The Impact of Middle-High School Counseling Programs on Childhood Obesity

A Research Paper

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for

The Degree of Master of Arts in

Adlerian Counseling and Psychotherapy

By:

Robert S. Erlich

November 2012
Abstract

Childhood obesity is a major health concern in the United States. Thus far, several interventions to address the obesity rate in schools have centered on healthy changes to the contents of school lunches and to the contents of vending machines. Alternative interventions incorporate the addition of after-school activities to extend physical activity. Deficient from the professional literature are analysis and application suggestions detailing ways in which licensed school counselors can manage childhood obesity in middle through high school settings. The purpose of this paper is to explore interventions that school counselors can employ to address this epidemic with their pre-adolescent and adolescent students.

Keywords: childhood obesity, school counseling, interventions, professional literature
Investigation into the causes of obesity is best summarized by the following three influences: unhealthy eating, lack of exercise and a genetic bias from family members. Children and adolescents can consume unhealthy quantities of fat and empty calories from foods, due in large part to cultural popularity. Young people also consume much unhealthy food from the proximity of fast-food restaurants and convenience stores. Some of these include the increasing popularity of McDonalds, Chipotle and Noodles and Company. In addition, this increased caloric intake along with a sedentary lifestyle, are the result of “the disease of the 21st Century” (Rossner, 2002). An alarming percentage of 43% of adolescents spend more than two hours each day watching television as reported by the Surgeon General (USDHH, 2001). Additionally, electronic games, computers and cell phones have become popular activities that require very little physical activity. Many of these activities actually lower metabolism over time (Zametkin, Zoon, Klien & Munson, 2004).

Childhood obesity is currently one of the most serious public health issues and concerns in our country (Dietz, Benken & Hunter, 2009). Since 1970, the obesity rate among children in the United States has increased dramatically from 5% to 16.9% (Ogden, Curtin, Lamb & Fiegal, 2010). The obesity epidemic is even higher among minority adolescents with 24.9% of Mexican American males and 22.7% of African American females as having obesity (Ogden et al., 2010). Obesity is closely linked to many diseases and health problems such as diabetes, heart disease and cancer. These increased rates of obesity are of great concern for the United States (Must & Strauss, 1999). One in every three children (31.7%) ages 2-19 is classified as being overweight or obese. The current generation in the United States is thought to be on track to have a shorter lifespan than their parents (Must & Strauss, 1999).
Along with the effects on children’s health, childhood obesity imposes substantial economic strains. Each year, people with obesity incur an estimated $1,400 more in medical expenses than their normal-weight peers (Finkelstein, Trogdon, Cohen & Dietz, 2009). Overall, medical spending attributed to obesity topped approximately $40 billion in 1998, and by 2008 increased to an estimated $147 billion dollars (Finkelstein, et al., 2009). For children with excess weight, their cost is estimated at $3 billion per year in direct medical costs (Trasande & Chatterjee, 2009).

Children and adolescents in the United States perform the majority of their physical activity during the school day (Sallis & McKenzie, 1991). According to Elkins, Cohen, Koralewicz & Taylor, (2004), the research reports that participation in school-based sport programs or extracurricular activities greatly reduces the risk for becoming overweight. Unfortunately, this national health concern comes at a time in our country when budget cuts and a focus on standardized testing have left many schools unable to offer physical education classes, recess, sports programs and other extracurricular activities (USDHH, 2001; Ponessa, 1992). The elimination of team-based sports offered in the middle and high school level, are a direct result in these nation-wide trends (Elkins et al, 2004). Children and adolescents become less physically active outside of school while they age and while their grade level in school increases. It is critical that in-school and out of school-based programs be made available to all children and adolescents, not for only those who are obese. This intervention strategy targets the whole child, in and out of the school environment (National Center for Chronic Disease Prevention & Health Promotion, 2001).

Children and adolescents face much health, educational and social challenges not experienced at such epidemic levels by previous generations in the United States. By providing
collaborative, comprehensive services that address student needs, while promoting learning and healthy development, a coordinated school counseling program can help students succeed in school, as well as make schools a safer, more positive place to learn. This paper will address how school counselors, through their programs, tactics and resources, can positively impact childhood and adolescent obesity occurring in middle through high schools.

Certain terms and concepts need to be defined or clarified to assist the reader. The National Center for Health Statistics (1999) classifies obesity as having a body-mass index (BMI) at or above the 95th percentile on the sex-specific BMI growth charts. BMI is measured by dividing weight by height. For children and adolescents, these BMI categories are further divided by sex and age because of the changes that occur during growth and development. Determining what a healthy weight for children and adolescents is challenging, even with precise measures due to natural human development. BMI is often used as a screening tool as it often measures overweight or obese ranges. BMI may not indicate that a child is at increased risk for health problems however. A clinical assessment must also be considered when evaluating a child’s overall health and development (U.S. Department of Health and Human Services, 2010). Professional literature often uses the terms overweight and obesity interchangeably; for uniformity, this paper will do the same. This paper will also refer to those people ages eighteen and younger as children or adolescents.

