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### Obesity prevention among Latino youth: School counselors' role in promoting healthy lifestyles

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# OBESITY PREVENTION AMONG LATINO YOUTH: SCHOOL COUNSELORS' ROLE IN PROMOTING HEALTHY LIFESTYLES

*Given the burgeoning obesity problem among Latino youth and concomitant health problems (Spiotta & Luma, 2008), school counselors have begun to recognize the need for culturally sensitive programming to promote healthy lifestyles. More theoretical, evidence-based programs are needed, however, to ensure Latino youth receive appropriate interventions and services. This study provides a review of three theoretical perspectives and obesity prevention programs with recommendations to school counselors for implementing a comprehensive obesity prevention program for Latino youth.*

Obesity has become a major health risk among our nation's children. According to the Centers for Disease Control and Prevention (CDC), the prevalence of childhood obesity is a burgeoning problem, particularly among low-income and minority children (CDC, 2011). National rates of obesity are significantly high among low-income, preschool-aged children, with one out of seven low-income children being defined as obese. In 2009, the obesity rates of ethnic minority children also were high, with 20.7% of Native American children, 17.9% of Latino children, 11.9% of non-Latino Black children, and 11.9% of Asian/Pacific Islander children being defined as obese (CDC, 2011). The rising prevalence of obesity rates is of great concern given concomitant health problems, including high blood pressure, high cholesterol, and type 2 diabetes—all of which are precursors to cardiovascular disease (CDC, 2011).

Although obesity is not included in the DSM-IV-TR as a diagnosable eating disorder (American Psychiatric Association, 2000), the psychological effects of obesity, including low self-esteem and depression, have been well documented (Gable, Britt-Rankin, & Krull, 2008). In addition, obesity presents as a major risk factor for developing multiple co-occurring health conditions in children and adolescents, including hypertension, high cholesterol, and diabetes (Spiotta & Luma, 2008). Mental health- and school-related concerns also manifest in situations of obesity—namely a decreased sense of self-efficacy and higher rates

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of absenteeism (Larrier, Bakerson, Linton, Walker, & Woolford, 2011; Pérusse, Kailimang, & Krell, 2009). Childhood obesity also has been found to be related to poor academic performance (Taras & Potts-Datema, 2005), and researchers have recently begun to address ways that school counselors can prevent the negative consequences resulting from obesity (Larrier et al., 2011). More specifically, Pérusse et al. (2009) identified five empirically-based obesity prevention programs and provided suggestions for school counselor implementation. Ballard and Alessi (2006) addressed the deleterious effects of obesity on academic achievement, personal/social development, and career direction of youth and provided recommendations to address obesity. Given the negative effects on health, emotional well-being, and academic success, it behooves school counselors to prevent obesity among minority youth through teaming with educators and health professionals.

Recent studies conducted on obesity prevention, however, do not sufficiently represent minority populations (Kumanyika & Grier, 2006; Seo & Sa, 2008; Stevens, 2010). Seo and Sa (2008) conducted a meta-analysis of studies published between 1980 and 2006 on obesity interventions for minority adult populations and found only 24 studies that included at least a 50% ethnic minority sample, while only nine studies included 100%

## THE PREVALENCE OF CHILDHOOD OBESITY IS A BURGEONING PROBLEM, PARTICULARLY AMONG LOW-INCOME AND MINORITY CHILDREN.

minority participants. In a literature review of obesity prevention programs for children, Stevens (2010) found few studies that focused on ethnic minority children, including Latino youth. Not only is more research needed to promote obesity prevention among ethnic minorities, greater attention on implementing obesity interven-

tions among specific cultural groups is needed (Kumanyika, 2008).

One particular minority group that deserves attention with regard to the prevention of obesity is Latino youth. This population currently comprises the fastest-growing student population within U.S. schools (Fry, 2008). The estimated Latino school-aged population (i.e., ages 5-19) is likely to reach approximately 20.1 million by the year 2025 (U.S. Census Bureau, 2008). Moreover, numerous researchers have found higher obesity rates among Latino children and adolescents compared to their non-Latino White counterparts (Kaushel, 2009; Liu, Probst, Harun, Bennett, & Torres, 2009; Singh, Kogan, & Yu, 2009).

School counselors can take steps to promote healthy lifestyles early on to prevent obesity in older youth. A school counselor-driven obesity prevention program that employs physical activity can lead to successful outcomes when implemented with cultural sensitivity. Including physical activity in an obesity prevention program is essential because it serves as a way to increase the rate at which carbohydrates and fats are metabolized (Goran, Reynolds, & Lingquist, 1999). Strong et al. (2005) found that in order to prevent obesity, normal weight school-aged children should participate in at least one hour of moderate to vigorous physical activity most days of the week. McKenzie

et al. (1996) and Yetter (2009) have suggested that schools can serve as appropriate settings to increase physical activity among youth. Since schools are failing to provide enough physical activity to comply with these recommendations through general physical education classes alone, obesity prevention programs need to incorporate

sufficient opportunities for physical activity.

Due to the need for a combination of physical activity and life skill development to achieve sustained behavioral change, emotional well-being, and academic success, school counselors can take a central role in implementing an obesity prevention program. Their involvement can include delivery and coordination of services among a variety of school personnel, such as physical education teachers, health teachers, the school nurse, and parents. Taking a leadership role is aligned with the ASCA National Model (American School Counselor Association [ASCA], 2005) and the School Counselor Competencies (ASCA, 2007) and fully supports the multifaceted roles that school counselors assume, namely providing preventative and responsive services, collaborating with school stakeholders, and addressing school-wide issues (Bemak, 2000; Colbert, Vernon-Jones, & Pransky, 2006).

