  
Associate Director  
MacDonald Center for Nutrition Education and Research  
Villanova University M. Louise Fitzpatrick College of Nursing



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**Big News!**

MacDonald Center for Obesity Prevention and Education (COPE)



MacDonald Center for Nutrition Education and Research (MCNER)



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**Finding Slides for Today's Webinar**

- Slides are posted at [villanova.edu/cope](http://villanova.edu/cope)
- From right menu → Webinars
- Go to 9/12/23 webinar presented by Robyn Pashby, Ph.D.



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**Continuing Education Credit Details**

- Villanova University M. Louise Fitzpatrick College of Nursing is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.
- Villanova University M. Louise Fitzpatrick College of Nursing MacDonald Center for Nutrition Education and Research is a Continuing Professional Education (CPE) Accredited Provider with the Commission on Dietetic Registration (CDR). CDR Credentialed Practitioners will receive 1 Continuing Professional Education Unit (CPEU) for completion of this activity.



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**Continuing Education Credit Details**

- This activity has been approved for 1.0 CH or 1.0 CPEU for nurses and dietitians.
- To receive CE credit, you must attend the entire program.
- All nurses must complete an evaluation following the program.
- Level 2
- Suggested CDR Performance Indicators: 9.4.4, 9.6.2, 9.6.4



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VILLANOVA UNIVERSITY  
 H. LOUIS FITZPATRICK COLLEGE OF NURSING  
 MacDonnell  
 CENTER FOR NUTRITION EDUCATION AND RESEARCH

**Using Trauma Informed Care When Discussing Weight in Clinical Practice**



Robyn Pashby, PhD  
 Clinical Health Psychologist  
 Owner/Director,  
 DC Health Psychology

VILLANOVA NURSING

FEEDING THE NEED  
 DEVELOPING SOLUTIONS

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**Disclosures**

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There are no relevant financial relationships with ineligible companies for those involved with the ability to control the content of this activity.

The planners will review participant feedback to evaluate for real or perceived commercial bias in any activity.

CDR members: Any feedback about the quality of the activity can be sent directly to CDR at [QualityCPE@eatright.org](mailto:QualityCPE@eatright.org)

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**Using trauma informed care when discussing weight in clinical practice.**

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ROBYN PASHBY PHD  
[WWW.DCHEALTHPSYCHOLOGY.COM](http://WWW.DCHEALTHPSYCHOLOGY.COM)  
 @ROBYNPASHBYPHD

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"Laura, I don't hate you because you're fat, you're fat because I hate you."

(Jessica Lopez, 2004)



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Start at the start

1. Obesity is a complex and multifactorial health condition
2. Obesity and health (mental and physical) have bidirectional relationships
3. Weight bias is harmful



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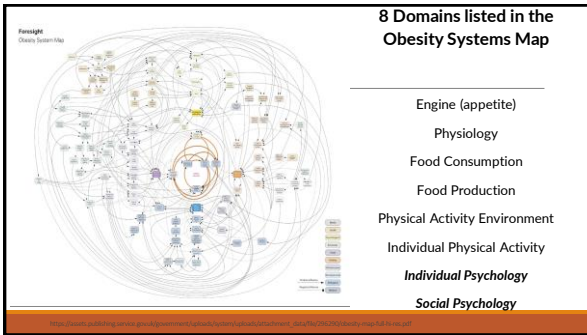
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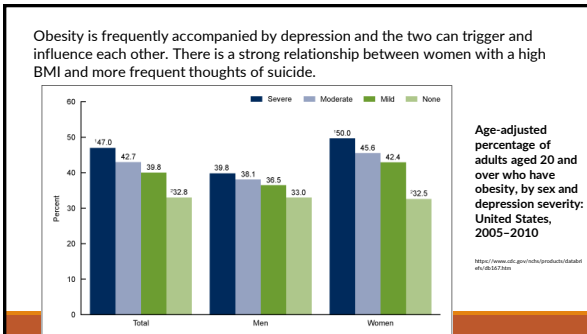
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### Two mechanisms linking mental health and obesity

Adverse Childhood Experiences (ACEs)

- ACEs original study, over 13,000 members of an HMO
- Reported that childhood maltreatment was strongly linked to risk of having BMI > 40 (1998)
- In 2005-2006, a series of studies of bariatric surgery candidates reported that 69% scored above clinical cutoff (which is 2-3x higher than normative values) on an instrument used to assess childhood trauma (Karr et al., 2013)

