

Raising Awareness of School Counselors Regarding
Issues of Childhood Obesity

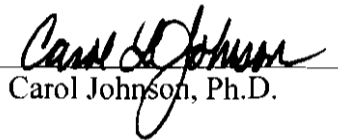
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Jessica Ebner

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Carol Johnson, Ph.D.

The Graduate School
University of Wisconsin-Stout

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**The Graduate School
University of Wisconsin-Stout
Menomonie, WI**

Author: Ebner, Jessica L.

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ABSTRACT

In 2005, more than nine million American children over the age of six were considered obese. Overweight and obese children are at greater risk for developing serious health conditions, and more likely to face social and emotional difficulties, experience negative peer perceptions, and have negative self-perceptions. Health-related issues, social barriers, and emotional problems experienced by overweight and obese students may affect academic performance and attitudes toward school. Overweight students are more likely to be the targets of bullying and peer rejection than their healthy weight peers.

The implementation of programs in a school setting can greatly and positively impact overweight and obese students. Two critical factors impacting childhood obesity

in any school setting are physical education and school lunch programs. In addition, programs that focus on maintaining a healthy weight, making nutritional food choices, and increasing physical activity are generally more successful than programs that focus on losing weight. Being well-informed and prepared with strategies to help obese and overweight students is not only the role of school counselors, but something that all teachers and school personnel can learn to do as well. By eliminating discrimination, preventing bullying, and building programs to help children make healthy life-style decisions, school counselors can advocate for all children.

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Chapter I: Introduction

Astounding numbers of children are becoming overweight and obese at younger ages. Obesity and overweight issues are no longer a problem that only adults face. In 2005 it was reported that more than nine million children over the age of six were considered obese (Koplan et al., 2005). Children who are obese are more likely to be targeted and bullied by their peers. In addition, obese children are at-risk for many health problems including “diabetes, cardiovascular disease, high blood pressure, and breathing difficulties” (Dalton, 2004, p. 25-26). In addition to health problems, obese children may also be more vulnerable to other problems that further differentiate them from their healthy weight peers.

Obese and overweight children may have social difficulties such as establishing friendships or being accepted by their peers, as other children may hold negative perceptions towards them. Because of the negative perceptions from others, overweight and obese students may be hesitant to seek out new friendships for fear of rejection or ridicule.

Another social problem that obese and overweight children may deal with is greater reluctance to participate in class discussion. If obese children do not speak up in class, they may be viewed as unintelligent by their peers and the teacher. Because of the rejection that obese and overweight students experience from their peers, they are more likely to have less self-confidence and negative self-perceptions about themselves than their average weight students. Along with social and emotional problems, many obesity

related health problems can begin in early childhood and carryover into adolescence and adulthood.

Obese and overweight children are more likely to talk about suicide and even attempt suicide more frequently than their healthy weight peers (Latner & Wilson, 2007). For twelve-year-old Samuel John Graham, having supportive parents who showered him with love and affection and did everything they could to help him lose weight, could not counteract the teasing and humiliation he felt from his peers. On the night before Samuel was to start middle school, the thought of going to a new school and being bullied because of his weight was too much for him. Samuel hanged himself from a tree in the family's backyard in the middle of the night (Berg, 2004).

Obese and overweight children may be at greater risk of developing health problems that may continue into adolescence and adulthood. While obese adults frequently develop type-two diabetes and cardiovascular disease, overweight children are now at risk for these serious illnesses. Other health issues that obese and overweight individuals are more vulnerable to developing include "heart disease, sleep apnea, and premature death" (Dalton, 2004, p. 3). In addition to sleep apnea, obese and overweight children may also develop asthma. Dalton (2004) documented that overweight children with asthma have more asthma-related hospital visits, use more medication, and wheeze more than non-overweight children.

