GOAL DIGGERS

Helping clients change habits with positivity and a non-diet, values-driven approach.

PRESENTED BY
REBECCA SCRITCHFIELD, MA, RDN, EP-C

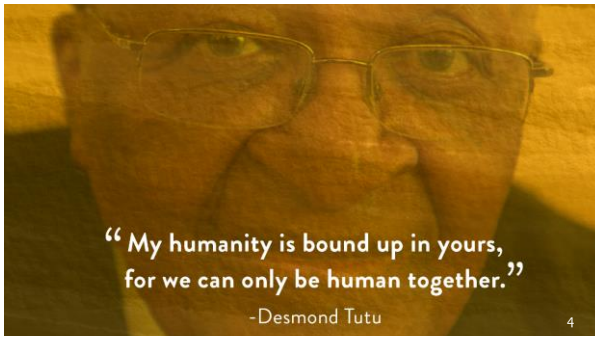
www.BodyKindnessBook.com

Disclosures:

- Creator of Body Kindness philosophy and book, evidence-based weight inclusive framework for self-care and new habits.
- Research Grant: Co-Investigator with MIND-BATCH research lab at UNC Charlotte, *"Exploring a Model of Depressive Symptoms, Negative Body Image, and Mindful Self-care among Pregnant Women and Mothers of Young Children"*
- Compensated for this presentation.

Objectives:

- Contrast the weight normative and weight inclusive approaches to behavior change.
- Describe the research evidence that demonstrates lack of efficacy of diets to improve physical or mental health.
- Demonstrate goal reframing to values-centered, action-oriented statements.
- Examine the roles of optimism, self-compassion, acceptance, and commitment in the process of forming new habits.
- Analyze case studies to identify barriers and compose solutions for difficult counseling scenarios.



Pursuing weight loss is common in our culture.

- 160 million of Americans, nearly half (49.1%) diet.
- Across all ranges of BMI “obese to underweight”
- $70 Billion+ in 2018

https://www.wbur.org/commonhealth/2018/07/12/half-americans-lose-weight-cdc

5

It's not that people can't lose weight...

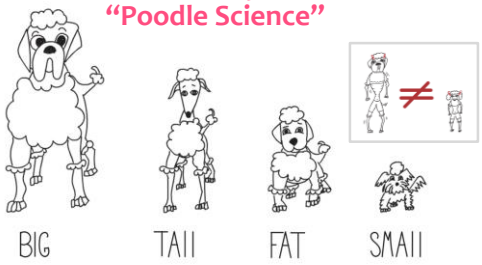
DOES WEIGHT LOSS LAST?

IS IT HELPFUL TO HEALTH?

BETTER LIFE?

6

Natural Diversity in Bodies "Poodle Science"



Source: https://www.youtube.com/watch?v=H89QQfXtc-k

7

Weight Normative

People expected to be one size (dominant group defines)
Goal is to attain the size defined as worthy
Expectation is that bodies heal by approaching one normative weight
If some people need to maintain restriction (starve) to maintain lower weight, that is prescribed
If some people need to organize their lives around maintaining weight suppression, that is prescribed

Weight Inclusive

People are expected to be a range of sizes (recognition that dominant group is not "standard" for humans)
Goal is to accommodate the needs of people at all sizes
Expectation is that bodies heal by resuming baseline weight before loss
No one is expected to starve and all sizes of people are prescribed adequate nutrition
No one is expected to sacrifice major quality of life activities in order to organize themselves around weight suppression

8

Weight Normative

People who differ from normative size have a "disease" ie, require explanation

Diseases and problematic processes are not overlooked in people with "normative" bodies

Fat tissue is the focus of change, and presumed to be the most powerful factor for better health

Weight Inclusive

Eventual body size might be the outcome of processes that can be normal or not, but no body size is inherently healthy or unhealthy

Health is not pathologized in people with "non- normative" bodies

How people are treated (social determinants of health) is the focus of change, and presumed to be the most powerful factor for better health

9

Research

? What evidence do we have that diets are unhelpful at improving health, well-being, and lasting weight loss?

10

AMERICAN JOURNAL OF PUBLIC HEALTH, SEPT 2015 "LOW ODDS FOR SUSTAINED WEIGHT LOSS"

9 years, nearly 200K men and women

"The probability of attaining a normal weight or maintaining weight loss is low."

