

DAY 3



Obesity Trauma Series

Chikeitha Owens LPC, CBC
September 20-22
12pm-1pm EST

Obesity
TRAUMA SERIES

BY CHIKEITHA OWENS LPC CBC, CCTP

www.dfwaitloss.com



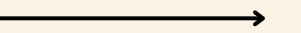
PURPOSE

The role of a Dietitian is very important in the life of Bariatric patients. This makes you an ideal audience training which for this Obesity and Trauma Series and hopefully will ultimately improve patient care relationships and overall health outcomes with your patients.

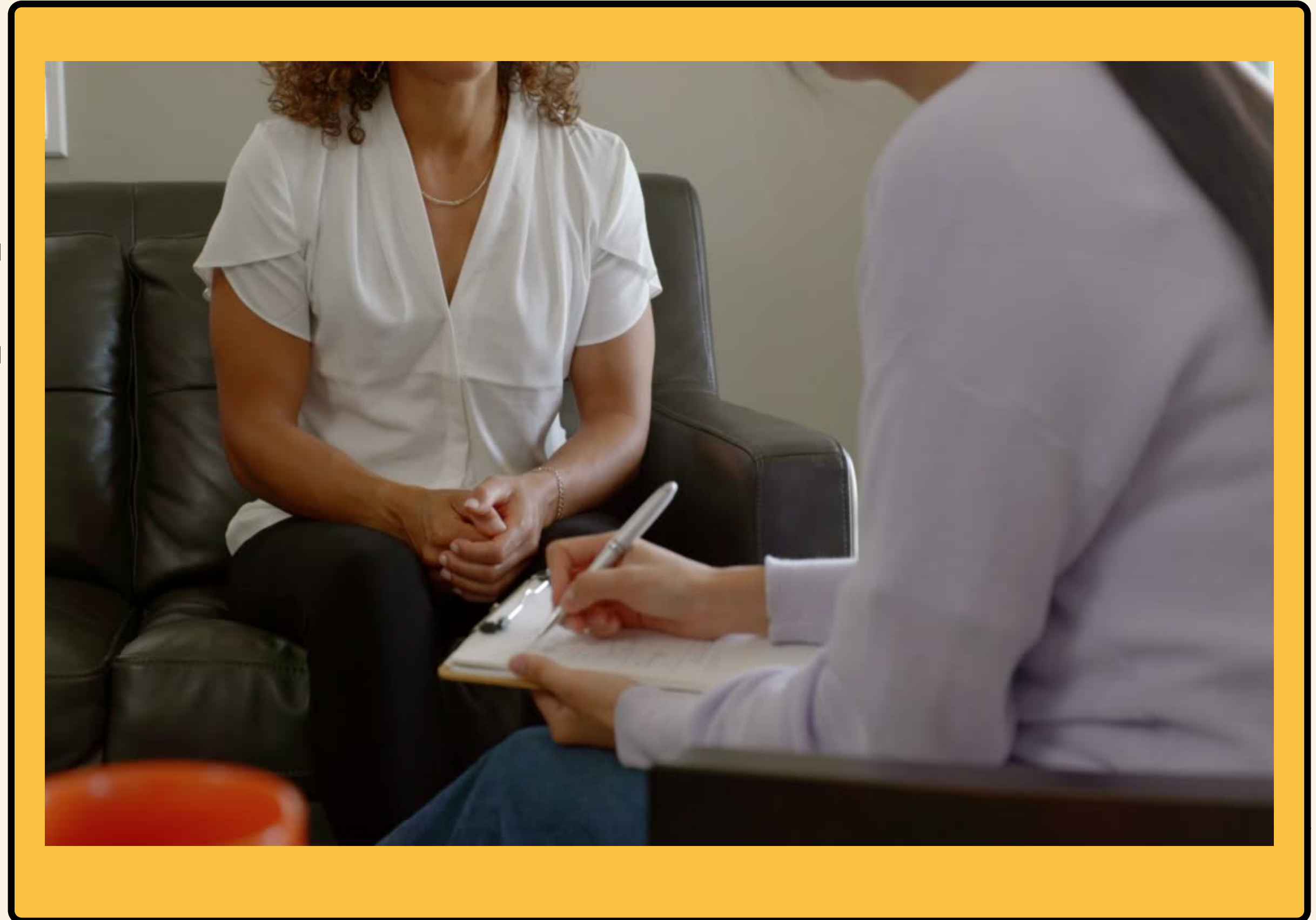


BRIEF SUMMARY

- Understand Trauma
- Understand how Trauma plays a major role in obesity
- Raise the Level of Compassion and Emotional awareness
- Gain Tips to help with Initial Consultation
- How to create a Safe Space and build rapport
- How to be more non-judgmental and be a better support to their patients
- Understand the Emotional Power of Language
- Understand the Emotional Power of Food