## COMPREHENSIVE APPROACH TO OBESITY PREVENTION

In developing and implementing obesity prevention programs for Latino youth, school counselors need cultural awareness that extends beyond the individual to the school, home, family, community, and society at large. Researchers have found various factors to be associated with obesity concerns and exercise practices among Latinos, including level of acculturation, socioeconomic status, and English language knowledge (Liu et al., 2009). For example, Liu and colleagues (2009) found that, compared to native English speaking Latino adolescents, Latino adolescents ages 10 to 17 years old who resided in homes in which English was not the first language were more likely to be obese and less likely to engage in physical exercise. How-

ever, they found that these relationships were significantly diminished when socioeconomic status was taken into account, thereby suggesting that level of English language knowledge may be unrelated to obesity. This finding implies that issues of poverty and residing in impoverished areas may be associated with higher obesity rates and decreased engagement in exercise.

Familial and corresponding cultural considerations also need to be made, particularly given the importance of implementing comprehensive school-based interventions that involve parents and/or caretakers. School counselors need to be aware of possible reasons why Latino parents may be apprehensive of participating. For example, Ramirez (2003) emphasized the possibility that some parents of Latino immigrant students may be afraid to get involved with school personnel due to undocumented immigration status and fear of being reported to immigration services. However, it has been widely documented that family involvement in childhood obesity prevention is an essential component to making health and dietary changes (Barroso et al., 2009; Levy & Petty, 2008; Yetter, 2009).

In addition to cultural and family considerations, having a greater appreciation for children's contextual environment is warranted. Kumanyika and Grier (2006) noted that urban communities tend to have fewer supermarkets per square mile compared to suburban areas, instead having more corner stores that offer less healthy food options. Borradaile et al. (2009) found that children in grades four through six frequently purchased energy-dense, low-nutrition foods and drinks at their local corner store. Additionally, Borradaile and colleagues found that over half of the participants (53.3%) reported shopping on a daily basis at corner stores, with the cost of items purchased being little more than \$1.00. The low cost and close vicinity of convenience stores to urban schools potentially contributes to the obesity problem among Latino youth populations.

Furthermore, researchers have noted that low-income urban children may engage in minimal physical activity, watch more television, and/or play video games, which may be due in part to residing in neighborhoods with few playgrounds and parks available to which parents feel safe sending their children (Kumanyika & Grier, 2006). Additionally, immigrants may reside in areas with an abundance of unhealthy meal options with images of larger female figures, while just a few miles away, neighborhoods have numerous gyms and many residents who are ob-

interventions, and provides recommendations on how school counselors can implement a comprehensive, culturally sensitive, childhood obesity prevention program for Latino youth, using the four major components of the ASCA delivery model. These components are responsive services, classroom guidance, system support, and consultation. The authors place particular emphasis on incorporating relevant cultural concerns, addressing key community resources, and promoting parent and/or caretaker involvement.

## A SCHOOL COUNSELOR-DRIVEN OBESITY PREVENTION PROGRAM THAT EMPLOYS PHYSICAL ACTIVITY CAN LEAD TO SUCCESSFUL OUTCOMES WHEN IMPLEMENTED WITH CULTURAL SENSITIVITY.

essed with achieving thinness (Keski-Rahkonen, 2005). These conflicting messages need to be considered in preventing obesity among Latino youth, particularly as Latino immigrants adapt to the dominant U.S. culture. Moreover, Latino immigrant youth may adapt to U.S. culture differently from their parents (Villalba, Akos, Keeter, & Ames, 2007), which could result in additional confusion when developing a healthy sense of self in terms of body image and healthy eating.

Given the significant increase in obesity among Latino youth coupled with the burgeoning Latino student population, it is imperative that school counselors address relevant cultural and contextual factors when implementing an obesity prevention program. Addressing cultural and contextual factors, however, must be accompanied by employing a theoretical foundation from which a program can be built. Consequently, this article reviews three theoretical frameworks that have been used in obesity prevention, including case examples and a discussion of empirically studied

## REVIEW OF THEORETICAL FRAMEWORKS AND SCHOOL-BASED INTERVENTIONS

Several childhood obesity prevention and intervention programs have been implemented, some of which follow a specific theoretical orientation to guide the intervention. However, not all obesity prevention and intervention studies explicitly use a theoretical framework. For example, in conducting a review of obesity prevention studies for middle school-aged, ethnic minority children, Stevens (2010) identified five out of eight studies that did not incorporate a theoretical perspective in their implementation. Incorporating a theoretical framework allows practitioners to trust that their interventions are grounded in research and allows programs to be replicated in other environments or continued

with other practitioners at later times. To that end, this article reviews three theoretical orientations that have been used in obesity prevention programs: solution-focused intervention, motivational interviewing, and social cognitive theory.

### **Solution-Focused Framework**

Solution-focused counseling is recommended as an effective way to address childhood obesity in school settings (Larrier et al., 2011) due to the goal-directed nature of the approach and the ability to implement strategies over a relatively short period of time (Metcalf, 2008; Sklare, 2005). The main objective of a solution-focused intervention is to assist students in identifying their goals to address a problem they have identified. It is a strength-based approach that (a) encourages individuals to build upon previous successes in their pursuit of

results in bigger changes through a ripple effect; (d) all students have the ability to overcome their challenges, and through the support of the school counselor, students' strengths are identified and built upon in the pursuit of resolving difficulties; and (e) school counselors assist students in developing and realizing a goal that is positive and desirable rather than constructing a goal of not engaging in something.

