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Social Work Practice and Childhood Obesity in Cumberland County in North Carolina

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Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Patience Ngalle

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2021

Abstract

Social Work Practice and Childhood Obesity in Cumberland County in North Carolina

by

Patience Ngalle

MSW, University of North Carolina at Pembroke, 2016

BA, Fitchburg State University, 2011

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Social Work

Walden University

June 2021

Abstract

In 2018, approximately 20% of children aged 5 to 22 years in the United States suffered from childhood obesity, which results in long-term mental health needs. The purpose of this project was to better understand the effective strategies used by clinical social workers in addressing the mental health needs of obese children. Systems theory formed the conceptual framework for this study. The study also included a basic qualitative design. Six clinical social workers from six different practices based in Cumberland County, North Carolina, participated in this study. The results from computer-aided qualitative data analysis of the interview data that followed Yin's five-step analysis led to the emergence of four major themes: education, coordination of care, cognitive behavior therapy, and health insurance. Recommendation for this study is that further research may be done to create an understanding of why social workers are not specializing in this population; instead, social workers may prefer to make referrals to clinical psychologists. The findings of this study would provide social workers with more information that can positively impact their clients. The findings of this study promote positive social change, as they might lead to an increase in social work practitioners' ability to address the mental health needs of obese children and may lead to an increased awareness of the problem of obesity within the community. The study findings may also increase social work practitioners' knowledge about effective strategies in addressing childhood obesity.

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Dedication

I dedicate this study to my best friend and loving husband, Dr. Ngalle Awasume, for his ceaseless support throughout the doctoral journey. I also dedicate this study to my children, Jerry Awasume, and Precious Awasume, who are endeavoring to emulate my example. Jerry, I thank you so much for encouraging me and always telling “Mom You can do it” and Precious I am so thankful for taking your time to set reminders on my phone to do my school that was extremely helpful. I also dedicate this study to my late father, John Ngaajieh, who would have loved to see this day. However, I know you are smiling to see your dreams for me come true. To my brothers, Derick Ngaajieh, and Celestine Ngaajieh who are not only brothers but great friends who have always been there to motivate me. To my mother Lucy Ngaajieh who has always taught me great lessons that molded my character. To all my immediate family and friends who have given me the inspiration to stand strong notwithstanding the turbulence. The solid support and lessons learned from each of these individuals have served as a motivation and were contributory to my doctoral journey. The support received from my family and friends is much appreciated and I am truly humbled.

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Section 1: Foundation of the Study and Literature Review

Background

In the United States, concern about childhood obesity has increased (American Heart Association, 2018). The rate of obesity is currently about 20% for children between the ages of 5 and 22 years old (American Heart Association, 2018). In highlighting this phenomenon, Centers for Disease Control and Prevention (CDC) has indicated that about 40% of Americans are overweight with an estimated annual medical cost of \$147 billion (CDC, 2018). Inadequate resources to address the mental health needs of children with obesity in rural areas could be a challenge (Trivedi et al., 2015). Trivedi et al. (2015) conducted a study to examine the differences in obesity-related behaviors in rural and urban adult populations in the United States. Trivedi et al. found that the frequency of obesity was higher in rural residents (35.6%) than in urban residents (30.4%). The researchers found that individuals in urban areas had more leisure time for physical activities than those in rural areas had (Trivedi et al., 2015).

Socioeconomic status may have a direct impact on the rate of obesity. Piontak and Schulman (2018) performed research to investigate the effects of socioeconomic factors on obesity and found that the rate of childhood obesity is higher among low-income families and racial minority children than among middle-class families. The rate of childhood obesity is high within low-income families because of limited financial capabilities to address the mental need and to provide healthy lifestyles (Trivedi et al., 2015). Stage et al. (2018) conducted a study and confirmed that socioeconomic status, food preferences, and parental engagement were factors that affect preschoolers' nutrition

habits. Furthermore, researchers at North Carolina Pediatric Nutrition and Epidemiology (2018) performed research on healthy living in North Carolina. Researchers have indicated that approximately 56% of children in Cumberland County live in poverty, which contributes to the high rate of childhood obesity in the county. Bi et al. (2017) carried out research to determine the role of parents in childhood obesity and found that limited parental control on choice and limited access to food for children contributed to childhood obesity. In contrast, Jelalian et al. (2014) contended that families help to prevent and reduce childhood obesity. This study will promote positive social change as it might increase the social work practitioner's ability to address the mental health needs of obese children and may increase awareness within the community. A responsive and supportive environment for children will increase their willingness to lose weight and increase self-esteem.

In the next section, I discussed the problem in detail. The purpose, research questions, nature of the project, significance of the study, theoretical framework, and the National Association of Social Workers (NASW) Code of Ethics was used in this basic qualitative study. I reviewed the professional and academic literature related to the study topic.

Problem Statement

Approximately 35% of the U.S. population suffers from obesity, a more serious form of being overweight which includes higher health risks and over the past two decades, obesity in young Americans has risen significantly in the United States (CDC, 2015). Altman and Wilfley (2015) found that 17.7% of children between the ages of six

and 11 in the United States were obese and further noted that 20.5% of adolescents aged 12–19 years were classified as obese in the United States. This increase in childhood obesity has contributed to the high risk of health issues such as diabetes, and heart disease, which are a leading cause of death within the obese population (Maidenberg, 2016). Vandewater et al. (2015) confirmed that a direct link exists between childhood obesity and health issues that could continue to adulthood if not treated early.

In Cumberland County, in eastern North Carolina, about 36.1% of individuals are obese, and 20.3% between the ages of 2 to 18 years were considered overweight (Department of Public Health in Cumberland County, 2016). Also, 18.8% of children in Cumberland County live in poverty, which appears to contribute to families' inability to provide healthy food to their children (Department of Public Health in Cumberland County, 2016). Additionally, 57.6% of children in Cumberland County receive a reduced-price lunch in school which indicates that many children in Cumberland County live in poverty (Department of Public Health in Cumberland County, 2016). A needs assessment conducted by the Cumberland County Department of Health and Human Services in 2016 indicated that there was a need to address obesity in the County. A survey conducted by the Department of Health and Human Services between 2011 and 2015 found that 29.2% of the deaths that occurred in the County were related to obesity (Department of Public Health in Cumberland County, 2016). Childhood obesity may increase psychological problems, such as bullying, depression, anxiety, and low self-esteem (Panzer & Dhuper, 2014). Ratcliff and Ellison (2015) confirmed that weight stigma could result in anxiety and leads to avoidance of activities. Previously, researchers

have shown that there is limited information about specific strategies used to address the mental health needs of childhood obesity from a social worker's perspective. The lack of community resources in rural communities creates a barrier in addressing the mental health needs of a client with childhood obesity in such settings. Persky et al. (2015) stated that inadequate educational programs and community support contribute to the prevalence of obesity within the childhood population in rural areas. The social work practice problems are the challenges faced by the clinical social worker in addressing the mental health needs of obese children. Practitioners currently address childhood obesity by teaching children healthy behaviors to assist children in adherence to daily consumption of fruit and vegetable and limit the consumption of sugary drinks and fast food. Nonetheless, this strategy has its limitation due to parents' perception of food and limited knowledge to read the menu place in kid's backpack (Nicely et al., 2019). This basic qualitative study will focus on six clinical social workers in Cumberland County in North Carolina who have at least 2 years' experience working with obese children. The clinical social workers will provide information about the strategies that they consider to be effective in addressing the mental health need of obese children, how the strategies differ base on socio-economic status, and the challenges that they encounter when addressing the mental health needs of this population.

Purpose of the Study

The purpose of this qualitative basic study was to explore the clinical strategies associated with addressing the mental health needs of childhood obesity and the challenges faced by clinical social workers in their work with obese children in

Cumberland County in eastern North Carolina. The social work practice problems are the challenges faced by clinical social workers in addressing the mental health needs of childhood obesity. In this research I examined the mental need of children who are obese. This study involved interviewing six clinical social workers. To accomplish the purpose of this study, specific themes were addressed in conducting the research. The clinical social worker displayed competence in understanding the complexity involved with addressing the mental health needs of obese children and responded with sensitivity to their idiosyncrasies and specific needs through their experience. By highlighting effective clinical strategies and challenges associated with addressing the mental health needs of childhood obesity, this study can provide a road map on how to best work with obese children in rural settings such as Cumberland county and could also open the discussion on how to minimize the challenges associated with this line of work at managerial and policy levels. The concept of studying childhood obesity was to understand the challenges faced by clinical social workers in addressing the mental health needs of children with obesity for example anxiety, depression, and possibly loneliness due to obesity. This study will contribute to social work practice in that it would provide new and effective strategies to assist clinical social workers in addressing the mental health needs of childhood obesity. This study might also generate a general discussion among practitioners to understand the intensity of the challenges faced in addressing the mental health of obese children.

Research Question

The primary research questions for this study are:

RQ1: What strategies do clinical social workers in Cumberland County, North Carolina, consider to be effective in addressing the mental health needs of children ages 5 to 17 who are obese?

RQ2: How do the strategies that clinical social workers in Cumberland County, North Carolina, consider effective differ based on a child's socioeconomic status?

RQ3: What challenges do clinical social works in Cumberland County, North Carolina, face when providing mental health services to children ages 5 to 17 who are obese?

RQ4: How do the challenges that clinical social workers in Cumberland County, North Carolina, face differ based on a child's culture and socioeconomic status?

I explored the effective strategies that the clinical social workers use in addressing the mental health needs of obese children at all levels of social work practice such as micro, mezzo, and macro levels. System theory states that all systems have balance and harmony, and if the balance and harmony within systems are dysfunctional, the natural balance of the system becomes dysfunctional (Friedman & Allen, 2014). The mental health needs of children with obesity at the micro level included anxiety and depression, which are personal issues. The issues at the mezzo level include the client's family, community, friends, caregivers, and at the macro level could be insurance companies, hospital systems, and government agencies providing services to the obese population.

