

# 소아청소년 비만관리 상담기법

인제대학교 부산백병원 가정의학과  
이가영

BMI가 높은 15세 여자



체중 85kg, 키 165cm, BMI 31.2

성별 연령별 BMI Z-score  $> +3SD$

선행 단계  
(Precontemplation Stage)

고민 단계  
(Contemplation Stage)

재발 방지 단계  
(Relapse Prevention Stage)



준비 단계  
(Preparation Stage)

유지 단계  
(Maintenance Stage)

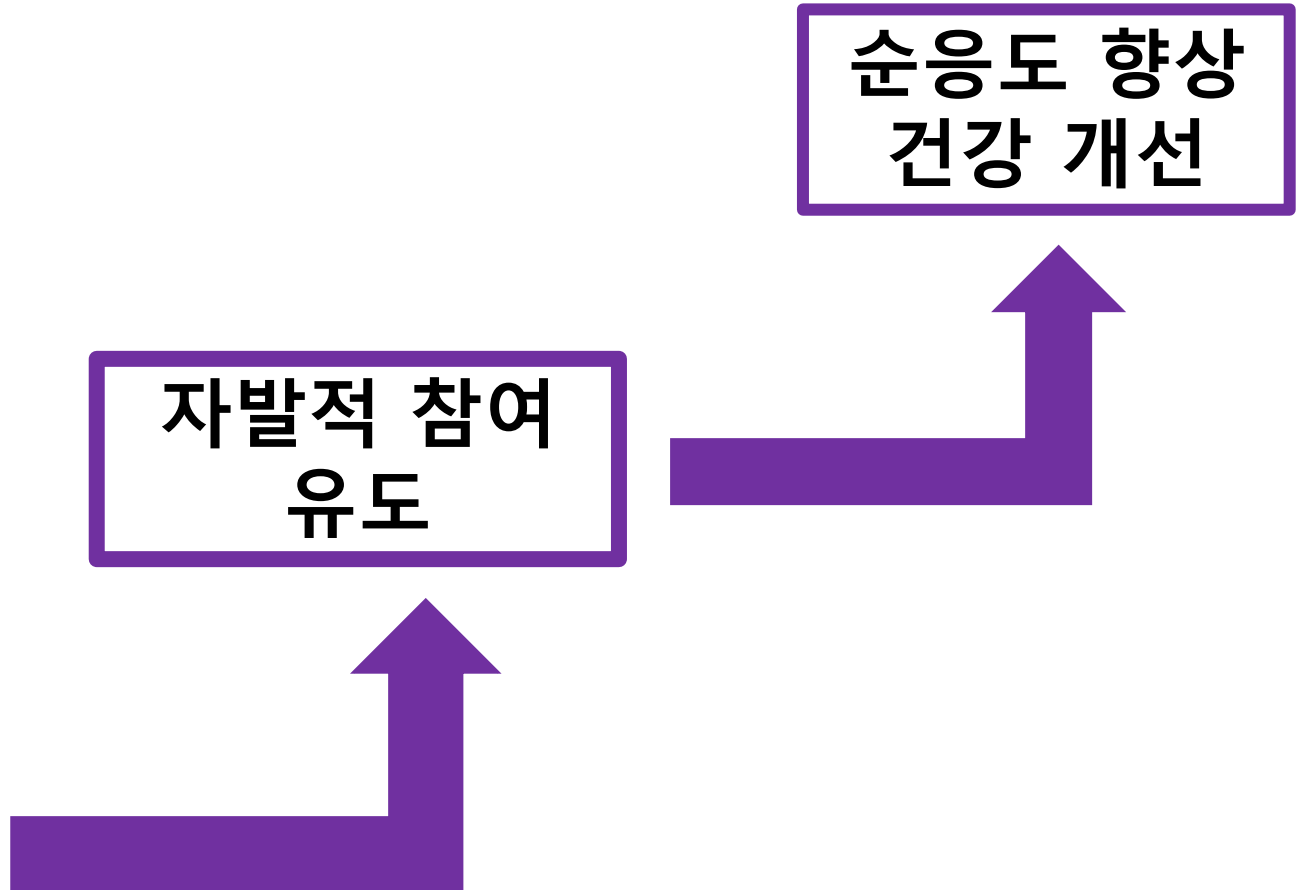
실행 단계  
(Action Stage)

