

# CORE Tools and Patient Information

## Seven Steps to Success: A Handout for Parents of Overweight Children and Adolescents

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The Expert Panel recommended four stages of treatment for overweight children (and their families).<sup>1</sup> They used the principle of least intervention, starting slowly with a basic educational approach and then adding stages (steps) if necessary to achieve substantial improvement. That step-wise method is sensible and clear. However, we believe an expanded set of steps, from four to seven, will prove more useful, making it even clearer to parents of overweight children and teens what they can do to help their children.

The seven steps defined below all make one very important assumption: pediatric obesity is a family affair. Parents who want their children to succeed must become fully involved, knowledgeable, and participate very actively in major lifestyle changes for themselves as well as their children.

The illustration, "Seven Steps to Success," can serve as a useful handout for the families with whom you work, summarizing seven levels of intensity of intervention. As shown in the illustration, each step could lead to favorable outcomes (notice the directional arrow pointing to "Health and Wellness" from each step), for some families some of

the time. For example, by providing explicit feedback about BMI percentile and category (*e.g.*, 97%–obese), clear suggestions for changing diet and activities, and appropriate parent guidebooks, some highly motivated families may be able to make substantial lifestyle changes and produce significant weight loss in their overweight children. However, most families with obese children or teens will find it necessary to go from the first step up to the second and often higher, adding levels of intensity to get the knowledge, skills, and support necessary to master this challenging problem.

You will help your families with overweight children tremendously by doing what you can to promote an attitude of persistence. One, two, or even five steps may not produce healthier weights (and modified lifestyles), but you can make the following points:

- If you keep taking the steps, you and your child can succeed.
- If you give up before reaching the goal of improved health and wellness, your child will not achieve his or her full potential for a happy and healthy life.

## Step 1: Medical Management

Obesity causes major problems, adversely affecting health and psychological well-being. Without intervention, the impact of this biological disorder gets worse over time. As such, it is best viewed as a disease. At the most fundamental level, it will help overweight children if you advise the family to treat this disease seriously—as

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something that requires attention of the entire family, plus medical monitoring. Medical management may include assessments for the negative consequences of obesity, early intervention when problems arise (*e.g.*, hypertension, insulin resistance, steatohepatitis, dyslipidemia, metabolic syndrome, and type 2 diabetes) and continued feedback about progress (BMI percentile—show the results to the family from using a simple BMI calculator: [www.wellspringcamps.com/bmi\\_calculator.asp](http://www.wellspringcamps.com/bmi_calculator.asp) or <http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>).

## Step 2: Education

The advice provided in the Expert Panel Recommendations about diet and activities certainly has merit (*e.g.*, decrease consumption of high fat [“energy dense”] foods; increase family meals; decrease consumption of liquids sweetened with sugar; limit screen time (2 hours or less per day); increase physical activities [60 minutes or more per day]). You can emphasize these and related points or provide more elaborate education, depending on your time and resources. Also, most dietitians provide this type of educational counseling.

One or more of the books reviewed in this Special Issue could be provided to families, as could copies of a very child-friendly calorie and fat counter, Allan Borushek’s *The Calorie King Calorie, Fat & Carbohydrate Counter* (updated annually—[www.calorieking.com](http://www.calorieking.com)). You could also have pedometers available to sell to families, encouraging both parents and children alike to set a 10,000 step goal and wear them every day.

## Step 3: Environmental Changes

The environment can have either a negative impact (*e.g.*, no sidewalks, no playgrounds; televisions and computers in the bedroom; a glut of fast food restaurants in the neighborhood) or a positive impact (*e.g.*, daily recess and physical education; home gym). Overweight children and families can make changes in their environments to reduce triggers for unhealthy eating and promote high levels of activities. Educationally oriented programs can help families make these changes, including counseling from dietitians and primary care providers. Examples of the types of changes in environments that some successful weight controllers have made include: buying bicycles and using them for primary transportation (instead of cars); moving closer to school or work to facilitate walking; moving from the suburbs to the city to increase activities; joining health clubs located very close to home and/or work and school; eliminating all high-fat foods from the house; hiring cooks or personal trainers; putting exercise equipment in front of televisions in the living room; and removing televisions and computers from bedrooms.

## Step 4: Support Groups

Widely available support groups can help overweight children and their parents stay focused on such key processes for success as goal-setting, planning, self-monitoring, and regular weighing. Two examples of these programs that have nonprofessional leaders but that focus on useful aspects of weight control are Take Off Pounds Sensibly (TOPS; 10,000 groups in the United States: [www.tops.org](http://www.tops.org)) and Weight Watchers (20,000 groups in the United States: [www.weightwatchers.com](http://www.weightwatchers.com)). TOPS makes it clear that they welcome teenagers; parents can attend Weight Watchers groups with their overweight children and teens.