Power of
LANGUAGE



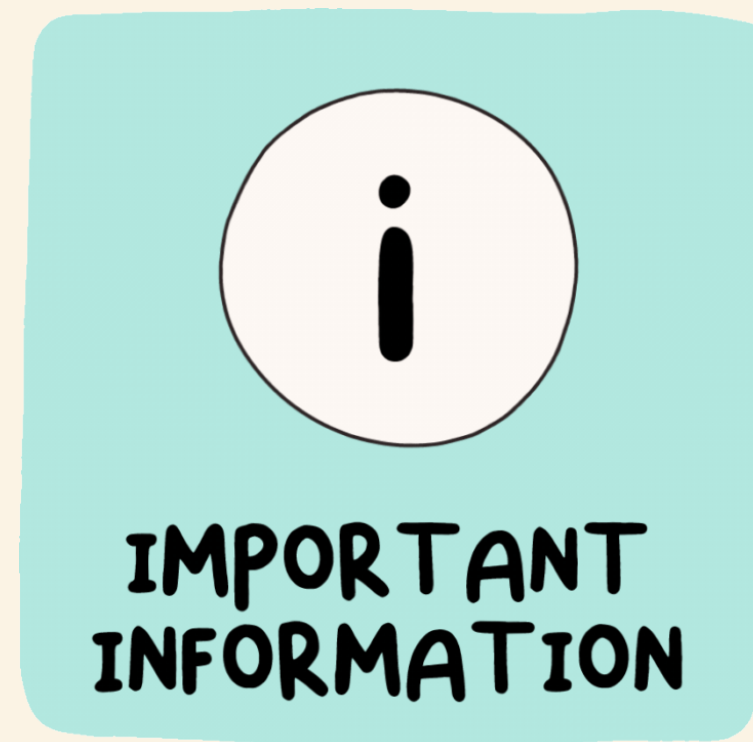
WHAT DO OUR PATIENTS HEAR?



RE-TRAUMATIZE



OBESITY TRAUMA SERIES



"Labeling individuals as "obese" creates negative feelings toward individuals with obesity and perpetuates weight bias.

It is time to recognize the importance of people-first language and the influence it has on people who are affected by obesity."

obesitycoalition.org



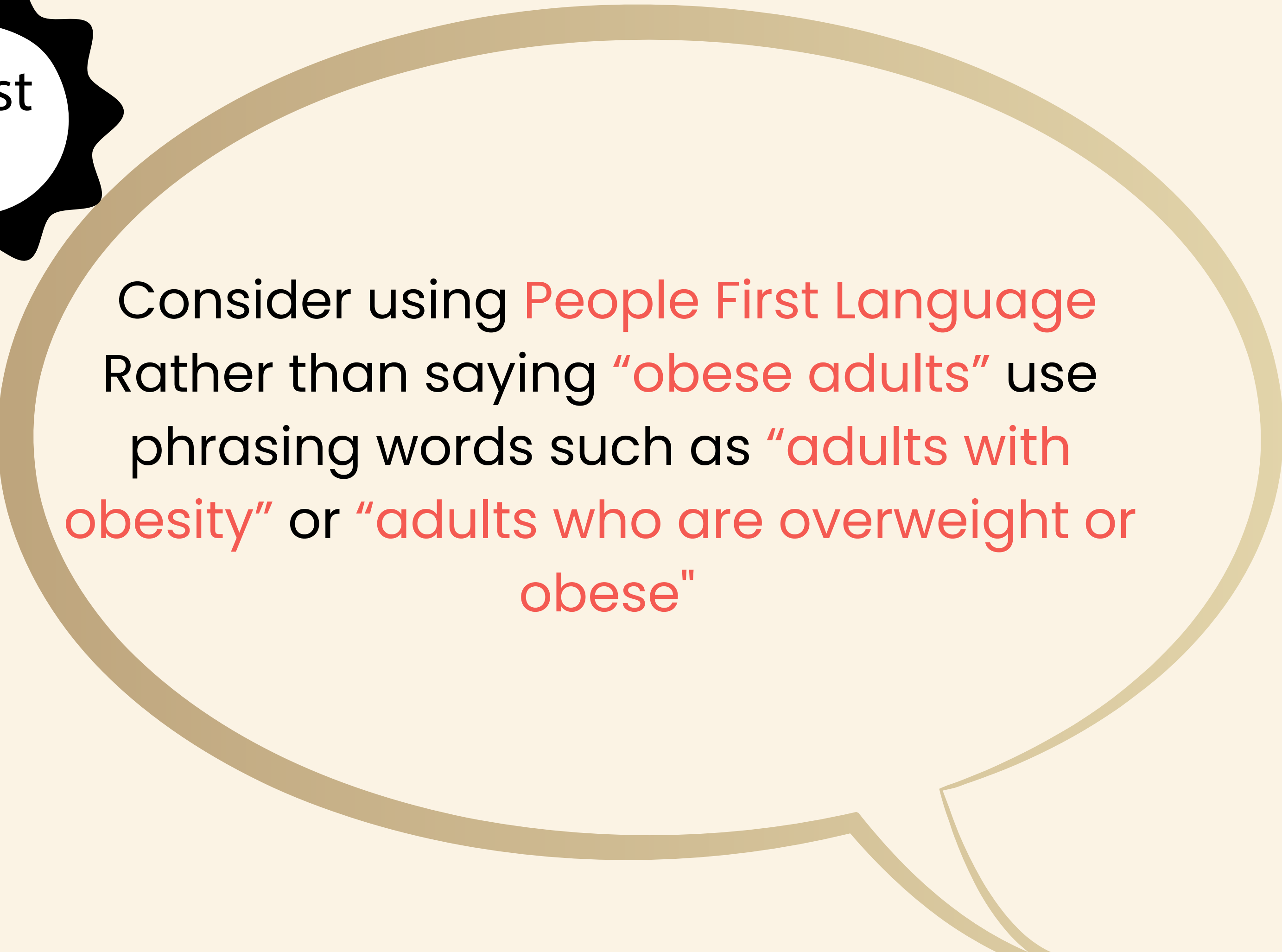
1st

“People First Language” (PFL)
puts the person before the
disability, and describes what
a person has, not who a person is.

