

Identity Development of Becoming a HAES Clinician

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Goals of Session

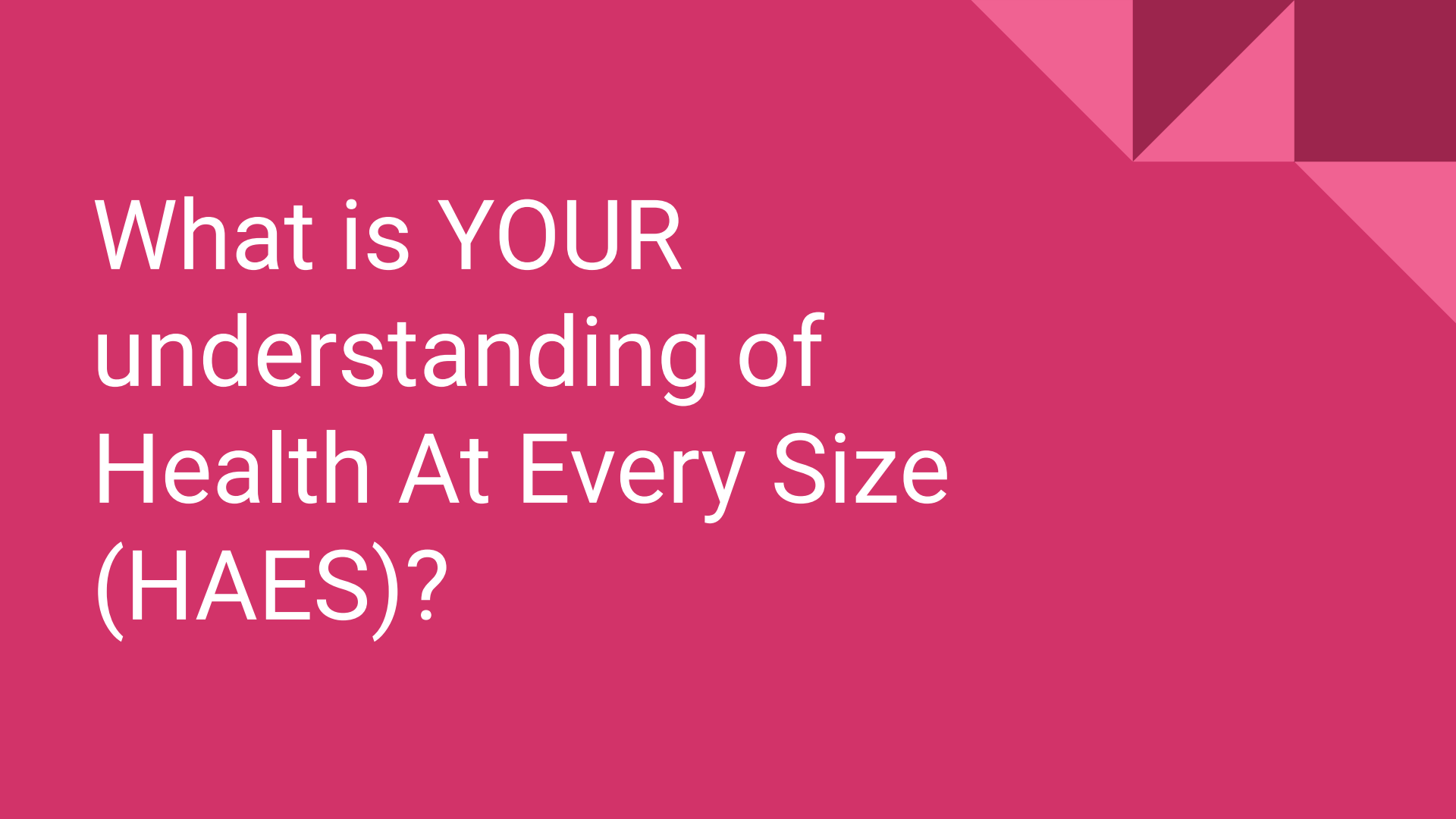
Learn how to describe and apply Health at Every Size (HAES) principles

Discuss experiences of becoming a weight-neutral and weight inclusive practitioner

Reflect on/ consider our own personal experiences of shifting paradigms of health away from diet-culture

Discuss application of HAES concepts to counseling setting





What is YOUR
understanding of
Health At Every Size
(HAES)?

A multicultural lens of helping our students
increase healthful behaviors

Addresses sizism that laced with pathologizing
gendered experiences, culture, and human
experience



The BMI is not a measure of health


Size/Weight/ Shape ~~≠~~ Health

Health Occurs at EVERY Size/ Weight/ Shape

Lack of Health Occurs at EVERY Size/ Weight/ Shape



Health at Every Size 101

- HAES is short for Health at Every Size- started by researcher Dr. Linda Bacon
 - Weight-neutral approach to health and wellbeing
 - Helps catch issues that get overlooked with “normal/ healthy looking” bodies
 - Reduces stigma for larger bodies in seeking support for healthful behaviors
 - Focuses on bodies’ needs to function in ways to support the person’s life and values
 - Supports Intuitive Eating (only appropriate when people can sense hunger and fullness cues)
 - Supports Joyful Movement
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Shifting Paradigms

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
- People who differ from normative size have a “disease” and 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

- 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 and working from there
- No one is expected to restrict 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
- No body size is inherently healthy or unhealthy
- Health is not pathologized in people with “nonnormative” 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

Obesity: one of the last forms of publicly accepted discrimination

A word on the war on obesity

The issue with moralizing health

Discriminating on body size continues regardless of health- who is benefiting



Setting the Stage on a College Campus

Bodies are still growing and changing!

