The Importance of Addressing Weight-based Bullying with Your Pediatric Patients

Speakers:
Rebecca Puhl, PhD | Yale Rudd Center for Food Policy & Obesity
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Angie Hasemann, RD, CSP | Practicing Registered Dietitian
Scott Kahan, MD, MPH | Strategies to Overcome and Prevent (STOP) Obesity Alliance
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**Purpose of the Course:**
This webinar will focus on the topic of weight-based bullying. A discussion about weight-based bullying including testimonials from practice, discussion of resources available to support healthcare professionals and the opportunity to dialog with an expert panel on this important and timely topic.
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<th>Relevant Financial Relationship</th>
<th>Name of Commercial Interest(s)*</th>
<th>Disclosure of Off-Label (Unapproved)/Investigational Uses of Products</th>
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<tbody>
<tr>
<td>Sandra Hassink, MD, FAAP</td>
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<td>Do Not Intend to Discuss</td>
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<tr>
<td>Faculty</td>
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<tr>
<td>Angie Hasemann, RD</td>
<td>NO</td>
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<td>Do Not Intend to Discuss</td>
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<tr>
<td>Scott Kahan, MD, MPH</td>
<td>NO (has financial relationship but is NOT relevant to this educational activity)</td>
<td>Vivus Pharmaceuticals (Speakers’ Bureau and Scientific Advisory Board) Eisai Pharmaceuticals (Speakers’ Bureau and Scientific Advisory Board)</td>
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<td>Rebecca Puhl, PhD</td>
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Live webinar course via GoToWebinar

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NEW!: This program is approved for RDs, RDNs and DTRs under Activity Type 175 in accordance with CDR guidelines. RDs and RDNs may claim up to 15 CPEUs under this CPE Activity Type in a recertification cycle; DTRs may claim up to 10 CPEUS. For additional information, please visit http://cdrnet.org/new-recorded-preapproved-CPE-activity-type.
At the conclusion of this activity, participants will be able to...

- Describe the topic of weight-based bullying among youth.
- Recognize commons signs and symptoms associated with weight-based bullying in the pediatric population.
- Identify strategies and resources available to support pediatricians and healthcare professionals in addressing weight-based bullying with their pediatric patients.
The Prevalence and Seriousness of Weight Bullying: A Look at the Data

Rebecca M. Puhl, PhD
Deputy Director
Rudd Center for Food Policy & Obesity
Yale University
Disclosure Statement

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The majority of you indicated you're in direct patient care. Have you cared for a child that experienced bullying?
Fat is the new ugly on the playground

By Katia Hetter, Special to CNN
updated 12:25 PM EDT, Fri March 16, 2012
National Education Association (1994)

“For fat students, the school experience is one of ongoing prejudice, unnoticed discrimination, and almost constant harassment”

“From nursery school through college, fat students experience ostracism, discouragement, and sometimes violence”
Figure 5. Percentage of Staff Who Reported that Bullying Behaviors Were a Moderate/Major Problem

<table>
<thead>
<tr>
<th>Nature of the Bullying</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Orientation</td>
<td>13 ESPs</td>
</tr>
<tr>
<td>Disability</td>
<td>11 ESPs</td>
</tr>
<tr>
<td>Weight</td>
<td>21 ESPs</td>
</tr>
<tr>
<td></td>
<td>24 Teachers</td>
</tr>
<tr>
<td>Sexist Remarks</td>
<td>17 ESPs</td>
</tr>
<tr>
<td></td>
<td>21 Teachers</td>
</tr>
<tr>
<td>Racial Remarks</td>
<td>13 ESPs</td>
</tr>
<tr>
<td></td>
<td>19 Teachers</td>
</tr>
<tr>
<td>Religious Remarks</td>
<td>6 ESPs</td>
</tr>
<tr>
<td></td>
<td>6 Teachers</td>
</tr>
</tbody>
</table>
Preschool

Weight bias is expressed as early as age 3.

Compared to their average weight peers, youth who are overweight are:

- Viewed as mean, ugly, stupid, undesirable playmates
- Less often selected as best friend or playmate

Elementary school

Compared to non-overweight peers, youth with obesity face:

• Less peer acceptance
• Fewer friend nominations
• Perceptions of being less athletic, unattractive
• Stereotypes of being lazy, unfriendly, dishonest
• No differences according to gender, race, or grade

Weight-Based Victimization (WBV)

Children with obesity (in grades 3 through 6) are more likely to be bullied by their classmates than thinner peers, regardless of their gender, race, social skills, or academic achievement.

