



# Talking About Weight with Patients

A Lived Experience Perspective for Healthcare Professionals

Produced by: The Obesity Collective & Weight Issues  
Network

# Lived experience perspectives for healthcare professionals in different settings on initiating weight conversations

## Acknowledgement

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## Executive Summary

This report has been prepared directly by a panel of lived experience representatives from the Weight Issues Network. It contains a series of guides tailored to different healthcare settings that include principles of respectful care together with conversation pointers. These are intended to serve as a quick-reference guide for navigating conversations where weight may be discussed with patients and designed to positively support clinicians in responding thoughtfully and sensitively in the moment.

These guides are not intended to be a critique of current clinical practice in this area. Many health professionals are already aware of the principles set out in these guides and are working to integrate them into their care of people living with obesity. However, they provide a clear indication of the patient-centred approach to the management of their condition that people living with obesity desire.

It is envisioned that guides will be used by health professional to plan and personalise their individual responses to their patients living with obesity based on the principles provided, the situational context and awareness of the patient's needs.

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## Background

A panel of lived experience representatives recruited from the Weight Issues Network (WIN) were invited to participate in discussions around the development of a set of guides that would provide direction to health professionals on raising the issue of weight in consultations with adults living with obesity. These guides set out practical examples of respectful and non-stigmatising approaches to discussing weight in a variety of clinical settings. These sessions explored the key principles and preferred approach to discussions between health professions and their patients from a lived experience perspective. They complement a previous document produced by the Obesity Collective which assessed current guidelines from health professional bodies and agencies around this process.

The discussions highlighted the need for consent and emotional safety in patient interactions, with forum participants reviewing specific language and scenarios to enhance comfort and understanding with emphasis on the importance of creating a safe space for patients stressing the significance of consent and emotional safety.

The forum decided that different clinical environments warrant slightly different approaches and thus proposed a series of guides appropriate to the following scenarios:

1. Consultation with your usual GP
2. Consultation with a new GP
3. Visit to an emergency department
4. Visit to an outpatient clinic referred for management of an obesity-related illness
5. Consultation with a specialist physician referred for management of an obesity-related illness
6. Consultation with an allied health professional (dietitian, exercise physiologist) you have been referred to for management of obesity-related illness
7. Consultation with a psychologist you have been referred to for management of obesity-related illness

After the initial discussions a series of draft guides designed to enhance communication between physicians and patients were presented to the panel for discussion. Participants examined some of the various scenarios to refine communication techniques, ensuring they are respectful and effective. Emphasis throughout the discussion was that better clinician understanding of the dynamics of patient-provider conversations is essential to appreciating patient concerns and avoid insensitivity in communications. The group collectively identified the importance of empathy and sensitivity in addressing weight-related issues and the need for better communication between healthcare providers and patients.

## Key considerations to note for using the guides

The guides are intended to serve as a quick reference for navigating conversations where weight may be discussed with patients and are designed to positively support clinicians in responding thoughtfully and sensitively in the moment.

It is important for health professionals to prepare for these interactions basing their approach on the values outlined in the guide, the situational context and awareness of the patient's needs. Authenticity is key — using your natural language and personal communication style helps foster trust and rapport with the patient. However, wording is important and should be chosen with care. Some proposed wording is provided to assist this process.

### Recognise obesity is a chronic condition

Obesity is recognised in Australia as a complex, chronic condition with multifactorial causes — including genetic, environmental, physiological, and behavioural factors. Unlike acute care, which focuses on short-term symptom relief, the management of obesity requires a long-term, coordinated approach. This includes behavioural interventions, psychological support, pharmacotherapy, and in some cases, bariatric surgery. Treatment pathways are tailored to the severity of obesity and associated health complications, emphasising improvements in overall health outcomes associated with sustained weight and body fat reduction. Recognising obesity as a chronic condition helps shift the focus from blame to support, promoting equitable access to care and empowering patients to engage actively in their health journey.