The academic/career and personal/social developmental need of all students is paramount when implementing a comprehensive developmental school-counseling program as described by the American School Counseling Association (ASCA, 2003). This paper will explain how the obesity epidemic influences each of these developmental areas that ASCA focuses on. Although obesity negatively affects the developmental levels that ASCA has outlined, there is also much
available research that explains the positive impact of school counseling programs on obese children and adolescents in a school setting. There are key empirically based supported interventions for middle through high school students that may take place as well. While implementing interventions, school counseling programs can influence policy at the district or school level. Facilitating policy change may enforce action against the rise in obesity with children and adolescents. As obesity affects all people of race and diversity, this paper will also explain some of the impacts of working with people of diversity. Adlerian and Choice Theory viewpoints will also be investigated in this paper. Finally, recommendations and conclusions will be made based from the available research and from the theoretical perspectives.

**Impact on Personal / Social Well-Being**

The professional literature is abundant with empirically based studies pointing to the negative influences of childhood obesity upon personal and social development of a growing individual. In a study of 416 ninth- through twelfth grade students, relational victimization, dating status and satisfaction were evaluated. These measures determine the relationship between obesity and peer relations (Pearce, Boegers, & Prinstein, 2002). Based from BMI measurements, overweight females were found to be less likely to date and more likely to be victimized than non-overweight females. For obese males, they reported more overt victimization, thus experiencing less satisfaction with dating then their average-weight male peers. Additionally, obese males and females reported fewer opportunities to engage in intimate and romantic relationships.

The relationship between weight and bullying behavior among boys and girls, ages eleven through sixteen, is examined by Janssen, Craig, Boyce, & Pickett (2004). This group of students was more likely to experience relational victimization (e.g., withdrawing friendship, or
spreading gossip or lies) and to be the objects of bullying behavior (e.g., hitting, teasing, kicking or pushing). There was no relationship between obesity and bully perpetrators for this age group. However, obese 15-16 year olds were more likely to be the perpetrators of bullying behavior.

In an extensive study, Strauss and Pollak (2003) examined the networks of 17,557 obese and non-obese adolescent individuals using friendship nominations to measure the size of their friendship networks. Although obese children and adolescents reported having the same number of friends as their non-obese peers, they received fewer friendship nominations. Additionally, the overweight children and adolescents were more likely to receive no friendship nomination. The study also found obese children and adolescents to be more socially isolated when measured in terms of their participation in extracurricular activities in school.

In a separate study that compared obese boys and girls to non-obese boys and girls, obese girls were less likely to socialize with friends. Obese girls were also more likely experience a serious emotional problem, feelings of hopelessness and more likely to have attempted suicide than their non-obese female peers (Falkner, Neumark-Sztainer, Story, Jeffery, Beuhring & Resnick, 2001). Obese boys reported being less likely to socialize with friends, and were more likely to think that their friends did not have positive feelings toward them. Obese boys also felt more hopeless, suicidal and felt neglected by friends more than their counterpart non-obese male peers.

One can conclude from the above research that obesity has a strong negative impact on overweight boys and girls in middle through high school settings. The next few pages will describe and explore how school counselors can work with obese students who suffer from the social and personal obstacles each and every day.
Impact of Obesity on Academic Performance

Our nation’s schools strive to meet the academic development of all children and adolescents. From this stance, licensed school counselors provide advocacy, leadership, counseling, consultation and collaboration services that focus on the academic/career and personal/social development of all students (ASCA, 2003). As schools and other institutions with an educational focus become more attuned to the educational dilemma facing our nation, many professionals in other fields are beginning to realize the impact that non-academic factors have on school success (James B Hunt, Jr. Institute, 2008). Health officials have begun to research the resources in school settings to “set the stage” in the fight against childhood obesity. For children and adolescents, school can be considered their work, according to Larrier (2009). Students spend approximately six hours per day at school, thus making it an ideal environment for the prevention and treatment of childhood obesity, as well as other issues that may influence human development.

Children and adolescents are in periods of growth that involve changes in biological, social, psychological, academic and emotional developmental areas (Akos & Levitt, 2002). As children grow and develop, they will learn new skills, tasks, behaviors, habits and attitudes. Some of the behaviors and attitudes that children and adolescents learn can be protective or risk based. These behaviors can add or diminish their quality of life such as learning new eating styles or the amount of physical activity that one participates in (Pyle, Sharkey, Yetter, Felix, Furlong & Poston, 2006).

Children who are in a poor state of health is a common phrase that describes obese children and adolescents. Being in this health state can lead to lower academic success, compromise their social standing among their peers and can possibly increase the likelihood of
engaging in riskier behaviors more than their healthy peers (Eide, Showalter & Goldhaber, 2010). School leaders and other stakeholders, in the past, were unconvinced that improving student health would improve academic outcomes (Symons & Cinelli, 1997). However, school leaders and other stakeholders are recognizing a relationship between student health, educational progress and the barriers that obesity creates toward student access and success (Eide, Showalter & Goldhaber 2010). Students diagnosed with asthma and Type II diabetes stem from obesity complications for example. These students tend to miss instructional time, which affects their school performance in a negative manner (Wagner and James, 2006). As a result, policy makers are charged with accommodating these students. The Americans with Disabilities Act (ADA) makes accommodations for these students to receive services to aid in their ability to succeed in school (U.S. Department of Justice, 2010).