In addition to health problems carrying over into adulthood, being obese during childhood may lead to social problems for obese and overweight adults. Obese adult women who were obese children and adolescents are more likely than their peers to complete fewer years of schooling and in turn earn less money. In addition, obese women

marry less frequently than their peers who are of normal weight. Obese and overweight men may also experience social difficulties during adulthood; however, when it comes to issues such as post-secondary education, the discrimination against men is not as noticeable as it is for women (Fibkins, 2006).

In addition to the humiliation that students may feel from being teased by their healthy weight peers, students may also feel embarrassed because of their inability to perform or participate in everyday tasks. Overweight and obese students may not fit comfortably into the desks and chairs in the classrooms. When the desk and chair are attached, it is even more difficult for these students to sit comfortably during class. This uncomfortable sitting position will likely impact their attention on the class.

Another situation of potential embarrassment is on the school bus where students are often seated two or three students to one seat. School staff may need to take this into consideration when planning bus assignments for field trips and everyday transportation to and from school. Overweight and obese students may also need accommodations for extracurricular activities such as a band uniform that needs to be specially ordered in a larger size or a customized sport jersey or athletic equipment.

With the ever increasing number of children becoming obese, it is essential that schools are well equipped to deal with the obesity crisis. Teasing and bullying of obese and overweight children at school may lead obese and overweight children to withdraw from academic and social activities. Therefore, obese and overweight children may miss more days of school and due to a higher level of absenteeism they may perform below their actual academic abilities. If children are being tormented at school, they may not be able to focus on their schoolwork and may not find school to be an enjoyable experience.

Children may even miss several days of school because they do not want to be in an environment where such teasing or embarrassment takes place.

In order for schools to be more proactive in dealing with the childhood obesity crisis, school leaders need to have sensitivity training for school staff involved in working with obese children. By raising awareness of issues pertaining to the increase in childhood obesity, school counselors may need new counseling strategies and programs to offer support for these children. Teachers and other school workers should be aware of their own prejudices against obese and overweight individuals. Such prejudices might include negative perceptions of obese and overweight students as lazy, unwilling to work hard, and as low-achievers. Also, teachers and coaches who are working in a school setting should be informed about health factors associated with the obesity crisis so they will be prepared to help students who are dealing with this issue. Fitting in at school is difficult for many students, but when a student is different from his or her peers because of being obese or overweight, school can be even more challenging. If teachers and staff are not aware of the discrimination that obese and overweight students are facing, then they may actually be unknowingly contributing to the problem.

Districts and school personnel should be aware of programs that can be implemented in school settings to help overcome and prevent childhood obesity. These programs, or the lack of these programs, could be the difference between a healthy weight for children or obesity. Two programs that impact every student in a school are the lunch program and physical education program.

While school officials cannot ensure that all obese and overweight students have a good support system at home, they can do their best to help students while they are at

school. Being well-informed and prepared with strategies to help obese and overweight students is not only the role of school counselors, but something that all teachers and school personnel can learn to do as well.

Statement of the Problem

With nine million children battling obesity and the related problems it causes, school counselors need to know about the issues associated with childhood obesity. Parents, teachers, school officials, and health care providers are faced with the difficult situation of finding a solution to the childhood obesity crisis, while developing healthy coping strategies for the school setting. As advocates for all students, counselors can learn strategies to work with students and families to help break down some barriers that these children may face in the school setting.

Purpose of the Study

The purpose of this paper is to bring attention to childhood obesity and the role of school counselors in helping and working with obese and overweight students through a comprehensive literature review. Information is presented from a variety of books, peer reviewed journals, and current research articles focused on the issues experienced by obese and overweight students. Literature was also reviewed regarding program implementation in schools that minimizes bullying of obese children and offers potential counseling strategies. Literature was reviewed in the fall 2008.

Research Objectives

The objectives of this paper are to:

1. To determine obstacles and situations of discrimination overweight and obese students may experience in a school setting.

2. To explore programs that minimize barriers and contribute to successful strategies to prevent and overcome the childhood obesity crisis.