Nature of the Study

This basic qualitative study involved exploring the strategies used and challenges faced by clinical social workers in addressing the mental health needs of clients with

childhood obesity in Cumberland County in North Carolina. The qualitative research method was appropriate for understanding human behavior and the basis that stimulates such behaviors (Braguglia & Jackson, 2012). Ravitch and Carl (2016) confirmed that a qualitative basic study design involves an attempt to understand a real event.

Furthermore, qualitative research includes participant observations through open-ended question interviews that allow participants to describe the problem in their own words. Qualitative inquiry allows participants to describe and narrate a behavior or a problem and what it means to them in their own words (Ravitch & Carl, 2016). The basic study design was appropriate for this study because the researcher was able to purposefully identify participants who may provide information about their experience working with obese children. I collected information from six clinical social workers who are experienced in working with the obese population. I conducted video conferencing with each clinical social worker to gather the information needed for this study. I used purposeful sampling to select six clinical social workers working with obese children in Cumberland County in eastern North Carolina. Bungay et al. (2016) found that purposeful sampling deliberately selects participants to provide information to address a research question.

The participants were invited through an email that stated clearly that their participation was voluntary, and they may withdraw at any time. I invited six clinical social workers from six different practices to participate in this research study. The informed consent form with information about the research project and procedure was provided to the participants. I collected data for this research project using semi-

structured questions that were asked during the individual interview. The interviews were audio recorded using a video conferencing software recorder. The central point of the basic qualitative study was to understand the current strategies and challenges involved in addressing the mental health needs of childhood obesity in Cumberland County in North Carolina and to implement the strategies that could address the mental health needs, such as a support group, healthy eating habits, and an increase in outdoor physical activities to reduce the problem. Benjamin Neelon et al. (2015) indicated that a community-based intervention approach can prevent childhood obesity.

Significance of the Study

The information generated during the study might be of interest to social work practitioners, especially those working with obese children between the ages of 5 to 22 years old. The results of the study may increase the understanding of addressing the mental health needs of childhood obesity. The study findings may also increase social work practitioners' knowledge about strategies in addressing childhood obesity. Furthermore, the research may raise awareness of the severity of childhood obesity in local governments in North Carolina. Researchers at North Carolina Pediatric Nutrition and Epidemiology (2018) conducted a study on childhood obesity in North Carolina, and the findings indicated that 14% of children were obese. Furthermore, researchers indicated that in eastern North Carolina children are at risk of obesity due to fewer out-of-school activities and limited options for healthy activities.

This study may provide community agencies with helpful information to work with stakeholders within North Carolina and minimize the challenges faced by clinical

social workers in addressing the mental health needs of childhood obesity in Cumberland County in North Carolina and other rural areas in the State. The study might add to the body of literature on challenges faced by clinical social workers in addressing the mental health needs of childhood obesity. The study may contribute to overall social work strategies used in addressing the mental health needs of childhood obesity in the social work context. The outcome of this study may assist social work practitioners at all levels of social work practice such as the micro, macro, and mezzo to curb the mental health needs of clients with childhood obesity. This study will promote positive social change as it might increase the social work practitioner's ability to address the mental health needs of obese children and may increase awareness within the community.

Theoretical Framework

Systems theory formed the conceptual framework for this study. The focus of systems theory, founded by Von Bertalanffy in 1940, was to create universal system principles with basic universal structures and behaviors across different specialized disciplines (Rousseau, 2015). I used systems theory in this study to understand the role of clinical social workers in addressing childhood obesity. According to systems theory, all systems have balance and harmony, and if the balance and harmony within systems are dysfunctional, the natural balance of the system becomes dysfunctional (Friedman & Allen, 2014). Systems theory is a fundamental theory that guides practitioners in implementing interventions regarding an individual's ability to maintain stability in his or her environment (Walsh, 2013).

Systems theory can be useful for researchers needing to understand the changes and different sections of client systems (Friedman & Allen, 2014). Furthermore, researchers used the theory to understand problems that develop within the client system (Walsh, 2013). Additionally, practitioners use systems theory to target client problems within the environment in which they interact (Friedman & Allen, 2014). Social workers have used systems theory as a conceptual framework to assist in their clinical expertise (Walsh, 2013). I used system theory to understand the effective strategies used and challenges faced by clinical social workers in addressing the mental health needs of childhood obesity in Cumberland County.

Values and Ethics

Childhood obesity is a societal issue that provides many challenges to clinical social workers serving this population. The social work practice problem of this basic qualitative study is the challenges face by clinical social workers in addressing the mental health needs of obese children. Children who are obese could encounter marginalization in their environment that might challenge the ethical value of the social workers in addressing the mental health needs of the population. Social workers could face ethical challenges when working with this population due to personal biases and the stigma of being overweight. However, social workers must address the needs of clients with guidance from the social work code of ethics. The pertinent values and principles outlined in the National Association of Social Workers (NASW) Code of Ethics (NASW, 2017) include service, the importance of human relationships, and social justice. Social workers provide services to others above self-interest.

Social workers who struggle with providing services to their clients due to personal bias and health issues should seek supervision (NASW, 2017). Social workers understand the importance of creating a good working relationship with the individuals they serve (NASW, 2017). Building a relationship with clients is important in creating change during the treatment process because it increases client participation during and after the treatment process. Social workers seek to strengthen relationships among people to promote, restore, and increase the well-being of individuals, families, social groups, and communities (NASW, 2017). Social workers have the responsibility to challenge social injustice (NASW, 2017). The act of bullying toward overweight children makes these individuals vulnerable, and they may feel oppressed and discriminated against by peers (Waasdorp et al., 2018).

This ethical principle to challenge social injustice will guide social worker practice to assist an overweight child by ensuring they have access to information and resources and an equal opportunity to participate in any activity in which they want to participate. I followed the ethical values, principles, and standards of the NASW code of ethics during the process of collecting data and engaging participants. I followed the ethical guidelines of integrity to maintain client privacy and confidentiality to ensure any information provided is secured (NASW, 2017). I also ensured participants sign a consent form before initiating the research.

Review of the Professional and Academic Literature

Childhood obesity could result in psychosocial issues, such as anxiety and mood disorder. Baker et al. (2017) stated that anxiety or mood disorder is common among

children who are obese or becoming obese. There is an increase in the risk of mental health among obese children and those who are at risk of being obese (Baker et al., 2017). The purpose of this basic qualitative study was to explore the clinical strategies and challenges associated with addressing the mental health needs of clients with childhood obesity and challenges faced by clinical social workers in their work with obese children in Cumberland County in eastern North Carolina. This study involved interviewing six trained clinical social workers. Research on childhood obesity has increased because of the consequences of the issues it presents in individuals and society. Ho et al. (2019) noted that obese children might continue to be obese into their adulthood, which could lead to severe consequences on their health in the future. Further researcher indicated that childhood obesity increases the risk of poor physical and mental health. Additionally, the study finds that children who are obese are likely to be obese in adulthood. (Robertson et al., 2016).

The term obesity does not appear in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013). However, an association exists between obesity and binge-eating disorder, which as well can lead to difficulties with being overweight. Obesity is a recognized medical condition in the *10th revision of the International Statistical Classification of Diseases and Related Health Problems* (World Health Organization, 1992), with code 278.00 (E66.9), or when it is a clinical focus for treatment (American Psychiatric Association, 2013). A physician can diagnose obesity when a person's BMI is higher than 30 in adults and when a child's BMI is greater than or equal to the 95th percentile based on age and sex (Hales et al.,

2017). Obesity can lead to other illnesses, such as diabetes and high blood pressure.

However, Small and Aplasca (2016) stated that weight gain and obesity often occur with mental issues such as mood disorder, and depression.

The focus of the review of the literature is obesity in children and strategies considered to be effective based on cultural (socioeconomic status) and challenges faced by clinical social workers in addressing the mental health needs of children diagnosed with obesity. The literature reviewed has publication dates primarily within the last 5 years and comes from various peer-reviewed journals, Google scholar, and government websites. I used words such as *obesity*, *overweight*, *childhood obesity*, *obese children* and *child* to obtain the information needed for this study. The extant literature reviewed indicates that there is no specific strategy for addressing childhood obesity. Therefore, further research is necessary to finding an effective strategy to address the mental health needs of clients with childhood obesity.

Waasdorp et al. (2018) stated that researchers need to study childhood obesity because overweight children are at risk for having poor peer relations and psychosocial adjustment because they face a high rate of bullying by peers. Children often tease their peers with obesity, which affects their self-esteem, social and emotional skills (Panzer & Dhuper, 2014). Weight stigma can lead to the avoidance of activities such as traveling for fears of embarrassment (Ratcliff & Ellison, 2015). Social and economic status, family eating habits, and genetic factors are important concepts to examine as they relate to the mental health needs of childhood obesity (McGuirt et al., 2018; Piontak & Schulman, 2018).