While some professionals have not yet established a clear ‘cause and effect’ relationship between childhood obesity and academic performance, other researchers have recognized a relationship between the two variables (Datar, Strum & Magnabosco, 2004). These studies have examined children from kindergarten through high school and have found some academic outcomes as they relate to children and adolescents with obesity-related issues. 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 kindergartners with normal weight. From this research, the authors 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 research studies found that children and adolescents, who are at risk of obesity, typically earned lower grades. Individuals who were obese at age 16, complete significantly fewer years of formal education than do their non-obese peers (Crosnoe & Miller, 2004; Sabia,
SCHOOL COUNSELING IMPACT ON OBESITY

2007). In addition, because childhood obesity contributes towards other health problems, there is a possibility that these physical consequences may cause learning and memory problems, all of which can negatively impact performance in school (Taras & Potts-Datema, 2005). Some researchers also suggest that psychosocial issues such as lower self-esteem, depression and poor body image may make it more difficult for obese children to concentrate and to pay attention in class, thus preventing them from the highest level of engagement (Datar et al., 2004).

Impact on Career Development

Adult obesity rates are occasionally associated with lower incomes, particularly among women. Women with higher incomes tend to have lower BMI measurements while those with lower incomes tend to have higher BMI measurements (Chang, et al., 2005). A study in the early 2000’s found that about 38% of non-Hispanic white women who qualified for food stamps, were obese, and about 26% of those above the poverty line were obese (Ogden, et al., 2007). A recent study of American adults also found lower rates of obesity among individuals with more education. Specifically, the study found that nearly 35% of adults with less than a high school degree were obese, compared to 21% of those with a bachelor’s degree or higher (Pleis, et al., 2009). Children and adolescents with continued obesity-related issues through adulthood are at-risk for negative outcomes as described by the available research.

Prevention and Intervention Strategies for School Counselors

School counselors have access to several delivery methods by which to engage all K-12 students (ASCA, 2003). The expectation is not that school counselors will work in isolation, but to generate and collaborate strategies or develop structures for the prevention/intervention and treatment of students suffering with issues related to childhood obesity. This collaborative approach has taken into account a comprehensive approach to teaching student skill development
that can be delivered using a variety of methods. The following sections will provide a clear
description of several strategies school counselors can utilize to deliver obesity
prevention/intervention topics for students in middle-high school settings. The following
suggestions should be a tremendous resource in determining ways to combat childhood obesity.

**Individual Student Counseling**

It is the responsibility of the licensed school counselor to provide students with the
opportunity to set personal, academic and career goals. Goals related to physical fitness and
healthier eating habits may also be incorporated into a comprehensive plan for students. The
school counselor should encourage students to set reasonable and measurable goals. The book
titled, *A New Start: One Child’s Struggle with Obesity*, written by Rosanne Sartori (2004),
provides helpful worksheets for children, adolescents and school counselors to use when setting
health goals. This book could be a great tool for school counselors to reference while delivering
individual counseling.

Rogers & Petrie (2001) state that students are first approached about their body image
concerns commonly feels a sense of opposition and shame. 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. Licensed school counselors should first establish a safe,
empathic, and non-judgmental environment as they communicate their concern for the child’s
health and well-being (Bock, 1999). Licensed school counselors must venture to provide
students and parents/guardians with honest and objective factual statements about the issue.
Bock (1999) lastly suggests that while providing individual counseling, school counselors can
make appropriate referrals to other professionals for assistance and guidance in or out of a school
setting.
Classroom Guidance Lessons

A curriculum designed to educate children and adolescents about the relationship between physical activity and nutrition could be a part of every student’s education. School counselors are only one of many school and non-school stuff members that could communicate the severity of the obesity epidemic. All students need to understand the nature of the problem and how to combat obesity in and out of the school setting. As school counselors teach in a classroom setting, they have a direct opportunity to help obese students via the lessons, to develop a healthy body image and increase self-confidence. School counselors also have the opportunity to teach students to think critically as they challenge current cultural standards of beauty and encourage tolerance about differences in appearance (Levine, Piran, & Stoddard, 1999). Additionally, school counselors working in partnership with other school staff, can engage students on how to accept their own bodies as well as the bodies of others. School counselors can also teach their students how to take care of their bodies as they go through the growth changes brought on by development. Guidance lessons must be entertaining and presented in a variety of media if they are to be effective. In addition to providing information regarding healthier food choices and strategies to become more physically active, children and adolescents should be allowed to discuss personal barriers to achieving both of these goals. Children and adolescents may find the following information interesting and possibly shocking:

1. Beverages like Coca Cola and Pepsi contain the equivalent of 10 teaspoons of sugar (Van Staveren & Dale, 2004). The school counselor could demonstrate this fact by placing 10 teaspoons of sugar in a glass of water and asking someone in the class to drink it.
2. Foods labeled as “low fat” may actually be very high in calories. Students could be allowed to examine the labels of a multitude of low fat foods. Teaching students to read, develop and understand food labels could be beneficial.