3. Provide a collection of strategies for school counselors as they advocate for obese and overweight students.

Definition of Terms

These terms are important to further understanding throughout the literature review.

Binge eating – “the consumption of an objectively large amount of food in a brief period (i.e. less than 2 hours) during which the individual experiences a subjective loss of control” (Wadden and Stunkard, 2002, p. 151).

Body Mass Index (BMI) – a measure of body fat that is calculated by taking weight in kilograms divided by height in meters squared (Pyle et al., 2006).

Healthy weight – having a body mass index of 18.5 to 24.99 (Stroebe, 2008).

Obesity – having a BMI of 30 or above (Pyle et al., 2006).

Overweight – having a BMI of 25 to 29.9 (Pyle et al., 2006).

Assumptions and Limitations of the Study

It is assumed that there is information available on effective programs to implement in school settings, counseling techniques for working with obese and overweight students, and ample recommendations pertaining to the issues of discrimination experienced by overweight and obese students. While many adults face their own problems of discrimination in the workplace, this review of literature is limited to the childhood obesity issues found mostly in the school setting and ways that a school counselor may best work with students to help with self-esteem, coping mechanisms, and

strategies to make healthy life choices. With a limited number of hours and limited time to research, it is also assumed that some literature may have been overlooked in the study.

Chapter II: Literature Review

This chapter describes types of discrimination experienced by overweight and obese students, particularly in a school setting. Successful components of programs that can be implemented in a school setting with the help of school leaders and faculty as well as examples of programs will also be described. The chapter concludes with information on the school counselor's role as a student advocate and offers different counseling techniques that can be used when working with overweight or obese students.

Discrimination Experienced by Overweight and Obese Students

The most frequent targets of violent bullying are obese and overweight kids (Dalton, 2004). Bullying may be in the form of teasing, verbal or written harassment, and rejection from peers both in and out of the classroom (Latner & Wilson, 2007). According to the Institute of Medicine (2005) and Pyle et al. (2006), discrimination against obese and overweight students can lead to lowered self-esteem, negative perception of body image, depression, and even eating disorders.

One such eating disorder that has been reported in older girls is binge eating (Pyle et al., 2006). Pyle et al. added that obese teenage students, specifically 13- and 14-year olds, reported feeling more sad, lonely, and anxious than their peers who were not overweight (2006). In addition, students who are obese or overweight may be more prone to suicidal thoughts and more frequent attempts at suicide than their peers (cited in Latner & Wilson, 2007). Additionally, obese children may also suffer from emotional, social, and psychological issues such as not keeping up with their peers in terms of schoolwork and extracurricular activities (Fibkins, 2006). Overweight and obese students are not

alone in holding negative attitudes about their weight, as other may view them negatively too.

School-aged children hold many negative attitudes about obese and overweight students. According to Stroebe (2008), children as young as three years old perceive their obese and overweight peers as mean and are likely to choose other playmates over them. Dalton (2004) added that children may view their overweight or obese peers as lazy, sloppy, mean, argumentative, dirty, stupid, and even unfriendly. In addition, the Institute of Medicine (2005) pointed out that discrimination against students for being overweight or obese is not demonstrated solely by their peers. Parents, teachers, health care providers, and other adults who the student comes in contact with during the day may also act in a discriminating way towards obese and overweight students (Institute of Medicine, 2005).

Educators may be reinforcing discrimination against overweight and obese students through actions of which they may not even be aware. These actions may include making discriminatory remarks or through body language that creates a barrier between the teacher and the students. Another way that educators could be reinforcing discrimination is through a lack of action, particularly when another student is making discriminating remarks toward obese or overweight students (Schumacher & Queen, 2007).

Obese and overweight students are not only discriminated against by their average weight peers during their pre-school, elementary, middle, and high school years. It was reported in a 1965 study that college-aged overweight and obese students were accepted into prestigious colleges less often than their average weight peers; this was especially

true for females (Stroebe, 2008). In addition, obese and overweight college students were more likely to be wrongfully dismissed from college (Latner & Wilson, 2007).