### Power imbalances in healthcare

An inherent power dynamic exists within the healthcare system between patients and health professionals, which can influence communication and decision-making. Power imbalances in healthcare result from the unequal distribution of authority, influence, and resources between patients and healthcare providers. This disparity can significantly impact communication, decision-making, and overall patient care. Factors like differences in knowledge, experience, social status, and cultural background can contribute to these imbalances. Recognising and addressing this imbalance is essential to fostering equitable, patient-centered care.

### Communication and informed decision-making

Investing time in building effective communication creates space for a two-way dialogue, empowering patients to ask questions and actively participate in their healthcare journey. This collaborative approach supports informed decision-making and strengthens the therapeutic relationship.

*“The best way to conduct a communication well is to conduct it in a way that we would be comfortable with in times of vulnerability and fear. No one has to know many*

*different societal customs, beliefs, or rules to provide exceptional care to people of any religion, ethnicity, or race. Perhaps, the secret of cultural competence is patient orientation. It demands respect, sensitivity, partnership, serenity, honesty, trust, curiosity, and tolerance. The most important interhuman need that unites all people is the desire to be cared for” [Epner and Baile 2012]*

### Build trust with personal communication

In situations where clinicians and patients are unfamiliar with each other, building trust begins with a clear and respectful introduction. *Sharing your full name, clinical specialty, and relevant experience helps establish credibility and fosters a sense of connection.* These simple gestures can significantly reduce communication barriers and support a more collaborative therapeutic relationship.

### Read the patient’s history to understand their journey

Although they share many common experiences, every person living with obesity has had a unique journey to their current situation. Health professionals should take the time to understand and appreciate the nature and features of a patient’s past experiences that has shaped their current approach to their weight issues. This begins by familiarising yourself with the patient’s existing records before eliciting further information from the patient. Health professionals should be mindful that patients may become emotionally fatigued or distressed when repeatedly recounting their experiences.

*Epner DE, Baile WF. Patient-centred care: the key to cultural competence. Ann Oncol. 2012;23(Suppl 3):33–42.*

## Employ a trauma informed care approach and ensure personal safety

Trauma can manifest in varied ways, and a patient's response to the same discussion may differ depending on their emotional state, environmental factors, or concurrent stressors.

Recognising potential triggers is often complex, as they are highly individualised and may not be immediately apparent. A trauma-informed approach that prioritises patient safety, autonomy, and emotional well-being is essential in fostering trust and minimising re-traumatisation.

Engaging in training in trauma-informed care can be highly beneficial. Research indicates that a significant proportion of individuals with lived experience of obesity have also experienced trauma, and it is widely recognised that many traumatic experiences go unreported. Ensuring psychological safety is a central theme echoed by those with lived experience.

Some key points in trauma informed care are:

**Recognise the prevalence of trauma:** Acknowledging that many individuals have experienced trauma and that it can significantly impact their lives.

**Understand the effects of trauma:** Recognise how trauma can affect physical and mental health, behaviour, and relationships.

**Create safe and supportive environments:** Prioritise physical and emotional safety, choice, empowerment, trustworthiness, and collaboration.

**Minimise re-traumatisation:** Avoid actions or environments that could trigger past traumatic experiences.

**Promoting healing and recovery:** Focusing on building resilience, developing coping skills, and fostering a sense of control and empowerment.

## Consent should be ongoing through the conversation

It is emphasised in the guides that consent is an ongoing process, not a one-time event, and should be revisited throughout any interaction or activity where it's relevant. This ensures that individuals remain informed, understand their rights, and continue to willingly participate or agree to the terms. It is particularly important in situations involving personal information, health decisions, or research participation.

**Maintain voluntary nature of any interactions:** Individuals may change their minds, or their understanding of the situation might evolve. Regularly revisiting consent ensures it remains a voluntary decision.

**Ensure informed decision-making:** Circumstances can change, and new information may become relevant. Reassessing consent allows for updated information to be shared and considered.