3. By the time a child is 18, approximately 15,000 to 18,000 hours have been spent watching television (Van Staveren & Dale, 2004). The amount of hours watching television is equal to 1.7 to 2.0 years.

Small Group Counseling

Small group counseling provides an effective, 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) state that middle and high school student psycho-educational groups can have strong positive effects on adolescents’ self-concepts and body image.

Certain prerequisites should be in place for the success of small group counseling for children and adolescence that are overweight. First, the school counselor must be aware of his or her own beliefs and behaviors toward weight and body image. The school counselor needs to create a safe, genuine and supportive counseling environment for an obese student in the group. Secondly, engaging students in small group discussion and activities relevant to their obesity can help the group 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 in the treatment of childhood obesity. However, school counselors are not the sole personnel
responsible for obesity intervention activities. The school counselor partners with parents, school personnel, medical personnel, nutritionists, psychologists, and others, to advocate on behalf of students who are obese. The awareness that a licensed school counselor 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 intervention team, the school counselor takes on an advocacy role in which he/she represents the interests of the students who are obese to school administrators, medical professionals, teachers, and other stakeholders.

**Consulting with Families**

According to the American Obesity Association (AOA), families are the primary role models for children and adolescents when it comes to eating habits and levels of physical activity. Research has been shown that long-term and short-term success rates are much higher when families are involved in programs designed to modify eating habits and increase activity levels (Van Staveren & Dale, 2004). In order to work effectively with children and adolescents, the school counselor must consult with the parents or guardians to provide education and intervention strategies that can be implemented away from school. The American Obesity Association offers the following excellent resources for the school counselor to use when consulting with families:

1. Never use food as a reward or punishment with children and adolescents.

2. Exercise on a regular basis as a family. Define what is enjoyable while participating together and schedule a time to do it. Families should make exercise fun!

4. Involve the entire family in meal planning and preparation, including shopping for healthy foods and healthy ingredients.

Consulting with Teachers

Teachers have tremendous impact upon the information received by students in the classroom. School counselors can talk to teachers at staff meetings, conferences, and informal encounters about the nature of the obesity problem and the importance of providing information and intervention services to all students. School counselors could encourage teachers to include positive nutrition and activity reminders in their lessons whenever possible, meanwhile discussing the options of collaborating on a classroom guidance lesson. In addition, school counselors can alert teachers to the needs of overweight children, and ask them to refer students who may benefit from counseling. Another method of consulting with teachers is running a staff development workshop on the impact of childhood obesity on academic, personal/social and career development of students (ASCA, 2003).

Consulting with Administrators

School administrators are the key decision and policy makers that are found in any school. Administrators’ active participation and support are critical for effecting legitimate change in curriculum planning and food service guidelines. The decrease in physical activity programming, for example, can only be changed when policy makers make it a goal. Many states are recognizing the need for active programming to combat the rise in childhood obesity. One state leads the way for mandated physical activity. Illinois was currently the only state that required physical education classes every day, for all students in grades K-12, despite a recommendation that children get at least 60 minutes of exercise daily (Van Staveren & Dale, 2004). The school counselor must partner with school administrators about the severity of the
obesity problem and the substantial, long term implications for children and adolescents. School counselors should encourage administrators to give physical activity a major role in curriculum.

Consulting with Community Members

Much has been written about the partnership between schools, soft drink and vending machine companies, with schools earning a large percentage of the profits (Van Staveren & Dale, 2004). These lucrative partnerships have produced millions of dollars in extra funding for school districts. Many school officials feel they cannot financially afford to replace unhealthy foods with more healthy alternatives. However, the San Francisco school district replaced soft drinks with water and fruit juices, and switched vending machine candy with granola bars and fruits. Income rose, students behaved better in the classroom and test scores improved (Van Staveren & Dale, 2004). Other states, such as, California and Texas, have taken steps to ban unhealthy foods and sodas from their schools. Evidence of some progress to make this a nationwide trend is growing. Currently, the Minneapolis School District implements the Healthy Kids Focused Students program. This program advocates and coordinates healthy activities and healthy eating in the Minneapolis schools (http://sss.mpls.k12.mn.us/hkfs).

System Support

School counselors are trained to implement comprehensive developmental programs that address the academic, personal/social, and career needs of all children. With the amount of responsibilities that a school counselor has, it may be difficult to address the many issues affecting the development of children and adolescents. This can make the facilitation of a comprehensive program an incredible challenge. However, efficient system support activities will ensure that the program runs according to plan. First, the school counselor must consult and collaborate with teachers, administrators and parents to gain support for proposed strategies to
address the obesity rate of children and adolescents. A commitment from school administrators is vital if the program is to be successful. Second, those involved in the implementation of the obesity program must be knowledgeable about the program and its impact upon children and adolescents. Additionally, professional development may be required for those who do not fully understand the relationship between obesity and academic, personal/social and career development (ASCA, 2003).