### **Solution-Focused Intervention**

A solution-focused approach has been used in obesity prevention programs; in particular, it was incorporated into a program called WATCH IT, a community-based program that was studied in the UK to address childhood obesity among children ages 8 to 16 years old (Rudolf et al, 2006). The intervention consisted of individual appointments with children and meetings with parents to provide

used, they indicated that trainers assisted children in identifying “what works” (Rudolf et al., p. 736).

### **Solution-Focused Case Example**

In order to apply a solution-focused approach to obesity prevention, school counselors could engage students in identifying goals and solutions regarding healthy eating and lifestyle practices that are strength-based and positive in nature. For example, in meeting individually or in a group setting with students, a school counselor may engage in the following interaction.

Student: I can't change my eating habits; I don't have time.

School counselor: Things are so busy for you that you don't have time to eat healthy snacks and meals?

Student: Yeah, it's easier to just buy a snack at the convenience store or vending machine.

School counselor: What if it was possible to eat healthy and it didn't take any more time?

Student: That would be good. How can I do that?

School counselor: So, you're interested in learning ways to incorporate healthier foods into your day?

Student: Yeah, I guess so, but how can I do that?

School counselor: Great! Let's identify ways that would work for you.

The school counselor can then continue to work with the student to outline possible ways to introduce healthy snacks and meals into the student's daily routine that do not require additional time compared to eating unhealthy foods. In a group discussion, the school counselor can engage group members to share ideas in promoting healthy eating that are not time-consuming.

### **Motivational Interviewing Framework**

Motivational interviewing is a directive, client-centered approach that en-

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reaching current and future goals, and (b) is aligned with the literature addressing school counselors' development of multicultural competency with minority students (Murphy, 2008). In other words, school counselors promote and celebrate cultural diversity by promoting positive engagement and showcasing students' successes.

According to Sklare (2005), some of the main tenets of solution-focused counseling include the following: (a) counseling interventions should emphasize seeking solutions rather than spending time focusing on problems; (b) each problem a student expresses can be turned into a solution; (c) making even the smallest change eventually

encouragement and support. Group interventions in the program included sport activities and group sessions with parents. Non-professional trainers who led the sessions were trained in how to use solution-focused approaches. The results of the study indicated a significant decrease in body mass index (BMI) across participants upon completion of the six-month program. Moreover, as measured through interviews and focus groups, the participants reported increased self-confidence and self-esteem and decreased engagement in self-harming behaviors. Although the researchers did not specify which particular solution-focused interventions were



courages the identification of self-motivating statements through empathic listening (Miller & Rollnick, 2002). It has been widely used with individuals ambivalent about or resistant to making changes and has been successful in treating substance-related addictions and addressing health-related issues (Resnicow, Davis, & Rollnick, 2006). When school counselors use a motivational approach to shape the interview process, they foster collaboration with students in exploring ways to instill motivation through an egalitarian relationship rather than through exerting undue power over the student. They evoke change and motivation through listening to the student rather than telling or teaching the student what to feel or do. Thus, rather than imparting education, school counselors engage in evocation to engender a student's sense of intrinsic motivation to change.

With this approach, school counselors value students' autonomy in making the decision to change. In other words, the responsibility to make a change rests with the student, and the school counselor respects the student's right and ability to achieve self-direction.

In addition to being present with the student in the three aforementioned ways, motivational interviewing is founded on four guiding principles that underlie specific treatment strategies used to facilitate the change process (Miller & Rollnick, 2002). First, expressing empathy is a fundamental attribute of motivational interviewing and is implemented throughout the counseling relationship by following a client-centered approach. The second principle, developing discrepancy, entails directing students to move away from an ambivalent perspective toward positive change. For example, the school counselor can engage students in a group discussion to facilitate increased awareness regarding the cost of their present condition (obesity and unhealthy eating lifestyle practices) to perceived positive outcomes of behavior change (decrease in weight and increase in healthy eating and better lifestyle practices). The third principle of motivational interviewing involves

what is called rolling with resistance. This process consists of respecting the student's position and following the flow of resistance to change rather than the school counselor raising opposition. The student is encouraged to consider new perspectives in a manner that promotes the student's ability to generate solutions to problems instead of the school counselor providing suggestions to resolving problems. Resnicow and colleagues (2006) gave the following example of what rolling with resistance might look like when working with a parent of an obese

## ISSUES OF POVERTY AND RESIDING IN IMPOVERISHED AREAS MAY BE ASSOCIATED WITH HIGHER OBESITY RATES AND DECREASED ENGAGEMENT IN EXERCISE.

child. The parent is provided information through a process of eliciting the parent's understanding and information needs. The counselor might ask, "How do you make sense of what I shared with you?" In contrast, a traditional counselor might say, "It is essential that your child take control of his or her eating and lifestyle practices before it turns into a health issue." The position of the traditional counselor seeks to instill motivation through sharing potential negative consequences, whereas a counselor who uses motivational interviewing shifts the focus onto the parent who identifies his or her needs rather than the counselor identifying what should take place. Last, supporting self-efficacy is essential in motivational interviewing so that students can feel confident choosing and implementing the necessary steps to make their desired changes.