Likelihood of being bullied is 63% higher for a child with obesity compared to a healthy weight peer.

Among heaviest youth, at least 60% report victimization.

BMI predicts future victimization.

Eisenberg et al., 2003; Griffiths et al., 2006; Lumeng et al., 2010; Janssen et al., 2004; Neumark-Stzainer et al., 2002; Storch et al., 2006
Teasing is more prevalent, upsetting, frequent, and longer lasting for youth who are overweight compared to peers.

Weight-related teasing elicits most negative emotional reactions compared to teasing for other reasons.

Girls and heaviest youth report weight teasing/criticism is more common, and respond with more negative emotions.

<table>
<thead>
<tr>
<th>Reason for teasing</th>
<th>Primary reason students are teased</th>
<th>Observed sometimes, often, very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being overweight</td>
<td>40.8</td>
<td>78.5</td>
</tr>
<tr>
<td>Gay/lesbian</td>
<td>37.8</td>
<td>78.5</td>
</tr>
<tr>
<td>Ability at school</td>
<td>9.6</td>
<td>61.2</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>6.5</td>
<td>45.8</td>
</tr>
<tr>
<td>Physical disability</td>
<td>3.3</td>
<td>35.8</td>
</tr>
<tr>
<td>Religion</td>
<td>1.2</td>
<td>20.8</td>
</tr>
<tr>
<td>Low income/status</td>
<td>0.8</td>
<td>24.9</td>
</tr>
</tbody>
</table>

Types of Weight-Based Victimization Observed by Adolescents (N = 1555)

<table>
<thead>
<tr>
<th>Types of weight-based victimization</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>made fun of</td>
<td>92</td>
</tr>
<tr>
<td>called names</td>
<td>91</td>
</tr>
<tr>
<td>teased in a mean way</td>
<td>88</td>
</tr>
<tr>
<td>teased during physical activity</td>
<td>85</td>
</tr>
<tr>
<td>ignored or avoided</td>
<td>76</td>
</tr>
<tr>
<td>teased in the cafeteria</td>
<td>71</td>
</tr>
<tr>
<td>excluded from activities</td>
<td>67</td>
</tr>
<tr>
<td>target of negative rumors</td>
<td>68</td>
</tr>
<tr>
<td>verbally threatened</td>
<td>57</td>
</tr>
<tr>
<td>physically harassed</td>
<td>54</td>
</tr>
</tbody>
</table>

Weight-loss Treatment-Seeking Youth

- 361 adolescents enrolled in weight-loss camps
- 64% reported experiencing WBV
- 4/5 students: bullied > 1 year
- More than 1/3 of students: bullied > 5 years

-*Adolescents who reached a healthy weight were still at risk for WBV

Perpetrators:

Peers - 90%
Friends – 70%
PE teachers/coaches – 42%
Parents – 37%
Classroom teachers – 27%

Puhl, Peterson, Luedicke, Pediatrics, 2012
Parental Concerns about WBV

National sample of 918 parents with a child between age 2-18, living at home…

- “Being overweight” was perceived to be the most common reason that youth are bullied, regardless of parental or child weight status.

- Parents (both with and without children who are overweight) endorsed substantial concerns about WBV and its psychological and behavioral consequences for youth.

Puhl & Luedicke (under review)
Parental weight bias

47% girls & 34% of boys who are overweight report WBV from family members

Report feeling stigmatized by parents; report negative parental comments about their weight

Parents communicate weight stereotypes to their children

Parental teasing predictive of sibling teasing

Adams et al., 1988; Bacardi-Gascon et al., 2007; Crandall, 1991; 1995; Davison & Birch, 2004; Eisenberg et al., 2003; Holub et al., 2011; Keery et al., 2005; Lindelof et al., 2011; Musher-Eizenman et al., 2003; Neumark-Sztainer et al., 2002; 2010; van den Berg et al., 2008
Consequences of Weight Bullying