**School-Based and Empirically-Supported Middle Through High School Interventions**

A literature review revealed three middle through high school based primary prevention programs that might be implemented by school counselors working as leaders in collaborations with other stakeholders: Dance for Health, Stanford Heart Health Programs and New Moves (New Moves was a pilot program in the St. Paul, MN school district in 1996-1999). These programs were evaluated on three specific criteria. First, the effectiveness of these programs was demonstrated not only on BMI changes, but also in other indicators of obesity such as resting heart rates, fitness testing, and self-reported diet and health-related activity. Secondly, these interventions represent developmentally appropriate approaches in battling childhood and adolescent obesity. Lastly, all three school-based interventions revolve around a population-based or primary prevention approach in which all students were targeted without singling out individual or groups of overweight students. The following outlines the empirically-verified school-based interventions which will be discussed in light of school counseling implications. In each of these programs, the school counselor can serve as a vital asset by working as a leader, advocate and collaborator.
**Dance for Health**

Dance for Health is a short-term dance-oriented physical activity curriculum that was found to be effective in reducing the BMI rate of female African American and female Hispanic 7th graders (Flores, 1995). The two main components of this intervention include an aerobic dance class taken during regular physical education time and a culturally-sensitive health education class. First, the 50-minute aerobics class occurring three times per week strived to increase students’ moderate to vigorous physical activity during physical education class. Complementary to the aerobic component, a 30-minute, twice per week health education class aimed at changing student’s attitudes toward physical activity and obesity was also presented. The involvement of school counselors as trainers and instructors would be highly relevant given their counseling skills and professional training in multicultural competence (Daniels, Queen, & Schumacher, 2007).

**The Stanford Heart Health Program**

The Stanford Heart Health Program (Killen, Robinson, Zelch & Slayer 1989) is a successful school-based program to reduce obesity among 14-16 year-old high school students. This intervention was designed as a cardiovascular disease reduction program, which includes, but is not limited to, obesity prevention. Consequently, the primary outcome measures went beyond just BMI reduction. This 7-week behavior change curriculum was comprised of three 50 minute classroom sessions per week which focused on the importance of physical exercise, stress reduction, heart-healthy diet and smoking avoidance tactics. There was no gender effect reported for this intervention as results showed significant reductions of BMI in both adolescent boys and girls. It also produced other beneficial treatment effects such as resting heart rate, healthy-for-heart snack selection and regular physical exercise. School counselors might
conduct consultation sessions with various physical education and health instructors on how to teach a variety of behavioral-change techniques to students in middle through high school settings (Killen et al., 1989).

**New Moves**

As stated from the New Moves website:

New Moves is school-based physical education program aimed at improving body-image and self-image in adolescent girls. The New Moves program was developed and evaluated as part of a research study funded by the National Institute of Health (NIH). The primary component of the New Moves program is an all-girls physical education class, supplemented with classroom-based activities aimed at improving eating patterns and self-image. New Moves strives to provide an environment in which girls feel comfortable being physically active, regardless of their size, shape or skill level (www.newmovesonline.com/index.html).

New Moves is a wonderful program that many middle through high school adolescent girls can do if they don’t typically thrive in “main stream” physical education classes. The New Moves class is designed to be a supportive, non-competitive environment where girls feel comfortable being active in a nurturing environment while building community with similar female students. Currently, many Minnesota high schools are promoting and executing this program with their students. School counselors can recruit selected female students for this program and have the opportunity to learn more about the program from the website at www.newmovesonline.com.
Let’s Move! and School Counseling Programs

Let’s Move! is a comprehensive initiative, launched by the First Lady, Michelle Obama. Mrs. Obama is dedicated to solving the challenge of childhood obesity within a generation, so that children born today will grow up healthier and able to pursue their dreams. Combining comprehensive strategies, the Let’s Move! program is about putting children on the course to a healthy future. Every stakeholder has a role to play in reducing childhood obesity, especially in school settings. The Let’s Move! campaign outlines several strategies that schools can employ to help this initiative thrive. Licensed school counselors can take a lead role in these initiatives for their school, or for their district to help children live healthier life styles (www.letsmove.gov, 2012).

Health Advisory Council

Schools should take action to promote a healthy setting for their students and other members of the school. One way to do this is to create a school health advisory council to assess the school’s health status, make relevant policy recommendations and keep up to date on health-related issues. The council should include school stakeholders and community representatives. This council should also evaluate the physical education and nutrition policies of the school or the district. This council could also oversee the operation of the schools’ vending machines that focus on healthier options. A focus of the councils’ oversight could also be to work with children and adolescents with disabilities. Getting physical activity and proper nutrition for children and adolescents with disabilities is often less focused in schools. A goal of a health advisory council could be properly giving healthy outlets for this target group of students (www.letsmove.gov, 2012).
Healthier US Schools Challenge

The Healthier US School Challenge (HUSSC) is a voluntary certification initiative established in 2004 to recognize schools participating in the National School Lunch Program that have created healthier school environments through promotion of nutrition and physical activity. The Healthier US Schools Challenge (HUSSC) establishes rigorous criteria for schools’ food quality, participation in meal programs, physical activity opportunities and nutrition education—the key components that make for healthy and active kids (www.letsmove.gov, 2012).