### Motivational Interviewing Intervention

Several studies focusing on adult obesity prevention have used motivational interviewing but few have targeted childhood obesity (Resnicow et al., 2006). In one study, Schwartz

and colleagues (2007) implemented motivational interviewing strategies within a pediatric office setting among parents and children to address obesity concerns. Their findings indicated that there was a significant decrease in BMI percentiles among the participants (ranging from 0.6 to 2.6 across the three intervention groups), and parents reported that the intervention helped them to consider alternative eating practices. Despite the positive outcome of this study, only one pilot study, to our knowledge, has used motivational interviewing in a school setting to ad-

dress childhood obesity. In this study, Flattum, Friend, Neumark-Sztainer, and Story (2009) implemented an obesity prevention program called New Moves, which focused on increasing physical activity, eating healthy, and obtaining social support, while including motivational interviewing as part of the support and goal-setting process. The researchers concluded that the use of motivational interviewing in a school setting was feasible in supporting participants toward achieving healthy lifestyle changes.

### Motivational Interviewing Case Example

In leading a group intervention focusing on obesity prevention, school counselors can encourage students to share thoughts and feelings associated with achieving healthy lifestyle changes. Rather than telling students what they need to do to achieve this goal, school counselors can engage students in a discussion to define goals and identify steps to achieve their objectives. School counselors may use the following prompts within a group setting to increase youths' awareness of obesity prevention and achieving healthy lifestyles: "We are

all here today to share ideas about achieving a healthy lifestyle. What would a healthy lifestyle look like for you? What would help you to achieve this goal?” In order to promote self-efficacy, school counselors can share the prompt, “I have confidence that all of you will be successful in achieving your goal. You have all shared examples of previous successes, like when Luis told us about his playing with his Wii instead of his videogames. What are ways that you can build upon this success?”

### **Social Cognitive Theory Framework**

Social cognitive theory (SCT) has been used in school settings to prevent childhood obesity (Contento, Koch, Lee, Sauberli, & Calabrese-Barton, 2007; Levy & Petty, 2008). SCT, as it applies to promoting health and self-efficacy, was developed in large part by Albert Bandura (2004). In his

goals and goal achievement strategies that intrinsically support one’s value system (Bandura, 2004). In addition to setting value-laden goals, the core determinant of recognizing and understanding structural barriers or impediments to achieving one’s goals is essential. This includes recognizing the perceived facilitators and obstacles to obtaining the identified health goals. More specifically, the individual examines interpersonal relationships within the family, social network, community, school, and other systems that affect goal achievement. Structural barriers that may be present due to socioeconomic status, residence, and environment would also need to be considered insofar as they facilitate and/or impede positive health habits (Bandura, 2004; Kumanyika & Grier, 2006). The explicit focus on personal and situational factors that extend beyond intrapersonal factors to include

Another study conducted at an after-school program in Atlanta, GA, which included 25 Latino children, ages 5 to 11, used SCT to address childhood obesity (Annesi, Pierce, Bonaparte, & Smith, 2009). The researchers implemented the Youth Fit for Life program over a 12-week period, which focused on incorporating non-competitive games and exercises combined with nutrition instruction, self-management, and self-regulatory skills based on Bandura’s SCT. They reported significant improvements in reducing BMI, while developing strength, cardiorespiratory fitness, and flexibility among participants. They also suggested that the use of self-management and self-regulatory skills appeared to be effective but emphasized the need for additional research in this area.

### **Social Cognitive Theory Case Example**

School counselors can employ SCT through individual counseling, group counseling, and family involvement. Because some of the tenets of SCT, such as focusing on goal-setting and self-efficacy, were presented in the motivational interviewing case example, the authors here describe how school counselors can assist students and parents/caretakers in overcoming potential barriers to achieving healthy lifestyle habits, while appreciating and celebrating unique cultural perspectives. A school counselor might initiate a discussion with a parent as follows: “Tell me about some of the challenges you encounter when you bring your child to the playground. What are some helpful ways to address the neighborhood safety concerns? Is it possible to meet up with other parents in a place where it is safe for your kids to play? Tell me about your food traditions and your child’s favorite dish. How do you manage frequent requests for fast food that is readily available in your neighborhood?” These are some suggestions that school counselors can use that recognize sociocultural and environmental barriers that may impede goal attainment.

## **ADDRESSING CULTURAL AND CONTEXTUAL FACTORS, HOWEVER, MUST BE ACCOMPANIED BY EMPLOYING A THEORETICAL FOUNDATION FROM WHICH A PROGRAM CAN BE BUILT.**

work, Bandura identifies a “core set of determinants” (p. 144) through which individuals can achieve a healthy lifestyle and prevent diseases. The first core determinant includes developing an understanding or knowledge of a condition (obesity) and associated health risks and benefits of particular health practices. Next, in order for change to take place, perceived self-efficacy is required so that individuals can exert control over their health behaviors. The third core determinant includes expectations of outcomes regarding the cost versus benefit of carrying out a specific set of behaviors needed to address health concerns. Individuals weigh the cost and benefit of making dietary and physical activity changes insofar as their health status is impacted.

Another core determinant of health practices consists of making long-term

the family, community, and society helps to ensure that culturally-sensitive interventions are provided for Latino youth.

### **Social Cognitive Theory Intervention**

Social cognitive theory was used in a school-based study, called Choice, Control, and Change, implemented by science teachers to promote healthy eating and physical activity among middle school children (Contento et al., 2007). A 24-session curriculum was presented to 278 students (including 70% Latino students) across 19 science classrooms. The curriculum focused on developing specific eating and physical activity behaviors. The researchers found significant improvement in health behaviors and increased positive self-efficacy among participants.

