



Transition times.

Supporting the child and adolescent's transitions in Pediatric condition

2nd S.I.P.Ped. International Conference

November 7 - 9, 2019

Palermo, Sicily, Villa Magnisi, Ordine dei Medici Chirurghi e Odontoiatri



Palermo



“Supporting a body that changes: Support intervention for teenagers by the Childhood obesity clinic”



M. V. Zito e M.R. Morales

The Service of Hospital Psychology and Humanization of Care, ASP CL

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The Service of Hospital Psychology and Humanization of Care together with the Pediatrics and Neonatology U.O.C. - P.O. S.Elia

And the School Medicine U.O.S, Prevention department



activated a psychological support intervention for children and teenagers within the Pediatric Obesity Clinic

A multimedia itinerary undertaking children with problems related to a ponderal excess

The program «**Okkio alla Salute**»

(a supervision system on obesity and overweightness in children) underlines an association between overweightness, obesity and incorrect eating habits.

WITH THE NECESSITY OF:

- Promoting a change in eating habits with the support to families
- Supporting children and their path to body transformation overall in teenagers



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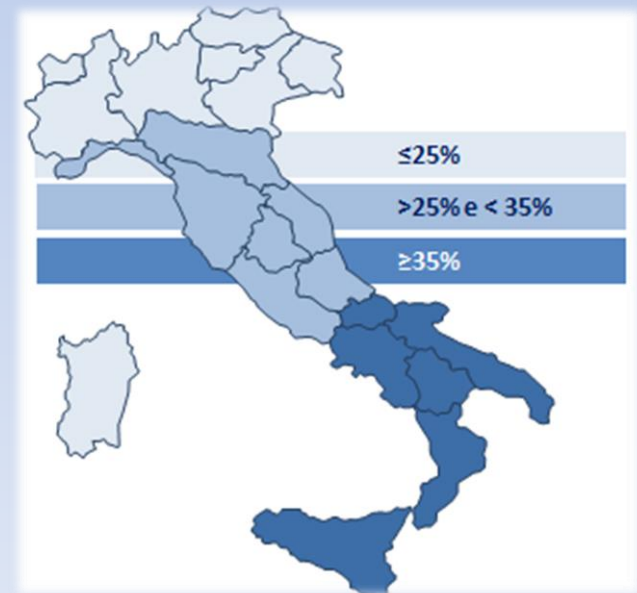
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Some initial considerations

- **21,3%** of Italian children are **overweight**, **9,3%** are **obese** with **2,1%** in **Severe Obesity**.
- In the South of Italy there is a greater predominance of the problem
- The comparison with past data highlights a slow but constant trend in the decrease of the diffusion of overweightness and obesity among children.
- The effects of excess weight in children and teenagers are serious medical and psychological problems, destined to accompany them into adulthood.



Source: Ministry of Health, May 4th ,2017

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Support intervention and the National Plan on its chronic nature

Health Ministry, 2016



The approach towards chronic patients can not be exclusively biomedical, but it presumes **a holistic treatment**



ACCORDING TO A PERSPECTIVE OF:

- Promotion of health and prevention, that is a promotion of life skills in terms of ability and socio-emotional competencies and knowledge of wellness
- *Organizational and individual empowerment*
- *Patient engagement*, with the aim of enabling the patient to be the protagonist of the support and of the health agreement while developing a therapeutic adherence
- *Hospital-Territory Connection (in this case, Scholastic Medicine/Hospital)*

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Path of Integrated Intervention

DIFFERENT STEPS:

1. **Admittance to the Infant Obesity Clinic** of the pediatric U.O.C. through a request from the pediatrician or through an auxological screening done in schools by **U.O.S. School Medicine**
2. Initial **moment of clinical hospitality** conducted by the department pediatrician and the psychologist, to define the medical case and reasons for the treatment
3. Meeting of **emotional assessment** with the psychologist and the nutritionist for a **nutritional interview**
4. Support **intervention to change** lifestyles and eating habits for children and their families (4-5 months/6 meetings) oriented by the models of educational and motivational therapy (Short-term Motivational Int.) to promote self-efficacy and self-confidence. (Miller & Rollnick, 2009)



