

The Role of School Counselors in the Childhood Obesity Epidemic

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Abstract

Childhood obesity is a significant public health concern. Since 1960, the prevalence of childhood obesity in the United States increased dramatically from 5% to 16.9%. To date many interventions to address obesity in schools have focused on healthy changes to the content of vending machines, school lunches, and the addition of after school activities to increase physical activity. Absent from the professional literature are research and practice suggestions detailing ways school counselors can confront childhood obesity in school settings. The purpose of this article is to explore roles and interventions that school counselors can employ to address this epidemic.

Keywords: Childhood Obesity, School Counselor, Cognitive Behavioral Therapy, Motivational Interviewing, Solution Focused Brief Counseling

The Role of School Counselors in the Childhood Obesity Epidemic

Childhood obesity is arguably one of the most significant public health concerns of our time (Dietz, Benken, & Hunter, 2009). In the last 40 years, rates of obesity among children in the United States have increased dramatically from 5% to 16.9% (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010; Troiano, Flegal, Kuczmarski, Campbell, & Johnson, 1995). The prevalence of obesity is even higher among minority adolescents with 24.9% of Mexican American males and 22.7% of African American females classified as obese (Ogden et al., 2010). Because obese children and adolescents are at increased risk for health concerns such as diabetes, heart disease, and cancer, these increased rates of obesity are of great concern (Dietz, 1998; Freedman, Mei, Srinivasan, Berenson, & Dietz, 2006; Must & Strauss, 1999). The purpose of this article is to address the unique ways in which school counselors can work within the school setting to help in the fight against childhood obesity and some of its related issues.

In response to increased rates of childhood and adolescent obesity (hereafter referred to as childhood obesity), the Institute of Medicine, the American Academy of Pediatrics (AAP), the American Dietetic Association (ADA), and the Robert Wood Johnson Foundation have endorsed the need for interventions to prevent the onset of obesity (American Dietetic Association, 2006; Barlow, 2007; Institute of Medicine Committee on Prevention of Obesity in Children and Youth, 2005; Robert Wood Johnson Foundation Center to Prevent Childhood Obesity, 2010). According to the Center for Disease Control (CDC), a child or adolescent is defined as obese if they have a body mass index (BMI) greater than or equal to the 95th percentile for age and gender as measured by the CDC's growth chart (CDC, 2009a). The medical field has

implemented numerous interventions aimed at reducing childhood obesity. For example, the AAP released a policy statement that emphasized the model utilized for interventions related to childhood obesity. This model utilized a social-ecological structure to conceptualize the etiologies and potential treatments of obesity and emphasized the influence of the different environments within which individuals exist, and the need to effect change in those environments (2003).

However, due to the multifaceted etiology of obesity, prevention efforts may need to reach beyond the auspices of healthcare. For most children, this means that the home and school environments can be important venues to focus interventions. To date many initiatives attempted in school settings have consisted of interventions such as: making healthy changes to the content of vending machines and school lunches, the incorporation of health promotion information into the classroom curriculum, and the addition of after-school activities to increase opportunities for physical activity (Cotts et al, 2008; Gonzalez-Suarez, Worley, Grimmer-Somers, & Dones, 2009; Gortmaker et al, 1999). All of these efforts offer promise and warrant more exploration and evaluation. However, an important school resource that has yet to receive much attention as a means of influencing obesity prevention is the role of school counselors (Bardick, Russell-Mayhem, Bernes, & Bernes, 2011).

Consequences of Childhood Obesity

Childhood obesity presents a unique challenge to counselors, educators, policy makers, public health officials and medical professionals. As mentioned, statistics demonstrate that childhood obesity has risen to epidemic levels. This raises many questions regarding how children are spending their school day concerning health and

eating. The discussion that follows draws attention to several consequences of childhood obesity.