To help meet the goal of increasing the number of schools that meet the challenge, while taking into account suggestions put forth by the independent Institute of Medicine, major suppliers of school food in more than 75% of America’s schools have committed to decrease the amount of sugar, fat and salt in school meals; increase whole grains; and double the amount of produce they serve within ten years. With these commitments, children will receive more nutritious meals in school and have better information on the importance of healthy eating, putting them on track to a healthier way of life (www.letsmove.gov, 2012).

With the leadership of a school counselor, along with school administration, schools across the country can raise their standards and transform schools into healthier environments through their promotion of good nutrition and physical activities. The Healthier US School Challenge initiative is one that school counselors should strongly consider as a part of their ongoing program (www.letsmove.gov, 2012).

Creating a Healthy Workplace

Creating an environment of a more healthy and active lifestyle could prove to be the best action a school counselor could do for his or her school. Being a productive role model to colleagues, leadership, students and parents would be highly effective to creating and
maintaining a healthy workplace. The *Let’s Move!* Campaign outlines several strategies on how to be a positive role model in a school. However, a few role modeling tactics stand out amongst the others (www.letsmove.gov, 2012).

A school counselor could initiate several school-wide programs and incentives for staff and students. To create a healthier workplace, a school counselor could identify nutrition and physical activity interests of school employees. After receiving and reviewing the data, a school counselor (or with a committee’s help) could coordinate programs in and out of school in which school staff can be involved. A few examples might be: organizing staff kickball games or basketball tournaments, volunteering with organizations that promote healthy lifestyles, implementing contests or incentives that involve physical activity, or coordinating a school-wide healthy food fair or a similar type of program. The options are many for a school counselor to help create a healthier and positive environment for his or her school and/or district (www.letsmove.gov, 2012).

A licensed school counselor should also lead by example to help create a healthier workplace for all stakeholders. A school counselor should encourage staff and students (if mature enough) to bike to school, encourage “walking meetings” or make athletic facilities and equipment available to staff after hours. A school counselor could also eat healthier food with staff during formal or informal conversations. Students could also learn and recognize the importance of eating healthier if the school counselor has nutritional food in his/her office. A school counselor could also walk with his or her students during individual or group counseling sessions. A school counselor has many opportunities to be a great role model to his or her peers, leadership, students, and parents to advocate for a healthier lifestyle (www.letsmove.gov, 2012).
Plant a School Garden

Many schools are offering a creative way to get their staff and students to live a healthier way of life through planting and maintaining a school wide garden. School gardens offer opportunities for fun and physical activity while also serving as an important educational tool to help students understand how healthful food is produced. School gardens can increase knowledge and influence behavior change over time among children. Gardens can be outdoors or indoors and stakeholders can enjoy the harvest. The Let’s Move! initiative describes in detail the procedure and process on how to create and maintain a garden and the further benefits to all stakeholders involved in the school. The procedure, process and further benefits can be found in the gardening manual on the United States Department of Agriculture website (www.usda.gov).

The Let’s Move! initiative is a wonderful program that school counselors can help lead in their school. The initiative is holistic in scope, as it targets many facets of a child's life not only in school life, but in the family and community life as well. Further reading on how the Let’s Move! program impacts a child's family and community life can be found on their website at www.letsmove.gov. A child’s life should be a healthy one and this initiative being strongly pushed by Mrs. Obama, will be a life changing event for many children in the USA who are obese or are experiencing obesity-related symptoms (www.letsmove.gov, 2012).

Policy

School counselors should not be alone when creating change to reduce obesity in children and adolescents. Creating policy and programs aimed at the issue of childhood obesity from administration to staff, or staff to administration alignment, will greatly influence children and adolescents at and away from the school setting. Many school stakeholders agree that schools are a crucial setting in which to implement childhood obesity prevention strategies. School
stakeholders also indicate that there should be classes and seminars for all students with poor physical condition, independent of weight status. Special attention to physical education classes should have a focus on social and emotional aspects. These important influences also play into the physical exercise component. Creating these policies takes a whole communal effort in running the initiatives (Torre, Akre & Suris, 2010). According to Torre et al. (2010) schools are making some progress in improving the school food and physical activity environments. Stronger policies are needed to provide healthier meals to students at schools; limit their access to low-nutrient, energy-dense foods during the school day; and increase the frequency, intensity and duration of physical activity at school. School counselors play a big role in facilitating policy development through departmental and grassroots efforts. With the encouragement from colleagues and lay leadership, school counselors can actively promote obesity prevention through the development and implementation of public policy initiatives.