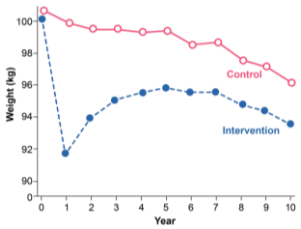
>> 1 in 1290 men BMI > 40, 1 in 677 women BMI > 40

>> 5% weight loss 1 in 8 for men, 1 in 7 for women, BMI > 40

"Obesity treatment frameworks grounded in community-based weight management programs may be ineffective."

11

Eight year weight losses with intensive lifestyle intervention - Look Ahead Study

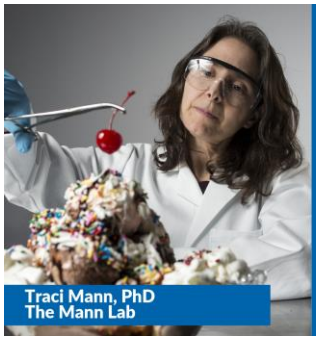


Control group: 9 pound weight loss, aging?

Intervention group: 13 pound weight loss. No reduced cardiovascular events.

Eight-year weight losses with an intensive lifestyle intervention: The look AHEAD study. (2014). Obesity,22(1), 5-13. doi:10.1002/oby.20662)

12



Am Psychol. 2007 Apr;62(3):220-33. Medicare's search for effective obesity treatments: diets are not the answer. Mann T(1)

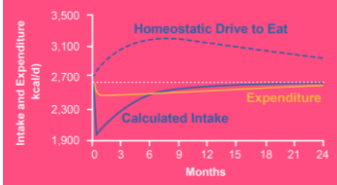
85% dieters regain lost weight within 5 years.

1/3-2/3 dieters regain more weight than they lost on their diets.

Dieting does not result in significant health improvements, regardless of weight change.

Appetite counters weight loss threefold.

First quantification of the energy intake feedback control system in free living humans



"The few individuals who successfully maintain weight loss over the long term do so by heroic and vigilant efforts to maintain behavior changes in the face of increased appetite along with persistent suppression of energy expenditure"

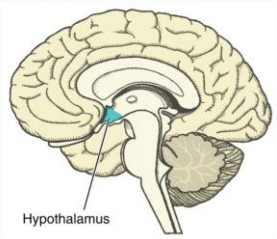
Polidori, D., Sanghvi, A., Seeley, R. and Hall, K. (2016). How Strongly Does Appetite Counter Weight Loss? Quantification of the Feedback Control of Human Energy Intake. Obesity, 24(11), pp.2289-2295.

 14

Meet the "weight thermostat"

Hypothalaumus gland keeps your weight stable as conditions change.

Regulate hunger, activity, and metabolism.



 15

PHYSIOLOGIC CHANGES AFTER INITIAL WEIGHT LOSS

Factor	Expected Effect
↓ Energy expenditure	Increase energy storage
↓ Fat oxidation	
↓ Thyroid hormones	
↑ Cortisol	
↑ GIP	Increase food intake
↓ Leptin	
↓ PYY	
↓ Amylin	
↓ Insulin	
↑ Ghrelin	
↑ Appetite	
Altered neutral activation	
↑ Pancreatic polypeptide	? Reduce food intake

Sumithran & Proietto Clinical Science 124:231-41 (2013)

16

Weight loss diet "hangover" mind/body harm

FOOD OBSESSION
HYPERPHAGIA
INCREASED BODY FAT
MUSCLE LOSS
WEIGHT GAIN
HEART DISEASE

BINGE EATING
OSTEOPOROSIS
GALLSTONES
INFLAMMATION
SUPPRESSED METABOLISM
DEPRESSION
ANXIETY

Dulloo AG, et. al. Obes Rev. 2015.
Lissner L, et. al. N Engl J Med. 1991.
Tylka T et. al. Journal of Obesity, 2014.

17

"The language we use often locates the problem in bodies rather than in stigma and structures.

It is not that we face these problems because we are fat, it is that fat people are so much more the target of arbitrary, toxic discrimination.

18

SOCIOCULTURAL VALUES

- Healthy
- Eurocentric beauty ideals – thin, white/light skin
- Use all available resources to maintain or attain health (time, money)
- Fit in, conform to societal standards, to "belong"

https://youtu.be/7t13AhipOxE

 19

HIGHER WEIGHT PEOPLE LACK SOCIAL POWER

Thinness is good and perceived as healthy. Fat is bad. (Fat phobia)
Fat people are treated poorly, overtly and covertly.
Microaggressions: clothing, seats, photos ("headless fatty") Assumptions: exercise ability/health status

Rebecca Puhl, PhD American Journal of Public Health June 2010, Vol 100, No. 6
Jobs – Pay and promotions lower
Medicine – "Lazy" "Non-compliant" Weight loss always the answer.