Office of Disability Rights

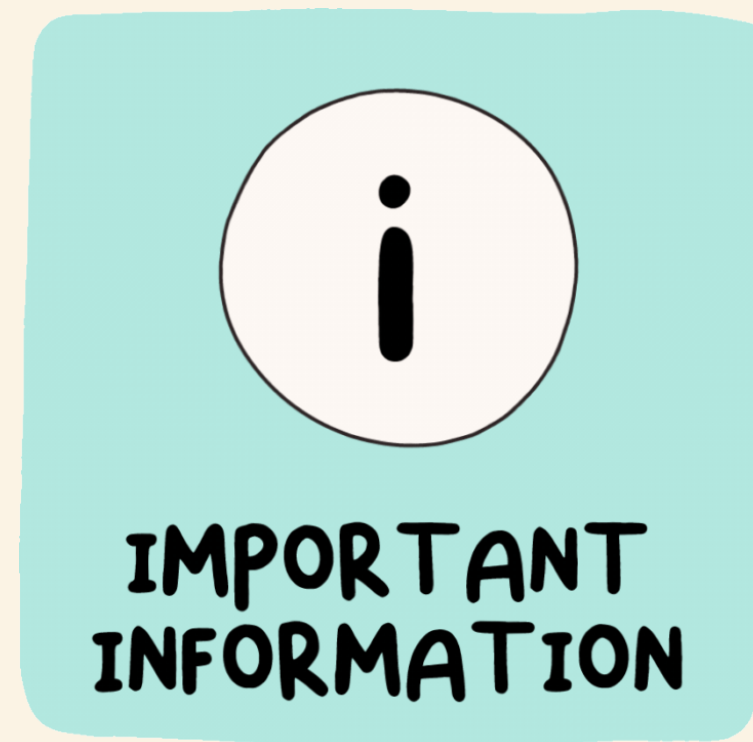


1st



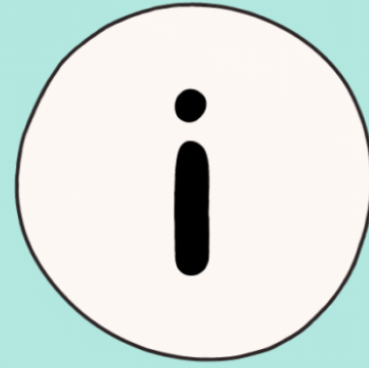
Consider using **People First Language**
Rather than saying “**obese adults**” use
phrasing words such as “**adults with**
obesity” or “**adults who are overweight or**
obese”

OBESITY TRAUMA SERIES



"Referring to individuals as "obese"
has been shown to influence how individuals feel about
their condition and how likely they are to seek medical care."
obesitycoalition.org

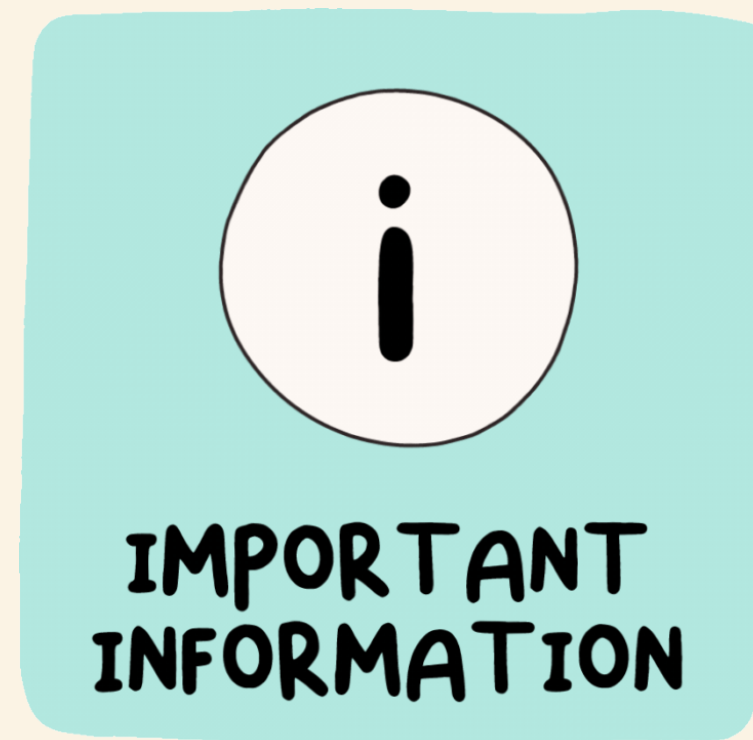




IMPORTANT
INFORMATION

19% of people report that they would avoid future medical appointments if their doctor stigmatized them about their weight.

