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Discussing Lifestyle Behaviours with Obese Children

Much obesity research has explored the wide ranging consequences of obesity (as summarised by Foresight, 2007). Alongside the long-term health impact, it is also important to note that many negative outcomes are present well before adulthood. Negative attitudes about obesity are evident even in very young children (Cramer and Steinwert, 1998; Musher-Eizenman et al., 2004). Obese children can more often experience: social marginalisation by classmates (Strauss and Pollack, 2003), weight-related teasing (Hayden-Wade et al., 2005) and negative prejudice from teachers (O'Brien et al., 2007). Unsurprisingly then, there is evidence of adverse school outcomes (Datar and Sturm, 2006) and low self-esteem (Franklin et al., 2006).

Effective treatment options

It is therefore important that effective treatment options are developed to tackle obesity in childhood. To date, studies detailing treatment programmes describe expert led evaluations and quantitatively driven outcome measures (e.g. Rudolph et al., 2006; Sacher et al., 2007). Emerging qualitative studies tend to outline parents' experiences (e.g. Stewart et al., 2008) and so very little is understood from the child's point of view (Murtagh et al., 2006).

Given the daily negative exchanges experienced by many obese children, it follows that they may be reluctant to talk

openly about their experiences. Qualitative interviews on sensitive topics with vulnerable groups pose many ethical challenges - not least balancing potential benefits and risks (Beauchamp and Childress, 2001). Yet, few researchers provide detailed reports of the ethical dilemmas and difficulties in published accounts of research.

Therefore, the purpose of this article* is to detail an ethically coherent interview process aiming to uncover experiences of obese young people during a period of post intervention lifestyle change.

The research process

Carnegie International Camp is a residential weight-loss camp based in Leeds, UK. The programme incorporates fun-based physical activities, moderate dietary restriction and lifestyle education. Their ethos is that the children have fun, enjoy eating healthily and being active in a safe and supportive environment (Carnegie Weight Management, 2009). The focus is not on weight-loss although the camp has demonstrated successful outcome measures (Gately et al., 2005).

With parental approval, the study followed a progressively focused interview process of:

- (1) 44 single end of stay interviews
- (2) 15 interviews repeated at 3 months

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and

(3) 5 interviews repeated at 8 months

Specific information-rich cases were selected to illustrate the general experience. Five information-rich cases contributed interviews at each stage and this paper includes extracts from their interviews in the home environment at 3 months post-intervention.

Interview schedule

Developing the interview schedule for the first stage of the research process involved prolonged engagement with the children over the 8-week summer camp programme. This included participating in physical activities, eating meals together and sharing down-time. End-of-stay interviews suggest that living in the supportive residential camp environment was in stark contrast to life in the real world as described in the literature and by the children themselves (Hester et al., in press).

Having spent time getting to know these children, and growing to care about them, it was crucial to rethink the interview schedule prior to the second stage of the research process. The aim was to explore the transition from the camp to life in the home environment. A simple but effective strategy was needed to engage the children in conversations about this period of lifestyle change so that we may have a better understanding and inform future practice. Yet, as doing so may encourage them to re-live negative experiences, it was important to establish an approach to meet the needs for 'supporting' the children, by providing encouragement that they might not ordinarily expect from adult-child relationships, but which they had experienced from the adults involved in the delivery of the camp programme. To address this, an innovative interview schedule was developed using the principles of Solution Focused Therapy (SFT).

Solution Focused Therapy (SFT)

As the name suggests, the unique feature of SFT is that it is about focusing on solutions, rather than problems (O'Connell, 2005). Over the last 30 years, SFT has demonstrated wide ranging applications. A review by Gingerich and Eisengart (2000) showed positive outcomes in a variety of health related areas.

Although, the interview schedules were developed to include techniques borrowed from this approach, no therapy was provided. Instead the techniques, including; following a solution discourse, the miracle question and scaling (O'Connell, 2005), were used as research tools in their own right.

The miracle question

The characteristic most associated with the solution-focused approach is the miracle question (de Shazer, 1985). It is possible to be so overwhelmed by a problem that you lose sight of strengths and resources. It is a future oriented question that aids descriptions of what life will be like once the problem has been solved or is being managed better (O'Connell, 2005).

Figure 1: The miracle question

Imagine when you go to sleep one night a miracle happens and the problems we've been talking about disappear. As you were asleep, you didn't know that a miracle had happened. When you woke up, what would be the first signs for you that the miracle had happened?

Figure 2: Citations in response to the miracle question

"First sign would be I'd have breakfast. [If] Mum knocked on my door and said your breakfast is on the table- something like that rather than saying right so what's the plan of action? What are you gonna do? [Why] are you going wrong?"

Ashley, 16 yrs

"I don't think I'd change my [appearance]. I know it's a weird thing but I'd want to do it myself. The whole thing would [be] to be fitter and be more motivated to go to the gym and just know that that's me there - do[ing] it! I wouldn't change anything about my appearance. I'll be able to do that myself."