**Respect autonomy:** Revisiting consent demonstrates respect for an individual's autonomy and their right to make decisions about their own life and information.

**Prevent misunderstandings:** Ongoing communication and clarification help prevent misunderstandings and ensure that individuals are fully aware of the implications of their consent.

**Building trust:** Revisiting consent builds trust between parties and demonstrates a commitment to ethical practices.

### Support rather than prescribe

Engage the patient by enquiring about the steps they've already taken and exploring any challenges they've encountered. Keep in mind that not all individuals are seeking surgical procedures or medication-based treatments.

In the context of patient care, "prescribe" refers to the specific act of a health professional ordering or authorising a defined treatment option for a patient. "Support," on the other hand, is a more holistic approach to patient care that can involve various activities to facilitate smooth patient flow and positive outcomes. Support reduces anxiety and can directly impact on patient care in different ways including smoother transitions between different levels of the healthcare system.

## Guides for different healthcare environments

1. Consultation with your usual GP
2. Consultation with a new GP
3. Visit to an emergency department
4. Visit to an outpatient clinic referred for management of an obesity-related illness
5. Consultation with a specialist physician referred for management of an obesity-related illness
6. Consultation with an allied health professional (dietitian, exercise physiologist) you have been referred to for management of obesity-related illness
7. Consultation with a psychologist you have been referred to for management of obesity-related illness

## Consultation with primary GP

This guide has been designed for primary GPs to inform conversations with patients for obesity-related conditions. It emphasises trauma-informed, compassionate, and collaborative care and respectful conversations focussing on consent and collaboration.

### Talking About Health Together A Respectful, Collaborative Approach Discussing Weight-Related Health Concerns

#### Communication and connection

It's important to reassure patients that this consultation is a collaboration and they are never obligated to discuss matters they feel unprepared to explore. Encouraging patients to engage only when they feel safe and supported fosters trust and promotes more effective communication. Please continue to monitor their comfort levels and allow space for these conversations to occur when readiness is established.

#### Guiding Principles

##### 1. Trauma-Informed

Recognise that many people have difficult past experiences, including in healthcare settings. Approach every conversation with care, sensitivity, and a deep respect for the patient's boundaries.

##### 2. Consent-Centred

Always ask for consent before discussing topics like weight, body image, or food, and respect the patient's choice at every step.

##### 3. Focused on How the Patient Feels

Demonstrate you care more about the patient's lived experience than a number on a scale. Let them know that you want to know how their health is affecting their life.

#### Example of a Respectful Conversation

*"Hi [Name], I wanted to check in on how you've been feeling recently, physically, emotionally, and overall. If you're open to it, we could explore whether some of your symptoms might be related to things like sleep, stress, movement, or weight. Does that feel okay?"*

- ✓ The patient might say yes, no, or ask for a different focus.
- ✓ Let the patient set the pace of the conversation.

#### Questions to ask with patient's consent

- "How have things felt in your body lately, energy levels, pain, or comfort?"
- "Have you noticed anything about your eating, sleep, or stress recently?"
- "What's worked or not worked for you in the past when trying to support your health?"
- "Have past conversations about weight felt helpful, difficult, or mixed?"
- "What kind of support would feel most useful for you right now?"

These questions should *never be about blame*. They are about building a picture together of the patient's overall wellbeing.

### Collaboration

If the patient is open to discussing health supports, explore with them:

- Managing stress, anxiety, or trauma
- Nutrition guidance or referrals
- Gentle, sustainable physical activity
- Sleep and recovery
- Community or social supports
- Medication or specialist care (if appropriate)

The goal is to *create a care plan that works for the patient, not force a one-size-fits-all solution*.

### What to Avoid

- Making assumptions based on body size
- Focusing only on weight loss
- Ignoring emotional and social factors
- Judging, blaming, or pressuring the patient
- Talking about weight without their permission

### Patients Rights:

- Be treated with respect and dignity
- Choose what they want to talk about
- Say “no” or “not right now” to any topic
- Ask for a referral or second opinion
- Feel safe, heard, and supported in your care

### The Patient Is Not Alone

Managing health is hard, especially when the world often sends harmful messages about bodies. Support the patient as a whole person, not just a set of symptoms.