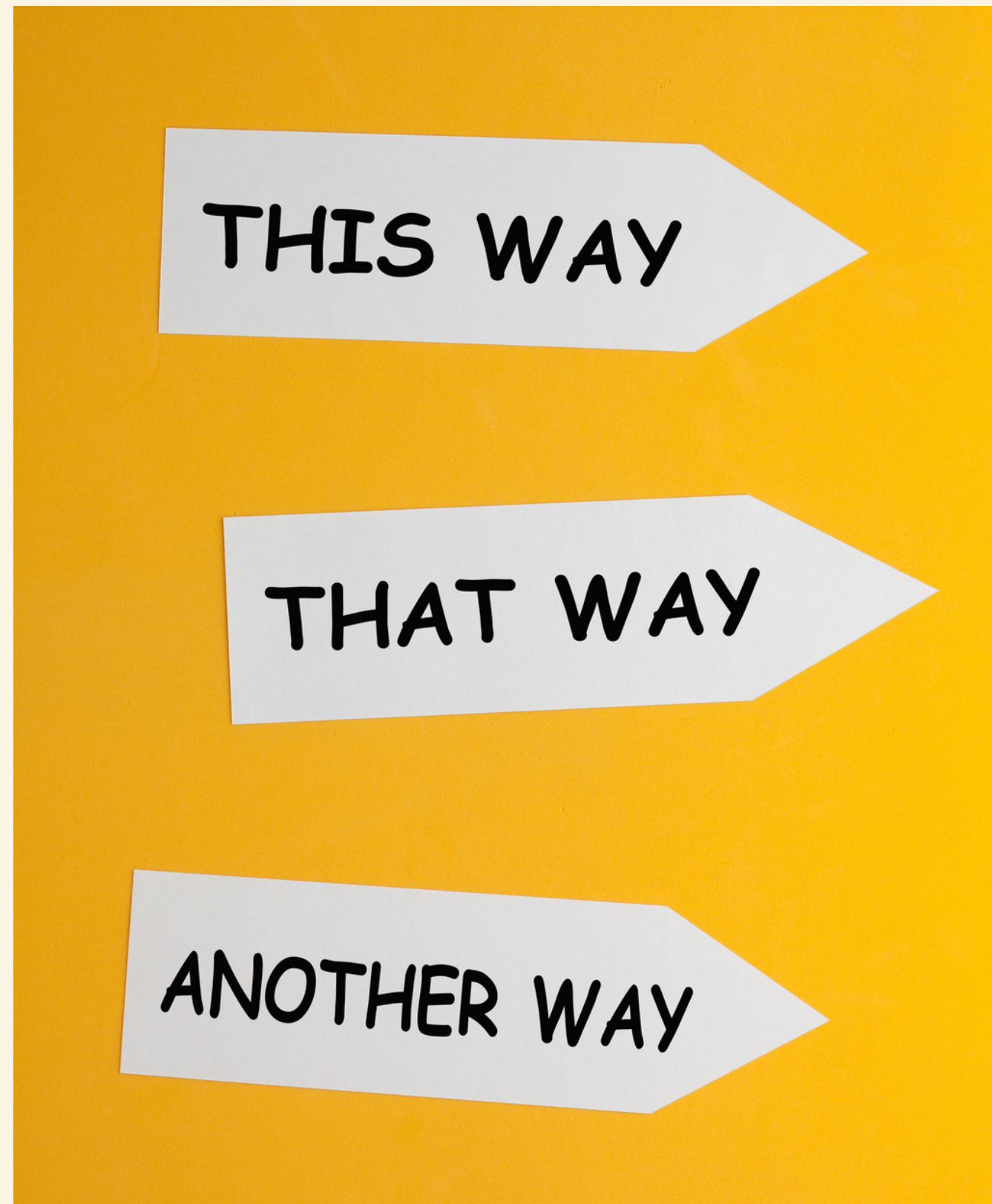
Puhl, R., Peterson, J. & Luedicke, J. Motivating or stigmatizing? Public perceptions of weight-related language used by health providers. *Int J Obes* 37, 612–619



21% of people report that they would seek a new doctor if they felt a doctor has stigmatized them about weight.

Puhl, R., Peterson, J. & Luedicke, J. Motivating or stigmatizing? Public perceptions of weight-related language used by health providers. *Int J Obes* 37, 612–619

OBESITY TRAUMA SERIES



“People First Language” (PFL)

“The woman was affected by obesity.”
instead of “The woman was obese.”