Perceptions of overweight and obese individuals in western culture that can be generalized to children and adolescents include “less intelligent, less hardworking, less attractive, less popular, less successful, less athletic, and more weak-willed and self-indulgent” (Stroebe, 2008, p. 19). There are a few positive attributes about individuals who are overweight or obese such as they are “caring, friendly, humorous, and sympathetic” (Stroebe, 2008), p. 19). However, it is the negative attitudes that seem to hold more prevalence than the positive ones. It is the negative perceptions that add to the barriers to student acceptance.

A study of the social stigma of obesity in 1961 was conducted to find out what type of child would be perceived by other children and adults to be the most liked by others. The selection of children included a child without a hand, a child who uses a wheelchair, a child with facial disfigurements, an obese child, and other children with unknown descriptions (Dalton, 2004; Wadden & Stunkard, 2002). According to Dalton (2004) “regardless of age, sex, social, economic, or racial background of those asked, everyone liked the obese child least” (p. 179). Wadden and Stunkard (2002) added that when a similar study was completed with college students and choosing a suitable marriage partner, obese individuals were chosen to be the least likely suitable person to marry. Individuals who were rated more suitable for marriage than obese individuals include “embezzlers, cocaine users, shoplifters, and blind people” (Wadden & Stunkard, 2002, p. 145). Further, a replication of the most-liked child study in 2001 found that the bias against obese children was even stronger (Dalton, 2004).

In addition to being viewed negatively by their peers, children in their middle school years are more likely to have negative self-perceptions than their average weight peers (Pyle et al., 2006). Students at this age are at a vulnerable stage as their bodies are changing in many ways. Discrimination from peers may be intensified at this age and students may view remarks or comments from other sources to be even more noticeable and hurtful.

One source where students may unconsciously notice weight-related comments is through literature. Children are indirectly discriminated against through many children's books. Overweight and chubby characters in children's literature are frequently described as mean, fat, ugly, lazy, gluttons, and other unappealing qualities. These characters are rarely the heroic character in the story (Dalton, 2004).

Program Implementation

Helping obese and overweight students should occur in a way that is sensitive to the feelings of the student. Intervention programs should not be more stigmatizing than being obese and overweight (Institute of Medicine, 2005). Programs in a school setting where many students are able to benefit from the intervention may be more effective than other programs with a smaller group focus (Epstein & Wing, 1987). Fibkins (2006) argued that because obesity is a problem that can be seen by everyone, there is no reason for teachers and school officials to pretend that it is not happening. Not only should school officials and teachers want to help students, but many students are looking for redirection in their lives, and a school setting is the perfect opportunity to help them be achievers of that goal (Fibkins, 2006).

Obese and overweight high school students who were interviewed about their perceptions of school-based intervention programs reported that they were interested in the programs as long as they were supportive, informative, and tailored to the obese and overweight students' needs. Students who were interviewed also spoke about a preference for program leaders who had been or were currently overweight (Pyle et al., 2006).

A successful intervention program focuses on maintaining a healthy weight, rather than losing weight. Putting all of the attention on getting to a certain weight could lead to eating disorders such as anorexia or bulimia. Successful intervention programs also focus on increasing physical activity and eating healthy foods (Pyle et al., 2006). Other components of intervention programs that have been successful include "behavior management counseling and involving parents and other family members" (Pyle et al., 2006, p. 366). Interventions have been proven to be highly successful when parents are involved. Some ways that parents can help their children learn healthy eating habits and maintain a healthy weight include setting up daily meal and snack times, teaching their children to eat when they are hungry and stop when they are full, and removing temptations while providing healthy alternatives. Parents can also avoid using food as a reward and increase the amount of physical activity for the entire family.

