

GROUP PROTOCOL FOR PROPOSAL PAPER  
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MAY 24, 2020

## SECTION ONE

This review's primary focus is on protocol development for a medical group that treats women between ages 18 and 45, who are obese and has a history of childhood sexual abuse (CSA). Even though the group's target population is women in underserved communities, according to the American College of Obstetricians and Gynecologists (ACOG) (2011), there is also a significant number of men who are also impacted by obesity that caused by its correlation to Childhood Sexual Abuse (CSA). According to studies the approximate number of children who experience some form of sexual abuse range from 12-40% (ACOG, 2011). However, many victims never disclose their abuse due to shame, stigma, and a high prevalence of incest by family members. The exact rate of the prevalence of childhood sexual abuse is yet to be determined due to the stigma, shame and incest associated with it.

When a weight-loss program took a turn for the worst, Dr Vincent Felitti, founder of the Kaiser Permanente' Department of Preventive Medicine, unintentionally developed the Adverse Childhood Experiences (ACES) Study (Wylie, M., S., n.d.). During the mid-1980s, Dr. Felitti and his colleagues was conducting a weight-loss program that appeared to be initially successful, where many of the participants lost 50 or more pounds. However, the program took an unusual twist and participants began to dropout at unusually high rates and shortly thereafter some participants began gaining the weight back rapidly. Dr. Felitti and his colleagues obtained more comprehensive and detailed histories of the 286 participants and discovered that many participants had a history of childhood sexual abuse (Downey, M., 2011). It was through Kaiser Permanente weight-loss program that Dr. Felitti developed the path-breaking epidemiological survey called the ACES Study. In a 1998 published review, Dr. Felitti and his colleagues indicated that childhood trauma/abuse and other dysfunctional family dynamics are contributing factors to adult mortality (Downey, M., 2011). In his

studies indicated that childhood sexual abuse was not rare occurrences and common in those individuals who were diagnosed as obese. The patterns of high drop out rates and overt self-sabotage to their weight-loss goes clearly indicated that successfully losing excessive weight can be sexually or physically threatening and that obesity, regardless of the health consequences provides emotional protection ( Downey, M, 2011). A. J. Midei and K.A. Matthews conducted another study that appeared to validate Dr. Felitti's research. In the 36 studies conducted by Midei and Matthews there was a prevalence of high strong connections between some forms of childhood interpersonal violence and obesity in 81% of the studies (Downey, M, 2011). Patients who are obese with a history of childhood sexual abuse presents a different framework for assessments and treatment interventions. The physical consequences of obesity can be devastating, however the psychological, emotional, and spiritual damage caused is just as debilitating or more so. A medical group that addresses both the physical medical aspects of obesity and the psychological aspects of the childhood sexual abuse would be beneficial in helping patients recover themselves psychologically, emotionally and spiritually , which in turn may decrease the need to emotionally protect themselves thru the obesity.

The group will consist of no more than 10 participants. The group will meet once a week on a Monday from 9:00 to 11:30am for 8 consecutive weeks. Limiting the group to no more than 10 members will enhance the ability to develop a group that will be better able to connect thru shared experiences as well as being more manageable for the group facilitators. The group will be conducted by a lead physician facilitator and one behavioral health co-facilitator. An orientation session will be conducted before the start of the 8 -week group program. The orientation session will be conducted to introduce both the facilitators and the members of the group. The facilitators will discuss the following

- Discuss group rules
- Discuss rules for sharing information and confidentiality
- Review psychological and emotional safety for both members and facilitators

- Complete surveys and questionnaires
- Initial weight check- in
- Outline of Topics for Weekly Groups
- Distribute group work materials such as community resources, journals, reading materials,
- Distribution of weight-loss tools
- directory of collaborating partners who will also be providing services to group members (physicians, nurses, therapists, and nutritionist/dietitian).