“The man with obesity was on the bus.”
instead of “The man on the bus was very obese.”

obesityaction.org

**Analysed 25 previous studies about “weight stigma”,
undertaken in different countries,
involving 3,554 health professionals.
They found “extensive evidence of strong weight bias”
among a wide range of health staff, including:**

Doctors

Nurses

Dieticians

Psychologist

Obesity Specialist

**Their analysis found that a number of health professionals
“believe their patients are:
lazy, lack self-control, overindulge, are hostile, dishonest,
have poor hygiene and do not follow guidance”**

Lazy

Lack self-control

Overindulge

Hostile

Dishonest

Stereotypes Professionals from multiple health-related disciplines endorse the following statements related to patients who are overweight or obese:



- Lazy
- Lacking willpower
- Stupid
- Non-adherent
- Worthless
- Emotional
- Repulsive
- Ugly
- Unmotivated
- Awkward
- Sloppy
- Insecure



Schwartz, MB et al. 2003; Hebl, M.R., Xu J. 2001; Persky, S., Eccleston, C. 2011; Foster, et al. 2003

No Show



My Dietitian



Decline



Accept

DEFENSE

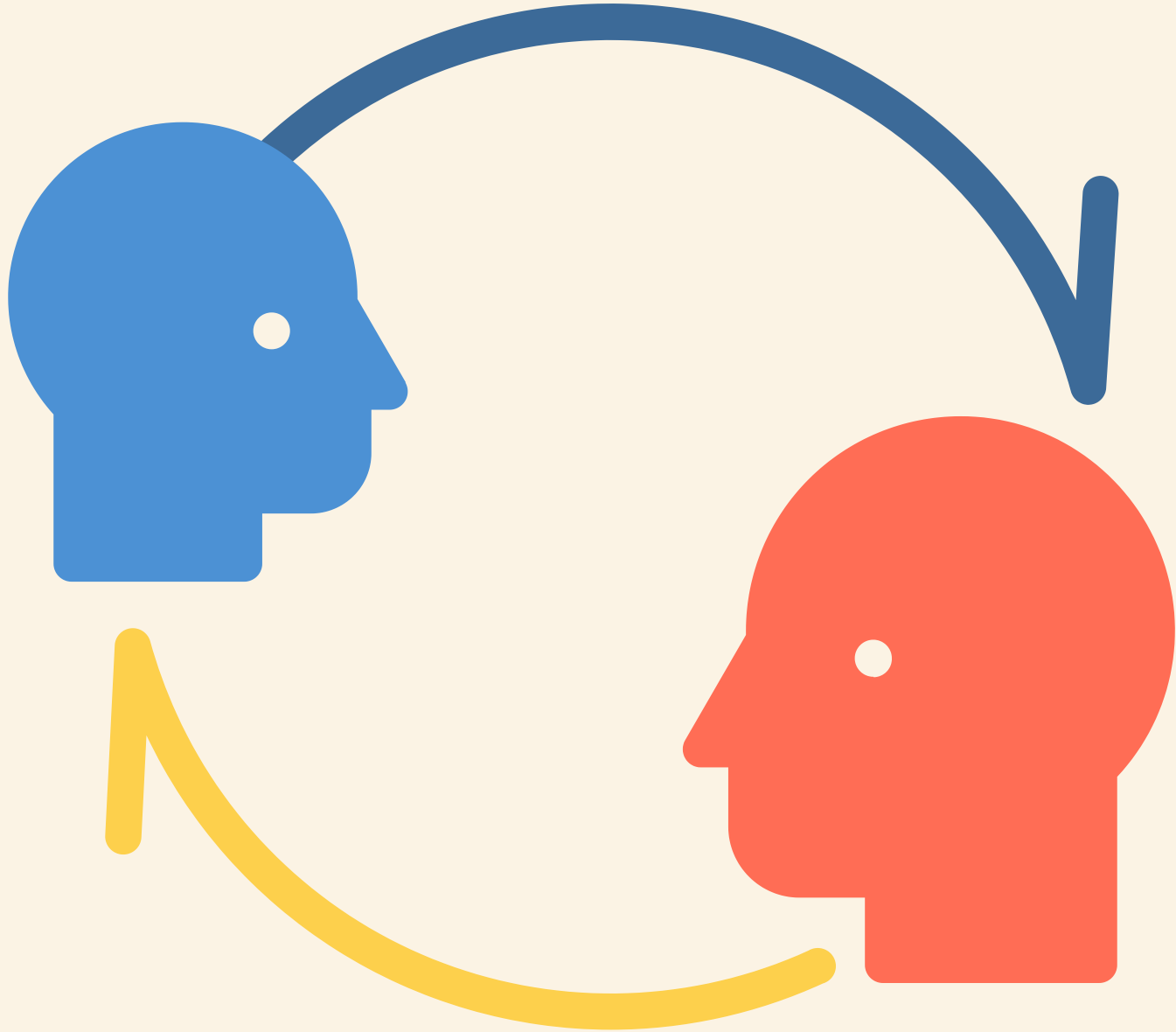


In a 2003 study by Wadden et al, 8 patients with obesity ranked the following list of terms as undesirable or very undesirable:

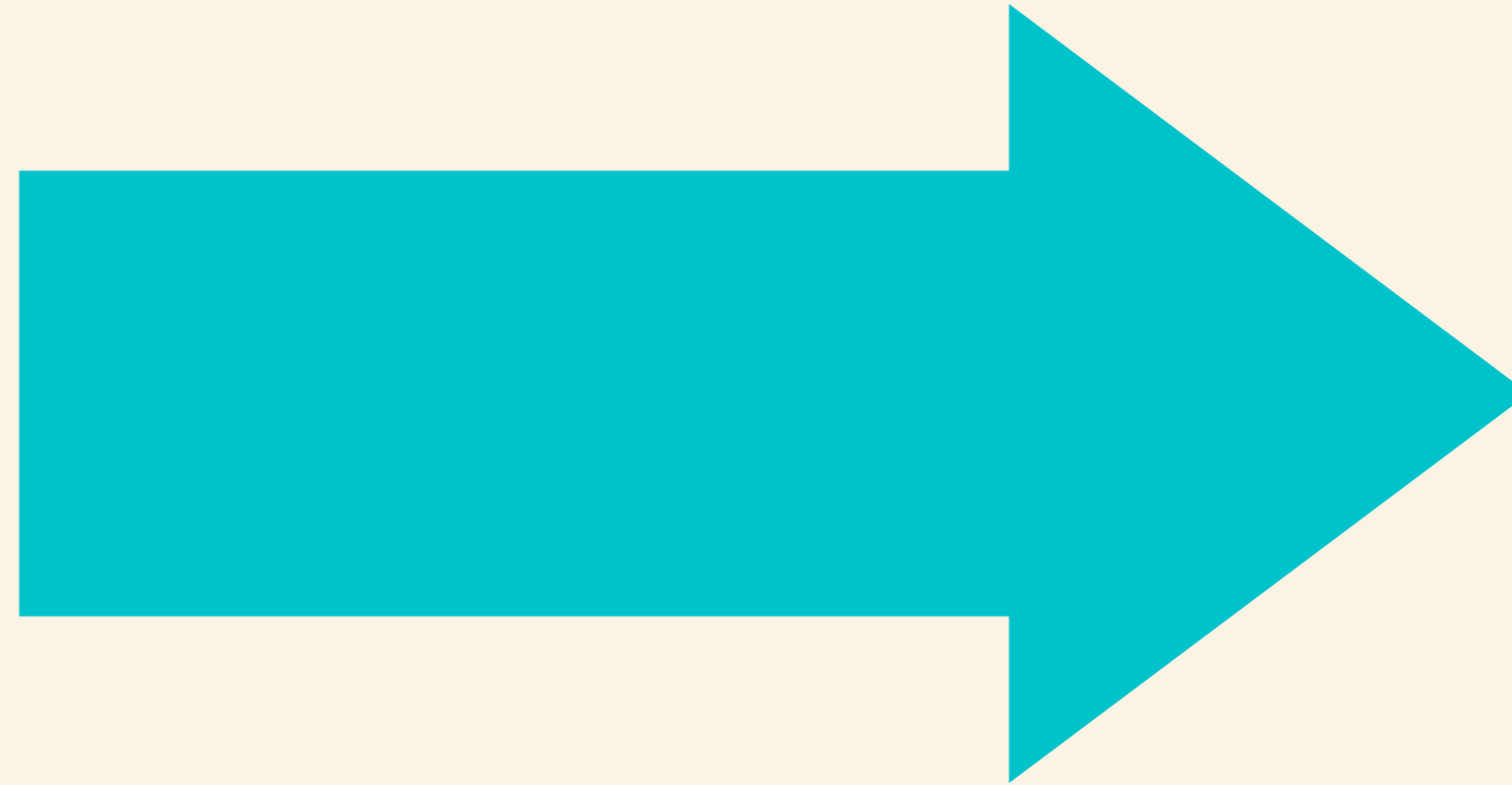
Unhealthy body weight

- Fatness
- Excess fat
- Unhealthy BMI
- Heaviness
- Large size
- Weight problem
- Obesity

Language is Powerful
Speak Life



Moving Along



Power of
FOOD



Bariatric Patients that
have experienced trauma
may connect to food to
regulate their emotions.

EM  TIONS



Emotional states affect when people eat, how much they eat, and which food items they choose to consume. Consuming food, in turn, affects subsequent emotional states (Macht, 2008)

