Childhood Obesity: Conceptual Framework and Literature Review

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DATE
Recently, there has been an inclusion of family relationships into mindfulness programs. In the past, mindfulness programs have focused on individual characters but recent studies have shown that there is a huge potential for extending this focus to incorporate other factors which have a potential of impacting childhood health outcomes. A number of family-based intervention programs such as teen substance abuse prevention have included mindfulness into their evidence-based behavioral programs.

These programs have displayed promising results given that researchers are attempting to broaden the practices and concepts of mindfulness into parental and family relationships (Leary & Stiles, 2015; Dakin, Brody, Rogers, & Fedick, 2010). With the new evidence, the researcher asserts that a family systems framework offers an all-inclusive perspective to inculcate the principles of mindful eating in families.

The researcher will provide an account of the use of mindfulness in conjunction with family systems theory to construct a conceptual framework for a family-based mindful eating intervention for obese children. The figure below offers a graphic representation of the conceptual model for how the concept of mindful eating can be inculcated in the family scenario.

Based on the diagram, the inner circles represent the objectives and definite participants in the family at different stages of the intervention. On the other hand, the outer circle reflects the
continuing impact of the entire family during the course of the program, regardless of which member of the family goes for treatment.

Figure 1: Conceptual Framework

Step 1: Family engagement and evaluation

This is the initial phase of the intervention and it involves all the members of the family. As the first step, it has a number of activities lined up including the introduction of the concept of mindful eating to each member of the family, taking part in the practice of mindfulness with the...
family, detection of possible areas of resistance, stressing the significance of roles played by each family member in eating behavior (helpful roles and unhelpful roles), enhancing motivation and highlighting the importance of supporting each other during the program. The main goal of the assessment is to find out the potential areas in family eating-related behavior that need change and identifying issues that are linked to the relationships in the family and may contribute to mindless and uncontrolled consumption. This can be addressed through the help of a mindful eating program. These include mealtime etiquettes, family organization and preparation, forums, communication on matters pertaining food, and habits relating to the acquisition of food.

Step 2: Children and Parent Mindful Eating Groups

In our framework, the middle inner circles represent a mindful-eating intervention that is implemented as two separate, but concomitant, groups with common content as well as collective group actions. The two groups would have an instructor for each of them and the learning experience would consist of experiential exercises involving mindful and mindless eating as well as well-known meditation practices that promote personal body awareness e.g. body scan. The separation of the children and parent groups enables instructors to teach knowledge and skills that are suitable for parents and children. The children group would focus...
more on informal practices such as games to inculcate mindful eating skills and body awareness. On the other hand, the parent group can utilize more detailed discussions on mindfulness and mindful parenting actions to ensure that the practice of mindful eating is promoted throughout the family.

Step 3: Family Integration

It is the final phase of the intervention and it mainly involves integrating of healthy eating behaviors among all members of the family. It would involve a number of activities including formal mindful eating practices within the entire family, establishing family-level practices that can assist in maintaining mindful eating, or strategies that can be adapted to solve barriers to mindful eating in the family. During this phase, it is important to pay attention to the positive changes in family-level communication. The main objective would be the establishment of what is required in the family structure to maintain the change in healthy eating over time.

Literature review (2nd part)

Most of the literature on obesity interventions has focused on physical activities and behavioral therapies with fewer randomized, controlled trials of psychological interventions being conducted (Neumark-Sztainer, Wall, & Larson, 2011). The reviews have given a summary of the findings of various aspects of childhood obesity treatment which includes physical activity,
nutrition education, behavioral therapy, medication trials, and dietary interventions. However, most of these interventions have only produced modest effects. There is a shortage of evidence for clinically effective and long-term childhood obesity intervention that fit the community setting and the assessment of body-mind therapies in children weight loss is limited. Therefore,

There is a need to further explore treatment development efforts aside from the conventional nutrition education and behavioral programs. Currently, there is a number of alternative evidence-based treatment interventions for childhood obesity that have shown success in various settings.