Obesity

Studying childhood obesity involves an attempt to understand the complicated mental health issues associated with the problem, such as depression and emotional functioning. This study involved an attempt to understand the strategies used and the challenges faced by clinical social workers who try to address the mental health needs of childhood obesity in Cumberland County, North Carolina. Childhood obesity is caused by a lack of physical activities, socioeconomic factors, and poor eating habits (de Winter et al., 2016). Addressing the mental health needs of clients with childhood obesity may require a collective effort regarding affected persons' entire environment. Xu and Xue (2016) stated that to develop a collaborative model to address obesity, it is important to focus on the evidence-based program that would be specific in addressing childhood obesity. Addressing childhood obesity through multicomponent behavioral therapy, which includes a focus on the systems around the individual, including the family, might be a way to understand the problem (Wilfley et al., 2017). Family-based multicomponent behavioral therapy is an evidence-based treatment model with a collaborative approach involving team members who can address the challenges of childhood obesity by teaching family members how to modify their eating habits and lifestyle to achieve a better outcome (Wilfley et al., 2017). An integrated care model and a multidisciplinary care team would be beneficial because they involve multiple visits by medical professionals and clinical social workers to monitor clients' attempts to attain a healthy weight. The limitation of this study was that there are limited practitioners who are competent in providing the services (Wilfley et al., 2017). Similarly, community

intervention involving community collaboration with a multisystemic approach at the micro-and macro-level can decrease childhood obesity (Maidenberg, 2016). A family-based behavioral treatment program that involves teaching both children and parents how to lower their intake of poor nutrients such as red meat that contains high calories and encourages the consumption of vegetables and fruits may prevent overweight (Best et al., 2016). One of the limitations of this study was that the researcher did not observe the food intake rather a diary was completed and reported by the parents. Also, the study was conducted with mostly Caucasian females who had a mid-social economic status which limited the generalization of the result. The concept of studying childhood obesity is to understand the challenges faced by clinical social workers in addressing the mental health needs of children with obesity for example anxiety, depression, and possibly loneliness due to obesity.

Clinical social work currently utilizes cognitive behavior therapy to address the mental health need of childhood obesity in areas of decreasing depression. Jelalian et al. (2019) researched the effectiveness of cognitive behavioral therapy as a strategy in addressing the mental health needs of obese children and the study found that the current weight control strategy for adolescents includes physical activity, dietary recommendations with behavioral strategies, such as self-monitoring, and problem-solving. However, the limitation of this study was that participants found physical activities challenging and did not fully engage in changing their lifestyles.

Parents' confusion about their child's weight is one of the challenges faced by practitioners trying to curb obesity. Clinicians who address the mental health needs of

childhood obesity can find it challenging to address the perceptions of parents who see overweight as normal because the parents are also overweight and see no issues with their situation (Sastre et al., 2019). Another challenge involved in addressing the mental needs of childhood obesity could be getting families and patients to keep their appointments (Sastre et al., 2019). Lew et al. (2019) stated that one of the barriers to addressing childhood obesity was that physicians do not have the time or proper skills to address the issues of the overweight children. Lew et al. further stated that another challenge with addressing the need for childhood obesity is the lack of effective communication skill by the practitioner to clearly communicate the problem associated with childhood obesity with the parent without blaming or making parents angry.

Childhood obesity is prevalent in poor communities or individuals with limited income; therefore, keeping appointments could be difficult due to transportation issues. Low-income individuals may have limited access to public transportation systems, which could limit their participation in treatment (McGuirt et al., 2018). The mental health issues associated with childhood obesity could be a challenge to both patients and their families. Obesity causes mental health issues such as depression, anxiety, and low self-esteem that negatively affects families and may create permanent health issues throughout the entire lifetime of an individual (Vandewater et al., 2015).

There are gaps in knowledge on strategies use by clinical social workers in addressing the mental health needs for childhood obesity, and the challenges faced by clinical social workers assisting this population remains to be explored. The literature review shows various challenges that clinical social workers may encounter in addressing

childhood obesity. In the literature review, I will focus on concepts associated with the mental health needs of childhood obesity, including socioeconomic status, sedentary behaviors, family eating habits, and environmental factors.

Socioeconomic Factors

Childhood obesity is a health issue that may affect any individual regardless of socioeconomic status. However, researchers have suggested that socioeconomic status may have a direct impact on the rate of obesity. Piontak and Schulman (2018) investigated the effects of socioeconomic factors on childhood obesity and found that the rate of childhood obesity is higher in low-income families and children from racial minority populations such as Hispanics and Blacks than in middle-class families. The rate of childhood obesity was higher within low-income families because of limited financial capabilities to pay for physical activities and healthy lifestyles (Piontak & Schulman, 2018). Socioeconomic status, food preferences, and parental engagement are factors that affect preschoolers' poor nutrition habits that lead to childhood obesity (Stage et al., 2018).

Researchers at the North Carolina Pediatric Nutrition, and the Epidemiology (2018) studied healthy living in the State of North Carolina. Researchers have indicated that approximately 56% of children in Cumberland County in eastern North Carolina live in poverty, which contributes to the high rate of childhood obesity in the County. McGuirt et al. (2018) compared fruit intake between low-income families and middle-class families and found that low-income families in eastern North Carolina made fewer visits to the farmers market than high-income families. The high price of fruit and the

distance to the farmers market prevented low-income individuals from consuming more fruits and vegetables.

Eating Habits

Poor eating habits within the family unit contribute to the increase in childhood obesity (Marcum et al., 2018). Marcum et al. (2018) conducted research to find out how family lifestyle contributes to childhood obesity. The results of the study indicated that family history, children's eating habits, family heredity, and food choices were contributing factors to childhood obesity. Marcum et al. also conducted research to educate parents on food intake and calorie count. They found that mothers who were told that their children are likely to be obese due to their food intake refused to engage in the calorie restriction during the research. Bi et al. (2017) researched the role of parents in childhood obesity and found that limited parental control on choice and access to food contributed to childhood obesity. Jelalian et al. (2015) contended that families help to prevent and reduce childhood obesity. Jalalien et al. also noted that a responsive and supportive environment for children will increase their willingness to lose weight and increase their self-esteem.

Electronics Use

Sedentary behavior and electronics may contribute to childhood obesity (Phan et al., 2018). Phan et al. (2018) found that environmental and nutrition practices are not the only factors that cause childhood obesity. Sedentary behavior can increase obesity in children, and children are using cell phones, watching television and movies, and playing video games more, which could lead to an increased rate of childhood obesity (Phan et al.

2018). Furthermore, children who spend the most time watching television, playing video games, and using computers are likely to be obese because of the low levels of physical activity involved (Phan et al., 2018).

Similarly, Xu and Xue (2016) investigated the consequences of prolonged use of electronics. The results of the study indicated that children between the ages of 8 and 18 years spend approximately 7.5 hours per day using electronic devices. The researchers further found that many children who devote approximately 4 to 6 hours a day using technology such as cell phones, television, computers, and video games with less participation in physical activities could have increased chances of becoming obese and becoming addicted to using electronics (Xu & Xue, 2016).

Accessibility to Healthy Food

Location may pose a barrier to accessing healthy food. McGuirt et al. (2018) conducted research to examine how distance from the supermarket can affect fruit consumption. The researchers found that distance from the supermarket prevents individuals from getting healthy food. Trivedi et al. (2015) examined the differences in obesity-related behaviors in rural and urban adult populations in the United States. Researchers showed that the frequency of childhood obesity was higher in rural (35.6%) than in urban (30.4%) residents. Also, the researchers indicated that children in urban areas had more leisure time for physical activities than those in rural areas. The researchers further noted that children in rural areas had a lower intake of fruits and fiber and fewer physical activities, which increased the chance of becoming obese (Trivedi et al., 2015).

Co-occurrence with Other Health Issues

Obesity frequently co-occurs with other illnesses, and the impact associated with the disease may be severe. Halvorson et al. (2018) confirmed that asthma is frequent and severe in patients with childhood obesity and overweight. Obese individuals are likely to have at least one high-risk medical condition. Kattelman et al. (2018) also noted that childhood obesity may lead to long-term chronic diseases such as cardiovascular disease, cancer, type 2 diabetes, sleep apnea, and hypertension. Kattelman further noted that obesity in children can decrease the quality of life in areas of self-esteem, social well-being, and mental health.

Saydah et al. (2019) reported that children with obesity are likely to develop complicated health issues such as type 1 and 2 diabetes. The researchers also noted that participants with type 2 diabetes are six times more likely to be obese when compared to participants with type 1 diabetes. De Winter et al. (2016) confirmed that children with obesity are likely to engage in health-risk behaviors such as alcohol and cannabis use. Sauder et al. (2018) indicated that type 2 diabetes is a significant problem within Native American children with obesity, and the effect of diabetes within these populations is double that among other racial and ethnic groups in the United States. Ho et al. (2019) reported that cardiovascular disease is common among children with obesity and further elaborated that children with obesity are likely to develop high blood pressure that may continue to adulthood.

Stress

Children with obesity may encounter various psychological and emotional stressors, such as peer pressure, media bullying, and societal perception about body weight (Rankin et al., 2016). Miller and Lumeng (2018) researched early life stressors on childhood obesity and found that childhood obesity is associated with abuse, neglect, and traumatic events in a hostile environment. Small and Ablasca (2016) confirmed that obese children encounter bullying and weight-bias in peer interactions, negative school experiences, abnormal sexual behavior, substance abuse, and negative self-body image. Furthermore, Pervanidou and Chrousos (2016) found that environmental factors such as family conflict or disruption, financial stress, and health issues, and risky behaviors could increase the level of stress associated with childhood obesity as children may turn to food to comfort. These environmental issues could also coexist with emotional problems such as depression and anxiety (Pervanidou & Chrousos, 2016).

Summary

The rate of obesity increases to about 20% between the ages of 5 and 22 years old (American Heart Association, 2018). Rankin et al. (2016) stated that approximately 42 million children greater than 5 years are estimated to be overweight or obese, and if this continues, then an estimated 70 million children will be overweight or obese by 2025. Clinical social workers strive to assist these individuals. However, gaps in knowledge on strategies use, and the challenges faced by clinical social workers in addressing the mental health needs of this population remains to be explored. A review of the literature provided an insight into the factors that contribute to childhood obesity. The literature

review also provided the definition of obesity, the psychological and health implications to individuals. Several of the literature reviews showed that more information is needed to add to the research findings. The next section of this research discussed the research design and the data collection. The data for this study attempted to help fill the gap of knowledge on the strategies for addressing the mental health needs of childhood obesity.