- Social
- Psychological
- Physical
Social Relationships

Less social interaction
- Have fewer friends
- Loneliness
- Negatively stereotyped and less liked by peers
- More likely to be socially isolated
- Less likely to date (adolescents)

Poorer friendship quality
- Spend less time with friends
- Fewer close social relationships
- More likely to be unhappy with relationships

Ali et al., 2011; Cawley et al., 2006; Cheng & Landale, 2011; Chalker & O’ Dea, 2009; Eisenberg et al., 2003; Falkner et al., 2001; Puhl et al., 2011; Strauss & Pollak, 2003.
Because of weight-based teasing:

- Students report their grades are harmed
- Students report avoiding school
- The odds of these reports increased by 5% per teasing incident

(Even after controlling for gender, age, race, grades, and weight status)

- Weight-based teasing mediates relationship between BMI and poor school performance

Krukowski et al., 2009; Puhl, Luedicke, Heuer, 2011 J Youth Adol.
Weight Bias

Vulnerability for

Depression  Anxiety  Low Self-Esteem  Poor Body Image  Suicidality

(See review by Puhl & Latner, Psychological Bulletin, 2007)
Consequences for Eating Behaviors

Weight teasing increases risk of:

- Chronic dieting
- Unhealthy weight control behaviors
- Eating disorders
- Binge eating
- Increased food consumption

Those with more negative emotional responses to WBV are more likely to binge eat, and eat more food

Eisenberg, Berge, Fulkerson, & Neumark-Sztainer (2011); Haines, Neumark-Sztainer, Eisenberg, & Hannan (2006); Haines, Neumark-Sztainer, Wall, & Story (2007), Puhl et al., (2011)
Consequences for Physical Activity

Weight teasing increases risk of:

- Lower physical activity
- Less motivation for exercise
- Avoidance of physical activity
- Skipping physical education classes

- Youth who are teased in gym class are more likely to cope by avoiding physical activity

Faith et al., 2002; Haines et al., 2006; Hayden-Wade et al., 2005; Puhl, Peterson, Luedicke, 2011; Storch et al., 2007
Weight Bullying Toward Youth

**Multiple forms:** Verbal, Physical, Relational, Cyber

**Multiple sources:** Peers, Teachers, Parents

**Multiple consequences:** Emotional, Social, Physical

Puhl & Latner, 2007
For free, online educational resources, please visit:

Rudd Center for Food Policy & Obesity
www.YaleRuddCenter.org
Sandra G Hassink, MD, FAAP
Chair, Advisory Board
AAP Institute for Healthy Childhood Weight
Director Nemours Obesity Initiative
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Poll

Do you regularly assess bullying as part of your patient history or anticipatory guidance?
Types of Bullying

Verbal bullying is saying or writing mean things. Verbal bullying includes:
- Teasing
- Name-calling
- Inappropriate sexual comments
- Taunting
- Threatening to cause harm

Social bullying, sometimes referred to as relational bullying, involves hurting someone’s reputation or relationships. Social bullying includes:
- Leaving someone out on purpose
- Telling other children not to be friends with someone
- Spreading rumors about someone
- Embarrassing someone in public

Physical bullying involves hurting a person’s body or possessions. Physical bullying includes:
- Hitting/kicking/pinching
- Spitting
- Tripping/pushing
- Taking or breaking someone’s things
- Making mean or rude hand gestures

Cyber bullying
Identification

- Sometimes children will not have told their parents and families they are being bullied
  - To find out just ask
- Sometimes children will become emotional when discussing their weight, eating and food
  - This may be a time to ask if family and friends comment on the child’s weight or eating behavior
- Sometimes parents will comment about the child’s low self esteem or depression
  - This is another opportunity to ask about teasing or bullying outside or within the family
Case

• 11-year old girl accompanied by her mother
  – She says “I have to stop gaining weight because it is going to keep me from doing things”
  – She teared up when she said this and then said that over the past 4 years, the neighbors have been teasing her about her weight.
  – Mother has intervened, but there is still one neighbor that continues to tease her.
  – She has not had any counseling around this issue.
Bullying occurs in the context of weight concerns

• Important to find out what specific concerns the child and family have about weight
  – Physical, psychosocial, behavioral

• Important to identify weight gain history, eating patterns of concern

• Important to identify what specific help child and family may want or need to address weight
  – Nutritional information, psychology, exercise help, parenting, social eating etc.
Case