When turning away from an unhealthy behavior, it is important to teach students a new and healthy behavior to replace the old behavior (Pyle et al., 2006). Epstein and Wing (1987) found that when working with eight-to-twelve-year-old children there are three reasons why it is important to involve parents in the behavioral intervention process. One reason is that obesity tends to run in families, so modifying only the child's

eating and exercising patterns may not lead to success in maintaining a healthy weight. Second, it is helpful to educate parents on cues that they may be inadvertently giving their child that may lead to overeating and not exercising enough. Finally, parents may need to learn behavior modifications to use with their children to help them succeed in creating a healthy lifestyle (Epstein & Wing, 1987).

School Lunch Programs

One area that schools can focus on to improve the health of all students is the school lunch program. While schools that receive funding from the U.S. Department of Agriculture do offer somewhat nutritious meals, students may not choose these meals because they prefer the taste of the meals that are provided in the a-la-carte line. Also, even if soda machines are not available for use during lunchtime, at many schools there are still plenty of unhealthy menu options for students to choose from (Dalton, 2004).

Fairburn and Brownell (2002) added that over 5,000 schools in the United States are serving some type of fast food in their cafeterias. According to Spurlock, “kids need adults to supervise how they eat” (2005, p. 172). Spurlock adds that just because kids are taught healthy eating habits at home or in the classroom, does not mean they will make healthy food choices on their own at school. Teachers and school staff closely monitor students’ behaviors in the hallways and in classrooms, but when it comes to the lunchroom students are often left to make their own food choices (Spurlock, 2005).

Dalton (2004), added that when asked about their concerns about schools, high school students reported that they were concerned with the quality of the school lunch programs as well as the cost. Some schools have listened to the students’ concerns and

gone to on-site preparation of meals for lunch, longer lunch periods, and faster serving lines with healthier choices (Dalton, 2004).

On average, children spend about five-to-six hours a day involved in sedentary activities such as sitting in a classroom or watching television and playing video games at home. While children are watching television, they are viewing advertisements for unhealthy foods (Green & Reese, n.d.). According to Green and Reese, children from age two-to-six years old who view commercials for unhealthy foods are more likely to choose those foods than children who do not watch television. Because of the amount of time that children spend being inactive, it is important that school-aged students are spending time being physically active while at school. However, in the United States, Illinois is the only state that requires physical education in schools at all levels. In other states, the requirements for physical education are determined by each school district (Spurlock, 2005). Spurlock added that even though a physical education class may meet for thirty minutes, only six minutes is actually spent being physically active. The rest of the class period is used for changing clothes, attendance, standing in line, waiting for a turn, and visiting with classmates (Spurlock, 2005).

Due to lack of funding for equipment and teaching staff, as well as the increased emphasis on spending more time teaching to improve test scores, physical education is declining in many schools. Even if students do go to physical education classes, it may only be once or twice a week (Spurlock, 2005). According to Dalton (2004), elementary age children should have at least “thirty-to-sixty minutes of age-appropriate and developmentally appropriate physical activity from a variety of activities on all, or most, days of the week” (p. 207). Children who do not have physical education classes every

day and are allowed only two fifteen-minute recesses are barely reaching the minimum requirement for daily physical activity.

Obese and overweight students may be less likely to participate in physical education classes than their healthy weight peers. This is not only because they tire more easily than their healthy weight peers, but also because they may develop a negative perception of physical activity. Obese and overweight students are more likely to be teased by their peers, feel more self-conscious about the attire for physical education classes, and be picked last for teams and activities in class (Green & Reese, n.d.). These reasons may also contribute to the decline in participation of extracurricular activities for obese and overweight students.

In addition to the decline in required physical education classes, elementary and middle school students are also seeing decreased time spent at recess or in unstructured play (Dalton, 2004). Dalton added that students who participate in recess during the day are more likely to perform better in class, be more attentive, and are less sluggish than children who do not have a midday recess (Dalton, 2004).