Students who are obese are a rapid growing group within the K-12 student body. According to the latest CDC report (2010), one out of three children in the U.S. is obese. Notably, according to the American School Counselors Association (ASCA) the national student to counselor ratio is 467:1 (ASCA, 2010); therefore, with one in three children in the U.S. being obese, school counselors can account for approximately 155 obese students in their schools. The students who are obese present with challenges in the academic, career and personal/social domains, and are more likely to experience more negative consequences than are their non-obese peers.

Academic and Career Consequences

Traditionally, schools are responsible for the academic development of all children. It is in this context that school counselors provide advocacy, leadership, counseling, consultation and collaboration services that focus on the academic/career and personal/social development of each student (ASCA, 2005). As schools and other institutions with an educational focus become more attuned to the educational crisis facing our nation, many professionals in diverse fields are beginning to realize the impact non-academic factors have on academic and school success (James B Hunt, Jr. Institute, 2008). As such, public health officials and medical practitioners have begun to unearth the resources in school settings to stage the fight against childhood obesity. According to Larrier (2009), school is a child's work; they spend a minimum of six hours per day at school, thus making it an ideal entry point for the prevention and treatment of childhood obesity and other issues that may influence children's development.

Childhood and adolescence are periods of transition that involve changes and growth in the following areas: biological, psychological, social, emotional and academic (Berk, 2010). As a young person grows and develops, they learn new skills, tasks, behaviors, habits, and attitudes. Some of the behaviors and attitudes can be protective or risk based and can add to or diminish their quality of life (Pyle et al., 2006).

Being in a poor state of health is a phrase that describes children and adolescents who are obese. This state can relegate them to lower academic achievement, compromise their social standing among their peers, and can possibly increase the likelihood of them engaging in riskier behaviors than will their healthy peers (Eide, Showalter, & Goldhaber, 2010). In the past school leaders and other stakeholders remained unconvinced that improving student health would improve academic outcomes (Symons & Cinelli, 1997). However, according to Eide et al. (2010) more school leaders and other stakeholders are recognizing a relationship between student health, educational progress and the barriers these create to student access and success. For example, many students diagnosed with asthma and Type II diabetes tend to miss valuable instructional time, which negatively affects their school performance (Wagner & James, 2006). For students with the approved common health problems such as asthma and Type II diabetes, the Americans with Disabilities Act (ADA) makes provisions for them to receive special services to aid in their ability to succeed in school (U.S. Department of Justice, 2010).

While some researchers have not yet established a clear cause and effect relationship between childhood obesity and academic performance, there are others who have identified a relationship between the two variables (Cline, Spradlin, & Plucker,

2005). Such studies have examined children from kindergarten to high school and have found some adverse academic outcomes as it relates to children and adolescents with obesity related issues (Datar, Sturm, & Magnabosco, 2004; Falkner et al., 2001; Schwimmer, Burwinkle, & Varni, 2003; Thies, 1999). For example, Datar et al. (2004) studied students at the elementary level and found that obese kindergarteners tended to score significantly lower on math and reading tests than did normal-weight kindergartners. From this research, they also found lower math and reading scores among girls who became overweight between kindergarten and third grade. At the middle and high school levels several researchers found that adolescents at risk of obesity typically earned lower grades, and individuals who were obese at age 16 complete significantly fewer years of schooling than do their non-obese peers (Crosnoe & Miller, 2004; Sabia, 2007; Sargent & Blanchflower, 1994). In addition, because childhood obesity is often accompanied by a parallel rise in other health problems, (e.g., type II diabetes, asthma, cardiovascular problems and obstructive sleep apnea), there is a possibility that these physical consequences may cause learning and memory problems, all of which can negatively impact school performance of a student who is obese (Taras & Potts-Datema, 2005). Negative physical consequences are not the only causes of poor school performance. Some research also suggests that psychosocial issues such as low self-esteem, depression and poor body image may make it harder for children who are obese to concentrate, focus and pay attention in class, thus preventing them from learning in school (Datar et al., 2004; Gable, Britt-Rankin, & Krull, 2008; Datar & Sturm, 2006).

