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METHODS OF PSYCHOLOGICAL SUPPORT IN OBESE CHILDREN AND ADOLESCENT USERS OF “ČIGOTICA” PROGRAMME

Summary: In preventing and treating obesity in “Cigotica” program, psychologist is engaged in individual and group work with users. Individual interview is used for monitoring and adjusting participants’ adaptation, motivation and expectations, for a psychological assessment of their current mental state, and also for advisory work for the current participants’ problems. The basic forms of group work are psychological workshops and their main function is changing attitudes towards obesity by accepting personal responsibility for obesity and by developing motivation to continue treatment. Changing unhealthy lifestyle in obese children and adolescents is the basis of ČIGOTICA program, which psychologist seeks to achieve through scientific research that reveals that, in addition to irregular nutrition, the emergence and maintenance of obesity has a significant proportion of sedentary behaviour.

Involvement of all members of a multidisciplinary team consisting of doctors, psychologists, nutritionists, teachers of physical education, physical therapists is necessary in the obesity treatment. Psychological support for obese children and adolescents consists of work on a temporary change in behaviour for the sake of adaptation to the requirements of residence in the “Cigotica” program and lasting behaviour change in direction of developing a healthy lifestyle. The minimum requirement for a stay in a medical institution prescribes participants’ decency in behaviour and communication with other service users and staff, and respect for rules of the institution. Although it is the basis of decent behaviour, this requirement takes a major effort for children, because the majority of “Cigotica” program participants never had an experience of having to be monitored by strangers and staying in groups with unknown children 24 hours a day. Clearly defined rules of behaviour, with specific activities and specific requirements, that are set before the children are a source of additional frustration. First week of hospitalization is the most stressful

for the participants, because of a number of demands that children did not previously encountered. Lacking the physical presence of loved ones and reducing the usual communication with family and friends is the reason that one number of children feel threatened, embarrassed, insecure, tense, lonely, which can lead to conflict and poor adaptation as compared to other children. Age and gender differences among participants often contribute these situations. Some children have a reduced motivation to participate in activities, because of embarrassment, fear of being mocked and teased, which is a result of low self-esteem. This kind of anxiety is most common in physical activities in which children are ashamed of their reduced dexterity, reduced fitness and physical appearance in a swimsuit. This is particularly a problem at the age of 14 to 17 years, when the development of gender identity ends. The expectations and wishes which children come to the program with are often incompatible with the real possibilities. Unrealistic expectations are reflected in the desire to accomplish major or even complete change of body figure, to lose any excess weight, to establish lasting relationships with all program participants and to equally enjoy all activities in the program.

Psychological interview

Psychological initial interview, conducted with the child and the parents, is used for selecting program participants. Psychologist needs to exclude the children identified as aggressive, children that have a low frustration threshold, children whose instinct and impulse control is low and those whose presence would endanger the other participants in the program. This interview also provides cooperation with parents who are worried, anxious and curious about child's hospitalization, causing anxiety in their children. Through interviews and questionnaires psychologist collects data from parents and children and uses it to form his final finding and opinion.

Problems in child's adaptation are solved by directing the child towards the non-violent communication, using the deceleration process, in which children are asked to look at the conflict situation from a different point of view. Tolerance development is reflected in guiding the child from sense of threatening diversity to the sense of dynamism and diversity, which experience with children who have different religion, nationality, gender and age provide. Multiculturalism is easily accepted, because children are guided to learn about others. Also, they are all assigned with an ambassadorial role, so they have to show themselves in the best way possible, as the representative of a cultural group. Timely responses to children's conflicts create the feeling of care and behavioural control for all the participants, which is why the absence of parents (as patron) is compensated and easier to submit.

In a way adapted to each child separately, individual interviews develop the initial motivation that is maintained thanks to the feedback results, such as increased stamina, agility, reduced weight. Increased self-esteem and children's mutual support

also affect the motivation. Counselling is mandatory for children with low self-esteem, preventing crisis through a set of supportive messages of encouragement, praising and highlighting the benefits of program participation.