## Step 5: Cognitive–Behavior Therapy I: Clinic or Short-Term Immersion

Some freestanding specialty clinics and clinics in hospitals have licensed therapists who provide cognitive–behavior therapy (CBT) for the treatment of obesity for young people and their parents. Unfortunately, a directory does not yet exist to identify these clinics. However, clinicians who practice CBT can be found on the Association for Behavioral and Cognitive Therapy website ([www.abct.org](http://www.abct.org)). As noted in the Expert Panel Recommendations and in the comments provided in this issue, these types of outpatient programs can produce clinically meaningful changes for overweight youngsters.

Some short-term immersion treatments (e.g., 4 weeks) offered in therapeutic camps also focus on CBT (e.g., [www.wellspringcamps.com](http://www.wellspringcamps.com); [www.camplajolla.com](http://www.camplajolla.com)). For many families who do not live near a specialty clinic that provides outpatient CBT for weight control, sending an

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overweight child to an immersion program for part of the summer (and participating in the family workshops associated with the program) might be worth considering.

## Step 6: Cognitive–Behavior Therapy II: Long-Term Immersion

Longer and more intensive treatments generally produce more substantial changes in obesity. Full summer or academic year placements in immersion treatments are now available, as noted in the Expert Panel Recommendations and in the comments in this issue (e.g., boarding schools for overweight teenagers; clinics; [www.wellspringacademies.com](http://www.wellspringacademies.com); [www.zeepreventorium.be/](http://www.zeepreventorium.be/)).

## Step 7: Bariatric Surgery +

If this step becomes necessary, which it might for seriously overweight teenagers who have tried the other steps for 6–12 months without notable success, we advise recommending to your families that they use a high-volume center. Ideally, this high-volume center would have a multidisciplinary team that focuses on the psychosocial aspects of the problem (both in assessment and continuing care). A good example would be a healthcare system that combines: (1) a children’s hospital with a group dedicated to the management of a childhood obesity and (2) a bariatric surgery program that is designated as a Center for Excellence (e.g., UCLA Medical Center: [www.fitprogram.ucla.edu](http://www.fitprogram.ucla.edu); Stanford Center for Healthy Weight: [www.lpch.org](http://www.lpch.org)). The “plus” here refers to the importance of insuring that teenagers admitted for bariatric surgery had already tried the other six steps for at least 6–12 months and that a continuing care program (e.g., outpatient CBT) is in place at the center for postsurgical treatment for at least 1 year. ■

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### Reference

1. Spear BA, Barlow S, Ervin C, Ludwig D, Saelens B, Schetzina KE, Taveras EM. Recommendations for treatment of child and adolescent overweight and obesity. *Pediatrics*. 2007;120(Suppl 4):253–287.



## CORE Tool: Seven Steps to Success

These seven steps provide a roadmap. Each step has an arrow pointing to the ultimate goal of “Health and Wellness.” That means that you can help your overweight child go directly from that step to achieve permanent weight control. Most families, however, find it necessary to add more intensive interventions (the steps with higher numbers) in order to succeed. Families that take these steps together achieve the best results.



### Seven Steps to Success

- 1. Medical Management.** Seeing your child’s pediatrician regularly will help provide you with feedback about progress and regular evaluations for potential health problems caused by excess weight (e.g., high blood pressure, liver problems, diabetes).
- 2. Education.** Knowledge of the best ways to eat, stay active, and solve problems relating to weight is necessary for successful weight control (e.g., Borushek A. Calorie King, 2008; Fletcher A. Weight Loss Confidential, 2006; Kirschenbaum, D. Sierras Weight Loss Solution, 2007; healthykids.ca; cspinet.org; calorieking.com).
- 3. Environmental Changes.** Making changes in the environment in which your family lives can help (e.g., taking televisions and computers out of bedrooms; eliminating all high-fat food in the house).
- 4. Support Groups.** Two low-cost support groups that can accommodate children and teens are Take Off Pounds Sensibly (TOPS; tops.org) and Weight Watchers (weightwatchers.com).
- 5. Cognitive–Behavior Therapy (CBT) I: Clinics or Short-Term Immersion.** CBT is a scientifically based approach to helping people improve their motivation, goal-setting, and focusing skills. Professionally conducted CBT programs for overweight children are available (check local hospitals, clinics). Immersion programs focus on CBT full time, for example for 4 weeks in the summer (e.g., wellspringcamps.com; camplajolla.com).
- 6. CBT II: Long-term Immersion.** Longer, more intensive, immersion programs are available in therapeutic boarding schools and clinics (e.g., wellspringacademies.com; zeepreventorium.be).
- 7. Bariatric Surgery +.** For some seriously overweight teenagers who have tried the first six steps, specialized surgeries (bariatric surgeries like the gastric bypass) performed in surgical centers that have experience and understanding of this problem are important options (e.g., fitprogram.ucla.edu; cincinnatichildrens.org).