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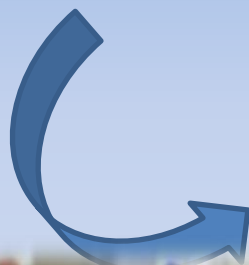
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Path of Integrated Intervention

Conducted by a pediatrician, a nutritional biologist and a psychologist in order to perform actions of hospitality, clinical evaluation, nutritional interviews and support



Finalized to promote and support overweight teenagers, a **motivation to change their health choices and a transformation of the dysfunctional representation of themselves and their bodies**



Through methods and cognitive-behavioural techniques that have already been confirmed in the field (de Mello et al., 2004; Reinehr et al., 2005; Sacher et al., 2005; Nemet et al., 2005; Jiang et al., 2005, Vignolo, et al. 2006).



And the active participation of parents (Epstein, 1996; Braet and Van Winckel, 2000; Golan and Crow, 2004, Vignolo et al. 2006).



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From Assessment to Intervention

Assessment of the motivational profile to change

Identifying the strenghts and weaknesses of the **three motivational factors** and supporting, along the way, by means of motivational interviews (Miller & Rollnick, 2009):

1. Importance: «How important change is for me»;
2. Trust: «How capable I am to change»;
3. Availability: «How open I am to change now»



Keeping in mind some pycological risk factors in infant obesity:

- Decrease of perceived self-efficacy(Lucidi, 2016)
- Social withdrawal (Corazza, Scagnelli, 2016)
- Low self-esteem(Salerno et al., 2017)
- Weak or unstable motivation to change(Green e Kreuter 1999)

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A work instrument: The Personal Portfolio

INSTRUMENT OF ASSESSMENT AND INTERVENTION
TO SUPPORT AND ACCOMPANY THE INTERVIEWS



Finalized in activating
in children the
cognitive process
related to change: an
increase of awareness,
emotional activation,
self evaluation,
environmental
evaluation

- Questionnaire on eating history (interview with nutritionist)
- Diary on diet, healthy behaviour and emotions
- Food pyramid
- Physical activity pyramid
- Representation of your actual body and the desired one – Collins Scale⁽¹⁹⁹¹⁾
- Decisional scale^(Velicer, Di Clemente, Prochaska e Brandenburg, 1985)
- Motivational ruler of change^(Miller e Rollnick, 1991)
- Trait Test^(Rollnick et al. 1992; Miller, Rollnick 1994; Spiller et al. 1994)



The assessment instruments are applied at the beginning and at the end of the path (follow up)

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Intervention Path: the Instruments



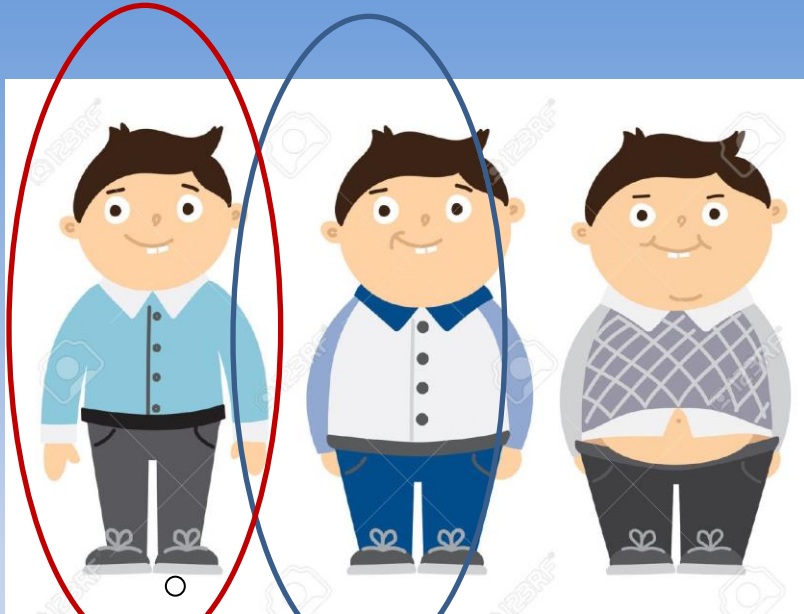
Diario Alimentare

From «What have I eaten?» to «How I felt...»
«What did I do...?»