Weight Bias/Stigma and its Internalization

- 42% of US adults say they have faced weight bias
- 50% of US adults endorse internalized weight bias

Karr, K. M., et al., *Obesity Reviews* (2013), Vol. 15, 2013; Puhl, R. M., et al., *Obesity Reviews* (2013), Vol. 15, 2013

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## ACEs - Adverse Childhood Experiences

Potentially traumatic events or situations that undermine safety, stability and bonding during childhood (0-17 years)

- experiencing or witnessing violence, abuse, or neglect at home or community
- having a family member attempt or die by suicide
- family substance use or mental health problems
- instability due to parental separation or household members being in jail or prison
- not having enough food to eat
- experiencing homelessness or unstable housing
- or experiencing discrimination



https://www.aceinquiry.org/about/ace-topics/

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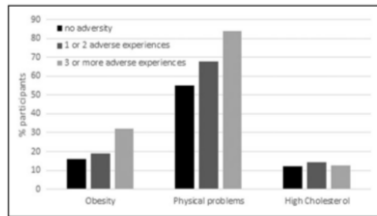
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**Figure 1.** Percentage of participants with obesity, physical problems, or diagnoses of high cholesterol in the three adverse childhood experience (ACE) groups (no ACEs, one or two ACEs, three or more ACEs).

Born, Mendenhall & Kessler, November, 2010. Childhood Adversity and Adult Health: The Role of Developmental Timing and Associations With Accelerated Aging. Child Maltreatment 14, 487-494. doi:10.1177/1077559510381896

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## Weight Bias and Stigma

- **Weight bias** is defined as "negative weight-related attitudes, beliefs, assumptions and judgments toward individuals with overweight or obesity based solely on size or weight."
- **Weight stigma** is weight-based discrimination (e.g., "discrimination or stereotyping based on one's weight.")
- Over time, experiences with bias and stigma may become internalized, known as "**internalized weight bias.**"

Puhl & Brondino, 2001. Obes. Rev. Washington, 2011. NEDA. <https://www.nationaleatingdisorders.org/blog/truth-about-weight-stigma/>

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## Weight Bias and Health



*"The alarming rates of obesity have brought widespread attention to the medical consequences of this public health problem. Often ignored, however, are the social and personal obstacles that individuals with excess weight or obesity face. Bias, stigma, and discrimination due to weight are frequent experiences for many individuals with obesity, which have serious consequences for their personal and social well being and overall health. Given that at least half of the American population is overweight, the number of people potentially faced with discrimination and stigmatization is immense."*

Rebecca Puhl, PhD, Deputy Director of the Rudd Center for Food Policy and Obesity at UConn.

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<https://www.youtube.com/watch?v=rUOpq0rQSo>

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A day in one patient's life...

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One perspective

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Another perspective

When I first woke up I think I did something with my feet and my right foot. The answer is no, I think "Oh thank god" because I have high weight.

None of these clothes fit right but I refuse to buy a bigger size 'I just wear these every day, and I hope no one notices."

My colleagues must think I am lazy, look at Phuong and the recovery that she's had to give to them how hard work, have to lose weight.

I am determined to buy the jeans for my kids, I should only buy healthy stuff, I was that girl looking at me, I will give it to her, these jeans fit my car."

Another story about weight medications in the paper - it was stronger, I wouldn't need this stuff, it would be a crash."

Do you think my partner noticed the mattress sagging on my side of the bed?"

My mom just gave me the "No" look. This isn't going to be digging for stomach, and she would be weight gain, I need to lose weight."

My kid is such a great athlete and coaches can't believe he is actually the son. I need to lose this weight."

People think I am a doctor, doctor's appointment. She said she is here, weight loss and I haven't. She must think I don't care and she's just want until I have lost weight."

My neighbors must be laughing at the fact that I am for a walk, I better make this look like an exercise, I really need to lose the weight."

They are all getting bigger, but I could never order that. No, I'm a doctor. I'm not. The water would be so disgusting, I need to lose weight."

Tonnesoni will do better and really make them, I will be more disciplined, I have to lose weight."

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*“I view every single experience in my life through the prism of my body size and I have since I was 8.”*

- PATIENT (56 years old)

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“IT IS TIME TO GET **SERIOUS** ABOUT YOUR WEIGHT.”