 20

Weight stigma is bad for health and may shorten life.

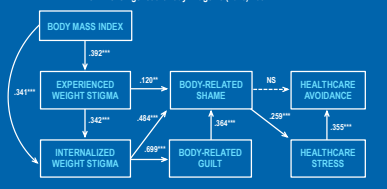
Vadiveloo & Mattei 2017
Experienced weight stigma is independent health risk.
>> Higher levels of weight stigma > 2 times greater risk of high allostatic load

Sutan et. al. 2015 Weight Discrimination and Mortality Risk
Discrimination based on weight is a stressful social experience linked to declines in physical and mental health.
>> Weight discrimination was associated with an increase in mortality risk of nearly 60%.

 21

MECHANISMS UNDERLYING HEALTHCARE AVOIDANCE IN WOMEN (MENSINGER, TYLKA, CALAMARI, 2018)

144 J.L Mensinger et al./Body Image 25 (2018) 139-147



69% FEEL STIGMATIZED BY PHYSICIANS

Fig. 2. Standardized path coefficients for the final trimmed model. The nonsignificant path between body-related shame and healthcare avoidance was deleted.
**p < .01
***p < .001

 22

De-stigmatize our work

? How can we help people with weight concerns without adding to the harms they have already experienced?

23

Health at Every Size®: A social justice movement

Weight Inclusivity: Accept and respect size diversity.

Health Enhancement: Improve and equalize access to information and services, and personal practices that improve human well-being.

Respectful Care: Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias.

 24

When people say "I need to lose weight," what are they seeking?

SAFETY FROM WEIGHT STIGMA

RELIEF FROM SYSTEMIC OPPRESSION

ACCESS TO BIAS FREE HEALTH CARE

TO IMPROVE THEIR HABITS
MANAGE DISEASE OR CONDITION
FEEL BETTER (PHYSICAL PAIN, EMOTIONAL PAIN)
SHAME RESILIENCE FOR NOT HAVING "PERFECT" HEALTH

25

IMPROVE HEALTH REGARDLESS OF WEIGHT.

Source: Why you can't lose weight on a diet. https://www.nytimes.com/2016/05/08/opinion/sunday/why-you-cant-lose-weight-on-a-diet.html?_r=0

26

How should we talk about weight?

It's OK if clients show up with weight concerns.
>> Makes sense (lived experience, weight stigma)
>> Create space for weight/health concerns to exist (share knowledge)

Natural diversity in body sizes:
>> Some people lose weight in the short term (fewer long term) with self care.
>> Some people will remain weight stable.
>> Some people will gain weight.

27

How should we talk about weight?

Weight is not a behavior to control. Clinician observe neutrally (hard for client).

Many people will go through a **grieving process** when they realize that meaningful changes in habits may not result in achieving their **"fantasy of being thin"** (this is extremely difficult).

28

What is a non-diet, self-care approach?

1. WEIGHT INCLUSIVE Ask yourself: "How would I support a thin person in this scenario?"	**2. TRAUMA INFORMED** Harm from past dieting, weight stigma, body shame, eating disorder, etc.
3. EVIDENCE BASED Considers the research available and applies with weight inclusive lens.	**4. VALUES DRIVEN** Clients take meaningful action toward goals that help them live values.

29

How can I practically offer a self care approach?

Intuitive Eating (over 75 studies!)
>> Includes MNT "honor your health"

Reframe values focus from "weight" to "well-being"
>> Positive emotions "Spiral Up!" "Spark Joy!"
>> Does this create a better life?

Sleep hygiene
>> Energy, appetite regulation

Movement
>> Rewarding, not punishing

Massage, aromatherapy, volunteering, socialization
>> Regulate emotions, engage parasympathetic nervous system, Connection to self, others

30

CREATE HABITS THROUGH COMMITTED ACTIONS AND GOALS IN LINE WITH VALUES

Love: Make choices from a place of love. "What would my caregiver do?"
Connect: Listen to what your body is saying and how you're feeling. "My body has information to share."
Care: Fully commit to caring actions that create a better life. "I'll take care of you, even when it's hard."