When implementing policies, it is important to motivate action with the student and not simply place blame on him or her. According to Adler & Stewart (2009) this can be achieved. Three methods to convey this theory are explained by Adler & Stewart. This first method is placing a focus on the medical model, addressing students’ personal behaviors as the cause of their obesity. The second method for placing action is using the public health model. The public health model focuses on prevention and views the causes of students’ obesity through their own environment. The most effective perspective while working with obese youth is to implement the behavioral justice model. Behavioral justice is a combination of both medical and public health models. Behavioral justice states that the individual is responsible for his/her anti-obese behaviors only when the individual has adequate resources to accomplish this goal. Behavioral justice places accountability on the obese child. Society needs to promote positive, healthier
behaviors by being a role model to our children and adolescents. With proper resources, guidance and policy advocacy from school counselors, obese youth can begin to start living a healthier way of life (Adler & Stewart, 2012).

**Working with Diverse Populations**

Middle school age children are becoming the largest age group of all obese children, with rates having tripled in the last three decades (Kumanyika & Grier, 2006). It is not clear why middle-school age children of ethnic minorities are at greater risk of obesity and obesity-related consequences. Some research indicated that personal, behavioral, and environmental factors may contribute to obesity-related behaviors (Kumanyika & Grier, 2006). Personal factors such as knowledge, self-esteem and motivation may play a role. Middle school age children learn in school about chronic illness and factors contributing to good or poor health, yet schools in inner-city or low-income communities may lack funds to provide health education and opportunities for children to eat nutritious meals and get adequate exercise. Targeted obesity prevention programs using behavioral strategies, such as goal setting, problem solving and stimulus control to motivate children and adolescents to change diet and exercise, have shown promising results, yet few have been developed specifically for ethnic minorities (Kumanyika & Grier, 2006).

In ethnic minority communities, being overweight is less stigmatizing and is associated with less body dissatisfaction, creating an environment where it is acceptable to be overweight. In Hispanic communities, thin children are thought to be sick, and in low-income African American communities, being thin equates with drug addiction or being too poor to have enough to eat (Kumanyika & Grier, 2006).

Behavioral factors that influence obesity in middle school age children include poor or inadequate dietary habits, lack of physical exercise, and excess amounts of sedentary time.
Nutritional intake, combined with an increasing sedentary lifestyle, predisposes children and adolescents of ethnic minorities to even greater rates of obesity. Studies have shown that acculturation of Hispanic children and Native Indian children into westernized lifestyle has been a significant factor in negatively changing children’s diets that includes higher caloric intake and increased amount of saturated fat (Kumanyika & Grier, 2006).

Physical activity and sedentary lifestyles have perpetuated the growing rate of obesity in middle school age children. Studies show that children of diversity tend to fare worse. For example, many more families own televisions than non-ethnic minority children. Diverse families are also more likely to have premium channels and own a video game system. Families of diversity watch more television during meals, all of which may contribute to an increased sedentary lifestyle (Kumanyika & Grier, 2006).

Environmental factors such as neighborhood safety, parental involvement and family and peer social support have been shown to influence health practices in middle school age children. Several research studies examining barriers to physical activity have shown concern about safety and accessibility to ethnic minorities in getting the physical activity they need are decreasing. For minority and low-income communities, adverse effects of the environment have been associated with crowded streets and lack of outdoor spaces for middle school age children to play (Kumanyika & Grier, 2006).

Parental involvement through modeling healthy eating and activity behaviors has a large effect on middle-school age children. Often, in minority children, these effects are influenced by cultural beliefs, values and norms. For example, Hispanic families often have family gatherings involving abundant quantities of food where children are exposed to parents’ role modeling of unhealthy eating behaviors. In addition to parents’ role modeling of unhealthy eating behaviors,
social support has been shown to correlate with children’s eating and activity behaviors. Studies suggest that a range of supportive social relationships is associated with lower rates of obesity in children and adolescents (Kumanyika & Grier, 2006).

**Theoretical Perspectives on Childhood Obesity**

**Adlerian Theory**

Austrian medical doctor and psychologist Alfred Adler is best known as the founder of Individual Psychology. In addition he is credited as one of the greatest founding influences of modern psychology. Among Adler’s top contributions are the importance of birth order in the formation of personality, the impact of neglect or pampering on child development, the notion of a "self perfecting" drive within human beings, and the idea that one must study and treat an individual as a "whole person." Another important tenet of Adler's theory is that individuals create a "fiction" or story about themselves in childhood that guides their perceptions and choices throughout life. Adler also thought that the ability to work and belong with others for a common good was the hallmark of sound mental health. Belonging with others for a common good is important to know as Adlerian theory states that all people should be treated on the same horizontal plane. Adlerian theory has a firm stance of egalitarian relations between patients and analysts (Griffith & Powers, 2007).