School Intervention and Support

There are several things that schools can do to minimize and help students overcome childhood obesity. One way that schools can help with the obesity epidemic is by improving the environment in the lunchroom. Investigating length of lunch times has implied that allowing more time for students to eat, optimizing the best time of the day kids eat, and creating conversational-type atmospheres increases student attentiveness later in the day. A change as simple as having round tables in the lunchroom, which allows for more conversation among the students, will encourage students to spend more

time eating lunch. In addition, holding recess before lunchtime for younger students leads to students taking their time to eat instead of rushing to get outside and play (Berg, 2004).

According to Pyle et al. (2006), there are four types of behavioral strategies that are beneficial when working with obese and overweight students. One strategy, self monitoring, encourages students to monitor the healthy and unhealthy foods they are eating as well as their level of physical exercise. Stimulus control is a strategy that involves removing the temptations for unhealthy behaviors, such as removing unhealthy foods. Teaching students to manage the amount of food eaten at mealtime is another behavioral intervention. Operant condition, reinforcing the attainment of goals, is one way to keep students' motivation during the weight management process. Supportive counseling to provide encouragement of goal completion and monitoring of eating disorders may be necessary (Pyle et al., 2006).

Healthy Choices Model Programs

One program that can be implemented in a school setting is Planet Health. Planet Health is a program that was implemented in several middle schools in Massachusetts for two years and was aimed at sixth-to-eighth graders. The focus of the program was to increase healthy eating patterns and exercise and decrease television viewing. Schools were randomly assigned to the control group or intervention group. It was found after two years that obesity among females in the intervention group decreased, while obesity rates increased among females in the control group (Stroebe, 2008).

The only significant factor associated with this difference in results is reduction in television viewing among the intervention group. While there were no significantly reportable results for the boys in each control group regarding weight, it was noted that

television viewing time was also decreased for boys in the intervention group. Also, while positive parental involvement in prevention and intervention programs is typically helpful, in this study there was no noticeable impact of parental involvement. The outcomes of the study indicated that it made no difference whether or not parents were involved for the Planet Health program (Stroebe, 2008).

Eat Well and Keep Moving is another program that can be used in a school setting. The target age group for this program is fourth and fifth graders. The goals of Eat Well and Keep Moving are increasing physical activity and adding more fruits and vegetables while decreasing the amount of fat intake and television viewing. The program goals were implemented into curriculum in math, science, social studies, and language art classes (Pyle et al., 2006).

School Counselors Role

School counselors have many different opportunities when working with individuals who are obese and overweight. Counselors in a school setting may work individually with students through individual counseling session or work with the students and their parents to provide more information on additional services available outside of the school. Obese and overweight students may also go to the school counselor for group counseling services with other obese and overweight peers (Berg, 2004).

Because weight issues are becoming so prevalent in schools, it is important for schools to refer students to community resources such as a registered nutrition consultant, family therapist, or community nutrition liaison resource. It is also important for school counselors to consult with nutrition experts or refer students and their parents to such resources when counseling students regarding weight issues (Berg, 2004).

When working with overweight students in counseling situations, it is important for counselors to be sensitive to the student's weight-related issues (Berg, 2004). There are several tips that counselors may keep in mind when working with obese and overweight students to help with their self-esteem. One such tip would be to treat the client as an individual. It is also important to not focus on the client's weight, but at the same time help the student understand that being overweight does not define who they are. Counselors need to examine their own prejudices and assumptions toward obese and overweight individuals before working with a client with weight issues.

One such assumption that individuals may have is that all obese and overweight individuals eat excessively. This is something that counselors should never assume about their obese and overweight clients (Berg, 2004). There may be underlying medical issues related to thyroid, genetics, or medication reactions that are contributing to their overweight appearance. Another thing for counselors to keep in mind is that not all obese and overweight clients are coming to counselors just to talk about their weight issues. While the weight may be an underlying problem related to other issues, these clients may have other topics to discuss, so counselors should not automatically attribute all of the client's problems to their being obese or overweight (Wadden & Stunkard, 2002).