# A COMPREHENSIVE, SCHOOL-BASED OBESITY PREVENTION PROGRAM

This section presents an obesity prevention program that school counselors could implement among Latino children using, as an example, one of the three theoretical perspectives described above. For the purpose of demonstration, the authors use SCT as the theoretical framework and employ an evidence-based approach to program implementation. The program also incorporates culturally-sensitive factors specific to Latino youth.

Employing SCT requires attention to the four core determinants. First, the program should facilitate an understanding among Latino youth of obesity and its consequences. In doing so, school counselors should involve parents and students in defining obesity with respect to cultural norms and expectations. For example, a school-based program could model the Lifestyle Education for Activity Program (Pate et al., 2005), by enlisting parents and communities' social support for students. One way to solicit parental involvement is to hold a dance recital at the conclusion of the program that requires parent volunteers and is delivered to an audience of parents, along with community members and school faculty. Additionally, Spanish language teachers may have Latino cultural knowledge and can, therefore, serve as valuable informants when determining how to culturally define obesity and identify culturally relevant activities to showcase students' successes. School counselors may consider inviting Spanish language teachers and physical education teachers to incorporate into their classroom assignments the work leading toward the final dance recital, thereby increasing the incentive for student participation.

Second, in order for change to take place, perceived self-efficacy is

required. In fostering a sense of self-efficacy, school counselors need to consider the possibility that Latino youth and parents may endorse a strong sense of collectivism, family connectedness, and spirituality (Campesino & Schwartz, 2006). Spanish language teachers and Latino parent volunteers may serve as valuable assets in exploring this component of Latino culture. School counselors also may consider recruiting humanities teachers or social studies teachers to create a culturally relevant research assignment for students to further explore Latino culture. In terms of promoting self-efficacy, school counselors can foster co-creative activities among participants, whereby physical activities and subsequent lifestyle discussions are developed by the students and implemented through school counselor mentorship and parent engagement. School counselors can incorporate family connectedness through youth delivering a dance performance to their families, program coordinators soliciting parent volunteers to staff the program, and program coordinators holding weekly family challenges that allow all family members to participate in aspects of the program. For example, a family challenge could be for families to attempt to integrate a one mile walk together weekly, organized by the student. Given the potential for neighborhoods

some of the cultural nuances and impediments to change that a Latino population may encounter, such as acculturation to the U.S., socioeconomic status, neighborhood characteristics, school settings, parental attitudes and behaviors (Kumanyika & Grier, 2006), and body image among women (Keski-Rahkonen, 2005). These cultural components could be addressed through engaging in active outreach to parents and providing culturally-relevant information in Spanish. Additionally, school counselors can connect students and family members to relevant community-based resources, such as after-school programs and reasonably-priced healthy food options (e.g., neighborhood farmer's market). During each counseling session, in addition to facilitating group discussions on topics pertaining to healthy lifestyle habits, school counselors can incorporate culturally-relevant activities, such as jump rope and dancing.

In addition to providing culturally-appropriate interventions, school counselors must also recognize potential impediments to engagement, such as mistrust of school officials, work schedules, child care needs, and other familial obligations (Oullette & Wilkerson, 2008). More specifically, Latino parents may not readily approach school officials out of deference toward individuals perceived to be in

**IN FOSTERING A SENSE OF SELF-EFFICACY, SCHOOL COUNSELORS NEED TO CONSIDER THE POSSIBILITY THAT LATINO YOUTH AND PARENTS MAY ENDORSE A STRONG SENSE OF COLLECTIVISM, FAMILY CONNECTEDNESS, AND SPIRITUALITY.**

in low income areas to be dangerous, school counselors can encourage family members to never walk alone, avoid poorly lit areas, and communicate their walking route and time of departure to a friend or family member.

Third, a realistic set of outcomes should be presented that recognizes

positions of power (Ramirez, 2003). As such, school counselors must actively engage students and parents throughout program implementation, while being flexible in setting meeting times and locations. One possibility is for school counselors to hold informative sessions in community centers



## ONE POSSIBILITY IS FOR SCHOOL COUNSELORS TO HOLD INFORMATIVE SESSIONS IN COMMUNITY CENTERS WITHIN THE LOCAL NEIGHBORHOODS.

within the local neighborhoods. These sessions could inform families of the nature and objectives of an obesity prevention program, while soliciting feedback and involvement from family members on implementation.

Finally, an effective prevention program should include realistic and specific goals and goal achievement strategies, such as lower BMI, lower resting heart rate, lower blood pressure, increased knowledge of healthy dietary practices, and increased self-efficacy. When establishing goals with students and parents, school counselors should consider the values and belief system of Latino children and their families and be aware of available resources. Residents in an urban area can use their location as a key resource. Typical urban areas have churches close to home, sidewalks to provide safe walking spaces, and homes that are close together, allowing urban residents to walk to a variety of places to increase their physical activity on a daily basis.

A successful program should have immediate and distal outcomes. Immediate outcomes refer to the assessment of immediate effects of the intervention, while distal outcomes refer to the effects of an intervention on the specific outcomes the intervention is designed to address. For example, due to the abundance of Latino youth residing in unsafe neighborhoods (Kumanyika & Grier, 2006), an immediate outcome might be increased participation of Latino youth in school-based sports. Distal outcomes might include sustained behavioral change around healthy eating and exercise following program completion. To facilitate distal outcomes, school counselors can provide referrals to community-based organizations that offer summer sport/physical activity programs. Allowing youth to co-create their immediate and

future goals with the school counselor will empower them to take ownership over their health.