EM  TIONS





EER Through Food Offering

Empathic Emotion Regulation

Food for love: the role of food offering in empathic emotion regulation

Myrte E. Hamburg,* Catrin Finkenauer, and Carlo Schuengel

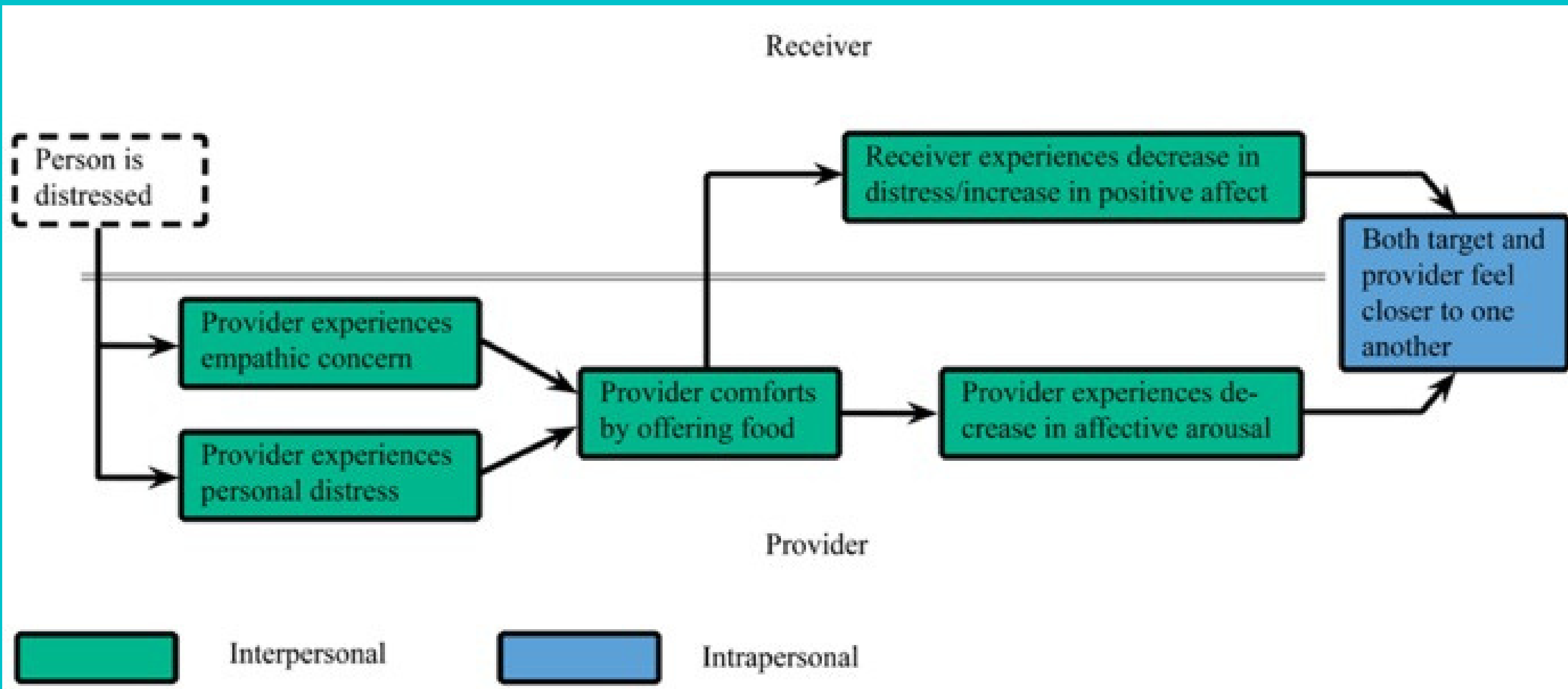


What Do I do when Friends
and Family Ask Me out to Eat?

Empathic Emotion Regulation

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Food for love: the role of food offering in empathic emotion regulation
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Facts

Nutrition provides your brain with the chemical capacity for feeling your best.



Those who eat healthy report significantly less psychological distress

Research shows those who consume ample fruits and vegetables, whole grains, and fish



Have up to a 35% lower risk for depression.

THE POWER



OF FOOD

Facts



Did you know that 95% of the serotonin in your body is made in the gut?

Serotonin is the key hormone that stabilizes our mood, feelings of well-being, and happiness.

Eating ample fruits, vegetables, legumes, nuts, seeds, and whole grains

Increases Serotonin

Provides the micronutrients needed to generate neurotransmitters

Neurotransmitters are often referred to as the body's chemical messengers.