 31

ACCEPTANCE AND COMMITMENT THERAPY (ACT) VALUES DRIVEN GOALS

Positive decision-making for new mindset/habits. Where is the "reward"?
>>Intrinsic motivation
>>Personally meaningful
>>Sounds interesting, fun, beneficial
Something "workable" you can control. (not weight!)
>>Action-oriented.
>>What you will do, not how you will feel.
>>What you would do, if you felt that way.

 32

Reframing Goals

1. Get out of the "feeling" goals. (You can't control your feelings or your thoughts.)
>> I want to feel comfortable at exercise class.
>> I want to enjoy cooking and healthy eating.
What would you do if you felt that way?

2. Don't set a "dead person's goal" (avoid).
>> I'll never _____. (eat chocolate cake again)
What is the action you want to take? Why?
"I want to be the kind of person who_____(action)."

 33

MINDFUL DECISION MAKING - PACT

Presence (mindfulness) **"What's happening right now that matters?"**
Acceptance – (shame resilience) **"No matter what (even if I made a mistake) its OK!"**
Choose – (engage rational thinking) **"What are my options? On the one hand (impulse/habit/urge) but on the other hand.... I could...." (meaningful and harder choice)**
Take Action – **Take immediate action on the option that is more meaningful and in line with values.**

34

Self-Compassion Lessons from Daniel Tiger

IT'S OK

to make mistakes.
try and fix them and learn from them too.

35

Dr. Kristen Neff
SelfCompassion.Org

SELF KINDNESS NOT JUDGMENT	COMMON HUMANITY NOT ISOLATION	MINDFUL OF THOUGHTS AND FEELINGS

1. BEING UNDERSTANDING TOWARD OURSELVES WHEN WE SUFFER, FAIL, OR FEEL INADEQUATE.
2. PERSONAL INADEQUACY IS PART OF BEING HUMAN
3. BALANCED APPROACH TO NEGATIVE EMOTIONS

36

HOW I STRUCTURE COUNSELING SESSIONS

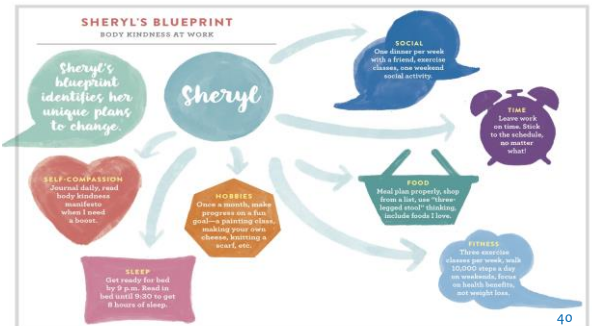
Grounded in Motivational Interviewing
Welcome… establish safety/comfort
Ask open ended questions…
What brings you to see me?
What do you already know about ____.
What have you tried before ____.
Tell me what is bothering you about ___.
What does your mind say when you ____.
Ask anything I may need to know related to MNT or reason for appointment.

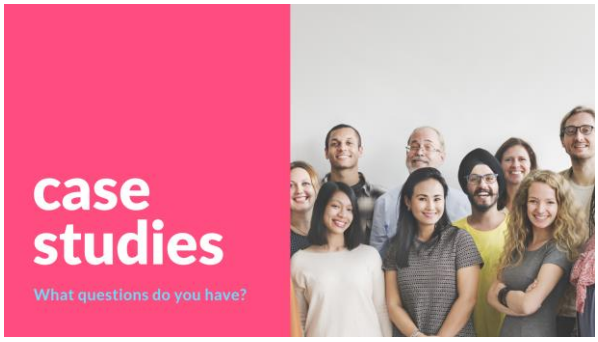
HOW I STRUCTURE COUNSELING SESSIONS

Share "I have information about ____" can I tell you more?
Discuss values… tell me how life would be better if _____.
Ask "What actions would you take if you were already that person?"
Ask "For the first week, what sound realistic, do-able considering your schedule and other responsibilities."
DARN-IT
Body Kindness Blueprint (goal sheet)

Darn It!
Moving Toward Meaningful Action

DESIRES – WHAT DO YOU WANT TO DO? (ACTIONS)
ABILITIES – HOW CONFIDENT ARE YOU?
REASONS – WHY DOES THIS MATTER TO YOU?
NEED – WHAT DO YOU NEED (RESOURCES) IN ORDER TO TAKE ACTION?





Client Status: "It's Complicated!"

