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Activating Fit Families: Occupational Therapy with a Focus on Weight Management

Jazminne Orozco, OTD, OTR/L
*Assistant Professor of Clinical Occupational Therapy & Pediatrics
University of Southern California*

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Overview

- What is occupation x
- What are childhood occupations x
- Why do they matter x
- What is obesity x
- how does it impact youth's participation in daily activities? x
- What is occupational therapy x
- Why is OT involved in weight managementx
- How can OT address weight managementx
- How can you use these strategies in your everyday life and with transitional age youthx
- Resources

2

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What is Occupation?

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What are childhood & youth occupations?

How does obesity impact participation?

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Play & Leisure



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Occupational Performance Challenges (Play/Leisure)

- Difficulty with motor coordination and/or endurance
- Decreased joint flexibility & orthopedic problems
- Imbalance between sedentary & physical activities
- Too much screen time
- Limited access to safe parks, local recreational centers, afterschool clubs, affordable fees for team sports/equipment

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Social Participation



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Occupational Performance Challenges (Social Participation)

- Weight bias
 - Negative judgments or comments based on stereotypes (i.e., lazy, poor self-control)
- Bullying
 - Verbal or physical, social exclusion
- Poor self-esteem & body image
- Feelings of loneliness & isolation
- Difficulty with making & keeping friends
- Mental health disorders (i.e., anxiety, depression)

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Activities of Daily Living



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Occupational Performance Challenges (Activities of Daily Living)

- Difficulty in choosing & preparing healthy meals
 - Time management & organization skills for planning & preparation
 - Limited knowledge about basic nutrition
 - Prevalence of poor fast food options
- Limited access to healthy food options
 - Limited financial resources (including limited transportation)
 - Distance to local farmers markets and grocery stores
- Difficulty completing self-care activities
 - Finding clothes that fit well
 - Changing/showering after physical activities

10

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Sleep & Rest



The slide features three photographs. The top-left photo shows a woman lying in bed, sleeping with a smartphone on her nightstand. The bottom-left photo shows a young child sleeping in a bed, also with a smartphone nearby. The right-side photo shows a woman and two children sitting up in bed, covered by a white blanket, looking towards the camera.

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Occupational Performance Challenges (Sleep & Rest)

- Excessive rest/sleep
 - Due to depression and/or low energy levels
- Poor sleep patterns at night
 - Decreased energy & academic performance
 - Co-occurring conditions (sleep apnea)

12

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School & Work



13

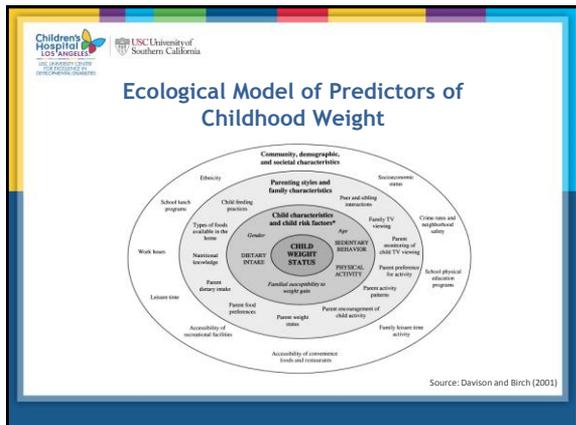
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Occupational Performance Challenges (School & Work)

- Decreased endurance & capacity on the playground & in physical education activities
- Decrease in academic performance
 - Social stresses
- Physical and/or social barriers at workplace
 - After-school jobs or internships

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What contributes to weight status?



- ### Children with developmental disabilities...
- 40% more likely to develop obesity
 - *Secondary conditions*
 - Pain, isolation, de-conditioning
 - *Predisposing factors*
 - Genetic syndromes, medications that cause weight gain
 - Limited access to:
 - Accessible playgrounds and parks
 - Trained staff to adapt programs for inclusion
 - Equipment and assistive devices that allow for participation

Occupational Therapy

- Therapeutic use of occupations to support meaningful participation in daily activities.
- Develop health-promoting habits & routines that are realistic, sustainable, & enjoyable so that they become lifestyle changes.
- Problem-solving skills, self-efficacy & internal locus of control.
- Promote health, well-being, and quality of life.