Wadden and Stunkard (2002) added that it is important for professionals working with obese and overweight clients to think about how they are going to refer to the weight issue. For a counselor who is trying to build rapport with a client, calling the individual obese could limit the ability to connect and build trust.

A final tip for counselors to keep in mind is to provide a comfortable, welcoming environment for their clients so they are more likely to come for help. One way to help

the client feel comfortable is to have furniture that accommodates individuals of all sizes, such as armless chairs, sturdy furniture that supports and furniture that someone can get in and out of easily (Berg, 2004). Advocating for sturdy classroom desks, safe athletic equipment and lab goggles and equipment including lab coats that fit larger students is a matter for safe-schools for all.

Obese and overweight teenagers are vulnerable to developing an addiction to substances other than food. According to Fibkins (2006), overweight and obese teens may develop addictions to tobacco, alcohol, or other drugs. When discussing topics such as healthy lifestyles, school counselors and teachers should include information on other addictions that could lead to unhealthy choices.

Overweight and obese students who are the targets of bullying by their peers may experience poor school attendance, a drop in grades, difficulty concentrating, or may be less likely to participate in extracurricular activities. School counselors can monitor bullying of overweight and obese students by watching for warning signs. School counselors can also approach the topics of bullying and positive peer relations during classroom guidance. Promoting positive peer relationships and the importance of accepting differences among students may lead to less bullying of obese and overweight students.

Chapter III: Summary and Recommendations

This chapter provides a summary of the literature reviewed for this study.

Implications for school counselors and recommendations for further research in the area of childhood obesity will be discussed to conclude the chapter.

Summary

As an increasing number of children are facing obesity and issues pertaining to being overweight. Problems associated with these issues are surfacing in the school setting in the classroom, the lunchroom, and during recess. Children and adolescents who are overweight or obese are more prone to health concerns, experience more difficulties with social adjustment, and increased risk for emotional problems than their healthier weight peers. The perception of others may limit opportunity for classroom interaction, friendships, and extracurricular activities.

Obese and overweight students are more likely to be the target of bullying. Bullying may take place in the form of verbal teasing, harassment, physical injury, or rejection by peers. Students who are obese and overweight may also be dealing with emotional and psychological issues not only because of the way they are viewed by their peers but also because of the negative perceptions they may have about their own weight.

Overweight and obese students are more likely to think about and attempt suicide than their peers who are not facing weight issues. While it should not be assumed that every overweight and obese student is thinking of committing suicide, teachers, counselors and others should know the warning signs and pay careful attention to students who signs of prolonged sadness, rejection, and loneliness. Obese and

overweight students may also have a difficult time concentrating in class if they are being bullied, and in turn their grades may fall.

Overweight and obese students may not only face discrimination by their peers but also by parents, teachers, coaches, health care providers and other adults in their lives. This discrimination can be in the form of verbal comments made directly or indirectly at the students or by the type of body language and nonverbal messages used by the adult. Students who are overweight and obese will continue to face types of discrimination from adults and peers even after their elementary, middle, and high school years. Individuals who are obese and overweight may also continue to face discrimination from peers and professionals in colleges and universities, as well as in work environments.

Teachers, staff, and school counselors should approach obesity and overweight issues with sensitivity, but they should not be afraid to discuss the topic with students. Obese and overweight students may be looking for someone who can be understanding about their situation, provide supportive intervention programs, and help them in maintaining a healthy weight. Students report that they are looking for school staff to help them maintain healthy body image in a supportive environment. The students add that it is helpful to have the support of an adult who has gone through similar weight struggles (Pyle et al., 2006).

Improvements in the school lunchroom may help reduce the childhood obesity crisis. Allowing students to have more time to eat lunch will help with the rush that students may feel during lunchtime. Students may also eat lunch more slowly if they are able to have recess before lunch time. This way the students will not be rushing through the meal to get outside and play. Another way to help students is to teach them to eat

more slowly. Having a conversation with friends during lunchtime may help students enjoy a more leisurely lunch. Another good idea is having adults eat in the lunchroom with students to model healthy eating habits.