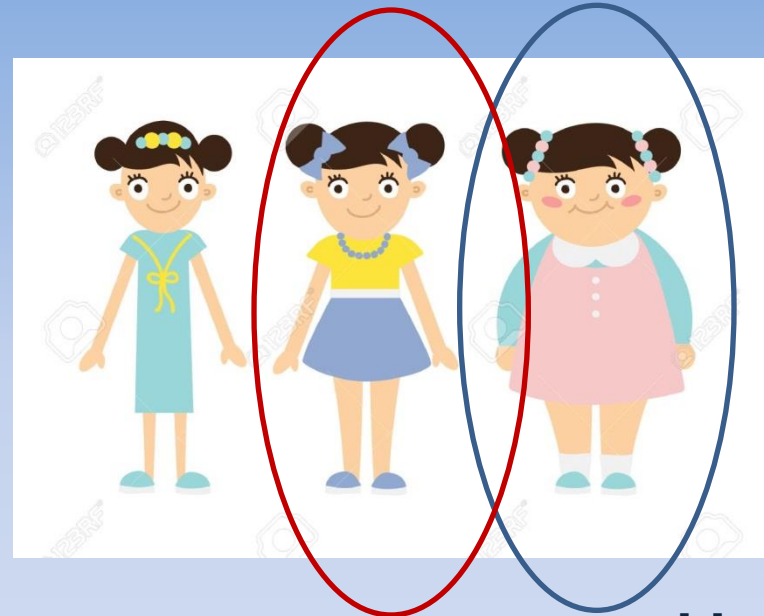
Settimana dalal	Pasti giornalieri	Come mi sono sentito...	Sport praticato	Passi effettuati
Lunedì	<ul style="list-style-type: none"> • Colazione: • Pranzo • Merenda • Cena 	<input type="radio"/>		
Martedì	<ul style="list-style-type: none"> • Colazione: • Pranzo • Merenda • Cena 	<input type="radio"/>		
Mercoledì	<ul style="list-style-type: none"> • Colazione: • Pranzo • Merenda • Cena 	<input type="radio"/>		

BEHAVIOURAL AND EMOTIONAL METACOGNITION

Body representation



How I see myself... and how I would like to be



How my parents see me... and how they say I should be

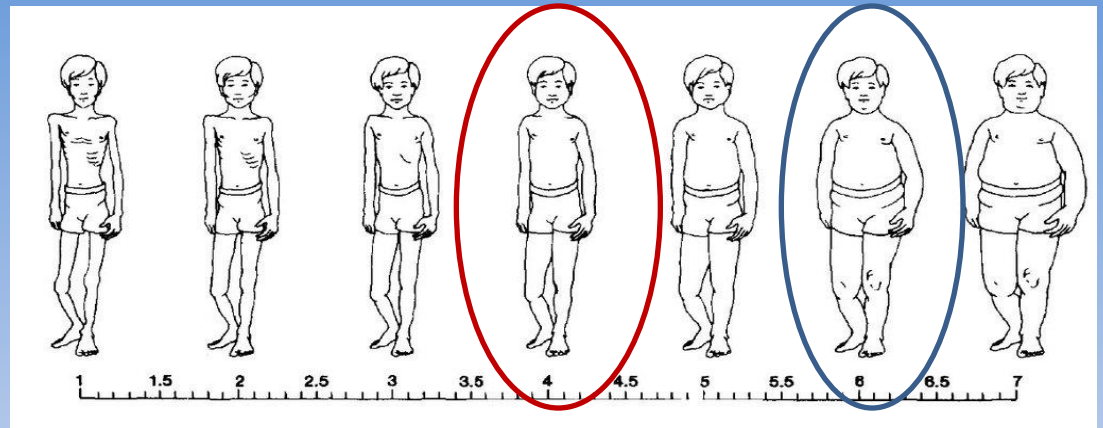
If I were a Super hero from a videogame...
If I wanted to look like a famous person...Who would I choose and why...
Which super powers...