The patient is not their weight. They are worthy of care and respect, just as they are.

## Consultation with a new GP

This is a trauma-informed, respectful guide tailored for consultations with a new GP, designed to inform health professionals in approaching conversations about weight and related health concerns in a compassionate, collaborative, and consent-centred way.

### Getting to Know the Patient Respectfully

#### A Safe, Trauma-Informed Approach with a New GP

#### Discussing Health Concerns Related to Weight

### Communication and Connection

As the newly appointed GP, the objective is to understand each patient's health within the broader context of their life—not merely through symptoms or clinical data. The patient may have concerns that could be connected to weight (such as fatigue, pain, diabetes, or sleep issues). *But only explore this if the patient feels comfortable.*

This is their care. Their voice and values matter.

### Guiding Principles

#### 1. Trauma-Informed Care

Acknowledge that medical experiences, especially involving weight, can be distressing. Reassure commitment to the patient to *avoid harm* and prioritise *emotional safety*.

#### 2. Consent Always Comes First

Avoid talking about weight or related issues without patient permission. They can opt in or out at any point in the conversation.

#### 3. Focus on Feelings, Not Appearance

Take an interest in how they feel and function, not how they look or what the scale says.

#### 4. The Patient is the Expert on Themselves

Ensure health care is undertaken *“with the patient, not to the patient”*.

### Example of a Respectful Conversation Opener

*“Hi [Name], I’m really glad to meet you today. Since we’re just getting to know each other, I want to be sure this space feels safe and collaborative. If you’re comfortable, I’d like to ask about some areas that could relate to your health, things like energy, stress, food, or weight. Would that be okay with you?”*

- ✓ The patient can say yes, no, or “maybe later”
- ✓ The patient sets the boundaries of the discussion

### Thoughtful, Optional Questions to Ask

If you give permission, we may explore:

- “How have you been feeling physically and emotionally?”
- “Have you noticed any changes in your daily energy, sleep, or movement?”
- “Are there things you’ve tried in the past that helped or didn’t help?”

- “Have other doctors talked with you about weight or health? What was that like?”
- “What would better health look or feel like for you?”

These questions are *never about blame*. Focus on creating a care plan that works *for their life*.

### What Working Together Can Look Like

If the patient is open, talk about:

- Supporting mental wellbeing (e.g. stress, anxiety, trauma)
- Gentle and sustainable activity or movement
- Nutrition and their relationship with food
- Referrals to specialists (e.g. dietitian, psychologist, physiologist)
- Medication options (if applicable)
- The patient’s goals, rather than your agenda

Their care plan should be *personalised, flexible, and empowering*.

### Safeguard the Patient Experience

- Being judged or shamed for their body size
- Conversations about weight without their consent
- Assumptions about the patient’s habits or lifestyle
- One-size-fits-all health advice
- Pressure to pursue weight loss if that’s not the patient’s goal

### Remember the Patient Deserves Care that is:

- Safe
- Dignified
- Collaborative
- Transparent
- Centred on their needs

### Holistic patient Support

Managing health is hard, especially when the world often sends harmful messages about larger bodies. Support the patient as a whole person, not just a set of symptoms.

The patient is not their weight. They are worthy of care and respect, just as they are.

## Emergency Department Clinician Guide

This is a guide designed for conversations about weight in the emergency department. It includes trauma-informed, respectful, and collaborative communication guidance that focuses on the patient's experiences and emotions—not appearance.

### 1. Consent & Clinical Relevance First

Only discuss weight if it directly relates to the patient's current condition or treatment.