- Mother said her daughter’s weight has “always been off the charts”.
- She has also skipped 1 year in school so she is younger than her class and still the largest child in her class.
- She is interested in learning more about why she eats food, snacks when she is not hungry, and how much food she should eat.
Family

- Who is in the family constellation, who is supportive, who may be negative or engaging in teasing or bullying the child
- What are the family strengths
- What is the role of the child in the family
Family

• Gets along well with all family members. Her older brother, age 14 is "protective" of her because of bullying concerns with neighborhood peers.
• Mother describes her as outgoing, mature, and responsible
School and Peers

- Academic successes or struggles
- Peer environment
- Circle of friends, activities
- Teacher support
School

• Completed the 6th grade "loves" going to school and does well in her classes.
• Missed 59 days of school last year due to "illnesses" (e.g., Strep throat, tonsillitis, pain related to a reported diagnosis of Reflex neurovascular dystrophy).
• Plays Softball and basketball.
• Denied any concerns related to teasing/bullying in the school setting.
Neighborhood, Social networks

- Interaction with peers
- Family to family
- Repeated exposures or isolated incident
- Cyber bullying
Bullying

• She has been called names, left out of play, and been the subject of physical harm.
• There is a particular boy in the neighborhood that will push her in her bus seat, has knocked her off of her bike, and has "turned" her best friend "on her".
• Parents reportedly have attempted to intervene; however, mother notes that the boy's parents have "not my child syndrome" and do not provide consequences to the neighborhood boy.
Bullying

• She recently has been the target of social aggression with her best friend and reported stress related to the changing nature of her peer relationships.

• Mother is concerned that social difficulties are impacting her eating habits and describes her as an emotional eater.
Helping your patient's parents help their child

• **Notice out loud.**
  – Tell your child when you notice something he or she might be feeling. It's just a casual observation that you're interested in hearing more about your child's concern.

• **Listen to your child.**
  – Ask your child to tell you what's wrong. Listen attentively and calmly — with interest, patience, openness, and caring. Avoid any urge to judge, blame, lecture, or say what you think your child should have done instead. The idea is to let your child's concerns (and feelings) be heard. Try to get the whole story by asking questions like "And then what happened?" Take your time. And let your child take his or her time, too.
Helping your patient's parents help their child

- **Comment briefly on the feelings you think your child was experiencing.** For example, you might say "That must have been upsetting," "No wonder you felt mad when they wouldn't let you in the game," or "That must have seemed unfair to you." Doing this shows that you understand what your child felt, why, and that you care. Feeling understood and listened to helps your child feel connected to you, and that is especially important in times of stress.

- **Put a label on it.** Many kids do not yet have words for their feelings. If your child seems angry or frustrated, use those words to help him
Helping your patient's parents help their child

- **Just be there.** Even when kids don't communicate, they usually don't want parents to leave them alone. You can help your child feel better just by being there — keeping him or her company, spending time together.
When you discover bullying

• Assure the child that bullying is not their fault.
• Discuss how the child might react if the bullying occurs again.
• Work together to resolve the situation and protect the bullied child.
  – Ask your child what can be done to make him or her feel safe.
  – Remember that changes to routine should be minimized if possible. He or she is not at fault and should not be singled out.
• Develop a game plan. Contact school.
  – If bullying is occurring in school contact Teacher, School counselor, School principal, School superintendent, State Department of Education, more information on working with school around bullying [http://www.stopbullying.gov/prevention/at-school/index.html](http://www.stopbullying.gov/prevention/at-school/index.html)
• Be persistent. Bullying may not end overnight. Commit to making it stop and consistently support the bullied child.
• Follow-up. Show a commitment to making bullying stop. Because bullying is behavior that repeats or has the potential to be repeated, it takes consistent effort to ensure that it stops.
If the child has bullied other children

- Make sure your child knows what the problem behavior is, that it is wrong and harms others.

- Show your child that bullying is taken seriously.
  - Calmly tell your child that bullying will not be tolerated. Model respectful behavior when addressing the problem.

