



T2 Study Day  
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# Navigating Tricky Conversations

Dr Rhian Hughes  
Dr Tessa Shanahan

# Outline

- **Why are conversations about weight so tricky to navigate?**
- **Why are Children, Young People and their families struggling with weight issues?**
- **The impact of language**
- **Helpful principles for managing tricky conversations in a clinical setting**
- **Useful resources and documents**



**What are your biggest  
worries/concerns about having  
conversations about weight in your  
clinical setting?**

Got to [Mentimeter.com](https://www.mentimeter.com) and input the following code:

**3797 4053**



# Some common worries...

What if the conversation contributes to the stigma of obesity?

What if we upset the family/child and make the situation worse?

What if we plant unhealthy ideas about food and diet?

# Psychological Factors behind weight difficulties in CYP

Some of the important considerations to take into account when faced with a child or young person with significant weight difficulties

## ACES

Living in an abusive environment  
Living with someone who abused alcohol or drugs  
Exposure to domestic violence  
Living with someone with physical or mental illness  
Losing a parent through divorce, death or abandonment

## Advertising/modern society

Social media plays a large role in the development of trends (e.g. Prime Drinks, Monster drinks)  
  
Advertising still targets children and young people  
  
Normalisation of being overweight

## Lifestyle

More young people engage in sedentary activities such as gaming  
  
Cost of living has meant parents aren't always able to afford for children to engage in sporting activities  
  
Family culture and habits around healthy living

## Child factors

Restrictive eating conditions such as ARFID  
  
Additional needs (learning disability, neurodiversity and sensory needs)  
  
Response to repeated stress (e.g. bullying)

## COVID and the impact of Lockdown

COVID and the period of lockdown was a significant stressor for many families.  
  
Gyms closed and people spent more time at home.  
  
Unhelpful habits such as regular snacking due to a lack of structure in the home



# Language Matters

- Language, both verbal and non-verbal is very powerful and can have long-lasting effects
- Despite our best intentions, some words or phrases can be perceived as problematic
- Use language (including tone and non-verbal gestures) that is:
  - Free from judgement or negative connotations, particularly trying to avoid the threat of long-term consequences or scolding/ 'telling off'
  - Person-centred to avoid labelling a person as their condition
  - Collaborative and engaging, rather than authoritarian and controlling

# Principle of helpful conversations

By the time children/young people and their families have entered your clinic room they are likely to have experienced a range of 'interventions' from other professionals, at best some may have been marginally useful, at worst they may have caused harm...



**Solution-focused approach** what has brought you here today? If today's conversation is helpful, what would you like us to have talked about?



**Open and honest** be clear with the language you use (avoid euphemisms) and acknowledge the challenges of this conversation. Listen to the voice of the young person. Ask questions!



**Be clear and realistic** help the young person and their family set realistic goals around lifestyle changes. The science isn't clear about the 'best method' so look at what is achievable and the best option for that person.

# The conversations in practice

## **Opening gambit:**

*I know very little about you apart from a little about what brings you here, what would you feel happy to tell me about yourself?*

*Validate and acknowledge that they are concerned about their child's weight – ask 'how would you like things to be?'*