## SECTION TWO

The care pathway or framework for the medical group will consist of 8 weekly sessions that run for 150 minutes. The 5A's model (assess, advise, agree, assist, and arrange) will be utilized throughout the 8- week program (Hunter, Goodie, Oordt, & Dobmeyer, 2017). The first 30 minutes before each session begins, all members will have a weekly weight check-in by the group's nurse. Obesity and childhood sexual abuse are topics that create intense and difficult emotions especially when the individual has limited awareness of what their triggers are and how to use effective coping mechanisms. The PHQ-9 Questionnaire will be utilized to assess members level of depression and anxiety. The ACE survey will also be utilized to determines the number of adverse childhood experiences suffered by each member. According to Hunter, et al. (2017) it is critical to incorporate behavioral and cognitive interventions for populations such as survivors of childhood sexual abuse who also struggle with obesity. Therefore, each session will begin with a 3-minute meditation to assist in crating a calm and relaxed state. The reason for ending the session at 11:30 versus 12:30 is to allow at least 30 minutes for members who are triggered emotionally to obtain support if needed to and emotionally recover after group has ended. Each session will also wrap up with a relaxation technique to bring calm to the body, mind, and spirit. The group rules will allow two 5- minute breaks per hour of the group session. There will be a journaling

homework assignment related to the week's topic which will be discussed in check-in at the next session. Each member will be required to fill out questionnaire on how the week's topic affected her feelings and thoughts about herself. Each member will also be required to attend a weekly psychotherapy session in addition to the weekly group meetings. The 8-week program will be evaluated by all group members, facilitators and collaborating partners.

Eight (8) week Program Topics are as follows:

Week 1 - Presentations via YouTube videos or Power Point slides on What is Obesity and Childhood Sexual Abuse

Week 2 – Presentations on How does Childhood Sexual Abuse (CSA) correlates with Obesity

Week 3 – Presentations on The Impact that Obesity and Childhood Sexual Abuse has on your Physical, psychological, and emotional health.

Week 4 – Interventions and Strategies for Behavioral Modification

Week 5- Workshop on Nutrition & Diet (presented by nutritionist and a dietitian)

Week 6 - Expression Therapy (painting, drawing, or writing expressions)

Week 7- The Art of Meditation and Yoga

Week 8 – Implementing Healthy Lifestyles for Living Well

### **SECTION THREE**

A medical group with a focus on treating obese women with a history of sexual childhood abuse can vastly increase or improve health outcomes. Obesity has become a major public health crisis and is occurring at epidemic proportions in American. (Hurt, R., Kulisek, C., Buchanan, L., McClave, S., 2010). The costs associated with obesity continues to be pervasively high, both in

the mortality rate and from an economic standpoint. Obesity is a contributing factor for a vast number of comorbid conditions such as heart disease, hypertension, type 2 diabetes, and chronic pain. The medical costs that are directly associated with obesity has been estimated to be approximately \$150 billion annually in the United States alone. There is also a high prevalence for increased mortality rates due to the complex and debilitating comorbid conditions associated with obesity (Hurt, R. et al. 2010).

Obese patients with a history of childhood sexual abuse experience a decreased quality of life, are at higher risks of becoming disabled and often suffer from multiple psychiatric disorders such a major depressive disorder, anxiety, and PTSD. A group that has a focus on treating both the obesity and the psychological and emotional damage caused by childhood sexual abuse would be beneficial as it would help improve health outcomes for patients, reduce costs for patients, caregivers and the healthcare system in general. A group that helps patients to lose weight will also help to decrease the comorbid conditions caused by obesity, which would in turn reduce the mortality rate for patients in the United States (Hurt, R., et al. 2010).

The understanding of how devastating childhood sexual abuse is to the physical psychological and emotional wellbeing of individuals has recently been determined. It is important for society in general to view a person suffering with obesity from a different perspective versus the one that held disdain and extreme judgement. Health care providers must begin to consider the possibility of an adult obese individual is doing the best she or he can at surviving a horrific and devastating interpersonal violation, known as childhood trauma (Downey, M., 2011).

**Reference**

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