Attach here that image.....

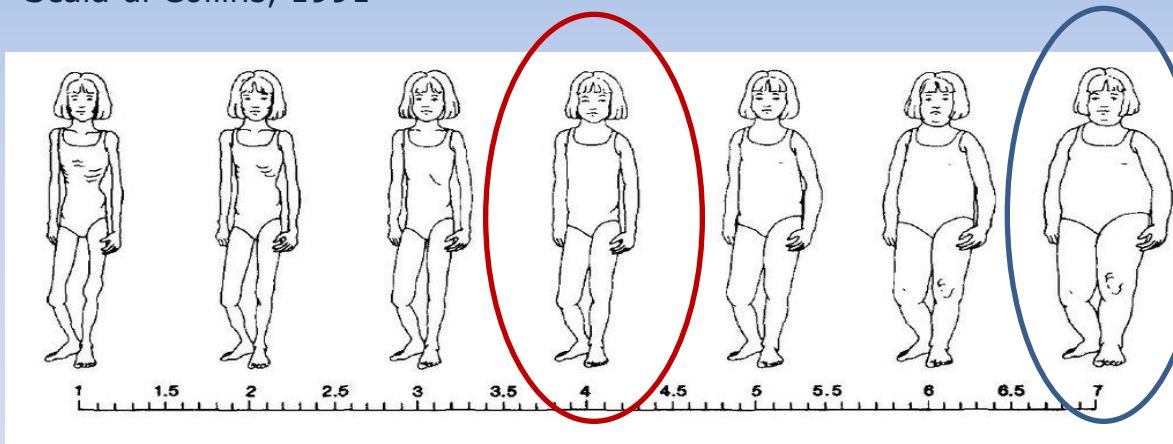
How I see myself... How I would like to be...

Do you think your body is thin, perfect, plump or very fat?

How do others see you?



Scala di Collins, 1991

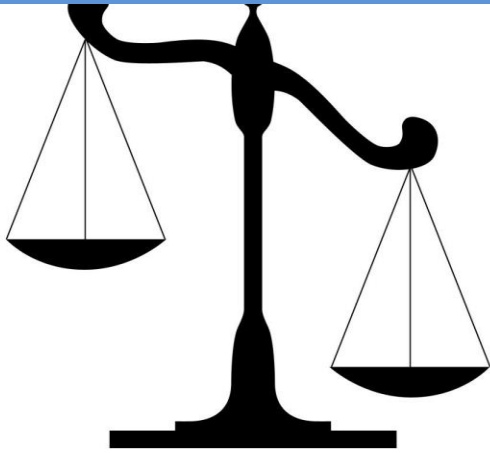


LOW INTERIOR FRACTURE (MOTIVATIONAL FACTOR)

«perception of the existent contradictions between their actual condition and aspirations, personal values and ideal goals» (Festinger, 1957)

In a group of 15 pre teens followed in the beginning of 2019, with an average age of 12 (8-14 year old range) (10 M; 5 F), with problems of severe obesity, we have detected representations of their body which were inconsistent with the reality of their parents and themselves. This data referred to the boys more than the girls.





Decisional Scale

Do I want to change?
...Let's try to make «a deal»...
Costs and benefits of change

Foglio per la bilancia decisionale

Non cambiare

Cambiare

PRO (Status Quo)

CONTRO (Status Quo)

CONTRO (Cambiare)

PRO (Cambiare)

- Continue to eat and to do what I want
- I don't want to sacrifice

- I'm tired when I walk
- I can't play football
- I can't wear what I want

- Give up
- Sacrifice
- Limit

- I can run
- I'm less tired when I walk
- I can wear what I want

Am I ready to change?

AVAILABILITY TO CHANGE (MOTIVATIONAL FACTOR)

The extent of understanding the problem, the will to change behaviour or to take a decision (Prochaska e DiClemente, 1986)



- Yes, I did it!
- I do it
- I can do it
- I'll try to do it
- How do I do it?
- I want to do it
- I can't do it
- I won't do it

MOTIVAZIONE PER IL SUCCESSO!

