

Group Counseling Interventions For Overweight Kids

By Julia Taylor for American School Counselor Association

Some parents in Florida and Pennsylvania received an alarming letter from their child's school district a few years ago. The letter had nothing to do with their academic performance or behavior problems; it was informing them that their child had a weight problem. These particular school districts now mail home a letter when the child is overweight, underweight, or at risk for becoming overweight — suggesting they take their child to a doctor to rule out medical conditions and/or seek advice about nutrition and exercise. While some parents were outraged and believed the letter was doing nothing more than harming their self-image; Galley (2002) reported "The biggest boost for their self-image would be to get them to a healthier weight and a more active lifestyle."

The Centers for Disease Control and Prevention (2003) refers to adolescent obesity as "a public health epidemic." The percent of overweight children has risen to approximately 15%; nearly triple the rate from the 1970's. Being overweight refers to an increase in body weight in relation to height when compared to the average standard. Obesity is defined as an excessive amount of body fat or adipose tissue in relation to lean body mass.

The Surgeon General (2003) suggests that adults be good role models to children by making healthy food choices and exercising regularly. At the same time, it was noted that 61% of the American adult population is overweight. The Surgeon General listed three major health consequences associated with childhood obesity.

- Risk factors for heart disease, such as high cholesterol and high blood pressure, occur with increased frequency in overweight children and adolescents compared to those with a healthy weight.
- Type 2 diabetes, previously considered an adult disease, has increased dramatically in children and adolescents. Overweight and obesity are closely linked to type II diabetes.
- Overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if one or more parent is overweight or obese.

The Surgeon General also noted that the most immediate consequence of overweight, as perceived by children themselves, is social discrimination.

The average public school student spends more waking hours at school than in the home. The Action for Healthy Kids (2002) believe that the school system has a responsibility to "promote knowledge, attitudes, and behaviors among our children that help develop eating and fitness patterns that can improve health, intellectual development, and overall quality of life." Accordingly, teachers, counselors, school officials, and parents play a vital role in shaping a healthy future by providing students with a healthy school environment.

Emotional Factors

For overweight adolescents, the biggest concern of excess weight is not health problems, but emotional problems. To live in a society that values thinness often promotes feelings of guilt, depression, and anxiety in children who differ from societal norms. Leach & Morrill (1991) report that being overweight is a "nightmare" for children living in a culture purely obsessed with being thin. Strauss (2000) simply states, "Society does not tolerate excess weight."

Children are often intolerant of differences amongst one another. Barlow, et al, (2002) found that young people are taught the value of attractiveness at an early age. Children who grow up thinking they are different from other children often don't like themselves. In addition, Barlow indicated that overweight children are at a significantly greater risk for becoming severely depressed, being bullied, developing an eating disorder, and having marked low self-esteem. Leach & Morrill added that feelings of alienation, anger, embarrassment, school avoidance, lower grades, and extreme social difficulties were also common emotional side effects of being overweight.

Successful Strategies in Group

The American School Counselor Association (2003) states that "groups and group counseling make it possible for students to achieve healthier personal adjustment in the face of rapid change and to learn to work and live with others." Overweight children face ridicule every day and are victimized because of their size. Students need to have a safe place to go to when they are feeling threatened. The collaboration, cohesiveness, and sense of belonging children experience in group counseling may help them to feel understood (Lowey, 1998).

Overweight children benefit by learning how to deal with emotional and social issues that often coincide with being viewed as different. Leach & Morrill (1991) provide many suggestions for helping overweight children cope in school. In a group setting, children can help each other identify locations where they have suffered abuse. The children can learn other routes and brainstorm ideas to reduce their vulnerability at locations that cannot be avoided. Discussions among overweight students with valuable information that can be used in many situations (Leach & Morrill).

Goal-setting is a common practice in group counseling sessions. Research shows that overweight children who have clear goals that are non-weight related have a more positive attitude and realistic outlook on life (Barlow, et al, 2002). In a

group setting, children can discuss social goals and realistic strategies to obtain their goals without feeling threatened. Research by Strauss (2000) indicated that goal-setting may help children identify people whom they can trust to help carry out their goals.

Idealistic role-models help children to strive for excellence and to overcome negative feelings about themselves. Strauss (2000) believes that it is important for overweight students to have someone to admire for characteristics other than weight and appearance. In addition, children should feel comfortable talking about role models with other students to create a network of "positive people." Lowey (1998) believes that our society is filled with negative images that portray unachievable standards. Children who look up to and admire others for their non-physical achievements seem to be self-tolerant.

Perhaps the most important components of counseling groups of overweight students are the counselor's general knowledge about obesity and the level of empathy that is felt for the children. There seems to be mass confusion about the entire realm of obesity. Leach & Morrill (1991) believe that by not understanding the spectrum of obesity, school counselors often resort to using weight-loss, nutrition, and self-esteem programs to help overweight children. "These methods have been attempted by well-meaning school personnel, but evidence of success is lacking." A school counselor should be seen as someone who can provide support for children and make them feel competent about themselves both in and out of the educational environment (Hubbard & Rhyne-Winkler, 1994). In understanding the entire spectrum of obesity, Lowey (1998) assumes that counselors will come to the realization that "fat children need to be nurtured, not changed."