Say: *"Would it be alright if I ask a few questions about your general health and how your body has been feeling lately?"*

If patient declines:

*"That's completely fine, we'll focus on your immediate care needs today."*

### 2. Acknowledge the Setting

*"I know the ED isn't always the easiest place to talk about things like this, this is a judgement-free space, and we'll go only as far as you're comfortable."*

### 3. Focus on Feeling & Function

- How have you been feeling, energy, comfort, sleep, movement?
- Any issues with breathing or pain?
- Has your health impacted daily activities or comfort?

### 4. Ask About Past Experiences

*"Has anyone talked to you about weight or health in a way that felt helpful, or unhelpful?"*

- What's worked in the past?
- Are there any challenges or barriers to caring for your health right now?

### 5. Offer Respectful Follow-Up

*"We don't need to go into detail today, but if you'd like, I can ask your regular doctor to follow up when you're ready."*

Offer: GP follow-up, outpatient support, or written summary for later care

### 6. Affirm Autonomy & Close Gently

*"You know your body best. You're in control of what we discuss. Right now, let's focus on helping you feel safe and supported"*.

### Key Principles for Emergency Settings

- ✓ Raise only if clinically relevant
- ✓ Always ask permission



- ✓ Prioritise emotional safety
- ✓ Avoid assumptions
- ✓ Focus on function, not appearance
- ✓ Offer a respectful follow-up, not pressure

### Final Thought

A brief, compassionate conversation in the emergency department can create safety and support future care.

## Visit to an outpatient clinic

This is a guide designed for an outpatient clinic dealing with obesity-related illness. It includes trauma-informed, respectful, and collaborative communication guidance that focuses on the patient's experiences and emotions—not appearance.

### Supporting the Patient's Health: A Respectful and Collaborative Approach to Weight-Related Care

For Use in Outpatient Clinics | A Guide for Health Care Professionals

#### Approach

Recognise that conversations about weight and health can be sensitive. The goal is to create a safe, respectful, and compassionate space, free of judgement, where the patient's story is honoured and their voice is central.

Take a trauma-informed approach, means - aim to understand the patient's full health journey, including any past experiences that may have impacted their care. The patient's comfort, consent, and emotional safety matter at every step.

#### Manage the Patient Expectations During the Visit

##### 1. Let the Patient Set the Pace

*"We're here to support your health in a way that feels right for you. You can share as much or as little as you'd like today. Does that feel okay to you?"*

- Let the patient know they are in control of what is going to be talked about.
- Pause and allow the patient to redirect or opt out of any part of the conversation.

##### 2. Listen to How the Patient is Feeling

*"How have things been going for you lately, physically, emotionally, or even in your day-to-day life?"*

- Focus on *how the patient is feeling*, not just numbers or appearance.
- The patient's symptoms, stressors, and strengths are important.

##### 3. Ask Thoughtful, Respectful Questions

*"Would it be okay if I asked about what you've tried in the past and how that felt for you?"*

- Demonstrate you want to *understand their journey*, not assume it.
- explore what's helped, what hasn't, and what matters to them.

##### 4. Check in for Consent

*"Would you feel comfortable if we talked about how weight may be affecting your health?"*

- Ask permission before discussing sensitive topics.
- If the patient is not ready, offer to support their health in other ways.

## 5. Collaborate, Not Prescribe

*“What feels most important to focus on right now? Would you like to explore options together?”*

- Work with the patient, not on the patient.
- Offer care that considers the patients values, identity, and goals.

## Supportive Topics That Can Be Explored Together

- Sleep and energy levels
- Stress and emotional well-being
- Food patterns and relationships with eating
- Movement and body comfort
- Medical concerns like joint pain, blood pressure, or blood sugar
- Social and environmental factors

*Weight can be one factor in a much bigger picture.*

## Healing from Past Harm

Understand that some patients have experienced weight stigma or judgement in health care.

*“If you're comfortable sharing, have past health visits around weight felt respectful, or were there times they didn't?”*

Listen without shame, blame, or assumptions.

## The Patient Deserves Respectful Care

The patient their story, and their concerns deserve care grounded in:

- Dignity
- Consent
- Compassion
- Equity

The patient is more than a number -they are a whole person.