Newly diagnosed GDM with anxiety
Type 2 Diabetes and significant trauma history (suicidal ideations)
Drug rehab x 2, injury, and weight concern
History of anorexia nervosa, present BED, and alcohol addiction
Recent eating disorder, anxiety, and celiac disease
Crohn's disease and anxiety
Adolescents with "challenging" (weight biased) parents
Gastric sleeve and eating disorder

42

Worried Mom: Teen with newly diagnosed PCOS

Had a follow up appointment at children's hospital. I'm so disappointed with the lack of options available to bring back D's cycle. When I pushed for the long term picture regarding the likelihood of D being able to get pregnant the response was a little too flippant and they said she will just go to a fertility clinic where they will control ovulation cycles. D is a bit too young to understand these implications and impact on her life. Having been through it myself, I know the pain and anguish first hand. I want to prevent this outcome for her if I can.

They had mentioned gastric bypass, not necessarily for D but in a different context. They said the criteria for the surgery is a BMI of 40 and a medical condition like diabetes. Although D does not currently have diabetes, her BMI is 44.

Please help us with weight loss! If you can be more prescriptive, I will make sure we follow the plan. Leaving us to make our own food choices is not working towards successful weight loss.

 43

Weight Inclusive Diabetes Care

BodyKindnessBook.com/haescarefordiabetes

Helping a client with CVD or Diabetes

Lifestyle changes.
Food: MNT readiness and interest, DARN IT for new changes.
Movement: 30 minutes of moderate exercise on most days of the week. "your pace is the pace"
Smoking: Quit programs, PACT "surf the urge", therapy referral.
Alcohol: Quit programs, plans to limit, therapy referral.

Medications. Encourage consistent doctor-prescribed medications. PACT/DARN-IT
Medical procedures/surgery. Emotional support for healing. Self-compassion "This is hard"

 45

Questions?

Rebecca Scritchfield is an award-winning registered dietitian (Academy of Nutrition and Dietetics "Young Dietitian of the Year," Washingtonian, Top Nutritionist, *Today's Dietitian* TD10) and certified exercise physiologist based in Washington, D.C. She specializes in helping people create a better life through the practice of *Body Kindness®* — a weight inclusive philosophy, book, and podcast that centers well-being enhancement and personally meaningful goals for people of all sizes and health concerns. In 2018, *Body Kindness®* was studied by researchers at UNC Charlotte to examine "Depressive Symptoms, Negative Body Image, and Mindful Self-care in Pregnancy and Mothers of Young Children". Rebecca reaches over 2 million people a month through her work in nutrition counseling, professional speaking, and media communications. She mentors helping professionals at any stage of career in practicing the *Body Kindness®* approach.

46

Credit Claiming

You must complete a brief evaluation of the program in order to obtain your certificate. The evaluation will be available for 1 year; you do not have to complete it today.

Credit Claiming Instructions:

1. Go to **www.CE.TodaysDietitian.com/GoalDiggers**
   OR Log into **www.CE.TodaysDietitian.com**
   and go to **"My Courses"** and click on the webinar title.
2. Click **"Take Course"** on the webinar description page.
3. Select **"Start/Resume"** Course to complete and submit the evaluation.
4. Download and print your certificate

47

48

Additional Reading

- Aamodt, S. (2016, May 06). Opinion | Why You Can't Lose Weight on a Diet. Retrieved May 15, 2017, from https://www.nytimes.com/2016/05/08/opinion/sunday/why-you-cant-lose-weight-on-a-diet.html
- Allison, M. (2017, February 07). Eating Toward Immortality. Retrieved May 15, 2017, from https://www.theatlantic.com/health/archive/2017/02/eating-toward-immortality/515658/
- Bacon, L., Stern, J. S., Loan, M. D., & Keim, N. L. (2005). Size Acceptance and Intuitive Eating Improve Health for Obese, Female Chronic Dieters. Journal of the American Dietetic Association,105(6), 929-936. doi:10.1016/j.jada.2005.03.011
- Bacon, L., & Aphramor, L. (2011). Weight Science: Evaluating the Evidence for a Paradigm Shift. Nutrition Journal,10(1). doi:10.1186/1475-2891-10-9
- Berge, J. M., Winkler, M. R., Larson, N., Miller, J., Haynos, A. F., & Neumark-Sztainer, D. (2018). Intergenerational Transmission of Parent Encouragement to Diet From Adolescence Into Adulthood. Pediatrics. doi:10.1542/peds.2017-2955
- Eight-year weight losses with an intensive lifestyle intervention: The look AHEAD study. (2014). Obesity,22(1), 5-13. doi:10.1002/oby.20662
- Flegal, K. M., Kit, B. K., & Graubard, B. I. (2013). Overweight, Obesity, and All-Cause Mortality—Reply. Jama,309(16), 1681. doi:10.1001/jama.2013.3101
- Fothergill, E., Guo, J., Howard, L., Kerns, J. C., Knuth, N. D., Brychta, R., . . . Hall, K. D. (2016). Persistent metabolic adaptation 6 years after "The Biggest Loser" competition. Obesity,24(8), 1612-1619. doi:10.1002/oby.21538