# Definition of counseling

- **Professional assistance in coping with personal problems**, including emotional, behavioral, vocational, marital, educational, rehabilitation, and life-stage (e.g., retirement) problems.
- The counselor makes use of such techniques as **active listening, guidance, advice, discussion, clarification, and the administration of tests.**

# 상담의 목표

- 목표 지향적 측면
  - 환자의 의료 정보 이해
  - 정보에 입각한 협력적 의사 결정
  - 환자 자가 관리 지원
- 정서적 측면
  - 치유 관계 조성
  - 환자의 감정 반응 개선 및 조절



## 의료진은 누구와 소통해야 할까?

의료진은 소아 환자보다 **보호자와 소통하는 데 더 많은 시간** 소비  
연령 관계없이 소아 환자의 일반적 의료 서비스 방문에서 의사소통 참여 비율 < 20%

소아 환자가 대화 참여하는 경우 사회적 측면과 병력 제공에 주로 참여  
**치료 의사 결정은 일반적으로 의료진과 보호자간 진행...**

의료진이 소아 환자의 참여를 높이려고 할 때, 보호자는 환자의 적극적 참여를 지지하기보다 환자를 향한 질문과 진술에 끼어들고 대응함으로써 방해하기도.

이는 의도하지 않은 결과 초래  
특히 청소년은 자신의 건강문제 관련 대화에서 배제될 때 소외감 증가, 이는 건강 관리에 대한 무관심으로 이행

반면 **소아 환자와 직접적 의사소통은 의료진과 신뢰, 친밀감 형성**에 도움

# 행동변화단계

(Transtheoretical Model, Stages of Change Model "Prochaska/DiClemente")

단계	상태	상담 목표
선행 단계 (Precontemplation Stage)	생활습관 변화 동기 (-)	아이/부모의 비만과 관련 문제에 대한 인식 수준 향상
고민 단계 (Contemplation Stage)	비만의 부정적 영향 고려	환자의 의지 변화 경청 필요한 지원 제공
준비 단계 (Preparation Stage)	행동 변화 결정	구체적 목표와 전략 수립 지원 리소스와 지원 제공
실행 단계 (Action Stage)	구체적 계획과 실천	동기부여 제공 변화 유지 위한 지원
유지 단계 (Maintenance Stage)	변화된 행동 유지	유지 위한 지속적 동기부여 장애 대처 전략 제공
재발 방지 단계 (Relapse Prevention Stage)	예상치 못한 장애	재발 가능성 고려한 대처 전략 개발