Having a sense of belonging is a vital principle of Adlerian psychology. The need to belong starts from the minute a person comes into the world. To belong is pivotal to human motivation and what drives humans towards certain behaviors (Griffith & Powers, 2007). An obese child or adolescent may not find belonging with his or her non-obese peers at school, but does find belonging in the home. On the positive side of belonging, an overweight child could find belonging in a weight-loss program or class or by working out with similar goal-oriented
people in a health club. An obese child or adolescent may find belonging in a negative or positive way. Through self-reflection and possible guidance from a licensed school counselor, an obese child could come to understand the positive uses for belonging through his or her weight loss journey.

Adler taught that lifestyle, or a person’s belief system, determines how one moves through life. Adler thought that people are always moving either toward the useful side of life, or toward the useless side of life. Some children or adolescents, who are overweight or obese, may deal with overeating to supposedly alleviate stress or problems. This is where choice comes into play. An individual can decide to remain in a minus state or move to a plus side by changing his/her unhealthy ways of dealing with life (Griffith & Powers, 2007).

A large contributing factor of one’s lifestyle comes from family atmosphere and family values. A child forms his or her own view of the world from the moment of birth and the majority of that influence comes from being in the home with parents/guardians. A young child observes the family and forms conclusions (Griffith & Powers, 2007). An obese child or adolescent may form his or her notions of being overweight from the family atmosphere and from the family values. An example could be that a family values snacking on unhealthy food while watching television. A young child may conclude that this value is important and may form a conclusion that this is what life looks and feels like with family.

The courage to be imperfect, another Adlerian concept, especially relates to obese children and adolescents. The first step in making positive change for anyone is to admit to and accept being imperfect. According to Adler, perfection can never really be reached. The society in which we live is focused on “mistake-centered” rather than “successes-centered.” A school counselor could use this way of thinking with obese students to highlight the success of a weight
loss plan, rather than critique on what “should have been done.” All humans are capable of getting another chance and to be human is to believe that one is worthwhile (Griffith & Powers, 2007).

A common principle in Adlerian psychology is encouragement. If one is going through life feeling discouraged, it is hard to make change. Adler stressed one needs to be in charge of his or her actions. Encouragement to those children and adolescents who are obese comes from parents / guardians, family, friends, teachers and school counselors. Another popular saying of “it takes a village to raise a child” comes into effect when consistently giving an obese student unconditional encouragement (Griffith & Powers, 2007).

**Choice Theory**

Choice Theory, developed by Dr. William Glasser, is the explanation of human behavior based on internal motivation. Dr. Glasser explains that all behavior one can control is his/her own. Dr. Glasser also believes that the past has everything to do with what one believes today, but one can only satisfy basic needs in present time. An individual may plan to continue to satisfy basic needs in the future as well.

Making decisions in everything one does, including any distress put upon one's self, is considered to be Dr. Glassers’ Choice Theory. Knowing this theory, an individual can determine the direction of his / her own life. Choosing to eat healthy and exercise will take care of one’s physical health, which balances one’s mental health. Dr. Glasser maintains that living with choice can direct one’s life in a positive direction. Changing ineffective behavior is possible with choice, according to Dr. Glasser, (1998).

Dr. Glasser uses the following example to describe his theory: a doctor advises his or her patient of clogged arteries. This horrible news may be altered with a healthy lifestyle. This
individual has the choice to take the doctor’s advice and change his or her lifestyle with exercise and healthy eating, or live with knowing that life can be shortened because of this condition. Living unhealthy can change the choices of one’s life, but to choose to change to a more effective way of living can modify life in a positive way. Dr. Glasser maintains all is connected to how an individual thinks and believes. Dr. Glasser warns that the unhealthy heart is an individual lifestyle choice and unlikely by chance. The patients’ doctor could recommend surgery or suggest medications to help prevent heart disease. Ultimately, the patient has the choice which direction to move toward. This patient can continue to live an inactive lifestyle with eating unhealthy foods, or choose to be more active and eat healthy. (Glasser, 1998).

**Conclusion**

School counselors are trained to provide supportive counseling and guidance, psycho-educational groups and workshops, advocacy and collaborative services for students dealing with issues related to childhood obesity. Obesity-related issues influence a student’s academic, personal-social and career development at a time in their lives where it is in periods of change and growth. Fortunately, many school counselors are already functional in these roles. School counselors provide culturally competent services to students who are obese. School counselors also collaborate and advocate with other middle through high school students, parents, teachers, administrators, and other stakeholders in this fight against childhood obesity. The ASCA National Model has additionally provided a framework from which licensed school counselors can deliver classroom guidance lessons, individual counseling, small group counseling and psycho-educational training sessions. Licensed school counselors also collaborate on 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 students’ image of themselves. Through a theoretical viewpoint, school counselors can gain additional understanding and insight into the obesity epidemic and how these views can help and encourage middle through high school students. School counselors can also incorporate in their daily practice evidence based counseling approaches. Licensed school counselors need to be empathic, genuine, non-judgmental and supportive as they advocate for middle through high school students who are overweight or obese. Middle through high school students who are overweight or obese, need a professionally trained school counselor and an unbiased adult to provide equal access and support in order for them to succeed in school and in life.
References