Areas of Occupation	Client Factors	Performance Skills	Performance Patterns	Context & Environment	Activity Demands
Activities of Daily Living	Values, Beliefs & Spirituality	Sensory Perceptual Skills	Habits	Cultural	Objects Used
Instrumental ADLs	Body Functions	Motor & Praxis Skills	Routines	Personal	Space Demands
Rest & Sleep	Body Structures	Emotional Regulation Skills	Roles	Physical	Social Demands
Education		Cognitive Skills	Rituals	Social	Sequencing & Timing
Work		Communication and Social Skills		Temporal	Required Actions
Play				Virtual	Required Body Functions
Leisure					Required Body Structures
Social Participation					



Foundation for Participation

- Performance skills
 - Sensory perceptual skills
 - Motor & praxis skills
 - Emotional regulation
 - Cognitive skills
 - Communication & social skills
- Performance patterns
 - Habits, routines, roles & rituals
- Context & Environment
 - Cultural, personal, physical, social, temporal, & virtual



Occupational Therapy Process

- Occupational Self-Analysis
- Knowledge
- Skill-Building
- Emotional Regulation
- Family Relationship & Communication
- Collaborative treatment-planning & goal-setting

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Self-Analysis

- Analyzing performance skills & patterns
- Environmental analysis
- Readiness to change
- Motivational interviewing

22

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The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may not even be aware that a problem exists.
- **Contemplation:** The person becomes aware that there is a problem, but has made no commitment to change.
- **Preparation:** The person is intent on taking action to correct the problem; actual change has not yet occurred. (i.e. the client is convinced that the change is good and increased self-efficacy s.t. the client believes she can make change)
- **Action:** The person is in active modification of behavior.
- **Maintenance:** Sustained change occurs and new behaviors replace old ones. At this point, this stage is most vulnerable.
- **Relapse:** The person falls back into old patterns of behavior.
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and typically grow stronger so that relapse is shorter or less devastating.

The Cycle of Change Adapted from work by Prochaska and DiClemente (1982) | Special Permission This work is licensed under a Creative Commons Attribution Non-Commercial-ShareAlike 4.0 International License. Permission is granted to anyone to reproduce this work for non-commercial purposes.

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Motivational Interviewing: 5 principles

- Reflective listening & expressing empathy
- Building on discrepancies between goals and behavior
- Avoiding confrontation or arguing
- Rolling with resistance
- Supporting self-efficacy & optimism

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Motivational Interviewing Steps

- Engage
 - Talk about patient concerns & hopes.
 - Establish trust.
- Focus
 - Narrow the conversation to specific habits or patterns that individual wants to change.
- Evoke
 - Elicit motivation for change.
 - Probe understanding of the importance of change, self-efficacy and readiness
- Plan
 - Guide goal-setting. Develop practical steps to implement changes.

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Knowledge & Skill Building

- Start with task analysis
- Grade information based on individual needs
- Practice planning, preparing, & problem-solving skills
- Develop an accountability structure

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GO SLOW WHOA

Use the light to eat right

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Collaborative Treatment Planning & Goal-Setting

Make enjoyable activities part of daily routine	Make mealtime a priority for family participation	Ensure children are healthy in related aspects
Increase leisure & play activities based on family's interests	Evaluate homes to make meal preparation & mealtime safer, easier, & more enjoyable.	Address weight bias, body image, & bullying
Adapt physical & social activities to family's needs & abilities	Opportunity for social-emotional development	Emotional self-regulation Self-efficacy
Praise and use positive reinforcement to support participation	Create a positive social environment	Strengthen parent-child relationship

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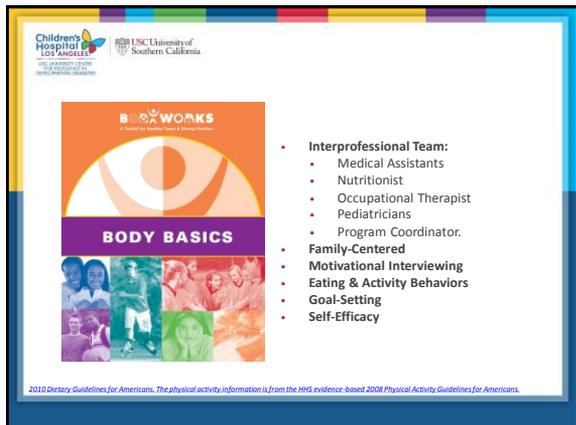
Weight Management in Primary Care