TRANSPORTER



A Good Analogy



PREMIUM

MINIMUM OCTANE RATING
(R + M) / 2 METHOD
93

Price per gallon \$

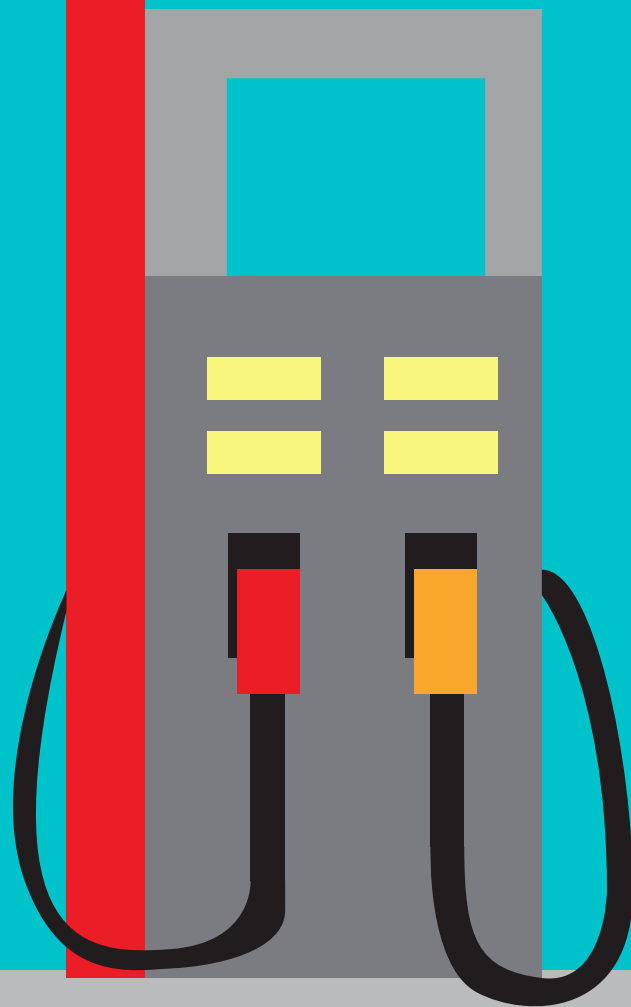
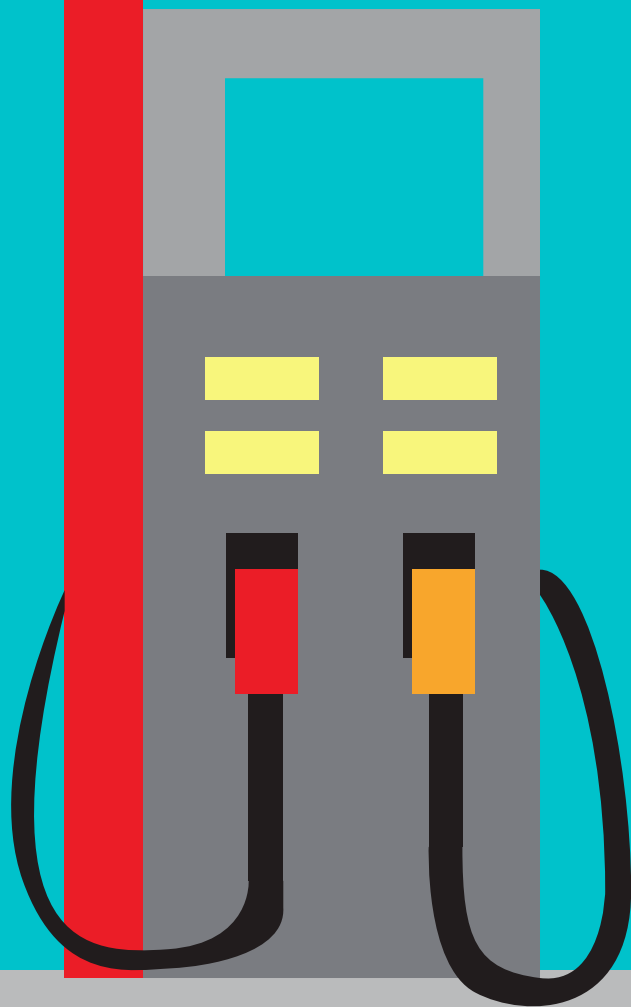
4.019

CHOICE STATION

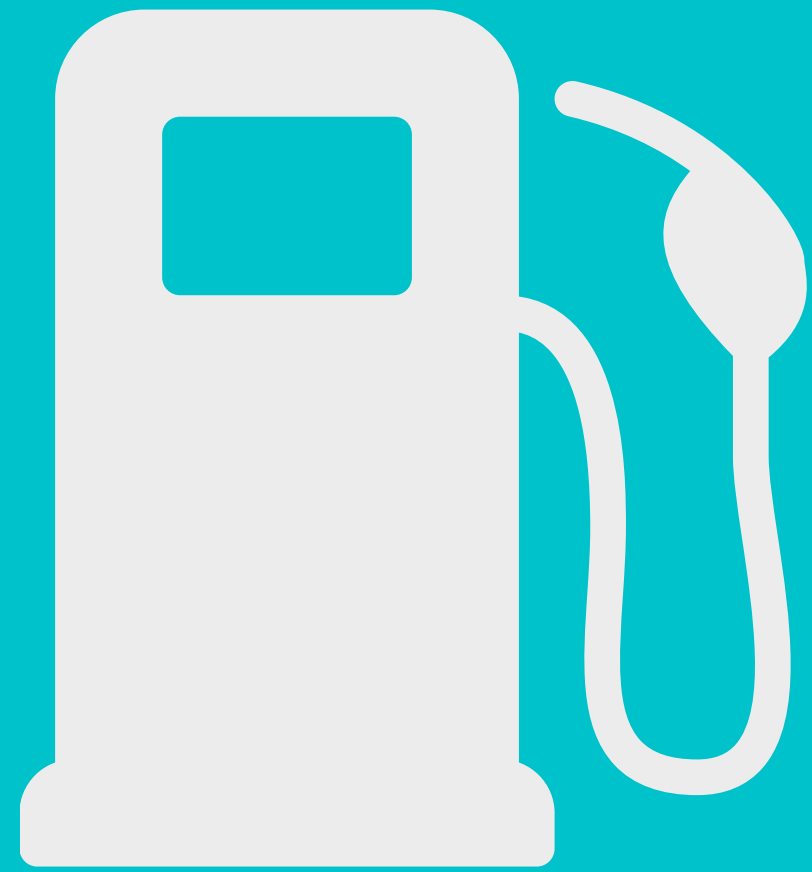
REG

PLUS

SUP



WE CAN'T FUNCTION ON "E"



PUTTING BAD FUEL IN YOUR BODY
WHAT GOES IN MUST COME OUT





return

Refer

ion

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Contact Me



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