- Work with your child to understand some of the reasons he or she bullied
  - Sometimes children bully to fit in. These kids can benefit from participating in positive activities. Involvement in sports and clubs can enable them to take leadership roles and make friends without feeling the need to bully.
  - Other times kids act out because something else—issues at home, abuse, stress—is going on in their lives. They also may have been bullied. These kids may be in need of additional support.

- Use consequences to teach.
  - Consequences that involve learning or building empathy can help prevent future bullying.
If the child has bullied other children

• **Involve your child in making amends or repairing the situation Avoid strategies that don’t work or have negative consequences.**
  – Zero tolerance or “three strikes, you’re out” strategies don’t work. Suspending or expelling students who bully does not reduce bullying behavior. Students and teachers may be less likely to report and address bullying if suspension or expulsion is the consequence.
  – Conflict resolution and peer mediation don’t work for bullying. Bullying is not a conflict between people of equal power who share equal blame. Facing those who have bullied may further upset kids who have been bullied.
  – Group treatment for students who bully doesn’t work. Group members tend to reinforce bullying behavior in each other.

• **Follow-up.** After the bullying issue is resolved, continue finding ways to help your child understand how what they do affects other people. For example, praise acts of kindness or talk about what it means to be a good friend.
Parent - Child

- Share feelings
- Play together
- Set consistent expectations/structure
- Protect child from adult concerns
- Encourage steps toward small goals, creating a sense of accomplishment
- Try something new
- Keep healthy
- Try something relaxing together
Child

• Strength based approach
  – Build on strength to overcome barriers
• Foster positive coping skills
• Expand peer groups
• Counseling
• Engage school support
Belonging
A sense of community, loving others, and being

Mastery
Competence in many areas: cognitive, physical, social, and spiritual. Having self-control, responsibility, striving to achieve personal goals rather than superiority.

Independence
Making one's own decisions and being responsible for failure or success, setting one's own goals, disciplining one's self.

Generosity
Looking forward to being able to contribute to others, be able to give cherished things to others.
The Importance of Addressing Weight-based Bullying with Your Pediatric Patients

*The Role of the Registered Dietitian*

Angie Hasemann, RD, CSP
University of Virginia Children’s Fitness Clinic
Disclosure Statement

Neither I nor any member of my immediate family has a financial relationship or interest (currently or within the past 12 months) with any entity producing health care goods or services consumed by, or used on, patients related to the content of this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device.
HOW IT APPEARS
Open-Ended Questions

• School is... *agonizing.* (11 yo male)
• My mother... *and I don’t always agree.* (16 yo female)
• The best way to express my feelings is... *get loud.* (10 yo male)
• The hardest thing to do is... *clean my room.* (10 yo male)
• My mother... *gets on my nerves and drives me crazy.* (11 yo female)
• When I get really mad, I handle it by... *stomp off to my room, yell.* (8 yo female)
• Life would be better if... *I was the only child.* (13 yo male)
• The thing that makes me the most angry is... *when my sisters get on my nerves.* (10 yo male)
Open-Ended Questions

• I was hurt once when... *my cat died.* (11 yo female)
• I know I will feel better if I... *eat ice cream.* (8 yo female)
• When I was younger, I felt... *like I was bigger than the other kids.* (13 yo male)
• The thing that makes me the most angry is... *I can’t fit into pretty clothes.* (11 yo female)
• My greatest worry is... *getting diabetes.* (9 yo female)
• The hardest thing to do is... *take meds all the time.* (15 yo female)
• The thing that makes me sad is... *I have stretch marks.* (13 yo male)
• The happiest time in my life was... *when I was skinny.* (9 yo female)
Open-Ended Questions

• The thing that makes me sad is... people making fun of me. (11 yo male)
• Other kids... call me fat. (9 yo female)
• I was hurt once when... someone made fun of my weight. (15 yo male)
• I don’t like to eat when... people call me fat. (10 yo female)
• I was hurt once when... my brother teased me about being fat. (9 yo female)
• The thing that makes me the most angry is... people teasing me. (11 yo female)
• I was hurt once when... someone called me a fat dough boy. (11 yo male)
• The hardest thing to do is... facing my friends that make fun of me. (9 yo female)
• I wish... people wouldn’t pick on me. (9 yo female)
Family Interactions

• Is there anger?
  – Guilt?
  – Blame?
• What is the tone?
• Is everyone treated equally?
• How do other family members talk about their own weight?
Parents’ Thoughts Matter

• Have they witnessed bullying?
• What are their concerns?
• Is weight talked about at home?
• What type of environment is their home?
Nutrition Questions

• Meal Schedule
  – “I skip lunch because I don’t really want to eat in front of people.”
  – “I like to hang out with my friends in the library during lunch.”