Funding for intervention and prevention programs is another factor in the fight against childhood and adolescent obesity. However, school leaders do not want to overlook the benefits of implementing such programs simply because funding may be an issue. The long term benefits of prevention programs for childhood obesity are too great to be overlooked. Intervention and prevention programs should focus on healthy eating patterns and exercise.

Counselor Recommendations

School counselors need to become informed about childhood obesity. Developing support groups, offering effective coping strategies, using community resource agencies, and bully prevention programs may all prevent the spread of discrimination against childhood obesity. Becoming an advocate and intervening for students who are overweight is critical to having safe schools. Students spend at least one-third of their day at school, so school is the place to start with prevention and intervention programs. With the implementation of improved lunch programs, daily physical education classes, and easy-to-understand health and nutrition information, students may be healthier and obesity and overweight issues will not be as common.

Obese and overweight students are at risk for developing health, emotional, and socialization problems. School counselors must be aware of the obesity and overweight issues that students face. In addition to awareness of these issues, school districts also need to learn how to work with students who are overweight and obese. Finding

equipment and facilities that accommodate all students while allowing them to participate fully is the goal of an attentive district.

School counselors can help provide information to staff about what they do to help. One way school counselors can help staff is to provide teachers with information on how to find resources for their classroom that promote the importance of healthy lifestyles. This includes implementing prevention and intervention programs that focus on physical health, exercise, and nutrition, as well as self-esteem and body image.

Some schools have already done away with vending and soda machines on school property or during the school day. Providing bottled water and juice for sale in place of soda is another way that schools can help to prevent childhood obesity. Offering healthier snack options in vending machines or at snack stands after school is another prevention program school can support. School officials can intervene in the childhood obesity crisis by looking at school meal programs and modifying the menus to offer healthier options for breakfast and lunch.

Awareness of the childhood obesity epidemic and related issues can have a life-long impact on children and adolescents. School officials also need to be aware of how the school environment can be modified to be more comfortable for overweight and obese students. For instance, desks and chairs in classrooms do not always provide adequate seating arrangements for overweight and obese students. Care can also be taken when planning bus transportation as overweight and obese students may not be able to fit in a seat with another student.

The school counselor's role is important in preventing obesity among children and adolescents. School counselors should be well-trained in the area of recognizing

warning signs for childhood obesity. School counselors need to be aware of community resources so they can provide families with this information when additional support is needed. Counselors working in a school setting should be aware of their own assumptions and prejudices against obese individuals as well as biases and negative attitudes that others in the school may have. By being aware of negative thoughts and actions in the school, counselors can help to educate others and help break the stereotypes that are directed toward overweight and obese students. School counselors can also help inform school staff about issues that overweight and obese students face and what staff members can do to help.

School counselors may not be aware a student is struggling with obesity or weight issues, but they can watch for warning signs that a student needs help. These warning signs include a decline in grades, poor attendance, and low participation. School counselors also need support from teachers and staff as they can notify the counselor when they see students who may be struggling with obesity.

Recommendations for Further Research

Further research is needed on prevention and intervention programs that can be implemented in a school setting. Most of the studies that were discussed in the literature review were implemented in only one school district or were tried as a pilot study. Therefore, information such as available grants or funding for school nutritional programs, increased requirements for physical education, and obesity awareness programs may help significantly. Further research could explore implementing the same program in several school districts and at different school levels. The programs could also

be researched over several years to account for any long term changes in levels of childhood obesity.

Finally, future researchers may wish to focus on the population of obese children to determine their needs. With this information, programs can then be developed to raise sensitivity issues, help with coping strategies and help these students achieve healthy lifestyles, thus increasing the opportunities for future generations of healthy children.

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