Section 2: Research Design and Data Collection

The focus of the social work practice problem for this basic qualitative study was to understand the strategies considered to be effective based on socioeconomic status and the cultural challenges faced by clinical social workers in addressing the mental health needs of children diagnosed with obesity in Cumberland County, North Carolina.

Authors of primary research have shown that a gap exists in the strategies used by social workers to address the mental health needs associated with childhood obesity. Kovacs et al. (2019) noted that strategies to improve the mental health care for individuals of all ages, including children, are lacking. In this section, I addressed this gap in the literature and provide insight into the strategies that clinical social workers considered to be effective in addressing the mental health needs of children who are obese based on their socioeconomic status. In this section, I described the research design and methodology and specified the potential data collected and analyzed. I also identified the participants, the instrumentation, and the data analysis techniques. Finally, I described the ethical procedures selected to protect the privacy of the participants. Protecting participants' privacy helps to ensure compliance with the ethical standards of research (Yun et al., 2013).

Research Design

A basic qualitative study was the research design. A basic qualitative study design is suitable for exploring current facts and real-life issues (Yin, 2016). The basic qualitative study design includes an in-depth study of a small number of cases or a single case (Yin, 2016). Basic qualitative studies are appropriate when researchers ask how or

why questions about a contemporary set of events over which they have little or no control (Yin, 2016). The basic qualitative study design was therefore an appropriate design for this study. The basic qualitative study design involved an attempt to determine the clinical strategies considered effective based on socioeconomic status and the cultural challenges faced by clinical social workers in addressing the mental health needs of children diagnosed with obesity in Cumberland County, North Carolina. Through this study, I addressed the strategies that clinical social workers consider to be effective based on the cultural differences of children. The severe effects of childhood obesity may lead to health complications, which may affect the psychological well-being of children, such as low self-esteem (Rankin et al., 2016). The provision of services to children and families could also be a challenge in addressing the mental health needs of obese children (Rankin et al., 2016). Childhood obesity can present mental health issues such as anxiety and depression that affect the children and their caregivers (Rankin et al., 2016). Researchers for the America Heart Association conducted a study in 2018 and found that approximately 13 million children in the United States aged 2 to 19 years (16.9%) are obese, while 23.9 million children ages 2 to 19 years of age are overweight.

Research Questions

The primary research question for this study was as follows:

RQ1: What strategies do clinical social workers in Cumberland County, North Carolina, consider to be effective in addressing the mental health needs of children ages 5 to 17 who are obese?

RQ2: How do the strategies that clinical social workers in Cumberland County, North Carolina, consider effective differ based on a child's socioeconomic status?

RQ3: What challenges do clinical social works in Cumberland County, North Carolina, face when providing mental health services to children ages 5 to 17 who are obese?

RQ4: How do the challenges that clinical social workers in Cumberland County, North Carolina, face differ based on a child's culture and socioeconomic status?

I used a basic qualitative research approach to understand the challenges faced by clinical social work practices working to address the mental health needs of children who are obese. The study involved gathering information on the experiences of participants in their words using semi-structured questions during a narrative video conferencing interview. Researchers use narrative interviews to understand how participants create meaning from their observations, experiences, and interpretations of a problem (Hollstein, 2019). A narrative inquiry involves exploring the past, present, and future by evaluating personal, social, and cultural attributes that constitute individuals' environment (Haydon et al., 2017).

I used the system theory to facilitate the goal of understanding the role of clinical social workers in addressing childhood obesity through a holistic approach. According to systems theory, all systems have balance and harmony (Friedman & Allen, 2014). If balance and harmony within a system are dysfunctional, then the natural balance of the system becomes dysfunctional (Friedman & Allen, 2014). Therefore, it was essential to

explore the system that contributes to childhood obesity and the systems that may assist in addressing the mental health needs of obese individuals.

The focus of this basic qualitative research was to explore the unique challenges of addressing the mental needs of children who are obese in Cumberland County, North Carolina. The goal was to understand the social work practices and methods used in the research community of interest and to understand strategies considered to be effective in creating change. Learning about childhood obesity could provide valuable information about the socioeconomic and cultural challenges and the effective strategies in addressing the mental health needs of children with obesity in Cumberland County.

The central concept in the research was the mental health needs of children who are obese based on the socioeconomic and possible cultural challenges faced in addressing the social problems of childhood obesity. I began the process of recruiting six clinical social workers from six separate private agencies who work with the obese population. I sent an email invitation to the clinical social workers to participate in the study. I included a brief explanation of the study and how to volunteer to participate. I also emailed a consent form to the individuals who qualified to participate. Participants were able to select the time for the videoconferencing interview and understood that they could withdraw their participation at any time.

Methodology

Data

I used semi structured interview questions to collect data from six clinical social workers who work with obese children in six private practices in Cumberland County.

The study sample consisted of six clinical social workers from six separate agencies who hold the title of master's in social work and were licensed, clinical social workers. I collected data by meeting with each participant individually, which helped to build rapport. The participants shared their experiences related to the challenges of addressing youth obesity. I asked participants to describe their perspectives on childhood obesity and explored various challenges in addressing the mental needs of children with obesity.

Participants

The research took place in Cumberland County in North Carolina, through videoconferencing. I thoughtfully and purposefully selected participants who provided information to address the research questions. Purposeful sampling involves deliberately selecting participants who will provide information to address the research question (Bungay et al., 2016). Purposeful sampling is a sampling method in which researchers thoughtfully and purposefully recruits participants to provide data and to answer the research questions (Palinkas et al., 2015). I contacted six clinical social workers from six different private practices through email inviting them to participate in the study. In the email, I stated clearly that their participation will be voluntary, and their participation will not result in any offer of compensation. I also informed participants about the study and research procedure through the informed consent form and explained that they may withdraw from the study at any time.

I used purposeful sampling to select six clinical social workers from six separate social work practices who work with obese children in Cumberland County. The participants participated in individual interviews and did not know the responses from

other participants. The participants understood the need to ensure their privacy was kept confidential, and to seek an appropriate environment that will not compromise their privacy or the research process. The research questions and topics served as guides in the interview process to reduce disorganization. I encouraged participants to tell a story and encourage flexibility in the way they answer the interview questions to develop themes for the study. Flexibility in the research process allows for new ideas to emerge, which are an essential part of the narrative inquiry (James, 2017). Each participant had equal time and opportunity to participate and answer the interview questions. I collected data for this research project using semi-structured questions during individual interviews. The participant and the researcher agreed on a videoconferencing due to covid-19 concerns, and I audio recorded the interviews using the software application recorder. I took handwritten notes to supplement the recordings. I used general information found in the literature review regarding childhood obesity and effective strategies used to address the mental health needs of children who are obese.

Instrument

I conducted a videoconference to collect data from six clinical social workers from six separate agencies experienced with addressing the mental health needs of the obese population. The research questions and topics guided the interview process to increase flexibility. The flexibility in qualitative research allows participants to respond to interview questions in a relaxed and comfortable manner (Ngozwana, 2018). To establish the interview procedure, I used information from the literature review to explore the clinical challenges faced by clinical social workers in addressing the mental health

needs of childhood obesity at the micro, mezzo, and macro level practice based on system theory. I audio recorded the participants using a videoconference software application recorder and took handwritten notes to supplement the recorder. I saved all responses in the recorder and upload the information into NVivo 10 software to transcribe the participant' responses. The videoconference was beneficial to this study because I was able to clarify nonverbal observation regarding the participant. The participants chose a meeting place where they will be comfortable and that will protect their identity and privacy (NASW, 2017). Social workers are encouraged to respect and promote the right to self-determination (NASW, 2017). The limitation of this study was that participants did not provide documents due to the protection of clients' privacy. I overcame this barrier by asking all questions during the videoconference, and I asked follow-up questions or sought clarifications. I did not collect personal information about any participant.

Data Analysis

The purpose of this basic qualitative study was to interview six clinical social workers from six separate social work practices independently to understand the effective strategies used and challenges faced in addressing the mental needs of children with obesity. I used open-ended questions to understand the challenges the participants faced in their work practice. I organized the information collected from the participants using NVivo 10 software, classified the data, coded the data, interpreted the data, and finally wrote up the findings. A category is a set of possible values and basic operations on those values that are condensed (Saldaña, 2016). I analyzed and presented the data using

NVivo 10, a data-analysis software tool. Qualitative researchers use NVivo 10 to assess, gather, and organize information from interviews and field notes (Zamawe, 2015).

To validate the qualitative research, I applied several procedures, such as member checking, credibility, trustworthiness, observation, and a journal for self-reflection activity from the participants. I ensured the participants review the data after I transcribe the information by sharing the data collected with the participants through email. Sharing the data will allow the participants to express any concerns regarding the information, seek clarification, and confirm the accuracy of the data collected. Member checking allows participants to review their data and the results of data analysis to ensure the responses gathered during the interview are accurate (Brit et al., 2016). Trustworthiness and credibility are both relevant to this qualitative research because I explained the views of the participants. Ensuring trustworthiness in qualitative research involves exploring the credibility, dependability, and transferability of participants' words as stated (Ngozwana, 2018).