Individual communication with a child provides psychologist with a material necessary to make an assessment of the child's current mental state. A set of tests and a specific program application, which considers locus of control in obesity, is used in determining child's emotional and social functioning. These tests meet all psychometric requirements. Testing is executed at the beginning and at end of programme, which allows measuring the workshop effect in changing attitudes towards obesity and changing the self-image, which is measured by self-confidence and self-esteem tests. If the measured difference is not discriminatory, the individual interviews are used to subsequently correct child's views. This also functions as the further evaluation of a psychologist's work, helping it to improve. Parents are familiar with their children's psychological evaluation. Parents are in contact with a psychologist during the children's stay on the program. Working with parents provides with common resolving of current problems and guidelines for parent's psychological support, in order to successfully continue child's treatment after the program.

Psychological workshops

Psychological workshops' primary function is changing the attitudes that users of "Cigotica" program have, accepting personal responsibility for the development of obesity and developing a high level of motivation to continue the treatment. In the workshop, emphasis is placed on the psychological aspects of the causes for obesity, by recognition of emotional states that lead to compensatory satisfaction through enhanced nutrition. Specifying personal experiences that illustrate the biopsychosocial difficulties as a result of obesity reinforces the motivation to continue treatment and contributes to changing focus from the aesthetic field to the medical field of obesity problem. Insight into the inadequate lifestyle in obese children and adolescents opens field for making individual plans for changing dietary habits and physical engagement at home. Workshop activity allows children to meet and create the cohesion of the group gathered around a common problem. Mandatory participation of all members of the workshop group creates a sense of contribution to the work on increasing children's self-confidence and creates a tolerance for different opinions. Opportunity to share their own experiences gives credence to obesity as a health problem, which minimizes the effect of denial. In this way, some of the children make lasting friendships, which provides a permanent support system in crisis situations.

In order to change lifestyles in obese children and adolescents, it is necessary to work through scientific research to obtain data on children's habits. Sedentary behaviour is spending a very small amount of energy, i.e. decreased physical activity,

which relates to standing, activities related to personal hygiene and slow gait, sitting in front of a TV and a computer. Data on sedentary behaviour in our country are scarce. Collecting these data would provide a useful basis, primarily for the prevention and rehabilitation of affected children and adolescents, as well as for the education of medical staff working in primary prevention and high school institutions, boarding schools. While nurses expect help from schools, teachers blame parents, parents blame their children for the obesity, and adolescents find the reasons for the unhealthy lifestyle in the situational circumstances (Power, TG, Bindler, RC, Goetz, S.; Daratha, K. B., 2010).

Data suggest that sedentary behaviour is widespread globally, despite the different religious, ethnic and cultural characteristics of individual countries. In Iran obese adolescent girls spend an average of 3.5 hours on watching television every day. One of the reasons they are overweight is because they do not practice physical activity for religious reasons (Maddah, M; Nikooyeh, B, 2010). Taiwanese adolescents spend an average of 450 minutes in sedentary behaviour, by watching television, using computers, etc. Time spent in sedentary behaviour increases on weekends, with differences by gender, where boys use computers more than girls who use more television (Liou, YM; Liou, TH., Chang, LC, 2010). In the UK, girls spend 331 minutes per day in sedentary behaviour, compared to boys who spend 234 minutes a day in sedentary behaviour. In this study, they found a clear negative correlation between time spent watching television with the time spent in other sedentary activities and time spent in physical activity (Biddle, S.; Gorely, T., Marshall, S., 2009). WHO indicate that half of European children aged 11 are physically engaged in sports 5 days a week. Percentage of children involved in physical activity decreased after age 11. National differences in the degree of children's and adolescents' physical involvement are great, but there was a regularity in which girls are less physically engaged than boys (WHO). There are variations in the preferences of particular sports, but the most common physical activity that obese adolescents prefer is "fun". (Power, TG, Bindler, RC, Goetz, S.; Daratha, K. B., 2010).

There is a clear link between the self-image child has of its body, and belonging to a certain body type. Obese children and adolescents show more dissatisfaction with their physical appearance, lower self-confidence and more depressive symptoms compared to normally fed and underfed children (Goldfield et al., 2010.) People who practice more physical activities have a better mental health. The number of hours spent sitting down is inversely proportional to physical and social functioning, vitality, physical pain and emotional engagement, i.e. the more time spent sitting down – the worse physical and psychological health (Balboa-Castillo, T et al. 2011).