In using an SCT framework, adopting an evidence-based approach is beneficial. For a program to successfully serve the Latino youth community, the interventions it employs must be determined by a data-based decision-making process leading to an ultimate desired change (Dimmitt, Carey, & Hatch, 2007) specific to Latino youth. One way to evaluate the success of an intervention is to create and distribute a survey prior to and following the intervention that addresses the attitudes, behaviors, and knowledge in which school counselors are hoping to effect change. Since school counselors receive graduate training in evidence-based practice, they can use a statistical software program to determine whether students' attitudes, behaviors, and knowledge show a statistically significant difference prior to the intervention and upon its completion. A particularly useful tool for school counselors to analyze data is called EZAnalyze (Poynton, 2007), which is a free add-in for Microsoft Excel. The data results can help school counselors determine whether a change in intervention is warranted.

In accordance with the ASCA National Model (ASCA, 2005) and School Counselor Competencies (2007), the authors discuss below how program implementation might look through individual and group counseling, classroom guidance lessons, parent training, and faculty and staff training.

### Individual and Group Counseling

School counselors are in a unique position to learn and understand the intricacies about why youth may be overweight. For example, although

cultural influences on obesity exist within the Latino community, a child may be overeating due to a non-culturally relevant reason, such as depression or anxiety. In this case, a school counselor can provide the student with appropriate mentoring and referral, as needed. For students who are obese due to lifestyle behaviors, school counselors can use individual counseling to supplement the group counseling portion of the obesity prevention program. This more individualized attention might ignite greater motivation and enthusiasm among students.

A suitable supplement to an obesity prevention program, or a component of the program, is small group sessions (i.e., six to eight students) targeting groups with similar interests or reasons for their choices. For example, a group of students who are physically active but lack nutritional awareness might benefit more from targeted small group counseling sessions focusing on gaining nutritional knowledge than would a group of inactive students with the knowledge, but not the motivation, to make a behavior change. Incorporating group counseling into the fight against obesity may allow for more targeted conversations about barriers to and strategies for success.

### Classroom Guidance Lessons

As previously mentioned, school counselors can collaborate with other stakeholders to support students in making informed and healthy decisions. School counselors can encourage teachers to incorporate healthy behaviors into their classroom lessons, while fostering this learning in their own classroom guidance lessons. For example, school counselors could adapt the Youth Fit for Life program presented by Annesi and colleagues (2009), which employs a SCT framework and can be implemented over 12 weeks. The ASCA National Model (ASCA, 2005) supports school counselors teaching guidance lessons; therefore, helping students learn about and develop behaviors consistent with healthy living falls within the responsibilities of a school counselor.

## Parent, Faculty, and Staff Training

Opportunities for parental involvement in children's development of healthy behaviors will allow parents to feel involved and empowered. By holding informative sessions about the program, encouraging parents to volunteer for program-related activities, and soliciting advice from parents about how to address concerns and develop students' success in healthy living, school counselors can partner with parents to develop best practices.

School-wide participation is imperative to the success of an obesity prevention program. By leading an informational session, visiting classrooms, distributing fliers, and reaching faculty and staff members through other means, school counselors can increase the likelihood of program success by ensuring that most, if not all, faculty and staff share a similar vision. The inclusion and support of administration is vital, as the leadership of the school often sets the precedent for other faculty. Asking faculty and staff to contribute to the obesity prevention program by employing specific strengths and techniques related to their particular disciplines is more likely to increase faculty and staff cooperation and provide opportunities to reach students through a variety of mediums. For example, if an obese student is not interested in physical activity but is interested in literature, reading a book about the role of Latino heritage and culture in present day health behavior might inspire that student to look at his or her own attitudes, skills, and knowledge around healthy eating and activities.

## CONCLUSION

Given the obesity problem among Latino youth (Spiotta & Luma, 2008), more effective school-based obesity prevention programs are needed. A comprehensive, school-based obesity prevention program designed for Latino youth using a SCT framework includes a combination of physical activity, nutrition education, and

development of self-efficacy. It creates opportunities for parental and community engagement, incorporates key resources and stakeholders, and follows a curriculum that recognizes specific Latino cultural values. School counselors are situated in an exciting and pivotal position, with the potential to empower Latino youth to live healthier, more well-balanced lives. ■

## REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC: Author.
- American School Counselor Association. (2005). *The ASCA National Model: A framework for school counseling programs* (2nd ed). Alexandria, VA: Author.
- American School Counselor Association. (2007). *School Counselor Competencies*. Alexandria, VA: Author.
- Annesi, J. J., Pierce, L. L., Bonaparte, W. A., & Smith, A. E. (2009). Preliminary effects of the Youth Fit for Life Protocol on body mass index in Mexican American children in YMCA before- and after-school care programs. *Hispanic Health Care International*, 7(3), 123-129. doi:10.1891/1540-4153.7.3.123
- Ballard, M. B., & Alessi, H. D. (2006). The impact of childhood obesity on academic, personal/social, and career development: Implications for professional school counselors. *Journal of School Counseling*, 4(4). Retrieved from <http://jsc.montana.edu/articles/v4n4.pdf>
- Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior*, 31, 143-164. doi:10.1177/1090198104263660
- Barroso, C. S., Kelder, S. H., Springer, A. E., Smith, C. L., Ranjit, N., Ledingham, C., & Hoelscher, D. M. (2009). Senate Bill 42: Implementation and impact on physical activity in middle schools. *Journal of Adolescent Health*, 45, S82-S90. doi:10.1016/j.jadohealth.2009.06.017
- Bardick, A. D., Bernes, K. B., McCulloch, A. R. M., Witko, K. D., Spriddle, J. W., & Roest, A. R. (2004). Eating disorder intervention, prevention, and treatment: Recommendations for school counselors. *Professional School Counseling*, 8(2), 168-174.
- Batsche, G., Kavale, K., & Koveleski, J. (2006). Response to intervention: Competing views. *Assessment for Effective Intervention*, 32, 6-20. doi:10.1177/15345084060320010301
- Bemak, F. (2000). Transforming the role of the school counselor to provide leadership in educational reform through collaboration. *Professional School Counseling*, 3, 323-331.
- Borradaile, K. E., Sherman, S., Vander Veer, S. S., McCoy, T., Sandoval, B., Nachmani, J., ... Foster, G. D. (2009). Snacking in children: The role of urban corner stores. *Pediatrics*, 124, 1293-1298. doi:10.1542/peds.2009-0964
- Campesino, M., & Schwartz, G. E. (2006). Spirituality among Latinas/os implications of culture in conceptualization and measurement. *Advances in Nursing Science*, 29(1), 69-81. PMID:16495689
- Centers for Disease Control and Prevention. (2011). *Obesity among low-income pre-school children*. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/obesity/downloads/PedNSSFactSheet.pdf>
- Colbert, R. D., Vernon-Jones, R., & Pransky, K. (2006). The school change feedback process: Creating a new role for counselors in education reform. *Journal of Counseling & Development*, 84, 72-82.
- Contento, I. R., Koch, P. A., Lee, H., Sauberli, W., & Calabrese-Barton, A. (2007). Enhancing personal agency and competence in eating and moving: Formative evaluation of a middle school curriculum—Choice, control, and change. *Journal of Nutrition Education and Behavior*, 39(5), S179-S186. doi:10.1016/j.jneb.2007.02.006
- Dimmitt, C., Carey, J., & Hatch, T. (2007). *Evidence-based school counseling: Making a difference with data-driven practices*. Thousand Oaks, CA: Corwin Press.
- Flattum, C., Friend, S., Neumark-Sztainer, D., & Story, M. (2009). Motivational interviewing as a component of a school-based obesity prevention program for adolescent girls. *Journal of the American Dietetic Association*, 109, 91-94. doi:10.1016/j.jada.2008.10.003
- Fry, R. (2008). The role of schools in the English language learner achievement gap. *Pew Hispanic Center, June 28, 2008*. Retrieved from <http://pewhispanic.org/files/reports/89.pdf>