Trustworthiness indicates how a researcher can handle ethical issues such as personal bias during the interview process (Ngozwana, 2018). Qualitative research work relies on a set of standards that include credibility, transferability, dependability, and confirmability (Ravitch & Carl, 2016). Credibility refers to a researcher's ability to understand the complexity of issues during research and the ability to explain those issues (Ravitch & Carl, 2016). To maintain the credibility of the data collected during the interview, I called the participants on the phone and read my interpreted notes to confirm the validity and accuracy of the data. I ensured the data collected from the handwritten

notes taken during the interview were carefully interpreted and transferred to a clean sheet without changing the meaning. I respected all research protocols and procedures put in place to minimize researcher bias.

Ethical Procedures

This study received approval from the Institutional Review Board (IRB) at Walden University prior to the start of the research. The aim of an IRB is to ensure research proposals conform to acceptable professional and legal standards in the United States (Abbott & Grady, 2011). I recruited participants after I received approval from Walden University's IRB, and I ensured the participants met the study criteria of working as a clinical social worker and having experience addressing the mental health needs of children who are obese. I ensured the participants agreed to participate in the study by signing the consent form prior to the interview. I informed the participants and recorded them on a videoconference application recorder. According to the NASW (2017) Code of Ethics, social workers engaged in evaluation and research should protect participants' privacy and confidentiality. Ngozwana (2018) stressed the importance of limiting, withholding, and maintaining the confidentiality of participants during research. The interview took place through a videoconference. I used a coding system to protect the identities of the participants. I kept all data collected during the study in a locked file cabinet to which I alone have access. Data collected from this study will be kept for at least 5 years, as required by the university, and will be destroyed after 5 years.

Summary

In this study, I collected data from six clinical social workers who have experience addressing the mental health needs of children who are obese. I informed the participants about the research through an email and provided an informed consent form to the participants to help them to understand the research project, including the risks, limitations, and benefits. I recorded all interviews and took handwritten notes to supplement the recording during the videoconferencing. Videoconferencing was the participants choice at the time of data collection due to COVID-19 concerns. There was a technical challenge of internet breakup during the videoconferencing. Participants were comfortable using a computer for an interview, and privacy during the meeting was not a problem because participants self-select a private area for the interview. I analyzed the data using NVivo10 software. The ethical procedures were followed throughout the research process as mandated in the social work code of ethics and the IRB. The focus of the next section of this research study was data analysis.

Section 3: Presentation of the Findings

The purpose of this basic qualitative study was to explore the clinical strategies associated with addressing the mental health needs of childhood obesity and the challenges faced by clinical social workers in their work with obese children in Cumberland County in eastern North Carolina. Understanding the effective strategies used and the challenges faced by clinical social workers in addressing the mental health needs of childhood obesity laid a road map for tackling this social issue.

The research questions for the study were as follows:

RQ1: What strategies do clinical social workers in Cumberland County, North Carolina, consider to be effective in addressing the mental health needs of children ages 5 to 17 who are obese?

RQ2: How do the strategies that clinical social workers in Cumberland County, North Carolina, consider effective differ based on a child's socioeconomic status?

RQ3: What challenges do clinical social works in Cumberland County, North Carolina, face when providing mental health services to children ages 5 to 17 who are obese?

RQ4: How do the challenges that clinical social workers in Cumberland County, North Carolina, face differ based on a child's culture and socioeconomic status?

I collected data by conducting interviews with six clinical social workers who work with obese children in Cumberland County. Each participant held a Doctor of Social Work degree or a Master's of Social Work degree with a licensed clinical social work certification. I met with the participants individually using Zoom videoconferencing

software to collect data. All participants preferred to use Zoom due to the COVID-19 pandemic. The participants shared their unique experiences related to the effective strategies and challenges of addressing childhood obesity. I asked participants to describe their perspectives on childhood obesity and various strategies and challenges in addressing children's mental needs related to childhood obesity. Participants self-selected a quiet area for the interview. The participants' answers to the semi structured questions were recorded through the Zoom recording application. I took handwritten notes during the interview to ensure I collected participants' responses accurately. The recordings were uploaded into NVivo 10 software for transcription. Afterward, I used the NVivo 10 software to classify the data, code the data, and interpret the data, and then I wrote up the findings.

Data Analysis Techniques

Time Frame

I received generous support from all the six clinical social workers I recruited to participate. They were prompt in responding to my emails and expressed their willingness to participate in the study. The six participants returned their consent forms to me within 4 days. The Zoom videoconferences were scheduled and completed within 3 to 4 business days after I sent the primary recruiting email. All six participants preferred to participate via Zoom, citing COVID-19 as the main reason for not participating in a face-to-face interview. I contacted all six clinical social workers and successfully scheduled a meeting time with all of them. The participants followed through on their appointment for the interview.

During the interviews, I asked if the participants were familiar with Zoom and if they needed any assistance. I confirmed with the participants that they were in a quiet environment in which they would be able to provide the information necessary for the study. I used open-ended questions to understand the effective strategies used and the challenges the participants faced at work in addressing the mental health needs related to childhood obesity. I organized the information collected from the participants using NVivo 10 and then classified, coded, and interpreted the data. I applied several procedures, such as member checking and a journal for self-reflection activity from the participants. I ensured the participants reviewed the transcript after I transcribed the information by sharing the transcript through email. Triangulation did not apply to this study because I collected data only through interviews. Participants did not provide any records or documents because they had no access to such information.

Data Analysis and Procedure

I used the Zoom recording application to record the interviews and downloaded the recordings on my computer. I uploaded the recordings from my laptop into an otter.ai application service to transcribe the audio. I uploaded the transcripts into NVivo and began open coding guided by the research questions. Open coding involves identifying concepts and categories in qualitative research (Kidd et al., 2018). Open coding is the first stage of data analysis that involves breaking down core categories, and selective coding involves taking the core concepts from the coded data categories (Kidd et.al., 2018). While analyzing the data, I developed the themes based on the information provided by the participants in their responses. The process aligned with the systems theory, which

was the conceptual framework used for the study. The following themes emerged: education, coordination of care, cognitive behavior therapy (CBT), and health insurance.

Validation Procedure

I applied several procedures, such as member checking, I performed member checking by recording the interviews and emailed the transcripts with an outline of the findings of the study to the participant. I used a journal for self-reflection activity from the participants. I ensured the participants reviewed the transcript after I transcribed the information by sharing the transcript through email. Sharing the data allowed the participants to express any concerns regarding the information, to seek clarification, and to confirm the accuracy of the data collected. Member checking ensures participants review data analysis results to ensure the responses gathered during the interview are accurate. Credibility was relevant to this qualitative research because I explained the participants' views. In qualitative research, ensuring trustworthiness involves exploring the credibility, dependability, and transferability of participants (Ngozwana, 2018).

The trustworthiness of a study indicates how a researcher can handle ethical issues such as personal bias during the interview process. Qualitative research work relies on a set of standards that include credibility, transferability, dependability, and confirmability (Ravitch & Carl, 2016). Credibility refers to a researcher's ability to understand the complexity of issues during research and to explain those issues (Ravitch & Carl, 2016). I maintained the credibility of the data collected during the interview. I emailed the interpreted notes to the participants and confirmed the validity and accuracy of the data. I ensured I interpreted the data collected from the handwritten notes taken

during the interview carefully and transferred them to a clean sheet without changing the meaning. I respected all research protocols and procedures put in place to minimize researcher bias.

Limitations

One limitation of this study was that none of the participants agreed to have a face-to-face interview due to COVID-19 concerns. Although there were a few issues with slow internet connections, participants participated in the interviews because they all knew how to use Zoom call. Another limitation was that the questions were detailed and intellectually oriented, which could have resulted in feelings of being overwhelmed among social workers who do not work in the clinical setting. Fortunately, all six participants were clinical social workers and understood the questions. The participants also received some of the interview questions ahead of time, which helped them to prepare.

Findings

Sample Description

The participants had been clinical social workers between 4 and 20 years and had worked with children with obesity between 3 and 7 years. All the participants had at least a master's degree with a licensed clinical social worker certification. I asked all the participants what inspired them to work with children with obesity. All the participants stated that they had no family member with a child suffering from obesity. However, five participants indicated that they knew someone with a child suffering from obesity. PN indicated that the opportunity to work with obese children began when the agency moved

from working with children with behavioral health problems to children with obesity because the agency had a high referral rate for obesity-related issues with children. PN also stated the agency conducted comprehensive agency training to ensure all the clinical social workers received training to work with obese children.

The other five participants mentioned that the opportunity to work with obese children came about through applying for a job in social work. NK said that her interest in working with obese children developed from feelings of frustration that arose when she was working in a hospital as a medical social worker. NK also stated that many hospital social workers did not address the mental health needs of obese children, which prompted her to work in private practice. LN worked in child protective services and decided to become a clinical social worker who specialized in addressing childhood obesity after having a horrible experience that involved placing kids out of the home. LN stated that it is the best job she has had and intends to do it until she retires. CK stated that after completing graduate school, her first job opportunity was as a case management social worker in a clinic for obese patients. CK also stated that she became a clinical social worker and began working with obese children in the same agency 2 years later. DO noted that she started her career as a social worker working as a school social worker. DO said that she got frustrated with the way students were teased and bullied by peers due to their body size. Additionally, DO indicated that she wanted to help, but she did not have the necessary training to address these students' mental health needs. DO said her inability to assist these children motivated her to pursue a licensed clinical social worker certification. See table 1.