## Consultation with a specialist physician

This guide is designed for specialist physicians (e.g., endocrinologists, cardiologists, bariatric specialists) to inform consultations for obesity-related illness. It includes trauma-informed, respectful, and collaborative communication guidance that focuses on the patient's experiences and emotions, not appearance.

### Respectful, Collaborative Care for Obesity-Related Health Concerns A Conversation Guide for Specialist Physicians

Work to create a safe, Compassionate Space for Every Patient

#### Why This Matters

Many patients referred for obesity-related conditions have experienced stigma, dismissal, or judgment in healthcare. These experiences can affect trust, emotional safety, and outcomes. As a healthcare specialist, you have a unique opportunity to foster healing, dignity, and partnership in care.

This guide supports trauma-informed, respectful conversations that prioritise:

- Patient consent
- Emotional and physical safety
- Lived experiences and feelings
- Collaboration over instruction

#### First Impressions Matter

Start with warmth and permission.

*“Hi [Name], it’s good to meet you. I understand you’ve been referred to me to help manage some health concerns. Before we begin, I want you to know that you’re in control of how we approach this. Would it be okay if I asked a few questions about how you’ve been feeling lately?”*

- ✓ Ask for consent to begin
- ✓ Acknowledge the referral without focusing on weight
- ✓ Reassure the patient of your respect and openness

#### Focus on the Patient’s Experience

Invite their perspective first.

- *“What has your health felt like recently—from your point of view?”*
- *“Are there symptoms or changes that have been bothering you or limiting your day-to-day life?”*
- Use open-ended, nonjudgmental questions
- Avoid assumptions about their goals or lifestyle
- Prioritise function and feelings over appearance

### Exploring History Without Shame

Check for consent before reviewing weight-related history.

*“Would it be okay if I asked about any experiences you’ve had with managing your health or weight in the past?”*

If they agree:

- *“Have you tried anything before that felt helpful, or unhelpful?”*
  - *“How have those efforts made you feel, physically or emotionally?”*
  - *“What kind of support has, or hasn’t, worked for you before?”*
- 
- ✓ Respect previous efforts without judgment
  - ✓ Explore emotional impact and lived experience
  - ✓ Normalise past difficulties

### Trauma-Informed Sensitivity

Recognise the impact of past harm.

*“Many people have experienced judgment or pressure around weight in health care settings. If that’s something you’ve experienced, I’d like to make sure this feels like a different kind of space, respectful, collaborative, and safe. Does that feel okay to you?”*

- Avoid moral language (e.g., “good” or “bad” behaviour)
  - Don’t suggest willpower or blame
- 
- ✓ Validate any discomfort or frustration they share

### When Discussing Weight and Health

Always ask for permission first.

- *“Sometimes weight can be one factor connected to other health conditions. Would it be alright if we talked a little about how it may be affecting your health?”*

If they consent:

- *“We can look at a full range of supports, not just weight focused. Things like stress, sleep, food relationships, movement, and medications all matter. What feels most meaningful to you to work on?”*
- 
- ✓ Focus on what the patient values
  - ✓ Offer a wide menu of care options
  - ✓ Frame weight as one possible factor, not the defining one

### Closing the Visit

End with affirmation and support.

- *“Thank you for being open today. I know these conversations can be hard. You’ve already done a lot just by coming in. We can take this at your pace, no pressure. What would feel like a helpful next step for you?”*

Ask how they’d like to proceed

- ✓ Offer options, not directives
- ✓ Reinforce that their voice and comfort with options guide the care provided

### Key Principles to Centre in Every Visit

- Gain consent first and revisit this over time
- Identify feelings rather than work from appearance
- Exercise curiosity rather than make assumptions
- Frame interactions in terms of compassion rather than correction
- Work to achieve collaboration rather than just compliance

### Specialist Physician Commitment

Be dedicated to:

- Non-stigmatising care
- Inclusive, person-centred approaches
- Understanding the whole person, not just the diagnosis
- Supporting a focus on health rather than weight

### Questions or Feedback

If patients have questions, need support, or would like to share feedback about their visit, be there to listen.