Absenteeism can also be a major contributor to poor academic performance for a student who is obese. Schwimmer et al. (2003) addressed the relationship between obesity and school absenteeism and found that severely obese children and adolescents report more missed school days than the general student population. One factor contributing to absenteeism for students who are obese may be hospitalizations. Kaffenberger (2006) suggested the length of the hospitalization for students with chronic illnesses could adversely affect their transition experience. Students who are absent from school for an extended period of time due to a chronic illness tend to experience a more difficult time coming back to school due to a sense of learned helplessness and despair. In a study reported by Theis (1999), 45% of students with chronic illness report falling behind in their schoolwork, which in the course of time can increase the number of negative school experiences.

Although absenteeism research is lacking, there is enough information to suggest an association between a decrease in instructional time and an increase in absences to notice that students who are obese may fall behind. Data may also suggest an association between decreased physical and cognitive abilities due to obesity and obesity related illnesses resulting in compromised academic performance (Pyle et al., 2006; Taras & Potts-Datema, 2005).

Childhood obesity is also a strong predictor for obesity in adulthood, which can lead to numerous negative adult experiences (Budd & Volpe, 2006; Freedman, Khan, Dietz, Srinivasan, & Berenson, 2001; Ludwig, 2007; Whitaker, Wright, Pepe, Seidel, & Dietz, 1997). Individuals affected by obesity and its ubiquitous stigma tend to have negative experiences such as being less likely to be admitted to college, less likely to

have their education funded, more likely to be of lower socioeconomic status, and more likely to decrease in socioeconomic status over time (Carr & Friedman, 2005; Puhl & Brownell, 2006). Because of societal stigmas students who are obese internalize the negative stereotypes and as such rate their educational futures lower than do their normal-weight peers. Furthermore, it has been found that women who are obese are less likely to pursue college or other post-high school training due to the external and internal negative factors associated with obesity (Ball, Crawford, & Kenardy, 2004; Mellin, Neumark-Sztainer, Story, Ireland, & Resnick, 2002). These statistics are significant in relation to the academic and career projections for obese children and youth who more than likely will become obese adults (Kalavainen, Korppi, & Nuutinen, 2007). As such, on an individual level, some of the academic, career consequences are discouraging and dismal. On a national level, the economy is affected from rising medical costs as well as from a weakened work force and worker output caused by physical and psychological disabilities of obesity sufferers (Ludwig, 2007).

Personal-Social Consequences

Issues of biological, psychological, social, and emotional development are critical at every stage from K-12. According to Berk (2010) friendships, peer acceptance, self-image, and body image are all of paramount importance to this age group. The pressure to want to look a certain way, but not be able to, is felt even more so by students who are obese (Bardick, Russell-Mayhem, Bernes, & Bernes, 2011). These children are more likely to experience social problems such as depression, low self-esteem, low peer acceptance and high incidents of bullying (Cline et al., 2005). The social isolation, stigmatization and other discriminatory behaviors toward obese children may induce

depression and cause these children to exhibit maladaptive behaviors (school phobia, fighting, and substance use) thus adversely impacting school success and social functioning (Shaya, Flores, Gbarayor, & Wang, 2008).

According to Sjoberg, Nilsson, and Leppert (2005) there is a significant statistical relationship between adolescent obesity and depression. From this research, it seems clear that an individual's quality of life decreases due to the shame and depression that is related to obesity. Children and adolescents whose quality of life are diminished as a result of such a visible illness tend to experience less success with social relationships, at a time in their lives when this is critical to healthy and normal development (Holmes, 2008).

The Role of the School Counselor

Despite the paucity of professional literature in the field of school counseling and obesity, the authors believe contemporary school counselors bring relevant expertise to this fight against childhood obesity and can make significant, role- related contributions. According to the American School Counselors Association (ASCA, 2005), the role of the school counselor is to effectively work with all students from K-12. ASCA further states that school counselors should function as a vital member of the education team in developing students' academic, personal/social and career pursuits and enabling them to become well- rounded and productive citizens in this global society. ASCA has incorporated four themes into its framework: (a) leadership, (b) advocacy, (c) collaboration and teaming and (d) systemic change. These areas of counselor expertise, if utilized effectively, can complement the efforts of other school professionals in the fight against childhood obesity (ASCA).