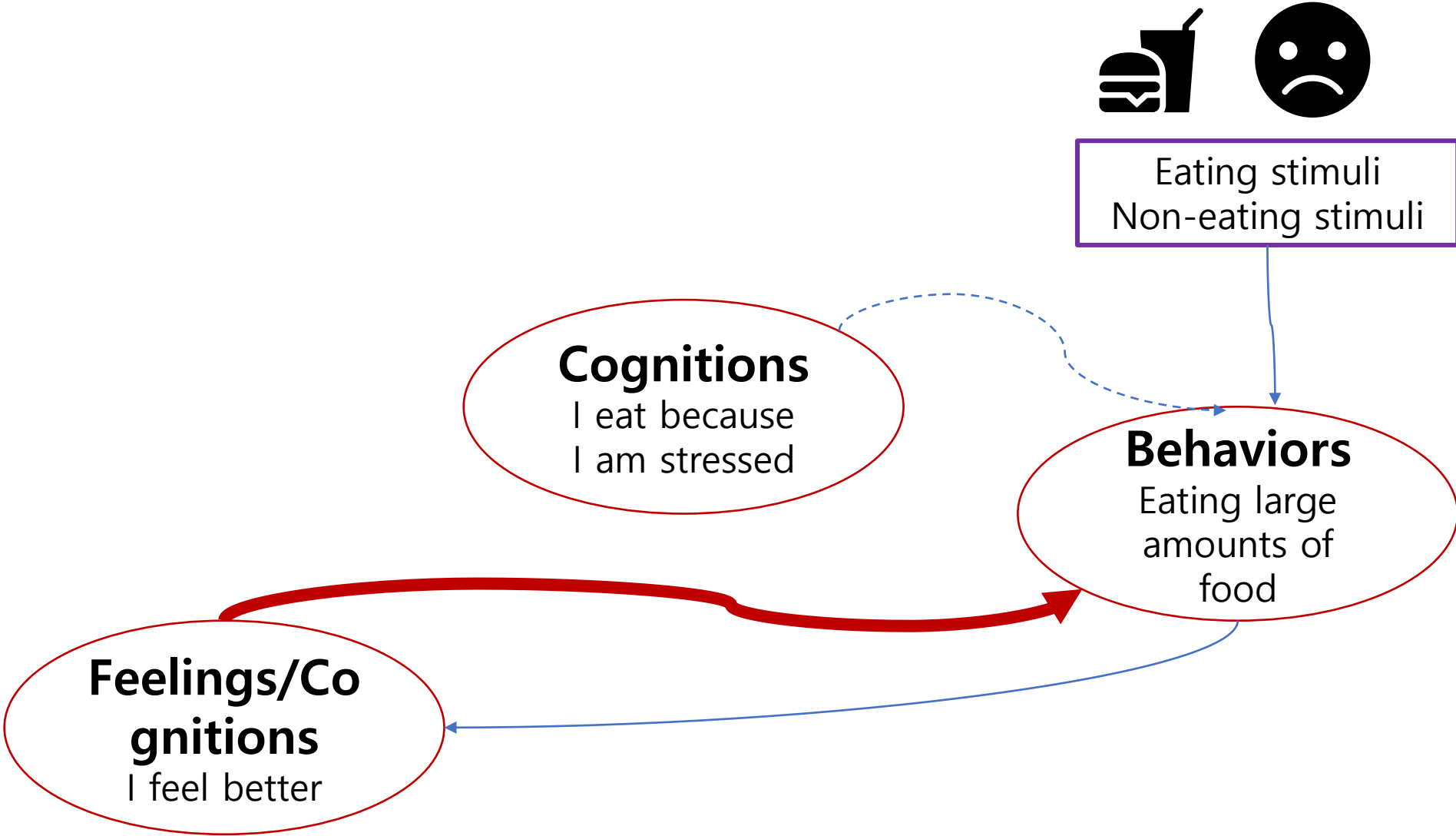


Eating stimuli  
Non-eating stimuli

**Cognitions**  
I eat because  
I am stressed

**Behaviors**  
Eating large  
amounts of  
food

**Feelings/Cognitions**  
I feel better





# Cognitive behavioral therapy (CBT)

- Theoretically based treatment approach that
  - highlights the relationship between cognitions, feelings, and behaviors
  - utilizes techniques involving motivational enhancement, goal-setting, problem-solving, and knowledge/skill acquisition that can facilitate sustainable behavior changes