## Consultation with an allied health professional (dietitian, exercise physiologist)

This guide has been designed for allied health professionals, such as dietitians, exercise physiologists, or behavioural health providers, to inform conversations with patients referred for obesity-related conditions. It emphasises trauma-informed, compassionate, and collaborative care.

### Supporting the Patient with Respect and Compassion

A Guide to Safe, Collaborative Conversations about Health and Weight  
For Dietitians, Exercise Physiologists, and Allied Health Professionals

### Our Approach: Whole-Person, Trauma-Informed Care

As allied health professionals, understand that conversations about health and weight can feel deeply personal, and at times, challenging. Patients deserve care that centres their comfort, respects their lived experience, and supports their well-being in ways that feel safe and meaningful to them.

Use a trauma-informed, non-judgmental, and collaborative approach that:

- Centres how they feel, not how they look
- Respects their autonomy and consent
- Recognises the complexity of health beyond weight
- Values their past efforts and lived experience

### Starting the Conversation

Begin with warmth, trust, and permission.

- *“Hi [Name], it’s great to meet you. I understand you’ve been referred to me for support with some health goals. Before we get started, is it okay if I ask a few questions to get to know how you’ve been feeling?”*
- ✓ Emphasise comfort and safety
- ✓ Ask for consent before discussing sensitive topics
- ✓ Avoid labelling or assumptions

### Listening to the Whole Story

Explore what matters to the patient.

- *“Can you tell me a bit about what’s been going on for you, physically, emotionally, or in daily life?”*

- *“What kind of things have you noticed about your energy, sleep, or stress levels?”*
- ✓ Focus on function, not appearance
- ✓ Invite personal experiences, not medicalised summaries
- ✓ Let the patient guide what feels important

### Asking About the Past with Sensitivity

Acknowledge previous efforts without judgment.

- *“Would it be alright if I asked about what you’ve tried before in terms of food, movement, or other health strategies?”*
- *“What’s felt helpful or unhelpful?”*
- *“How have those experiences made you feel, physically, emotionally, or socially?”*
- ✓ Validate all efforts, there is no “failure”
- ✓ Acknowledge systemic and emotional barriers
- ✓ Ask how those past experiences shaped their hopes or concerns

### Checking for Consent Before Discussing Weight

Always ask permission.

- *“Sometimes weight comes up in conversations about health. Would it be okay if we talked about that today?”*

If they consent:

- *“We can talk about weight as just one part of a bigger picture, including things like sleep, stress, movement, and relationships with food. What’s most important to you to work on?”*
- ✓ Centre the patient’s values, not the referral’s focus
- ✓ Normalise body diversity
- ✓ Avoid moralising around food, weight, or movement

### Exploring Goals, Their Way

- *“What would feeling better or more supported in your health look like for you?”*
- *“What’s one small change that might feel realistic, or one thing you’d like help with?”*
- ✓ Support self-defined goals
- ✓ Collaborate on sustainable strategies
- ✓ Offer flexible, shame-free options

### If Past Harm Comes Up

- *“I’m really sorry to hear that you’ve had experiences that felt judgmental or hurtful. You deserve care that feels respectful, inclusive, and empowering. I’ll do my best to create that space with you.”*
- ✓ Validate emotional responses
- ✓ Rebuild trust through consistency and kindness
- ✓ Never dismiss or underrate the impact of weight stigma

### What to Strive to Offer Every Patient

- Consent-centred conversations
- Respect for lived experience
- Kindness, not criticism
- Realistic, empowering strategies
- Supporting a focus on health rather than weight

### What to Work on Together:

- Supporting an improved relationship with food
- Finding joyful, accessible ways to move
- Managing fatigue, stress, or pain
- Building sustainable health habits
- Navigating weight-related health concerns, *only when they are willing*

### Closing the Session with Support

- *“Thank you for sharing with me today. I know these conversations aren’t always easy, and I appreciate your openness. Would it be helpful to explore next steps together or take some time to reflect before planning anything?”*
- ✓ End with affirmation
- ✓ Respect autonomy and readiness
- ✓ Always offer choice

### Support is Ready When the Patient is

Patients are more than a diagnosis or a number.