Pressures to assimilate/ seeking sense of belonging

For many, first time nourishing selves independently

Most experiencing disordered eating, and many meet criteria for eating disorder dx

Pressures to perform well and appear to be living their best life/ present a perfect image

AND many other concurrent factors



Key Professions (so far!)

Physicians/ Physician Assistants/ Nurse Practitioners

Mental Health Clinicians

Dieticians/ Nutritionists

Personal Trainers

Athletic Trainers/ Physical Therapists



My Identity Development Journey

Contact

It's not easy countering a fat-phobic culture!

Cognitive Dissonance

Changing behaviors and conversations

Checking internal biases

HAES Supervision

Continuing to learn to integrate in professional and personal life

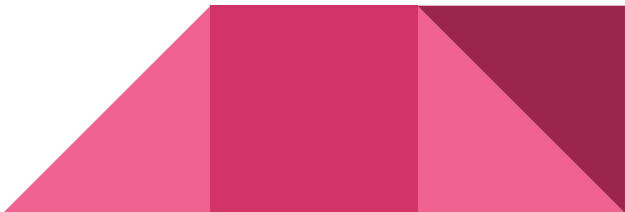


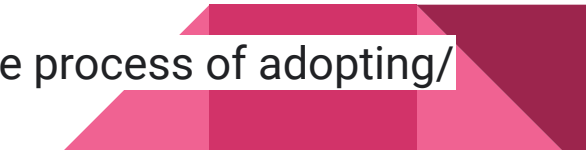
What were other's journeys?

I posed some questions to my extended group of professionals


All work with disordered eating and eating disorders from HAES perspective

All integrate HAES into their work with all clients

- MD/ DO/ PA/ NP
 - RD/LDN
 - LPC/ LCSW/ HSP-Ps/ LMFT
 - Movement Specialists (PTs/ ATs and Personal Trainers)
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1. Approximately when did you first become aware of the HAES movement (approximate year, stage of professional development)? How were you introduced to the concepts?
 2. What were your initial reactions to HAES? Specific areas to consider include: your experience of your own body, your relationship to food, movement, sex, intimate relationships, medical health, social relationships, views of others etc.
 3. How has your view of the HAES approach changed over time? Specific areas to consider include: your experience of your own body, your relationship to food, movement, sex, intimate relationships, medical health, social relationships, views of others etc.
 4. How would you rate your familiarity with HAES principles?
 5. How would you rate your comfort/ skill of incorporating HAES principles professionally?
 6. What else would you like for someone new to HAES/ in the process of adopting/ developing the HAES lens to know about the journey?
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What THEY had to say

- Some have been HAES for nearly 2 decades, some months into it
 - All have solid understanding of HAES principles, some have mastered integration of them into practice (with still room for growth)
 - Learning about HAES made sense to them, some needed to see science prior to buy-in, some became aware of fat-shaming bias that had been in the name of “health”
 - Easier to accept for clients than for self
 - Some noted ongoing struggle with weight-bias at times
 - “From Diets to Doughnuts to Discernment”
 - Change in relationships with self and others
 - Many noted improved relationship with food and movement
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What have YOUR experiences been like?

What's been challenging?

What's been helpful and supportive?

If this is your first into to HAES, how is the information landing with you?



Words of Encouragement from my HAES Tribe

“Walking the Walk” is not easy

“Be gentle with yourself”

As you become more aware, you will see the size bias EVERYWHERE

Resistance to this approach to health is REAL and you will have to continue to advocate

Returning to literature, research, and evidence based facts are VERY helpful

Open-mindedness, curiosity, and patience are key



Resources and Suggested Literature

<https://haescommunity.com/>

Health at Every Size: The surprising truth about your weight by Linda Bacon, PhD
(everyone should read this)

Body Respect: What conventional health books get wrong, leave out, and just plain fail to understand about weight (everyone should read this)

Sick Enough: A guide to the medical complications of eating disorders, Jennifer Guadiani, MD (great for medical professionals and for general audience)



Eating Disorders: A guide to medical care and complications by Patrick Mehler, MD and Arnold Anderson (great for medical providers)

The Body is Not an Apology: The power of radical self love by Sonya Renee Taylor (great for all audiences, particularly marginalized bodies...there are many other great ones for this too in Body Positive school of thought)

Eating In The Light of the Moon: How women can transform their relationships with food through myth, metaphor, and storytelling Anita Johnston, PhD, CEDS (great for all audiences)

Read narratives and literature from a range of voices- particularly diverse bodies (includes race, ethnicity, gender, body size, abilities and more)!



Questions?

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Thank You!!!!