“HAVE YOU **THOUGHT ABOUT** GETTING SOME MORE EXERCISE?”

“I think just basic things can help; like firstly **just determination** that you want to do something about it.”

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NON-COMPLIANT

**LAZY**

STUPID

Lacking willpower

**undisciplined**

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*“ Every weight bias experience is like a mini-trauma. It leaves a mark and makes it harder to recover... These mini-traumatic experiences have become part of my life.*

*Looking back on those experiences of weight bias, bullying, teasing and abuse, I can tell that the stigma scars are permanently imprinted in my brain.”*

Source: https://www.aafp.org/afp/2016/0501/trauma-informed-care.html

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A trauma-informed approach to discussing weight accounts for the *possibility* that **every patient you see** may have a history of traumatic stress.

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of Trauma Informed Care (TIC)

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## Trauma Informed Care/Approach

A comprehensive approach: including individual, organizational, and systemic levels

"The foundations of TIC depend on an understanding of the neurological, biological, psychological, and social impact of trauma on the person as well as the heavy burden those effects often have on individuals, families, and communities."

Shapiro & Frommer (2014). Components of Trauma-Informed Care and Practice for Child Protection. Journal of Aggression, Motivation & Trauma, 28(4), 44-61.

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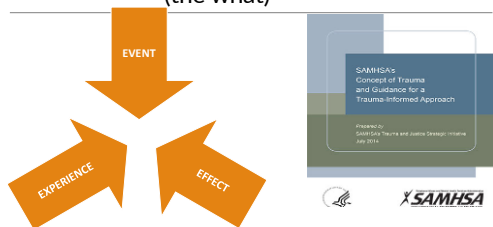
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## 3Es (the what)



<https://www.samhsa.gov/sites/default/files/trauma-informed-care-operating-plan.pdf>

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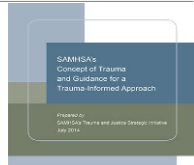
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# 3Es

Individual trauma results from an **event**, series of events, or a set of circumstances that is **experienced** by an individual as physically, emotionally harmful, or life threatening, and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



Kimberg, Leigh & Whelan, Margaret. (2019). Trauma and Trauma-Informed Care. 10.3207/978-0-00-04342-1\_2

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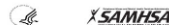
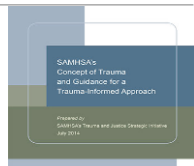
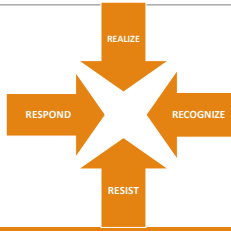
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# 4Rs (the why)



Kimberg, Leigh & Whelan, Margaret. (2019). Trauma and Trauma-Informed Care. 10.3207/978-0-00-04342-1\_2

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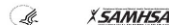
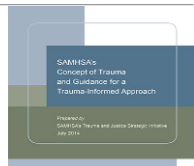
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# 4Rs

The **realization** or recognition about trauma and how it can affect people and groups helps you to **recognize** the signs of trauma and create and maintain a system which can **respond** to trauma and **resist** re-traumatization



[https://www.nctpc.org/images/uploads/Research\\_Brief\\_01\\_SAMHSA\\_Trauma\\_Care.pdf](https://www.nctpc.org/images/uploads/Research_Brief_01_SAMHSA_Trauma_Care.pdf)

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## 4 Cs (the how)

Kimberg, Leigh & Wheeler, Margaret. (2019). Trauma and Trauma-Informed Care. 10.1007/978-1-000-04342-1\_2

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## Implementing trauma informed care 4Cs

**CALM**

Pay attention to how you are feeling when you are caring for patients. Breathe deeply and calm yourself to model and promote calmness for the patient, yourself, and your co-workers. Human beings biologically "co-regulate" with one another.

Kimberg, Leigh & Wheeler, Margaret. (2019). Trauma and Trauma-Informed Care. 10.1007/978-1-000-04342-1\_2

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## Implementing trauma informed care 4Cs

**CALM**

Pay attention to how you are feeling when you are caring for patients. Breathe deeply and calm yourself to model and promote calmness for the patient, yourself, and your co-workers. Human beings biologically "co-regulate" with one another.