• Emotional Eating
  – “I eat when sad, mad, happy, hungry.” (8 yo female)
  – “The hardest thing to do is not eating when I’m nervous.” (9 yo female)
  – “I eat when I get upset, and when I’m hungry.” (11 yo male)
Keep the Conversation Open

• Simple questions and phrases can open the door to pertinent information
  – *Tell me more about that.*
  – *What makes you feel that way?*
  – *Do you know why that is?*
  – *How does that make you feel?*
Focus on the Positive

• Sometimes questions aren’t needed
• Other times patients won’t tell you about bullying
  – Due to shame, guilt, embarrassment
  – Because they feel they deserve it
• *What do you like most about yourself?*
• *What’s your greatest talent?*
HOW TO HELP
How to Help

• @ Home
  – Facilitate a family promise of no fat talk

• @ School
  – Educate about healthy friendships
  – Connect with resources

• In Life
  – Build a healthy support team
Resources Available to Support Healthcare Professionals

Presented by Scott Kahan, MD, MPH
Director, Strategies to Overcome and Prevent (STOP) Obesity Alliance
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A New, Free Guide Helps Parents Answer Tough Questions About Weight

“Weigh In – Talking to your children about weight + health”

- Conversation guide geared to parents and caregivers
- Offers practical information on how to compassionately respond to real-world scenarios about weight and health including:
  - BMI Confusion
  - Cultural Differences
  - Body Image
  - Bullying
  - Weight Bias
  - Inter-family Weight Differences
  - Parental Obesity
- Get guide and discussion toolkit for free at www.WeighInOnObesity.org
**Tips for Talking To Your Kids About Weight**

**Be Positive and Supportive**
Supporting a child helps him/her to build confidence and self esteem, no matter what the situation.

**Be Realistic and Specific**
Taking small steps helps make any goal – whether health or otherwise – seem possible. And it’s important for parents to be specific about what to do. After all, the more specific you are with your child, the more things are likely to get done. For example it’s like the difference between telling your child, “Your room is a mess. Clean it up.” versus, “Your room is a mess. Please put your shoes in the closet and make your bed.”

**Keep the Conversation Open**
Parents should ask open-ended questions and ask kids how they feel. It may help children feel that it’s ok to speak openly.

**Highlight Health**
Perhaps one of the biggest lessons that a parent can learn is that weight is an issue of health, not how a person looks. Talking about extra weight should be no different than talking to your kids about other health issues kids may have, like asthma or ADHD.
Connected Kids Resources

• Asset-based approach to anticipatory guidance, focusing on helping parents and families raise resilient children

http://www2.aap.org/connectedkids/samples/bullying.htm
Pediatricians: How to discuss weight with parents of overweight children

When treating an overweight or obese child, much of the discussion should be focused on actions with the child’s parents, to equip them with knowledge and the whole family. As part of these efforts, it’s important to provide parents with appropriate information and to address the topic of weight with sensitivity. Here are some tips to consider:

1. Many parents do not have an accurate perception of their child’s weight. As a provider, it is important to educate parents about BMI, and to explain the associated health risks at different BMI levels.

2. Many parents also feel blamed by physicians for the child’s weight. It is important to avoid blaming parents for their child’s weight. When parents feel blamed, they are less likely to be dissatisfied with pediatric care. Avoid using language that places blame on parents, while communicating to parents that they are an important part of the solution to improve their child’s health.

3. Approach weight sensitively: When talking about weight with parents, and in front of children, certain words that are used to describe body weight can be offensive (e.g., “fat”, “obese”, and “extremely obese”). As a provider it is important to be mindful of the language you use, and to address the topic of weight with sensitivity using terms such as “weight.” You may want to begin by asking the parents if they have any concerns about their child’s weight.

Free online clinician tool kit: [www.yaleruddcenter.org](http://www.yaleruddcenter.org), click on “weight bias”
Moderated Discussion and Question Answer Session