The Impact of Psychosocial Factors on Eating Behaviors

The impact of psychosocial factors is one research area that has attracted little attention from researchers who focus on childhood obesity treatment and prevention. According to Austin (2011), it has been found out that psychosocial factors play a key role in eating behaviors and obesity. Without a doubt, the extensive prevalence of psychological distress in obesity populations is viewed as a major factor in the inability to keep up with behavioral change over time (Latzer & Stein, 2015). Among children, those with psychosocial factors stand out as having a close relation with eating behaviors including body dissatisfaction, psychological stress and physiological stress. A study conducted by Wilson & Sato (2014) revealed that obese children displayed significantly more emotional binge eating tendencies and experiencing high
levels of emotional distress and low self-esteem, than their peers who were normal weight. When it comes to depression, a number of studies on childhood obesity have linked symptoms of depression and being overweight (Nemiary, Shim & Mattox, 2012).

Research suggests that the social stigmatizations that come with weight gain may act as a mediator in the connection between psychosocial functioning and obesity mainly due to its relationship with depression and displeasure with one’s body. Dissatisfaction with one’s body puts children at a higher risk of taking part in unhealthy weight control practices (Latzer & Stein, 2015). In addition, research has shown that body dissatisfaction can be used as a predictor of increased weight gain over time (Neumark-Sztainer, Wall, & Larson, 2011). However, the continuous psychosocial stressors such as family relationship strain, bullying in schools and neighborhood safety have been linked to obesity risk (Wilson & Sato, 2014). There is a need to adopt obesity treatment interventions that educate children how to develop resources for coping with different psychosocial stressors.

Expanding Treatment Models for Childhood Obesity

A number of studies have documented a steady relationship between lowered psychosocial functioning, unhealthy eating behaviors and inadequate coping strategies in obese children (Nemiary, Shim & Mattox, 2012; Neumark-Sztainer, Wall, & Larson, 2011). However, the
customary obesity interventions may not deal with these risk factors adequately. Most of the customary obesity interventions have solely on minimizing caloric intake, intensifying physical activity and teaching behavioral and cognitive control strategies (Hong, Coker-Bolt, Anderson, et al., 2016; Kothandan, 2014, Zuraikat & Dugan, 2015). Although some of these interventions have shown effectiveness in lowering the incidence of obesity, their long-term success among children has been extremely limited.

According to Bennett, Greene, Reuman-Esment (2012), the ineffectiveness of these interventions in the long-term can be attributed, in part, to a deficient comprehension of the vital psychosocial factors that contribute to unhealthy eating habits among children. Additionally, it has been discovered that dietary is not a sustainable weight loss strategy (Denny, Loth, Eisenberg, & Thach-Thach, 2013), owing to its long-term insufficiencies. As an alternative, an emphasis is being placed on minimizing overeating tendencies. The recent literature continues to associate obesity with disordered eating which has increased the relevance of various psychosocial factors. The inability to identify and focus on the multidimensional psychological factors that contribute to disordered eating behavior reveals a research gap in the research on obesity interventions (Austin, 2011).
Mindful Eating and Weight Loss

Dalen, Brody, Staples, & Sedillo (2015) define mindfulness as “the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment to moment.” It is believed when an individual gives continuous and undivided attention to a moment, there is an emergence of a finely tuned sense of self which allows individuals to reside dimensions from habitual patterns, and moments related to emotions, behaviors and thoughts (Kristeller & Wolever, 2011).

Programs based on mindfulness are now being effectively designed for individuals trying to make changes in their diets and recent reviews suggest that these interventions seek more mindful and clinical attention. This is because of their documented positive impacts on psychological distress, weight loss and disordered eating. The main focus of these interventions is the utilization of mindfulness as well as the promotion of physical and mental states awareness (Dalen et al., 2015). Among children, emphasis is placed on these main therapeutic factors: acceptance, compassion, self-regulation and experiential acceptance.