Table 1*Participants' Level of Education and Experience*

Participant	Degree obtained	Years of practice
LN	Doctor of social work	20
MN	Doctor of social work	13
PN	Master of social work	7
CK	Master of social work	5
NK	Master of social work	4
DO	Master of social work	4

Findings for Research Question 1

RQ1 was as follows: What strategies do clinical social workers in Cumberland County, North Carolina, consider to be effective in addressing the mental health needs of children ages 5 to 17 who are obese? The findings to RQ1 detailed the strategies that the clinical social workers in Cumberland County considered effective in addressing the mental health needs of children ages 5 to 17 who are obese. All six participants stated that they use components of CBT to address the mental health needs of children ages 5 to 17 who are obese, and they considered this strategy effective. All six-participant stated that they used CBT to address the children's anxiety, eating habits, depression, trauma, and perceptions of body image. The CBT components that the participants considered to be effective were engaging parents in the treatment process and encouraging parents to model good behaviors to the child by allowing the children to participate in simple behavioral changes such as basic meal planning and grocery shopping with the parents. Kang et al. (2020) stated that CBT is effective as a behavioral approach targeted to

change eating habits through self-monitoring and as a cognitive approach targeted to change the bias about body image and improve emotion regulation.

Five participants mentioned that coordination of care with all providers has produced greater results in addressing the mental health needs of obese children at all levels of the client system. Participants LN, DO, and CK noted that children with obesity often have other health issues such as asthma and diabetes; therefore, it is important to know if the children are taking medication and to verify the side effects and the dosage of the medication with the psychiatrist. Furthermore, the participants stated that coordinating care with health care providers helped families to understand the importance of following through with appointments during the treatment process. Participants PN and NK confirmed that providers should work together to coordinate care to address a child's problems responsibly to achieve a better outcome. See table 2.

Table 2

Effective Strategies in Addressing the Mental Health Needs of Obese Children

Strategy	<i>n</i>	%
CBT	6	100
Coordination of care	5	83

Findings for Research Question 2

RQ2 was as follows: How do the strategies that clinical social workers in Cumberland County, North Carolina, consider effective differ based on a child's socioeconomic status? The participants were careful in stating the interventions they considered effective so they would not appear biased. All six participants stated that they considered CBT to be effective in all children with obesity, regardless of the children's socioeconomic status. All six participants stated that providing psychoeducation to

families and children about the mental health issues related to childhood obesity was an effective strategy regardless of the socioeconomic status of the children. Participants MN, DO, CK, and PN stated that middle-class families are proactive and takes therapy sessions seriously, and attend. Additionally, Participants MN, DO, CK, and PN stated that some low-income families do not believe in therapy; instead, they prefer to seek counseling through their religious leaders. Participants LN, DO, and NK stated that the use of journals in recording and tracking meal intake is predominant with middle-class families as opposed to low-income families.

All participants mentioned during the interview that encouraging children to prepare meals with family and plan mealtime together is a strategy used irrespective of the socioeconomic status of the child. All participants stressed the importance of being flexible in scheduling therapy appointments, regardless of the socioeconomic status of the child. See table 3.

Table 3

Strategies That Are Effective Based on the Socioeconomic Status of the Child

Strategy	Socioeconomic status	<i>n</i>	%
Psychoeducation	No	6	100
Counseling/therapy session	Yes	4	67
Journals recording	Yes	3	50
Family mealtime	No	6	100
Appointment scheduling	No	6	100

The information provided in table three above was based on the effective strategies based on the child's Socioeconomic status. All six participants shared that providing psychoeducation to the clients and their families was an effective strategy regardless of

the child's socioeconomic status. Four of the participants stated that Counseling/therapy sessions were effective to the families they worked with. Three of the participants shared that journal recording for food intake was an effective strategy in middle class families but did not have the same effect for low-income families. All six participants explained the importance of families preparing and having mealtime as an effective strategy because parents can monitor the food intake. Similarly, all six participants stated that scheduling appointment with families is an effective strategy regardless of the child's socioeconomic status.

Findings for Research Question 3

RQ3 was as follows: What challenges do clinical social workers in Cumberland County, North Carolina, face when providing mental health services to children ages 5 to 17 who are obese? The participants detailed the challenges that they encounter in providing mental health services to children ages 5 to 17 who are obese. All six participants mentioned during the interview that the children they work with suffering from multiple issues due to obesity, such as diabetes and asthma, in addition to depression, anxiety, low self-esteem and bullying from peers, and the use of food as a coping skill. All participants stated that it is a challenge to replace the behavior of using food as a coping skill with healthy coping skills such as keeping a gratitude journal. Participants PN and LN stated that the challenge that they noticed a slightly different when addressing the mental health needs for the ages of 5 and 17 years old because they present different issues. Participants PN and LN shared that the younger children acted out and used food as a coping skill, while older children who are obese used substances

and engaged in negative peer association. LN explained that because older children feel accepted by members of those groups, it is challenging to help them feel otherwise.

The second challenge was that Participants CK and MN mentioned there are limited clinical social workers in the community who address childhood obesity. Also, those few clinical social workers are overwhelmed with the caseload and cannot meet the needs of the children. Participant LN stated that most of her clients gained an average of 9 pounds due to COVID-19.

The third challenge that all six participants described was the limited availability of resources in the rural area. The participants stated that there are limited community resources for children suffering from obesity between the ages of 5 and 17 years. All six participants stated that community resources such as a sidewalk, support groups for children, and public transportation to and from appointments are limited. Participants PN, MK, and CK stated that the few activities that are typically available for children are through schools, and because schools are offering remote learning due to COVID-19, students have gained weight, which has increased depression and anxiety.

All six participants stated that the county department of social services provides vouchers for public transportation only to low-income families. Also, there are very few buses running in the community, and there is often a 2-hour wait between buses. Participants MN and PN stated that it is a challenge to change the perception of families who do not see childhood obesity and mental challenges as a problem. MN shared that addressing the mixed messages about breastfeeding is another challenge that she

encountered. MN stated that she worked with a parent who believed that her child was obese because she breastfed the child for a long period.

Findings for Research Question 4

RQ4 was as follows: How do the challenges that clinical social workers in Cumberland County, North Carolina, face differ based on a child's culture and socioeconomic status? All six participants stated that there are challenges addressing children's mental health, regardless of their culture or socioeconomic status. The first challenge mentioned by the participants was the cancelation of appointments. All six participants stated that families cancel therapy sessions for personal reasons, regardless of the culture or socioeconomic status. All six participants noted that three-fourths of African American families canceled therapy sessions due to transportation problems. Participants LN, MN, NK, and PN stated that most families consist of single parents with two jobs and shuffling between work and therapy appointments is a challenge. All participants stated that single mothers struggle to maintain therapy sessions due to their work schedules, and they often cannot attend therapy sessions, regardless of their socioeconomic status.

LN stated that African American families do not believe in therapy, and those who believe in therapy sessions prefer to seek counseling from their religious leaders. Participants DO and CK stated that middle-class families, regardless of their culture, cancel therapy sessions because they are busy following their dreams and have little time to follow through with therapy sessions to address their children's mental health needs.

DO and CK stated that, although middle-class families can pay for services, not attending a therapy session often leads to children's mental health needs not being addressed.

The second challenge was health insurance. All six participants reported working with families who have Medicaid insurance was challenging, and these families were predominantly low-income families. All six participants reported that health insurance is a big challenge. All six participants stated that three-fourths of their clients have Medicaid insurance and explained that Medicaid pays for a certain number of sessions and sometimes children might need more sessions. LN explained that although clinical social workers can request an extension of services, there is a gap in treatment while waiting for reauthorizations. In addition, low-income families are not able to pay for extra services, and even if activities are free, there is a limitation in obtaining transportation to and from the activity. All participants stated that it is a challenge to help low-income families to maintain healthy eating habits because they cannot afford healthy food from farmers markets. Participant MN explained that low-income families depend on food stamp vouchers that might not provide the flexibility to buy organic food.

The third challenge was the perception of the body size of the child. Participants PN, MN, and CK shared that changing the perception about children's body size has been a challenge. MN stated that it is challenging to address the mental health of obese children whose culture sees childhood obesity as a sign of good health or whose culture holds celebrations centered around food. Wolfenden et al. (2019) confirmed that some cultures like large body size and such cultures cannot tolerate a thin body size. Wolfenden et al. stated that people whose cultures prefer large body sizes see no issue

with childhood obesity and the mental issues that arise as a result. Wolfenden et al. further explained that some mothers from different cultures like heavy babies because they feel that it is a sign of good health. For example, Mexican mothers prefer heavier babies compared with White and Black mothers. All six participants stated that it is a challenge to assist families who are not willing to change their eating habits or those who attach food to their culture. See Table 4.

Table 4
Challenges in Addressing the Mental Health Needs of Obese Children

Challenges	<i>n</i>	%
Health insurance	6	100
Community resources	6	100
Scheduling appointments	4	80

Themes

The themes identified in this study were based on the responses provided by the participants to the research questions and the information obtained in the literature review. The themes highlighted the strategies that the participants found to be effective, and the challenges experienced in addressing the mental health needs related to childhood obesity. The four themes are education, coordination of care, CBT, and health insurance.

Education

The first emergent theme identified as an effective strategy in addressing the mental health needs of obese children was education. All the participants discussed the importance of educating the client and family about the effect of childhood obesity and the importance of the family engaging in the treatment process. All six participants stated that education was an effective strategy they use to address the mental health needs associated with childhood obesity. LN discussed education in two categories. LN stated

that at the beginning of the treatment she educates children and parents about the importance of addressing the problem to increase their knowledge about the effects of childhood obesity. LN shared that educating children and families about the general concept and about the importance of attending appointments is important to limit the number of appointments missed.

MN noted strategies that are helpful in relieving the stress include educating parents about, and linking them with, community resources; assisting the family in scheduling other appointments; and educating the family about the importance of taking psychotropic medication if prescribed by a psychiatrist. MN stated that sometimes families struggle to identify community resources. Therefore, taking time to educate families about, and linking them with, community resources is an important and effective strategy to address the mental health needs of obese children. CK stated that she takes the first two sessions to explain to parents that research has shown that a child who is obese as a child could likely be obese as an adult.