They deserve care that listens, acknowledges their concerns and supports them.

## Guide for psychologists

This guide has been designed for psychologists, to inform conversations with patients referred for obesity-related conditions. It emphasises trauma-informed, compassionate, and collaborative care.

### Supporting Emotional Well-Being in Obesity-Related Health

#### A Compassionate Approach to Psychological Care

##### For Patients Referred to a Psychologist

#### Patients Are More Than a Diagnosis

Understand that being referred to a psychologist for support related to the patient's health and weight may bring up a range of feelings, from hope and curiosity to discomfort or frustration. Take an approach that is grounded in respect, collaboration, and emotional safety. Support them in ways that feel empowering, not judgmental.

#### Core Commitments

As mental health professionals, offer care that is:

- **Trauma-Informed:** sensitive to the impact of past experiences
- **Psychologically Safe:** where their story and boundaries are honoured
- **Consent-Centred:** nothing is discussed without their permission
- **Non-Stigmatising:** focused on their well-being, not their weight

#### How to approach the First Conversation

##### Start with Respect

- *"Hi [Name], it's really nice to meet you. I understand you've been referred here for support related to some health concerns. Before we begin, I want you to know that this is your space, and I'll always check in with you before we explore anything. Does that feel okay?"*
- ✓ They guide the pace
- ✓ They can say no to any topic
- ✓ Their comfort matters most

### Exploring How the Patient is Feeling

- *“How have things been feeling for you emotionally, around health, life changes, or anything else?”*
  - *“Are there particular stressors, patterns, or challenges that you’ve noticed recently?”*
- ✓ Talk about what’s going on *inside*, not just the outside
  - ✓ Emotions, relationships, trauma, and stress all matter here
  - ✓ No topic is too big or too small

### Understanding Past Experiences

- *“Would it be okay if I asked a bit about your previous experiences with health, weight, or how these topics have come up in your life?”*
  - *“Have you ever felt judged or unsupported in healthcare settings?”*
- ✓ Explore what they have been through, on their terms
  - ✓ All feelings are valid
  - ✓ They are the expert on their own experience

### Connecting Health and Mental Health

- *“Sometimes emotional health, trauma, stress, or life changes can affect things like eating patterns, movement, sleep, or body image. Would you feel comfortable talking about any of that today?”*

If yes:

- *“We can look at your relationship with food, movement, self-care, or body image in a way that’s compassionate, not controlling.”*
- ✓ Don’t focus on weight as a problem to “fix”
  - ✓ Work on healing shame, building self-worth, and reducing stress
  - ✓ Support all bodies, all emotions, and all identities

### Collaboration, Not Correction

- *“What would feeling better or more supported look like for you?”*
  - *“Are there things you’ve tried before that felt helpful, or harmful?”*
- ✓ Build goals together
  - ✓ Explore what *they* want, not what others expect
  - ✓ Respect their boundaries and readiness

### What You Should Never Do

- Shame or blame them for your body size
- Suggest that their worth is tied to weight
- Push weight loss as the only goal
- Assume their struggles are caused by size

### This Is a Safe Space to Talk About:

- Emotional eating or binge patterns
- Body image or self-esteem
- Anxiety, depression, or stress
- Trauma and its impact on health
- Experiences of stigma or shame
- Finding balance, boundaries, and kindness toward yourself

### Patients Deserve Compassionate Care

Whether or not weight is something they want to discuss, they are made to feel welcome.

- ✓ Their body is not a problem to solve.
- ✓ Their feelings are real.
- ✓ Their story matters.
- ✓ Healing is possible.