Reasons for success!

Place on arrow where you feel you are at the moment along the scale...
Add the date so we can monitor it with time...

The ruler of change

"Let's measure up"



"How important is it for you to lose weight?"

"How confident are you to be able to lose weight?"

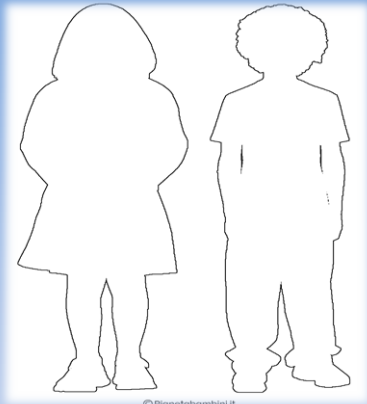
"How ready are you to lose weight?"

- Why are you at 6 and not 9?
- What do you need to reach 9?

My portrait...my motivation

Di Clemente e Procaska (1992)

Portrait Test



0 1 2 3 4 5 6 7 8 9 10

Which of these images represent you? Choose between 0 to 10

Paolo/Paola eats a lot and he/she doesn't think it's a problem. P. likes to eat and doesn't want to stop. Sometimes, someone tells P. that he/she can't continue like that, but P. doesn't understand why.

He/she wants to eat and be lazy without disturbing anyone and he/she can't imagine his/her life differently.

Precontemplation

Not interested in change

«I don't think about it, I can't do it, I've already tried and failed»

Carlo/Carla is undecided: on one hand he/she knows that nothing compares to eating but, on the other end, he/she knows it would be better to eat less and change habits. C. has thought about cutting down more than once, but he/she didn't manage to give up eating all that food.

Contemplation

Expressing the intention to change in the future, but not immediately

«I could try but I don't know, I would like to, but...; I don't think so, though»

My portrait...my motivation

Preparation – determination

He/she is planning a change in the immediate future

«I would like...What could I do?; I think it is a good idea»

Sandro/Sandra is convinced that he/she can do it. He/she feels that he/she has the strength and ability to eat less and to do sport. S. knows what he/she has to do, he/she knows how to do it, he/she has faith in his/her possibilities, S. knows the difficulties that await him/her and he/she thinks he/she can do it successfully.



Daniele/Daniela can no longer continue like this: he/she has thought about it for a long time, he/she evaluated the positive and the negative aspects and he/she has made the decision to cut down on eating so much. D. is looking for a way to change habits, he/she has made a decision, D. is ready to do it.

Action

He/she is behaving differently, he/she is changing...he/she is losing weight.

"I'm doing it yet"

Maintenance

He/she has changed his/her behaviour and habits for a long time.

"I have had results and I would like to keep them in time"

Angelo/Angela has started to eat less, to pay attention to what he/she eats and do sport. He/she is doing his/her best because he/she knows the solution of the problem. After many trials, A. has put into practice his/her decision and he/she is trying to actively change habits. A. has made his/her decision and he/she is seriously trying. A. is doing everything possible to continue.

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POSSIBLE AREAS TO MONITOR

Self-efficacy of children

(Bandura, 1977)

Faith in their own ability to reach their preset goals and the belief in their own abilities to achieve the course of their own actions managing the situation correctly (Perceived Emotional self-efficacy - Bandura, 1986)

- T.M.A. – Multidimensional Test of Self-esteem (Bracken, 1993)
- Evaluation Questionnaire of self-efficacy (Caprara, 2001)
 - A.E.P. - Questionnaire of Perceived Emotional self-efficacy (Caprara, Gerbino, 2001)

Locus of control

(Rotter, 1966)

Individual tendency to perceive a situation as a passing of their own behaviour (internal locus of control) or determined by external forces (external locus of control)

- Nowicki-Strickland locus of control Scale (Nowicki, Strickland, 1973)

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...we wanted to make teenagers aware, to have them walk alone...because we believe that «Peolpe are convinced more easily by reasons they have found themselves, than by those which have occured to others»

Blaise Pascal