DO stated that setting family goals by highlighting the importance of not canceling therapy sessions is a crucial step to a successful outcome. PN also added that three-fourths of the children she works with had considered their child weight to be baby fat and failed to address it. Therefore, PN noted that teaching families not to undermine the early signs of childhood obesity is important. DO stated that clinicians need to improve their knowledge by understanding evidence-based strategies and those that are effective. LN reiterated that clinicians should not be afraid to obtain more education to improve their knowledge to address childhood obesity. MN stated that educating families

on how all systems in the child environment contribute to the problem and the different roles that each system has in addressing the problem is an effective strategy.

All six participants explained the importance of educating the family about healthy eating habits and how to avoid sugary food without attacking the cultural beliefs. Pappas et al. (2015) noted that behavioral awareness and modification that involve at least one parent helps to identify the problematic behavior and promote children's good eating habits. PN stated that working with a child and educating the child on how to minimize bullying to increase self-esteem is a good strategy. PN stated that she works with children to develop a list of words of affirmation in a gratitude journal, and each therapy session she invites the children to recite the words. PN also encourages clients to draw a picture of their beautiful self to empower the children to feel good about themselves. PN reiterated that these strategies allow the children to shift the negative thinking about themselves and start to see the positive side of themselves.

Coordination of Care

The second theme that emerged was the coordination of care. Five participants shared that it is important to engage all care providers when addressing mental health issues due to childhood obesity. Participants stated that a collective approach that involves the family, community, and other providers was found to be effective. Primary care providers and child psychiatrists are among the caregivers who need to engage with clinical social workers to address a child's problem at every level. Tovar et al. (2017) confirmed that family and childcare play an important role in assisting children to maintain healthy behavior if all providers understand the risk of the behavior. Another

strategy that LN mentioned was working with other providers to increase the quality of care with consistency in the treatment process. Wilfley et al. (2017) confirmed that collaboration of care is crucial to ensure a unified approach in addressing childhood obesity and to ensure the quality of care.

All six participants stated that effective communication among providers decreases the gap in the treatment process. Lew et al. (2019) confirmed that effective communication skills are needed for a practitioner to clearly communicate problems associated with childhood obesity with the parent and other clinicians without blame. LN noted setting clear expectations about the treatment process is an effective strategy with families. LN reiterated being flexible regarding scheduling sessions and providing a list of resources are effective strategies. LN stated that engaging the family and other providers in the process is an effective strategy that has worked in addressing the mental health needs associated with childhood obesity. PN explained that coordinating care with other providers who are involved in the well-being of the client is an effective strategy. Wilfley et al. (2017) noted that collaboration that includes families, integrated care models, and multidisciplinary care teams to oversee the child treatment is an important and effective strategy to address the mental health needs of obese children at all levels. LN stated that families need to engage in a therapy session because they serve as role models for the youth.

Cognitive Behavioral Therapy

The third theme identified was the use of CBT as an effective strategy. All the participants stated that CBT is effective in addressing the mental health needs of children

with obesity. All the participants stated that they use components of CBT to challenge the thinking pattern of children and their families to address issues related to childhood obesity, such as depression. Li et al. (2017) confirmed that CBT is effective in the long term by reducing symptoms of depression and anxiety. MN stated that CBT challenges the negative thinking about self, addresses client anxiety about self-image, and increases awareness regarding a better approach. MN also stated that CBT allows clients to set a goal to monitor food intake through journaling, scheduling physical activity, changing eating habits, and developing a plan on how they will address any obstacles. MN stated that she uses a reward system with age-appropriate incentives to encourage children to participate in meal preparation and calorie counting, which leads to behavior modifications.

LN stated that CBT works to help families understand basic nutrition facts and how to journal food intake, encourages families to plan mealtime, and encourages youth to assist in grocery shopping and cooking. LN stated that during therapy sessions, role-playing with youth on how to engage in meal planning, creating a vision board, and setting both short- and long-term goals have been effective strategies. Kang et al. (2020) confirmed that CBT is an effective strategy because it involves multiple techniques such as goal setting, problem-solving, and skill-building and facilitates sustainable behavior changes. See table 5.

Table 5
Effective Strategies

Strategy	<i>n</i>	%
Education	6	100
Coordination of care	5	95
CBT	6	100

Health Insurance

All the participants discussed the importance of health insurance in addressing the mental health needs of obese children. The participants shared the advantages and disadvantages of health insurance in families. Two of the clinical social workers who did not take Medicaid insurance shared that the families they work with have health insurance from their employer. DO and NK stated that they work with families who have health insurance from their employer or families who agree to pay for services. DO stated these families are more likely to attend therapy sessions because they are not worrying about paying for the services. Four participants explained that the greatest challenges in addressing the mental health needs of obese children are no or limited health care insurance. Wolfenden et al. (2019) confirmed that the limited infrastructure in the health care system has been a challenge in improving obesity-related health care issues.

LN shared that most of her clients have Medicaid under the Patient Protection and Affordable Care Act, which has a limit on the number of sessions or services covered. LN stated that this limitation increases the emotional stress of clients and families who need the services and are willing to comply with services but have no insurance or the insurance they have is limited to the number of appointments the insurance is willing to cover. CK stated in North Carolina there is an insurance for children called Health Choice. However, the challenge with the health insurance is that the provider must apply for reauthorization of services monthly, and some practitioners are not willing to fill out paperwork monthly. CK stated, “This an area where I find

myself doing social work case management” in assisting families to look for community resources that might assist in meeting their needs and to help the client gain access to care. MN mentioned that working with children who have Medicaid has been challenging because “it feels like I’m trying to help them survive through the situation.” LN stated that talk therapy is not effective because youths feel blamed or judged about their weight.

Unexpected Findings

One of the unexpected findings was the manner in which all the strategies that the participants considered to be effective were linked to the system theory. The strategies targeted all systems in the child’s environment at all levels. Another unexpected finding was the mixed messaging on breastfeeding. Participant PN shared her experience with a mother who expressed guilt about breastfeeding. The mother believed that her son was obese because of breastfeeding, and she stated that her child would not be obese if she had not excessively breastfed.

The mixed message was that mothers are encouraged to breastfeed their child, but when they do, the child is obese, yet friends who are not breastfeeding do not have the same problem. Another unexpected finding was that children had gained approximately 9 pounds since the beginning of the COVID-19 pandemic. Participant LN stated, “It is like you take two steps ahead and three steps behind.” Lastly, some parents not willing to participate in a therapy session with a 17-year-old child.

Summary

The first RQ was intended to increase the understating of the effective strategies that clinical social workers considered to be effective in addressing the mental health

needs of children age 5 to 17 years who are obese. The participants shared and discussed the strategies they considered to be effective, such as education using components of CBT as prominent strategies. Additionally, the participants consistently used strategies that target entire families to change behaviors such as meal preparation and grocery shopping and to reinforce the educational aspects. The second research question was designed to understand how the strategies differ based on the socioeconomic status of the child. The participants shared their experience scheduling appointments with the families based on culture and socioeconomic status.

The third question reflected the challenges that clinical social workers in Cumberland County, North Carolina, face when providing mental health services to children ages 5 to 17 who are obese. All participants discussed the lack of community resources and the challenge of replacing unhealthy coping skills with healthy coping skills such as keeping a gratitude journal. The fourth research question discussed the challenges clinical social workers faced differ based on children's culture and socioeconomic status. All participants shared the strengths that they found in each culture such as diversity in food choice and the education clinicians gained from families. However, the participant also shared the challenges experienced in getting families to attend therapy sessions and the challenges that exist based on children's socioeconomic status. The participants discussed the challenge of limited resources in the community and health insurance struggles among low-income families. The last challenges discussed were the unexpected findings of the mixed messaging on breastfeeding and the effect of

COVID-19 on obese children. The next section will discuss the application to professional practice and the implications for social change.

Section 4: Application to Professional Practice and Implications for Social Change

Introduction

The purpose of this qualitative basic study was to explore the clinical strategies associated with addressing the mental health needs of obese children and the challenges faced by clinical social workers in their work with obese children in Cumberland County in eastern North Carolina. The key findings from the study are specific to the effective strategies and challenges faced by clinical social workers in addressing the mental health needs of obese children. The participants found strategies that were effective, such as education, CBT, and coordination of care. The participants also found challenging aspects in addressing the mental health needs of obese children, which were limited health insurance, difficulties scheduling therapy sessions, and a lack of community resources. The participants reported effective strategies and challenges in addressing the mental health needs of obese children that aligned with all ecological systems, which showed a systematic approach was the most effective strategy in addressing the mental health needs of obese children.

Clinical social workers in Cumberland County might be able to learn from each other the effective strategies in addressing the mental health needs of obese children. Also, the clinical social workers might not feel alone but rather might work together in addressing the challenges. The participants discussed the mental health issues that children face due to obesity, such as low self-esteem, anxiety, and depression. The research may inspire clinical social workers to have the courage to educate themselves to address mental health needs that result from childhood obesity to minimize the gap

related to the limited number of clinical social workers specialized in addressing the issue in the county. The findings might also lead to increased social action and awareness to increase community resources for children and families with mental health needs due to childhood obesity.

Application for Professional Ethics in Social Work Practice

The NASW Code of Ethics states that social workers are ethically responsible to the broader society and to social and political action (NASW, 2017). The Code of Ethics states that social workers should seek to ensure that all people, including the defenseless and the underprivileged, have access to resources in their community. This research study aligns with the NASW Code of Ethics because I collected information from clinical social workers who had experience addressing the mental health needs of obese children and were working with that population at the time of the study. One of the challenges that the clinical social workers in Cumberland County face in addressing the mental health needs of obese children was limited resources in the community. The NASW Code of Ethics (NASW, 2017) guides social work practice in the areas of addressing the mental health needs of obese children as it provides standards for clinical social workers to address the mental health needs of obese children and understand effective ways to address the cultural and socioeconomic challenges they might encounter when working with this populations.