*What have you tried so far that has been helpful?*

*How come you have not given up hope?*

## **The tricky middle bit:**

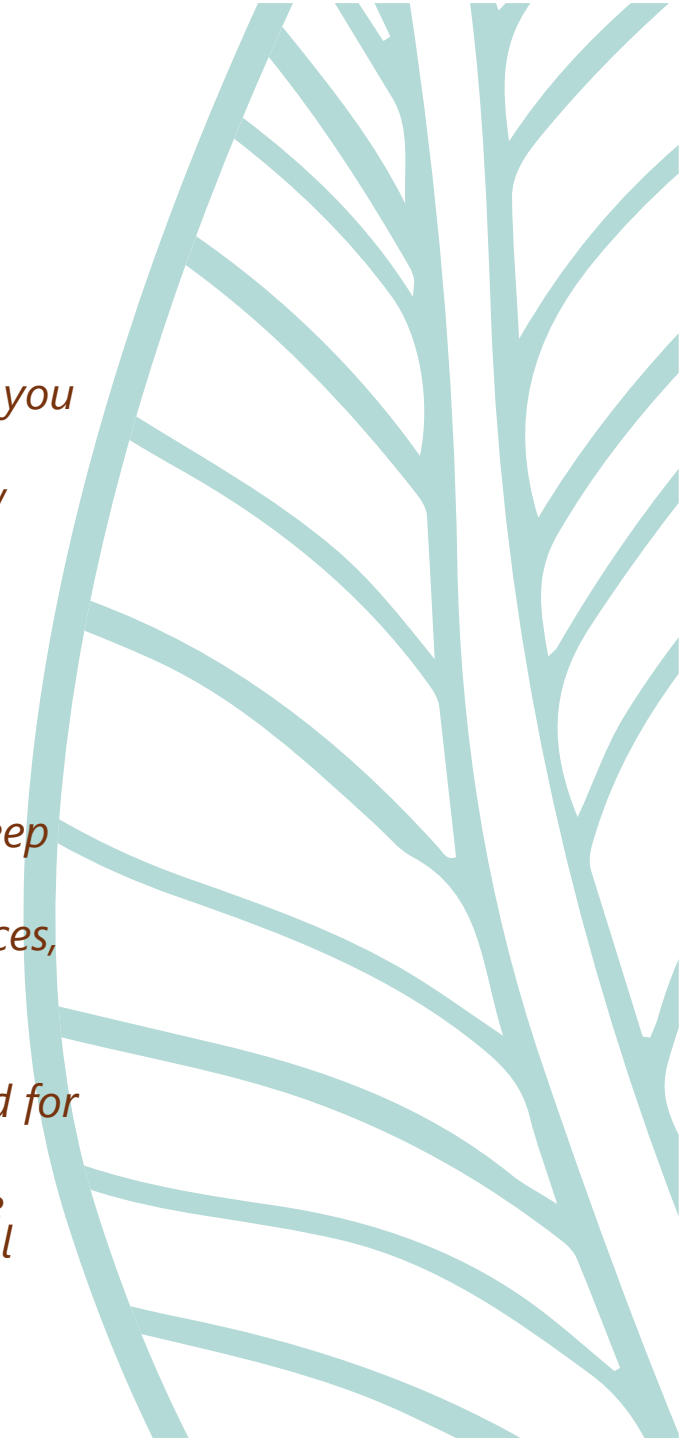
*These conversations can feel hard, you've obviously tried lots of things to change the situation, what do you think it is about your child and you as a family that helps you keep going?*

*If you wake up tomorrow and you feel more in control of your/your child's healthy choices, what do you think would be different? Who would notice? What would they notice?*

## **End on a good note!**

*What would be the signs that you/your child are doing more of the things that are good for them?*

*We have set the goal of XXX on a scale of 0 – 10 how confident are that you can achieve this? What makes it an X and not a 0? What would need to be happening for you to feel more confident you can achieve this goal?*





# Conclusion - Set yourself a challenge

1. Think of the common phrases you use in your clinical practice and think: is it supportive, encouraging, positive, non-judgemental? Could you tweak it in any way?
2. Consider the impact of your clinic space on the messages you are giving – is there incongruence between the messages you are trying to give and the clinical setting?
3. Ask- don't make assumptions, ask the question!
4. Make a small tweak to the language you are using -choose a phrase or word that you are going to bring into your positive phrase repertoire

# Resources

- Language Matters documents
- University of Bath – Talking to your child about weight
- Public Health England - Let's Talk About Weight: A step-by-step guide to conversations about weight management with children and families for health and care professionals



# Questions & answers

