



# Respectful, Evidence-Based Care for Children with Elevated BMI

Thursday, August 17: 11:00 am-12:00 pm EDT

The Q&A session was limited following this webinar due to time constraints. The speakers, Ashleigh Spitz and Racquel Ward, kindly answered questions that remained in the chat pod following the webinar.

## 1. What is the best approach when family members don't want to get involved and feel it is only the child's problem?

Racquel: It may be helpful to educate parents on the role each family member plays in contributing to a problem and it may require action steps from the family to create change. Recommend the family participate in family therapy where they can work with a therapist using the family systems approach to promote behavior change.

Psychiatrist Murray Bowen developed the family systems approach, also known as family systems therapy. The Bowen theory posts that family members respond to each other in habitual ways, according to their roles within the family and their unspoken relationship agreements. He understood that these behavior patterns can create balance but also may produce dysfunction. With this understanding in mind, the family systems approach helps people resolve issues in the context of the family unit. Bowen's family systems theory fosters insight into the family group dynamic, working with it to promote overall health.

Here are a couple links to learn more about family therapy:

<https://www.verywellmind.com/family-systems-therapy-definition-techniques-and-efficacy-5213785>

<https://www.newportacademy.com/resources/glossary/family-systems-approach/#:~:text=Family%20Systems%20Therapy%3A%20Three%20Main%20Approaches&text=Restructuring%20can%20include%20working%20on,that%20contribute%20to%20problem%20behavior.>



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Ashleigh: The Division of Responsibility as presented in the webinar is a tool that can shed light on the idea that both parent and child/teen have roles to play (or jobs to do) when it comes to eating and physical activity.

<https://www.ellynsatterinstitute.org/wp-content/uploads/2021/12/sDOR-tasks-cap-2022-Ellyn.pdf>

<https://www.ellynsatterinstitute.org/wp-content/uploads/2016/11/handout-dor-activity-2016.pdf>

At times it may also be helpful to share with parents/caregivers what is developmentally appropriate to expect from a child or teen. Placing undue blame or responsibility on the child is also often a defense mechanism for parents who may feel overwhelmed or to blame for their child's perceived "weight problem" or who were themselves blamed or teased in their family of origin. As Racquel discussed above, in these instances, family therapy is a great recommendation.

### **2. What approaches would you recommend for children who access foods at night, when the caregivers are sleeping?**

Racquel: From a food insecurity standpoint, children who are food insecure may hoard food because they are not sure when they will be able to eat again. Hoarding food helps them gain control of the situation and ensures they will have something to eat later in the day. It is also developmentally appropriate for children's appetites to fluctuate. As children grow, there may be times where there is an increase in appetite. Having a bowl of fruit, protein rich snacks or approved snacks that can be accessed in the middle of the night can be helpful.

Ashleigh: Additionally, making sure that kids are getting adequate nutrition during the day (participating in school breakfast and lunch and/or after-school meals or having these meals at home consistently) is foundational. Kids who do not get enough to eat during the day due to being restricted by well-meaning parents or food insecurity as Racquel discussed, or due to maladaptive habits like meal skipping, will be hungrier at night.

### **3. What are ways to modify the DoR recommendations for neurodivergent children? Particularly children on the spectrum that use screens to self-regulate?**

Ashleigh: I always remind parents that they are the expert of their child. While sDOR is an evidenced based and trauma-informed approach for kids who are neurodivergent, parents should know they can take what works and leave what doesn't for their child. While parents can be gently encouraged to try different approaches from what is most comfortable or routine for their neurodivergent child, they should never feel they are failing if they are not following the model perfectly. Here is a resource from the Marcus



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Autism center that acknowledges the same (“We recognize that every child is unique and that the content of this article may not work for everyone”):

<https://www.marcus.org/autism-resources/autism-tips-and-resources/tips-for-structuring-meals>

#### 4. What is the best way to collaborate with mental health professionals for patients?

Racquel: From my experience, having multiple professionals can be beneficial as the team can gain a better understanding of the patient’s life context, level of functioning and quality of life. Due to the various disciplines, there may be different or competing goals when using a multi-disciplinary team approach. It is important to have the team create treatments goals that can be followed up on by all team members and avoid multiple treatment plans, when possible, so the patient does not feel overwhelmed.

Here are some links to learn more about collaborative/integrative care:

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>

<https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-3-chapt-13-final.pdf>

<https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care#:~:text=Integrated%20care%20is%20a%20general,and%2For%20specialty%20medical%20services.>

#### 5. Have you seen any children in your practice where sudden weight that has been observed may be as a result of the child seeing being overweight makes them less attractive to someone who may molest them sexually?

Racquel: I have worked with children who were overweight and experienced sexual abuse; however, it was not discovered that them being overweight to avoid continued sexual abuse or prevent sexual abuse were related. There are studies that have explored the association between obesity and sexual abuse that could be read and provide more information.

Ashleigh: I have not personally seen this in practice however as Racquel mentioned, this is a theory that has been discussed in the original ACEs study and newly addressed in this paper: <https://link.springer.com/article/10.1007/s40519-021-01293-3>

The impact of trauma on body weight is discussed in this podcast episode as well: <https://seven-health.com/2020/10/114-weight-set-point/#9>