The effective strategies discussed by the participants are empirically based to address mental health issues such as the anxiety, depression, and low self-esteem of children with obesity. Children often marginalize their obese peers, and the social work

code of ethics provides clear guidance to social workers regarding how to advocate for marginalized populations. The NASW Code of Ethics (NASW, 2017) emphasizes cultural awareness and social diversity. This responsibility guided the clinical social workers in this study in areas where different cultures have different beliefs about children's body size. This ethical responsibility allowed the clinical social workers to appreciate the strengths of other cultures and address the needs in such a way that they would not be offensive toward those cultures. The NASW Code of Ethics also stresses the importance of education and training. This code of ethical responsibility in the practice setting was highlighted in this study. Participants had at least a master's degree in social work and practiced as clinical social workers who were competent in addressing the mental health needs of obese children. Participants discussed the importance of education in the area of using effective strategies to address the mental health needs of obese children.

The impact that the findings might have on professional ethics within social work practice is to increase effective strategies in addressing childhood obesity. Also, social workers need to engage in clinical practice specializing in addressing the mental health of obese children and childhood obesity in general. Increasing the number of clinical social workers in the community would increase the alternatives for clients to receive services that address their mental health needs (Jelalian et al., 2019). Another impact that the findings may have on social work practice would be to raise awareness of the severity of childhood obesity and the challenges in addressing the mental health needs of obese

children, particularly in the areas of health insurance and limited resources in the community.

Recommendations for Social Work Practice

Actions Steps

The first action step that clinical social work practitioners can take based on the findings is creating awareness of the problem in the community. This step could involve organizing community meetings with local leaders, which include church leaders and school authorities. Social workers could create a PowerPoint presentation to educate the leaders about the problem and use statistics that explain the impact of the problem. Social workers can also advocate for community resources. The second action step is for clinical social workers to contact the NASW board to inquire about special training available to address childhood obesity. Completing such training will increase the number of clinical social workers in private practice willing to learn about this population and specialize in working with obese children with mental health needs.

Implications for My Social Work Practice

These findings have affected my social work practice by reinforcing my aspiration to go into the field of social work. The research increased my knowledge about childhood obesity and the mental health challenges faced by obese children. The findings changed my way of thinking about childhood obesity. I was not aware of the different challenges faces by clinical social workers in addressing the mental health needs of obese children. I admire the different roles and responsibilities that clinical social workers take to meet the needs of their clients. The findings have increased my knowledge of the effective

strategies used by, and the challenges faced by, clinical social workers in addressing the mental health needs of obese children. Even though I am not a clinical social worker, there are strategies that I could incorporate in my area of practice, which is working with youth who have mental health challenges, primarily those at risk of out-of-home placement because they have engaged in risky behaviors.

Transferability of Findings to Practice

The findings of this study may be transferable to the field of social work practice in three ways. First, engaging the family in the process and educating the family on simple steps such as meal preparation, grocery shopping, and replacing healthy coping skills are effective strategies that are transferable and could be sustained by the family. Another finding that could be transferable is that childhood obesity could result in other health issues such as diabetes and asthma if not addressed, and obese children are more likely to become obese adults. Lastly, the findings can be transferred through the coordination of care, which helps ensure consistency in the treatment process to minimize any gaps in treatment to achieve a better outcome.

The Usefulness of Findings to the Social Work Field

The findings may be useful in practice for social workers because individuals who have multiple health issues such as diabetes can benefit from the strategy of coordinating care if they are able to receive a referral to the right provider. In the area of policy, the findings may contribute to arguments for policy change regarding health insurance, such as Medicaid reforms to ensure that clients who depend on Medicaid insurance should not

have gaps in therapy. The findings may also be helpful in that they may provide clients and families with available resources in the community.

Limitations Affecting the Usefulness of Findings

The limitations of the study that might affect the usefulness of the findings are that effective strategies could be affected by the challenges faced by clinical social workers in addressing the mental health needs of obese children. In general, there are no set strategies to address the mental health needs of obese children. Each clinical social worker structures strategies to fit the perspective of the child. An example could be that one child and family could engage in grocery shopping, calorie counting, and meal preparation, whereas others may not be willing to engage in family activities and the child might be left alone to implement the strategies. Another limitation that could affect the findings is limited resources in the area, which could affect a child even if the family learned about the resources in the community. If a family does not have the skills to access the resources in the community, the family may not sustain the gains.

Recommendations for Further Research

The strengths of the study are that the participants were consistent in sharing the effective strategies used and the challenges faced in addressing the mental health needs of obese children in Cumberland County in eastern North Carolina. All six participants discussed the effectiveness of CBT in addressing the mental health of obese children. The strengths could lead to conducting further research into understanding strategies for youth through a control group. Further research may be done to create an understanding of why social workers are not specializing in this population; instead, social workers may prefer

to make referrals to clinical psychologists. This study included a qualitative research method with a basic study design. Other researchers should consider different research methodologies and designs to conduct further research to understand effective strategies used and challenges faced in addressing the mental health needs of obese children.

Dissemination Plans for Findings

I will distribute the summary of the study to all six participants, the Cumberland County Department of Health and Human Services, and local leaders in the county. I will also volunteer to make a presentation in a community meeting to share the findings.

Implications for Social Change

The findings could impact positive social change at the micro, macro, and mezzo levels of social work practice. Positive social change for practice includes sharing the information with social workers who work with the obese population and with those who are not working with the population to create awareness of the problem and of the need for a collective action that would provide social workers with more information that can positively impact their clients. The results of the study help to fill the gap regarding the information available, effective strategies used, and challenges faced by clinical social workers in addressing the mental health needs of obese children. Also, at the policy level, the study could have a positive impact because the findings encourage clinical social workers to advocate for policy especially in areas of health insurance.

Summary

The purpose of this qualitative basic study was to explore the clinical strategies associated with addressing the mental health needs of childhood obesity and the

challenges faced by clinical social workers in their work with obese children in Cumberland County in eastern North Carolina. The six participants who contributed to the findings were extremely responsive and followed through with providing information about the effective strategies used and challenges faced in addressing the mental health needs of obese children. The participants provided information that addressed some of the gaps in the literature.

The participants also provided information about the strategies they consider to be effective in addressing the mental health needs of children ages 5 to 17 years. Participants spent approximately an equal amount of time discussing the strategies they consider to be effective and the challenges they face around their practice in addressing the mental health needs related to childhood obesity. The findings revealed four main themes: education, coordination of care, CBT, and health insurance. I connected the analysis of each theme back to the literature review. The responses provided by the participants aligned with the theoretical framework of the study in that they highlighted the effectiveness of the strategy and the challenges in addressing the mental health needs of obese children at all systems in the child's environment.

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Appendix A: Sample Questions:

1. How long have you been working with children with obesity?
2. What is your perception of addressing the mental health needs of childhood obesity?
3. What do clinical social workers consider to be effective strategies in addressing the mental health needs of childhood obesity?

Voluntary Nature of the Study:

This study is voluntary and is seeking six clinical social workers. Everyone will respect your decision on whether you choose to participate in the study. No one at Walden University will treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. Also, you may stop this interview at any time.

Risks and Benefits of Being in the Study:

Being in this study could involve some risk of the minor discomforts that can be encountered in daily life, such as stress or revealing personal information. With the protections in place, this study would pose minimal risk to your wellbeing. This study's potential benefits include providing new strategies in addressing the mental health needs of childhood obesity, and the challenges faced in addressing the mental health needs of childhood obesity.

Payment:

There is no incentive or gifts associated with participating in this voluntary study.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. The researcher will also not include your name, organization name, or anything else that could identify you in the study reports. The researcher will use a coding system to protect your identity. Written data collected will be kept secure in a locked cabinet, and electronic data will be kept secure on a personal, password-protected computer. Data will be kept for a period of no longer than six years.

Statement of Consent: If you feel you understand the study and wish to volunteer, please indicate your consent by replying to this email with the words “I consent.”

Appendix B: Recruiting

This study included purposeful sampling method. Participants for this study met the criteria for License clinical social worker (LCSW). Through video conference. I selected participants based on the following eligibility criteria: the participants will be License clinical social who have been at work for at least two years with a private practice in Cumberland County in North Carolina. The participants were over 18 years of age. The study included one social worker, each from private practice.

Appendix C: Interview Protocol

1. Introduce self to the participant(s).
2. Present consent form, go over contents, answer questions, and address participant(s) concerns.
3. Provide participant copy of the consent form.
4. Turn on the recording device.
5. Follow procedure to introduce participant(s) with pseudonym/coded identification; note the date and time.
6. Start the interview with question #1 through to the last question.
7. Follow up with supplementary questions.
8. End interview and discuss member checking with the participant(s).
9. Thank the participant(s) for their time.
10. End protocol.

Appendix D: Interview Questions

4. How long have you been a social worker?
5. How long have you been working with children with obesity?
6. What is your perception of addressing the mental health needs of childhood obesity?
7. What do clinical social workers consider to be effective strategies in addressing the mental health needs of childhood obesity?
8. What are the cultural challenges that you observe in addressing the mental health needs of childhood obesity?
9. What are the challenges faced by clinical social workers in addressing the mental health needs of childhood obesity based on their socio-economic status?
10. Tell me about the strategies you used to address the mental health needs of childhood obesity that were successful and unsuccessful?