<http://www.integration.samhsa.gov>

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Clinic & Population Overview

- Over 46% of Latino children and adolescents are overweight or obese. (California Center for Public Health Advocacy, 2011)
- In underserved communities, there is a disproportionate prevalence of obesity and increased barriers to healthy behaviors. (Shih, 2012)
- Interprofessional interventions must provide culturally-relevant, family-centered approaches that leverage individual disciplines strengths to support families to implement behavior change strategies (Braden, 2014; Shih, 2012)
- Parents: female, yearly income of <\$15,000, high school education or less.
- Patient-Centered Medical Home co-located at metropolitan pediatric hospital



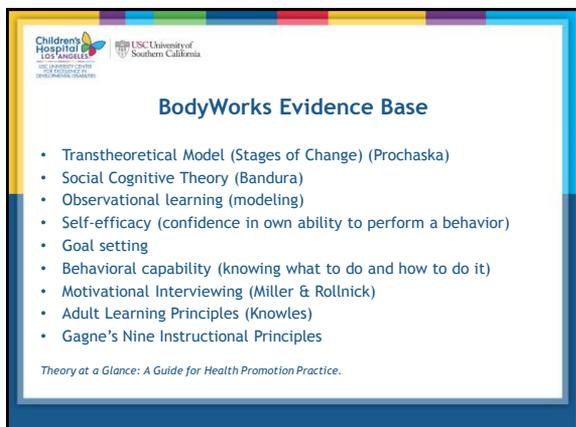
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BodyWorks
A Center for Preventive Care & Behavior Change

BODY BASICS

- **Interprofessional Team:**
 - Medical Assistants
 - Nutritionist
 - Occupational Therapist
 - Pediatricians
 - Program Coordinator.
- **Family-Centered**
- **Motivational Interviewing**
- **Eating & Activity Behaviors**
- **Goal-Setting**
- **Self-Efficacy**

2010 Dietary Guidelines for Americans. The physical activity information is from the 1995 evidence-based 2008 Physical Activity Guidelines for Americans.



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BodyWorks Evidence Base

- Transtheoretical Model (Stages of Change) (Prochaska)
- Social Cognitive Theory (Bandura)
- Observational learning (modeling)
- Self-efficacy (confidence in own ability to perform a behavior)
- Goal setting
- Behavioral capability (knowing what to do and how to do it)
- Motivational Interviewing (Miller & Rollnick)
- Adult Learning Principles (Knowles)
- Gagne's Nine Instructional Principles

Theory at a Glance: A Guide for Health Promotion Practice.



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Weekly Schedule

- **Week 1:** Introduction to Changing Habits
- **Week 2:** Basics of Healthy Eating
- **Week 3:** Physical Activity & Screen Time
- **Week 4:** Nutrition Labels, Portions, & Fast Foods
- **Week 5:** Planning, Preparing, & Shopping (Grocery Tour)
- **Week 6:** Cooking & Eating Together
- **Week 7:** Environmental Analysis & Media Influences

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Daily Schedule

- 4:30PM - 5:00PM - Registration & Vitals
- 5:15PM - 5:30PM - Family Snack Time & Celebrations
- 5:30PM - 6:15PM - Parent / Child Groups
- 6:15PM - 6:30PM - Goal-Setting
- 6:30PM - 7:00PM - Family Physical Activity

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For More Information...

- www.aota.org
- www.otaonline.org
- www.clintonfoundation.org
- www.cdc.gov/obesity
- www.just-for-kids.org
- www.moveitloseitlivehealthy.com
- www.yaleruddcenter.org/resources/bias_toolkit/index.html
- www.iom.edu/Reports/2011/Early-Childhood-Obesity-Prevention-Policies.aspx



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Thank you!

Jazminne Orozco, OTD, OTR/L
jaorozco@chla.usc.edu
 (323) 361-7711