Cris, 12 yrs

"I'd probably have more friends because a lot of people, you know like popular people at school, they just don't like fat people. They've got no reason to but they don't like them. They'd like me more 'cos I was...thin. I'd probably be a lot happier all the time instead of being quite [angry] a lot."

Danni, 13yrs

The scaling technique

The scaling technique helps to measure progress and establish priorities for action (O'Connell, 2005). The participant is asked to rate how things are on a 10-points scale, where '0' stands for the worst it has been and '10' stands for the best it can be e.g. how things are the day of the miracle (de Shazer, 1988).

Figure 3: The scaling technique

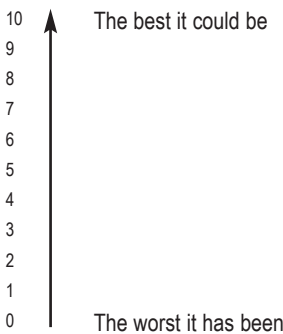


Figure 4: Citations in response to the scaling technique

"At the end of camp it was 10 - perfect. I do see it as a personal achievement to go to camp, put a lot of effort in and lose weight but

a lot of it is done for you. To be able to manage my weight myself is actually better, although it was better managed at camp. Me being a 7 at home is much more of an achievement than being a 10 at camp - it's like doubling the achievement."

Ashley, 16 yrs

"Exercising [is] probably about a 6. I go [to] the gym 3 times a week [and] swim on Monday and a Wednesday. I don't do anything today or Sundays so maybe I could build up [so] there's something to do every night. [Healthy eating is] probably about an 8 or a 9. [Before camp it was] 3. [Now] if friends are goin' [to] the shop, even though I've got money, I'll just stand outside. Before I would go in and I would spend all that money on sweets."

Bobbi, 13yrs

"[Now] I'm about a 7, [straight after camp] I'd have said 10 [and before camp] I was a 3 maybe a 2. It's completely different because the attitude of it has all changed. I would never think like I used to. I'll never get below 4 because I know what to do and I know how to do it. I definitely won't be burying my head in the sand."

Eddi, 13yrs

The citations generally describe small successes (although often having a high importance attached by these children) that make them feel more hopeful about themselves and their lives. Although encouraging positive talk, in SFT there is space for problem talk and indeed discussions do not only describe positive experiences. However, the focus is not on the possible causes of the problem.

In using the SFT techniques, it was possible to explore past successes and talk about the future in terms of 'what works'. This is not to say that the things that did not work are less important to the research. In fact, it was possible to get details of less successful strategies whilst keeping the focus positive and on solutions. This

demonstrates the approach can support the research need to look at the things that have and have not worked well in the transitions to home life whilst still providing encouragement. Furthermore, several of the citations suggest that the children value a solutions approach rather than discussions of what is 'going wrong' as this is better aligned with their new and more positive world view.

Discussion

The research aimed to uncover detailed qualitative accounts of obese children's experiences of lifestyle change following a stay a residential weight-loss camp. There was a risk of uncovering potentially upsetting experiences and the adopted SFT techniques helped to create a supportive event for problem talk, solutions and successes. The overall response was positive and provided valuable research output. However, it should be noted that the SFT techniques are no substitute for a sound research relationship built on trust and understanding.

In qualitative research there is a danger that participants may have an expectation of support and advice from the 'expert' researcher which in turn may leave researchers feeling helpless and the participants distressed (James and Platzer, 1999). The use of SFT techniques that emphasise the participants' capabilities, highlighting them as experts in their own life (de Shazer, 2007) moved the focus away from the researcher as an 'expert' and may have avoided such distress. Therefore this approach addressed the research contentions of collecting meaningful data whilst providing a positive experience.

Given the unavoidable association that the researcher had with the camp programme, it was especially important that the interviews were aligned with the 'supporting' ethos of the camp programme, so that the research process was not in conflict with that positive experience.

Therefore, not only could it be argued that this approach avoided 'harm' to the participants and researcher, it may also have safeguarded against the 'undoing' of positive intervention impact.

Aside from the in-depth qualitative accounts that will help to inform future practice, considerations of the research process outlined here may help researchers to better reflect on the influence of their evaluation approaches; not only on participants but also their own experience and their contribution to the overall impact of the intervention.

The use of therapy techniques by non-therapists, such as qualitative researchers, remains a contentious issue. Some argue that there can be a therapeutic influence in qualitative interviews irrespective of deliberate inclusion of therapy techniques as research tools. For example, Dickson Swift et al., (2006) describe the "blurring of boundaries" of a qualitative researchers' role and highlight the confusion of the role of researcher with therapist. Given that qualitative interviews, in their nature provide opportunities for participants to talk and be listened to, an interview process may often be considered therapeutic by the participant.

Conclusion

It is important to consider the impact of the process of gathering health outcome information on participants, researchers and also the overall intervention impact. For example, emotionally charged conversations, whether in a research or clinical setting, can lead to a re-living of negative experiences and this can be potentially damaging to those concerned.

This study suggests we can adopt established therapy techniques to positively engage in discussions on sensitive issues. Overall their inclusion formed an ethically coherent approach with positive outcomes for all involved.

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