One of the underlying principles of mind-based programs is that most forms of disordered behaviors are related to an attempt to escape or avoid inner experiences. This includes inappropriate eating patterns. Various studies have highlighted a pattern of avoidance and
experiences among obese individuals. Some of the character traits that have been identified include mental rigidity and use of inappropriate coping mechanisms during stressful experiences (Forman & Butry, 2015). Once obese individuals are exposed to stressors, they have a tendency of using submissive coping mechanisms such as binge eating as a way of avoiding stress. There is a need to spread awareness of the relationship between emotional states and spontaneous eating patterns and its integration as a significant element of mindful eating. This element is based on the hypothesis that proper and healthy eating habits are influenced by an individual’s ability to accept and tolerate aversive inner experiences (Kristeller & Wolever, 2011). By staying in psychological contact with unpleasant experiences without a reaction can cultivate a state of emotional balance and help in breaking off automated reactivity patterns as it relates to inappropriate eating choices (Forman & Butry, 2015).

Another study asserts that many times obese individuals underestimate the amount of food they are consuming and they tend to eat in a dissociated manner (Kristeller & Wolever, 2011). Therefore, mindful eating enhances intuitive eating whereby an individual relies on psychological satiety and hunger cues instead of dieting behaviors or emotional factors. It encourages a healthier approach by trying to reinstate a balance between the body and mind by connecting obese individuals with their innate inner cues of satiety and hunger (Grone, 2015).
A Baunilha, 2013). It strengthens the awareness of both the emotional and physical triggers to eat, thus individuals have the ability to trust in their body's capability to know what quantity to eat and when to eat while at the same time using other self-care strategies for the management of psychological distress.

Lastly, an increased self-compassion can serve as an extra mechanism through which mindfulness may benefit an individual through its ability to promote acceptance for body size and shape at the present moment. Family-based mindfulness (Schuckit & Wolever, 2011; Chiesa, Anelli, & Massi, 2014). While interventions based on mindfulness have been implemented with adult populations, the literature on their application among young populations is slowly gathering pace. To date, we have witnessed many similar programs being implemented among children in school, community, and health facilities.

Family Systems Theory (FST) in Weight Loss

Over the past few years, there has been a transformation in the realm of preventive and treatment services for obesity that prioritizes the expansion of interventions that focus on diverse factors. This is driven by the change in understanding that the obesity’s growth and development
Involves the interaction between different domains such as physiological, interpersonal and environmental factors. Studies are increasingly recognizing that enhancing treatment outcomes necessitates going beyond the sphere of personal factors (Denny, Loth, & Eisenberg, 2013). For instance, the eating behaviors among children are not instilled in a vacuum; rather they are hugely prejudiced by cultural and family factors. Therefore, integrating the family system into childhood obesity interventions has been viewed as a potential strategy for sustainable behavioral change (Neumark-Sztainer, Wall, Larson, Eisenberg, & Loth, 2011). A number of home environment characteristics have been cited as correlates of obesity with an ability to influence family members significantly. Eating-related parenting styles, eating practices in the home and relations in the family, play a key role in helping prevent obesity outcomes.

According to Jang and Whittemore (2015), Bowen’s Family Systems Theory posits that behavior change of one family member can affect other members’ behaviors. This theory offers a conceptual model of how family factors impact healthy behaviors of children. Specifically, some of the key variables that should be considered when coming up with behavior change programs include elements to enhance family functioning, such as improving authoritative style parenting, emotional expressiveness, parental monitoring, and social skills, as well as teaching children self-management skills to encourage positive attitudes towards weight loss programs. Overall, the
Family's social environment is positively linked to higher self-esteem and body satisfaction. These research findings reinforce the support for the inclusion of extra contextual factors, including enhancement of family relationships, in the upcoming phase of obesity treatment interventions.
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