School Counselor as Advocate

It is the charge of school counselors to be educational advocates for all students. The authors of this article have chosen to define advocacy as an intentional effort to transform the status quo of policies, practices, and learning environments in an effort to support a student who is obese and their families (Ezell, 2001). Creating access and opportunities to all students so that they can successfully achieve their goals is one of the roles in which school counselors function. Many students enter school on a daily basis facing challenges in all three domains (academic, personal-social, and career). An effective and proactive school counselor is suitably poised to meet the needs of all students (Baker & Gerler, 2008).

As advocates for all children, school counselors are strongly encouraged to accept the challenge to increase the opportunities for children to learn and develop positively (ASCA, 2009). Students who are obese are usually disempowered by the policies and practices in the institutions that are supposed to serve them (Russell & Ryder, 2001a; Steiner-Adair, 1994). According to House and Martin (1998), school counselors work as change agents and advocates for the elimination of systemic barriers that impede academic and school success for all students.

The No Child Left Behind (NCLB) Act of 2001 and ASCA (2009) have joined forces to bring to light the need for school counselors to become involved in reducing barriers that lead to achievement gaps between poor and minority youth and their more advantaged peers. On a daily basis school counselors receive information about student test scores, behavior reports, successes, failures, scheduling and career

placement (Schmidt, 2008), thus placing school counselors in a strategic position to identify the needs of a student who is obese.

Strategies for Working with Students Who are Obese

According to ASCA (2005), school counselors have access to several delivery methods by which to influence all K-12 students. The expectation is not that school counselors will work in isolation to generate strategies or develop structures for the prevention/intervention and treatment of students suffering with issues related to childhood obesity. On the contrary, ASCA encourages a collaborative approach to meet the needs of all K-12 students effectively and efficiently. This collaborative approach has taken into account a comprehensive tri-dimensional approach to teaching student skill development that can be delivered using a variety of strategies. The following sections will provide a clear description of several strategies school counselors can utilize to deliver obesity prevention/intervention topics to K-12 students.

Curriculum Guidance Lessons

According to the recent literature on obesity prevention in schools, one of the more effective approaches to dealing with obesity prevention in schools is through school wide teaching (Neumark-Sztainer et al., 2006). Several researchers (Borders & Drury, 1992; Sink, 2005a) have found that students who attended schools that had a fully implemented guidance program for at least five years, including curriculum guidance lessons, reported higher grades, more positive changes in classroom behaviors and attitudes, improved school attendance and better coping skills. As school counselors teach utilizing the classroom guidance delivery method, they have a direct opportunity to help obese and non-obese students via the lessons, develop a healthy

body image and increase their self-confidence. As part of their guidance lessons, school counselors also have the opportunity to teach students to think critically as they challenge current standards of beauty and encourage tolerance about differences in appearance (Levine, Piran, & Stoddard, 1999; Russell & Ryder, 2001a; Russell & Ryder, 2001b; Russell-Mayhew, 2007). Furthermore, school counselors working collaboratively with other school personnel can teach students how to accept their own bodies as well as the bodies of others and take care of their bodies as they go through the growth and changes brought on by development. Critical to the understanding of a student who is obese is the concept that the reflection they see in the mirror is not the sum total of who they are as a person. Highlighted in a research-based program (Planet Health obesity prevention program) is the concept that your physical self is *not* your entire self. These constructs are familiar to school counselors and they too can effectively teach them (Austin, Field, Wiecha, Peterson, & Gortmaker, 2005).