Sample is made of 379 children and adolescents age 12-18, who have been to "Cigotica" programme from June 2011 to February 2012. The sample is made of 197 girls and 181 boys that have been sent to "Cigotica" from over 20 Serbian towns, from different religious, national and social-economical environments. Independent variable is gender, and dependent variable is sedentary behaviour, described using

the amount of time spent on the computer and television, sport activities and hobbies. The time spent on the computer and television is determined by calculating means, where time spent using the computer and the television interrogated in obese children and their parents. Completing a questionnaire including questions related to the research is carried out before treatment, as part of being received for the treatment. Frequency analysis was used for determining the number of examinees that actively practice sports. Using the quality analysis, hobbies were categorized as hobbies that require sitting or using minimal amount of energy or as hobbies that require physical activity. The hobbies were put through frequency analysis.

Tab. 1 *Means and standard deviations of parents' and children's perception of time in hours spent using the computer and television*

	total	means	Standard deviations
Time spent watching television, child's perception	375	2.33	1.52
Time spent watching television, parent's perception	370	2.51	1.57
Time spent using the computer, child's perception	377	2.60	1.79
Time spent using the computer, parent's perception	370	2.73	2.05

Tab. 2 *Frequencies for variable Sport activity (total and by gender)*

Sport activities	total		female		male	
	frequency	percent	frequency	percent	frequency	percent
Yes	76	20.2	35	17.9	41	22.7
No	259	68.9	141	71.9	118	65.2
occasionally	41	10.9	20	10.2	21	11.6
total	376		196		181	

Tab. 3 *Frequencies for variable Hobbies (total and by gender)*

hobby	total		female		male	
	frequency	percent	frequency	frequency	percent	frequency
Doesn't have a hobby	116	30.6	48	24.4	68	37.6
Has a hobby	262	69.3	149	75.6	113	62.4
total	378	100	197	100	181	100

Discussion

Obese children in Serbia follow international trends in time spent in activities supporting sedentary behaviour. The average time spent in front of television and computers is 4.9 hours a day on reports by children, while their parents suggest that the time spent in those activities is up to 20 minutes longer. These findings are consistent with the findings of researchers from Iran and Taiwan, while our children spend more time watching television than children in the UK. The time spent on using the computer is on average 2 hours and 43 minutes per day, which is 18 minutes longer than time spent watching the TV. Possible reasons that computer is used longer than the television is ability to actively interact, where users choose the contents they will participate in, as opposed to television, where people are passive recipients of offered services. Attractiveness of the internet for the young population is reflected in the meeting of their peers and others who share common interests through social networks, as well as the use of entertaining content (sites with jokes, funny clips, interesting photos and etc.).

20.2% of respondents declare that they practice regular sports activities. This finding confirms the findings of Balboa-Kastila and associates that the number of hours spent in sedentary behaviour is inversely correlated with physical functioning (Balboa-Castillo T et al. 2011.).

Qualitative analysis indicates that half of them have hobbies relating activities that require occasional physical engagement. However, since only 30% of respondents is engaged in a hobby, half of which is temporary physical activities, that account for 85% of physically disengaged. Possible reasons for the low level of engagement in physical activity through sports and hobbies can be found in the lack of time, decreased motivation due to low self-esteem, reduced social functioning, as well as the lesser attractiveness of the given content.

Comparing by gender, we found differences in the use of computers in favour of male respondents, compared to female respondents, who spend more time in front of television. This finding is consistent with gender differences hypothesis, and it is in accordance with the findings from the UK, Iran, Thailand.

Copnclusion

Obese children and adolescents in “Cigotica” are provided with psychological support through psychological interviews, counselling, workshops and psychological research.

Psychological interview and counselling, as well as individual forms of work, provide psychological assessment of the child’s current mental state, based on which the further work with the child is planned. Subjects of psychological counselling are

help in adapting to the requirements of the “Cigotica” program, adapting to the other participants in the program, work on increasing the initial motivation to participate in all the activities in the program, as well as the current problems of the participants.

Psychological workshops, as the form of group work, highlight the psychological aspects of obesity, which helps accepting personal responsibility for obesity and creating individual plans for continuing the treatment after the program ends. Acquiring knowledge about healthy lifestyles increases children’s motivation and group cohesion, leading to the common problem solving.

Research findings confirm the significant influence of sedentary behaviour in emergence and maintenance of obesity. Findings are consistent with the results found on the respondents from other countries, confirming the universality of sedentary behaviour influence on obesity, which also reflects on obese children and adolescents in Serbia. More precise operationalization of sedentary behaviour will provide a clear picture of what it is necessary to lead a battle against, whether that is TV series, movies, social networking, games or reality shows, which would be invaluable information for preventative work.

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