**CONTAIN**

Model healthy relationship boundaries and earn trust by behaving reliably. Normalize fear of returning to the healthcare setting. Many patients have experienced broken promises and betrayals of trust. Resist the urge to overextend yourself to provide care; a good rule of reliability is to not make any promises that you cannot keep.

Kimberg, Leigh & Wheeler, Margaret. (2019). Trauma and Trauma-Informed Care. 10.1007/978-1-000-04342-1\_2

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**Implementing trauma informed care**  
4Cs

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**CARE**

Practice self-care and compassion for your patients and yourself. Compassion, humility, and respect should be reflected throughout the trauma informed healthcare system, including front desk, note/charting, patient interactions and follow up. Move from a mindset of "What's wrong with you" to "What happened to you?"

Kimberg, Leigh & Whalen, Margaret. (2019). Trauma and Trauma-Informed Care. 10.1007/978-3-030-04342-1\_2

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**Implementing trauma informed care**  
4Cs

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**COPE**

Emphasize coping skills, positive relationships, and interventions that build hope and resiliency for yourself and your patients. Shift perspective to recognize that coping skills that have adverse health and life consequences may have been attempts to survive trauma by achieving short-term positive effects like a reduction of anxiety and fear.

Kimberg, Leigh & Whalen, Margaret. (2019). Trauma and Trauma-Informed Care. 10.1007/978-3-030-04342-1\_2

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**Challenging**  
**3 common assumptions**  
**about TIC**

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**Assumption 1.**

I can't implement trauma informed care because I am not a psychologist/therapist.

*"I don't know how/want to treat trauma. I will refer out for that."*

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**Fact 1.**

Trauma informed care  
IS NOT trauma treatment.

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**Assumption 2.**

Trauma informed care  
takes more (too much) time.

*"I am constantly stretched thin and running behind. I simply cannot add anything else to my appointments."*

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**Fact 2.**

Trauma informed care requires a change to HOW you practice, not adding more to what you already do.

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**Assumption 3.**

I will use trauma informed care when it is necessary.

*"Most of my patients are fine. If someone discloses trauma to me, I will be able to respond appropriately."*

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**Fact 3.**

Trauma informed care is not reactive. It is proactive and can be universally applied/beneficial.

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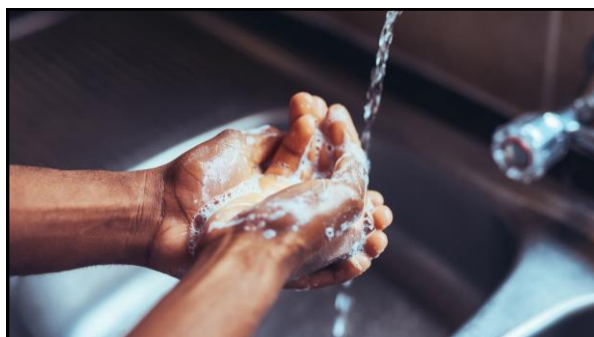
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- Look for an email from Villanova MCNER containing a link to an evaluation. The email will be sent to the email address you used to register for the webinar.  
**If you do not see the evaluation, look in your spam folder.**
- Complete the evaluation soon after receiving it. It will expire after 3 weeks.
- Nurses must complete the evaluation before receiving the CE certificate. RDs must at the minimum provide CDR number on evaluation.
- Certificate will be sent to you upon completion of the evaluation.



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**MCNER Upcoming Events**

Webinar Series:

11/15/23, 1-2 PM ET. Understanding the Connection Between Food Insecurity and Diabetes: Implications for Practice

12/13/23, 12-1 PM ET. Psychological Considerations in the Dietary Management of DGBI (Disorders of Gut-Brain Axis)



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**MCNER Upcoming Events**

**Session 1:** Evidence-based Nutritional Care During Cancer Treatment  
Wednesday, October 25  
5:30-7 PM ET

**Session 2:** Evidence-based Nutritional Health During Cancer Survivorship  
Monday, November 13  
5:30-7 PM

To register:  
<https://bit.ly/NutritionCancerCare>




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**Q&A**

Moderator:  
Lisa Diewald, MS, RDN, LDN  
[mcner@villanova.edu](mailto:mcner@villanova.edu)

*If you are an RD or RDN and have any questions or concerns about this continuing education activity, you may contact CDR directly at [Quality.CPE@eastlight.org](mailto:Quality.CPE@eastlight.org).*



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