American Psychological Association

APA Center for Psychology and Health

Briefing Series on the Role of Psychology in Health Care

Childhood and Adolescent Obesity

- About one third of children and adolescents between 2 and 19 years of age are overweight or obese. In the last three decades, the percentage of obese children ages 5 years and under has doubled and has tripled for 6- to 19-year-olds, with African American girls disproportionately affected.

- Although childhood obesity can arise from diverse factors that often act in combination, it is most directly related to an imbalance in caloric intake and energy expenditure.

- Obese youth are at greater risk for adverse health conditions, including type 2 diabetes, nonfatty liver disease, asthma, sleep apnea, and orthopedic problems, as well as cardiovascular risk factors, such as hypertension, dyslipidemia, and abnormalities in coronary arteries.

- Compared to their nonobese peers, obese youth have poorer quality of life and increased risk for psychosocial problems, such as poor self-esteem and peer victimization.

- Among children and adolescents who require behavioral health care, only 20% actually receive services. Fewer than 60% of primary care physicians reported routinely and systematically monitoring their young patients' behaviors or other measures of progress over time related to diet, physical activity, or weight.

How Psychologists Can Help

- Evidence-based psychological assessments are vital to develop appropriate and targeted intervention plans for childhood and adolescent obesity. Psychologists also play an integral role in implementing interventions critical for obese youth, including enhancing physical activity and social and emotional functioning, as well as child and parent motivation and ability to implement lifestyle behavior changes.

- According to meta-analytic and systematic research reviews, multicomponent, moderate- to high-intensity behavioral interventions can effectively yield short-term (up to 12 months) improvements in weight status for obese youth ages 6 years and older. A review of the recommendations of five national expert panels on the treatment of youth obesity revealed unanimous support for cognitive–behavioral interventions.

- Individual and family behavioral interventions, including reinforcement, stimulus control, modeling, and interpersonal therapy, can help prevent excessive weight gain.

- Direct education and guidance in the use of behavioral strategies is instrumental to the successful treatment of obesity for youth of all ages. The inclusion of parents is an important part of treatment for preadolescent children.

- Psychologists have the knowledge and training to promote obesity prevention strategies, adherence to weight loss programs, and maintenance of healthy weight and lifestyle. The American Psychological Association is developing clinical practice guidelines for the treatment of obesity based on systematic reviews of the scientific literature.

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