Individual Counseling

Resistance and shame are common when students with obesity and body image concerns are first approached about their condition (Rogers & Petrie, 2001; Vitousek, Watson, & Wilson, 1998). Given this premise, school counselors should not allow this initial resistance to deter them from expressing their concerns and providing supportive counseling. Bock (1999) suggested the following strategies as methods school counselors can utilize to guide their interactions when working with at-risk students and their parents. Bock suggested that school counselors should first establish a safe, empathic, and non-judgmental environment as they communicate their genuine concern for the child's health and well-being. School counselors must endeavor to provide

student and parent with honest and objective factual statements about the problem.

Finally, in their role of collaborator and advocate school counselors can be sure to make appropriate referrals to other professionals for help.

Small Group Counseling

Small group counseling provides an effective, efficient, safe, reflective, and social environment for a student who is obese to explore personal/social, academic and career issues. Group counseling provides children and adolescents who are obese with a sense of belonging that is critical for their development. Akos and Levitt (2002) posit that middle and high school student peer groups can have strong positive effects on adolescents' self-concepts, including body image.

Certain prerequisites should be in place for the success of small group counseling. First, the school counselor functioning as a facilitator must be aware of his/her own attitudes, beliefs and behaviors toward weight and body image. The counselor's congruency helps to create a safe, authentic, and supportive counseling environment for a student who is obese in the group. Second, pedagogically and developmentally engaging students in small group discussion and activities relevant to their obesity issues (i.e., socio-cultural messages about weight and body image; self-esteem and self-confidence; teach about tolerance and acceptance of self and others regardless of size) helps members learn and practice new behaviors, exchange feedback and experience support (Goodnough & Lee, 2004).

Advocacy and Collaborative Support

School counselors play an important role in the prevention/intervention and treatment of childhood obesity; however, they are not the sole personnel responsible for

the intervention. The school counselor works collaboratively with parents, school personnel, medical personnel, nutritionists, psychologists, among others to advocate on behalf of students who are obese. The awareness that an adult at school is clearly committed to providing support during the school day helps students to create a sense of connectedness to the counselor and the school (Klem & Connell, 2004). As a member of this multidisciplinary intervention team the school counselor takes on an advocacy role in which he/she represents the interest of the students who are obese to school administrators, medical professionals, teachers, peers, and other stakeholders. For example, students who are obese may have fallen behind academically due to extended hospitalization stays, as an active member of the intervention team the school counselor can advocate for academic and attendance accommodations, such as modifications in assignments, additional instructional time and assistance. School counselors can also encourage parents and teachers, through psycho-educational workshops to examine, identify and reorient their beliefs and attitudes towards weight, body image and beauty.

Recommended Counseling Approaches

School counselors have access to a plethora of counseling approaches, although no single theoretical approach has been found to be more effective than another when working with students who are obese, however some approaches are more suited to school settings than others. The following three approaches are efficient and effective in several settings including health care and schools (Calamaro & Waite, 2009; Enea & Dafinoiu, 2009; Hayes, 2010; Lambie, 2004; Melin & Rossner, 2003; Resnicow et al., 2006; Sklare, 1997).

Cognitive Behavioral Therapy (CBT)

CBT is a psychotherapeutic approach that aims to solve problems concerning dysfunctional emotions, thoughts and behaviors through a goal-oriented, systematic procedure (Seligman & Reichenberg, 2010). A school counselor utilizing CBT with a student who is obese will take on a teaching or coaching role and guide the student who is obese to identify and modify their faulty beliefs around food and body weight. So for example, a student who is obese may say, "I know I shouldn't be so anxious about going into the cafeteria during my lunch period, but I just don't know how to get over it." The school counselor using CBT can help the student who is obese to identify and clearly articulate the cycle of self-talk and subsequent behaviors that perpetuate the anxiety about going into the cafeteria or the maladaptive social behaviors he/she may engage in while in the cafeteria.