- Gable, S., Britt-Rankin, J., & Krull, J. L. (2008). *Ecological predictors and developmental outcomes of persistent childhood overweight*. (Contractor and Cooperator Report No. 42, Economic Research Services). Washington, D.C.: United States Department of Agriculture.
- Glasgow, R.E., Vogt, T.M., & Boles, S.M. (1999). Evaluating the public health impact of health promotion interventions: The RE-AIM framework. *American Journal of Public Health, 89*, 1322-1327. doi:10.2105/AJPH.89.9.1322
- Hook, J. V., & Baker, E. (2010). Big boys and little girls: Gender acculturation and weight among young children of immigrants. *Journal of Health and Social Behavior, 51*(2), 200-214. doi:10.1177/0022146510372347
- Goran, M. I., Reynolds, K. D., & Lindquist, C. H. (1999). Role of physical activity in the prevention of obesity in children. *International Journal of Obesity, 23*(Suppl. 3), S18-S33. doi:10.1038/sj.ijo.0800880
- Kaushal, N. (2009). Adversities of acculturation? Prevalence of obesity among immigrants. *Health Economics, 18*, 291-303. doi:10.1002/hec.1368
- Keski-Rahkonen, A. (2005). Acculturation, obesity, and eating disorders. *European Eating Disorders Review, 13*, 297-300. doi:10.1002/erv.663
- Kumanyika, S. (2008). Ethnic minorities and weight control research priorities: Where are we now and where do we need to be? *Preventative Medicine, 47*, 583-586. doi:10.1016/j.ypmed.2008.09.012
- Kumanyika, S. K., & Grier, S. (2006). Targeting interventions for ethnic minority and low-income populations. *The Future of Children, 16*(1), 187-207. doi:10.1353/foc.2006.0005
- Larrier, Y. I., Bakerson, M. A., Linton, J. M., Walker, L. R., & Woolford, S. J. (2011). The role of school counselors in the childhood obesity epidemic. *Journal of School Counseling, 9*(3). Retrieved from <http://www.jsc.montana.edu/articles/v9n3.pdf>
- Levy, L. Z., & Petty, K. (2008). Childhood obesity prevention: compelling challenge of the twenty-first century. *Early Child Development and Care, 178*(6), 609-615. doi:10.1080/03004430600852072
- Liu, J., Probst, J. C., Harun, N., Bennett, K. J., & Torres, M. E. (2009). Acculturation, physical activity, and obesity among Hispanic adolescents. *Ethnicity & Health, 14*(5), 509-525. doi:10.1080/13557850902890209
- McKenzie, T., Nader, P., Strikmiller, P., Yang, M., Stone, E., Perry, C.,...Kelder, S. (1996). School physical education: Effect of the child and adolescent trial for cardiovascular health. *Preventative Medicine, 25*(4), 423-431. doi:10.1006/pmed.1996.0074
- Metcalf, L. (2008). *Counseling toward solutions: A practical solution-focused program for working with students, teachers, and parents* (2nd ed.). San Francisco, CA: Jossey-Bass.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: Guilford Press.
- Murphy, J. J. (2008). *Solution-focused counseling in schools* (2nd ed.). Alexandria, VA: American Counseling Association.
- O'Dea, J. A. (2004). School-based health education strategies for the improvement of body image and prevention of eating problems. *Health Education, 105*(1), 11-33. doi:10.1108/09654280510572277
- Ouellette, P. M., & Wilkerson, D. (2008). "They won't come": Increasing parent involvement in parent management training programs for at-risk youths in schools. *School Social Work Journal, 32*(2): 39-53.
- Pate, R., Ward, D., Saunders, R., Felton, G., Dishman, R., & Dowda, M. (2005). Promotion of physical activity among high school girls: A randomized controlled trial. *American Journal of Public Health, 95*(9), 1582-1587. doi:10.2105/AJPH.2004.045807
- Pérusse, R., Kailimang, L., & Krell, M. (2009). Closing the obesity achievement gap: Evidence-based practices that school counselors can help implement. *Journal of School Counseling, 7*(23). Retrieved from <http://www.jsc.montana.edu/articles/v7n23.pdf>
- Phend, C. (2010). *Eating disorder awareness urged for pediatricians*. Retrieved from <http://www.medpagetoday.com/Pediatrics/EatingDisorders/23621>
- Poynton, T.A. (2007). EZAnalyze Version 3.0 [Computer software and manual]. Retrieved from <http://www.ezanalyze.com>
- Ramirez, A. Y. F. (2003). Dismay and disappointment: Parental involvement of Latino immigrant parents. *The Urban Review, 35*(2), 93-110. doi:10.1023/A:1023705511946
- Resnicow, K., Davis, R., & Rollnick, S. (2006). Motivational interviewing for pediatric obesity: Conceptual issues and evidence review. *Journal of the American Dietetic Association, 106*, 2024-2033. doi:10.1016/j.jada.2006.09.015
- Rudolf, M., Christie, D., McElhone, S., Sahota, P., Dixey, R., Walker, J., & Wellings, C. (2006). WATCH IT: A community-based programme for obese children and adolescents. *Archives of Disease in Childhood, 91*, 736-739. doi:10/1136/adc.2005.089896
- Schwartz, R. P., Hamre, R., Dietz, W. H., Wasserman, R. C., Slora, E. J., Myers, E. F.,...Resnicow, K. A. (2007). Office-based motivational interviewing to prevent childhood obesity. *Archives of Pediatrics and Adolescent Medicine, 161*(5), 495-501. doi:10.1001/archpedi.161.5.495
- Seo, D. C., & Sa, J. (2008). A meta-analysis of psycho-behavioral obesity interventions among US multiethnic and minority adults. *Preventative Medicine, 47*(6), 573-582. doi:10.1016/j.ypmed.2007.12.010
- Singh, G. P., Kogan, M. D., & Yu, S.M. (2009). Disparities in obesity and overweight prevalence among US immigrant children and adolescents by generational status. *Journal of Community Health, 34*, 271-281. doi:10.1007/s10900-009-9148-6
- Sklare, G. B. (2005). *Brief counseling that works: A solution-focused approach for school counselors and administrators* (2nd ed.). Thousand Oaks, CA: Corwin Press.
- Spiotta, R. T., Luma, G. B. (2008). Evaluating obesity and cardiovascular risk factors in children and adolescents. *American Family Physician, 78*(9), 1052-1058. PMID:19007051
- Stevens, C. J. (2010). Obesity prevention interventions for middle school-age children of ethnic minority: A review of the literature. *Pediatric Nursing, 15*(3), 233-243. doi:10.1111/j.1744-6155.2010.00242.x
- Strong, W. B., Malina, R. M., Blimke, D. J. R., Daniels, S. R., Dishman, R. K., Gutin, B.,...Trudeau, F. (2005). Evidence based physical activity for school-age youth. *The Journal of Pediatrics, 146*, 732-737. doi:10.1016/j.jpeds.2005.01.055
- Sussner, K. M., Lindsay, A. C., Greaney, M. L., & Peterson, K. E. (2008). The influence of immigrant status and acculturation on the development of overweight in Latino families: A qualitative study. *Journal of Immigrant Minority Health, 10*, 497-505. doi:10.1007/s10903-008-9137-3

Taras, H., & Potts-Datema, W. (2005).

Obesity and student performance at school. *Journal of School Health, 75*(8), 291-295.

U.S. Census Bureau. (2008). *Projections of the Hispanic population (any race) by age and sex for the United States: 2010 to 2050*. [np2008-table 20]. Retrieved from <http://www.census.gov>

Villalba, J., Akos, P., Keeter, K., & Ames, A. (2007). Promoting Latino student achievement and development through the ASCA National Model. *Professional School Counseling, 10*(5), 464-474.

Wang, M. (2009). School climate support for behavioral and psychological adjustment: Testing the mediating effect of social competence. *School Psychology Quarterly, 24*(4), 240-251. doi:10.1037/a0017999

Yetter, G. (2009). Exercise-based school obesity prevention programs: An overview. *Psychology in the Schools, 46*(8), 739-747. doi:10.1002/pits.20412