49

Additional Reading

- Franz, M.J., et al. (2007). Weight-loss outcomes: A systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. Journal of the American Dietetic Association, 107, 1755-1767
- Gardner, Christopher D. (02/2018). "Effect of Low-Fat vs Low-Carbohydrate Diet on 12-Month Weight Loss in Overweight Adults and the Association With Genotype Pattern or Insulin Secretion The DIETFITS Randomized Clinical Trial". JAMA : the journal of the American Medical Association (0098-7484), 319 (7), p. 667.
- Groopman, J. (2017, May 09). Is Fat Killing You, or Is Sugar? Retrieved May 15, 2017, from http://www.newyorker.com/magazine/2017/04/03/is-fat-killing-you-or-is-sugar
- Mann, T., Tomiyama, A. J., Westling, E., Lew, A. M., Samuels, B., & Chatman, J. (2007, April). Medicare's search for effective obesity treatments: Diets are not the answer. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/1746990
- Meland, E., Haugland, S., & Breidablik, H. (2006). Body image and perceived health in adolescence. Health Education Research,22(3), 342-350. doi:10.1093/her/cyl085
- Mensinger, J. L., Tylka, T. L., & Calamari, M. E. (2018). Mechanisms underlying weight status and healthcare avoidance in women: A study of weight stigma, body-related shame and guilt, and healthcare stress. Body Image,25, 139-147. doi:10.1016/j.bodyim.2018.03.001
- Neumark-Sztainer, D., Wall, M., Guo, J., Story, M., Haines, J., & Eisenberg, M. (2006). Obesity, Disordered Eating, and Eating Disorders in a Longitudinal Study of Adolescents: How Do Dieters Fare 5 Years Later? Journal of the American Dietetic Association,106(4), 559-568. doi:10.1016/j.jada.2006.01.003

50

Additional Reading

- Park, S., Wilkens, L. R., Maskarinec, G., Haiman, C. A., Kolonel, L. N., & Marchand, L. L. (2017). Weight change in older adults and mortality: The Multiethnic Cohort Study. International Journal of Obesity,42(2), 205-212. doi:10.1038/ijo.2017.188
- Polidori, D., Sanghvi, A., Seeley, R., & Hall, K. D. (2016). How strongly does appetite counter weight loss? Quantification of the homeostatic control of human energy intake. doi:10.1101/051045
- Polivy, J., & Herman, C. P. (1985). Dieting and binging: A causal analysis. American Psychologist,40(2), 193-201. doi:10.1037/0003-066x.40.2.193
- Puhl, R. M., & Heuer, C. A. (2010). Obesity Stigma: Important Considerations for Public Health. American Journal of Public Health,100(6), 1019-1028. doi:10.2105/ajph.2009.159491
- Puhl, R. M., Wall, M. M., Chen, C., Austin, S. B., Eisenberg, M. E., & Neumark-Sztainer, D. (2017). Experiences of weight teasing in adolescence and weight-related outcomes in adulthood: A 15-year longitudinal study. Preventive Medicine,100, 173-179. doi:10.1016/j.ypmed.2017.04.023
- Sutin, A. R., Stephan, Y., & Terracciano, A. (2015). Weight Discrimination and Risk of Mortality. Psychological Science,26(11), 1803-1811. doi:10.1177/0956797615601103
- Tylka, T. L., Annunziato, R. A., Burgard, D., Daníelsdóttir, S., Shuman, E., Davis, C., & Calogero, R. M. (2014). The Weight-Inclusive versus Weight-Normative Approach to Health: Evaluating the Evidence for Prioritizing Well-Being over Weight Loss. Journal of Obesity,2014, 1-18. doi:10.1155/2014/983495

51