Motivational Interviewing (MI)

MI is a relatively new technique aimed at helping clients identify aspects of their behavior they would like to change and to identify the benefits and difficulties involved in making such changes (Resnicow et al., 2006). One belief of the MI approach is that the counselor does not assume the student has a desire to change a particular behavior (Atkinson & Woods, 2003). For example, a teacher refers an obese male high school student to the counselor because of the student's attempts to win peer approval by engaging in disruptive and defiant behavior in the classroom. The school counselor choosing to use MI must first form a relationship built on trust and empathy, avoid arguing with the student, encourage positive thinking, challenge the student's thinking

without tackling resistance to change head on, and show the student how his/her actions are in contrast to their goals (Bundy, 2004).

Solution-Focused Brief Therapy (SFBT)

SFBT is an effective and efficient solution focused, talk therapy that emphasizes students' strengths, resources, and regenerates their feelings of confidence and competence (De Jong & Berg, 2007; Sklare, 1997). A school counselor, who chooses to employ this therapeutic approach with a student who is obese, after explaining the SFBT process, will begin the session with a goal-setting question, "what is your goal for coming to see me today?" The school counselor then frames the response into a position behavioral goal and makes it the focus of the session, while asking more positive- oriented questions. So for example, a counselor using SFBT with a student who is obese and who presents with career concerns. The school counselor will ask, "what is your goal for coming here today?" A student who is obese might respond, "I am feeling anxious about my appearance as I get closer to graduation and looking for a job." The school counselor will then help the student focus on their strengths by recounting their successes and accomplishments in other areas of their lives and generalize those to the process of job hunting.

These three counseling approaches share three themes. The first theme is that of the school counselor taking on the role of coach or facilitator of change. In this role, the school counselor defers to the student as the expert in the relationship, making the student the central focus. The second theme is one in which goals are collaboratively identified and established. The third and final theme is that of relationship building. The relationship in these three counseling approaches is paramount to the success of the

interventions used. Trust and authenticity on the part of the school counselor are tantamount to a successful relationship with the student.

Implications for Future Research

The professional school counseling literature is sparse concerning the role of the school counselor in addressing childhood obesity. In fact, the literature reviewed generated only one article that directly discussed the role of school counselors and childhood obesity (Ballard & Alessi, 2006). However, many medical and public health entities have extensive data and literature that defines the problem and discusses in-depth and at length the short term and long-term effects that childhood obesity and its related issues have on children and adolescents. These entities also discuss numerous prevention and intervention strategies that school personnel other than school counselors utilize in the school setting to fight against childhood obesity.

Consequently, future research should examine what school counselors are actually doing in the fight to eradicate childhood obesity. If school counselors are engaged in programmatic change specifically geared toward childhood obesity reduction and elimination, effectiveness studies should be conducted. In particular, conducting outcome research studies to examine the effectiveness of diverse counseling intervention strategies can also be beneficial to the advancement of school counselors' roles in the fight to eradicate childhood obesity. These research studies must not only examine diverse strategies, but also examine various counseling strategies employing different delivery methods, i.e., individual counseling, small group counseling, and classroom guidance. Finally, conducting descriptive studies can help

school counselors determine best practices as well as generate barriers and facilitators to assist in program design and development.

Summary

Positioned strategically, school counselors are equipped to provide supportive counseling, psycho-educational workshops, advocacy and collaborative services for students dealing with issues related to childhood obesity. These issues influence a student's academic, personal-social, and career development at a time in their lives that is critical to them becoming productive citizens. Fortunately, many school counselors are already functioning in these roles and providing culturally competent services to students who are obese as well as other K-12 students, parents, teachers, administrators, medical professionals, and other stakeholders in this fight against childhood obesity. Additionally, the ASCA National Model has provided a framework from which school counselors can deliver classroom guidance lessons, individual counseling, small group counseling, and psycho-educational training and collaboration dealing with topics related to childhood obesity. School counselors are encouraged to become aware of their own attitudes and beliefs about weight and body image concerns and how those may inadvertently influence a child's image of themselves. They can incorporate in their daily practice evidence based counseling approaches. Above all, school counselors should be authentic, empathic, non-judgmental and supportive as they advocate for K-12 students who are obese and need an unbiased adult to provide equal access and support in order for them to succeed at school and life.

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