Unsuccessful Strategies in Group

If it were simple to lose weight perhaps obesity would not be our nation's second largest preventable health threat. School groups that focus on the physical aspects of obesity are doomed for failure. In attempts to intervene, Lowey (1998) found that overweight children are typically subjected to commercial weight-loss programs during group counseling sessions. These programs include, but are not limited to calorie restriction, weigh-ins, behavior modification, and torturous exercise programs. Some of these methods may prove short-term success, but are highly ineffective for long-term results. Lowey found these methods also result in metabolic dysfunction, which can lead to increased weight gain. "It is a vicious cycle -- weight loss, weight gain, social acceptance, social rejection -- overall, children just report increased frustration and lower self-esteem."

Self-esteem programs have not been proven effective in group counseling situations. Kaplan (1995) believes that our country is obsessed with self-esteem and that we are providing children with a disservice by focusing solely on techniques to raise it. Kaplan states that, "The media has oversold self-esteem as a national cure-all." Self-esteem is cyclic and goes through many phases, phases that cannot be taught in one particular setting. Leach & Morrill (1991) found that overweight children tend to bond with each other and show their authentic selves, leaving them isolated from other students. Many of these children do have a lot of self-esteem. By targeting obese children for self-esteem groups, school counselors are running the risk of children feeling further misunderstood.

How To Help

Nutrition and weight-loss programs need to be closely monitored by a medical doctor. Lowey (1998) feels that while dieting and weight control advice can be helpful to parents, it is often shrugged off by children because they typically do not want to feel "criticized or singled out." Leach & Morrill (1991) found that children may be going through a growth spurt and weight loss may be detrimental to future development. In addition, proper nutrition should be emphasized to everyone and should definitely not target overweight children. Group counseling that focuses on these factors has no evidence for success and long-term maintenance of weight loss. Therefore, Lowey suggests that counselor's just "steer clear" from anything not associated with the children's feelings.

School counselors have a responsibility to promote optimal mental health to help children function in the academic setting, but they should not be the one to assist in weight loss. Young people suffering from a physical or mental ailment may maintain a feeling of helplessness that needs to be addressed. A group setting is ideal for children who are overweight, children who harass overweight children, and children who may be at risk for becoming overweight to help children increase awareness and promote a positive sense of self. Such groups provide opportunities for social skill development, realistic goal-setting and providing children with the opportunity to explore their feelings in a non-judgmental, safe environment.

School counseling groups should focus on the emotional piece, school counselors have ample opportunities to provide teachers, administrators, and parent's information that can help to promote more physical success. A team approach can be used to help everyone become more aware of what is occurring in the academic setting. Before this can happen, everyone should be educated about the realm of obesity, take a look at their feelings towards obesity, and try to be empathic towards the children who are struggling. Everywhere I go (literally) I hear somebody talking about food or weight. Unfortunately, our society is obsessed with it. School counselors can help to increase the level of awareness teachers have about this sensitive subject. Parenting groups can be conducted to educate how to develop healthy lifestyles regardless of time and/or income. In addition, school counselors can provide parents with information that can lead to a more supportive environment both socially and academically. The bottom line is when school counselors learn to appreciate the value of each individual child, they may begin to truly advocate.

REFERENCES

Action for Healthy Kids (2003). Fact Sheet: The Healthy Schools Summit. Retrieved March 6th, 2003 from www.ActionForHealthyKids.org

American School Counselor Association (2003). *The Role of the Professional School Counselor*. Retrieved March 14th, 2003 from www.schoolcounselor.org

Bartlow, S.E., Buschbacher, V., & Jonides, L. (2002). Management of child and adolescent obesity: Psychological, emotional, and behavioral assessment. *Pediatrics*, 110(1), 215-222.

Galley, M. (2002). School Letters on Students' Obesity Outrage Some Parents. *Education Week*, 21(29), 11-12.

Hubbard, G.T., & Rhyne-Winkler, M.C. (1994). Eating attitudes and behavior: A school counseling program. *School Counselor*, 41(3) 195-199.

Kaplan, L.S. (1995). Self-esteem is not our national wonder drug. *School Counselor*, 42(5), 341-346.

Leach, J.N. & Morrill, C.M. (1991). Adolescent obesity: Rethinking traditional approaches. *School Counselor*, 38(5), 347-351.

Loewy, M.I. (1998). Suggestions for working with fat children in the schools. *School Counselor*, 1(4), 18-22.

Strauss, R.B.(2000). Self-esteem related to childhood obesity. *Brown University Child & Adolescent Behavior*, 16(3), 3-6.

The Center for Disease Control and Statistics (2003). *Obesity Trends Among Children and Adolescents*. Retrieved March 24th, 2003 from www.cdc.gov

The Office of the Surgeon General (2003). *The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity*. Retrieved March 6th, 2003 from www.surgeongeneral.gov

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