**Behavioral Tx**  
• change eating habits and physical activity through self-monitoring

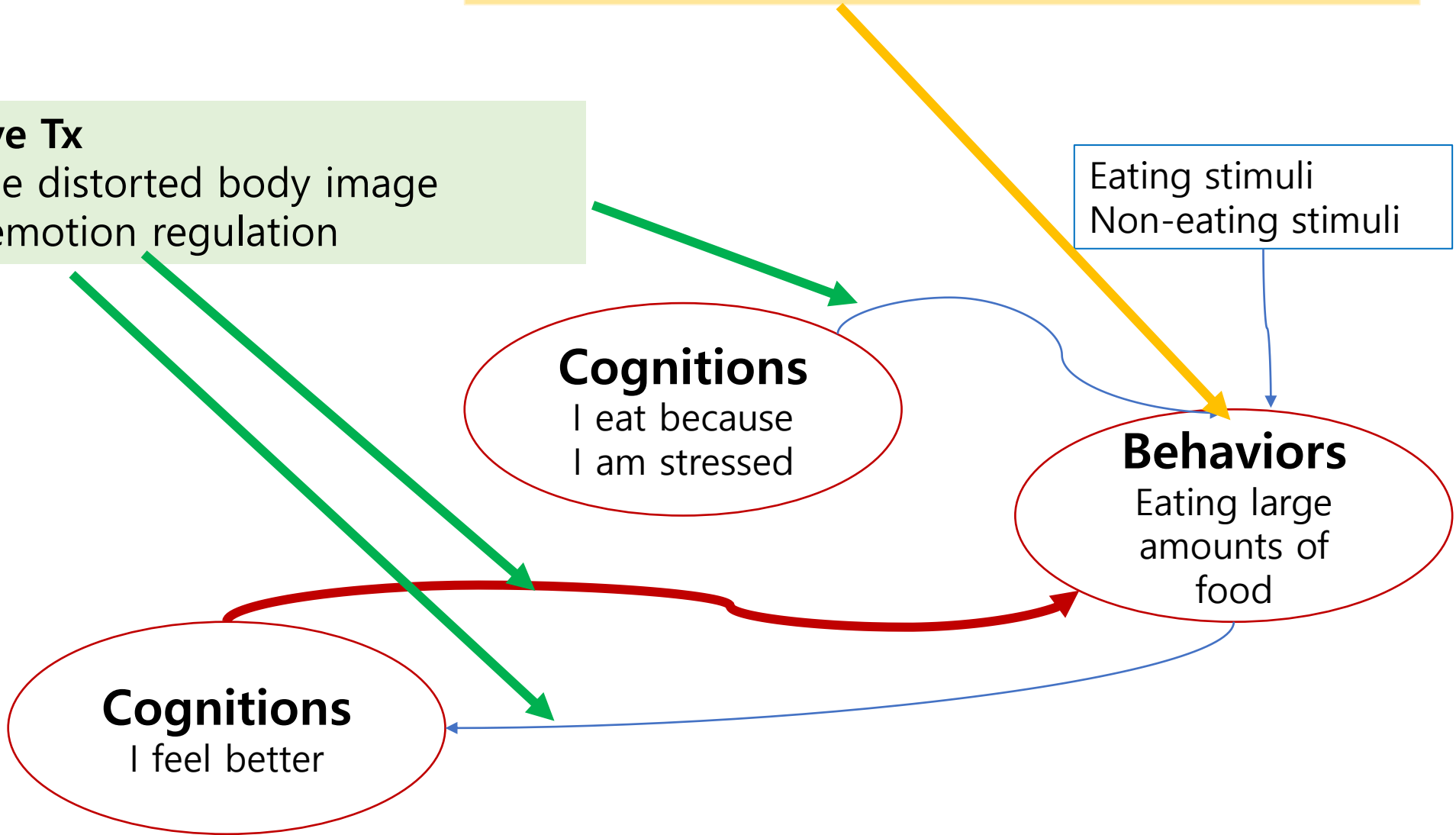
**Cognitive Tx**  
• change distorted body image  
• help emotion regulation

Eating stimuli  
Non-eating stimuli

**Cognitions**  
I eat because  
I am stressed

**Behaviors**  
Eating large  
amounts of  
food

**Cognitions**  
I feel better



# Behavioral approach

Psychoeducation	• Information about obesity
	• Establishing a positive relationship
	• Presentation of treatment principles
	• Establishing self-monitoring
	• Realistic goal setting
Nutrition and eating habits	• Self-monitoring eating and physical activity habits
	• Healthy food choices
	• Manage eating cues, behaviors and consequences
Physical activity	• Reduce sedentary activity
	• Increasing daily activity and time management
	• Establish family rules for TV and computer use, and find alternative activities
	• Identify barriers to behavior change

# Cognitive approach

<b>Recognition of negative thoughts and emotions</b>	<ul style="list-style-type: none"><li>• Recognize and record thoughts and emotions related to eating and physical activity habits</li></ul>
<b>Automatic thoughts</b>	<ul style="list-style-type: none"><li>• Discuss how the participants can influence their automatic thoughts.</li></ul>
	<ul style="list-style-type: none"><li>• Challenge the validity and utility of negative cognition.</li></ul>
<b>Stress management</b>	<ul style="list-style-type: none"><li>• Strategies for emotion regulation</li></ul>
	<ul style="list-style-type: none"><li>• Avoid emotional eating</li></ul>
<b>Problem solving</b>	<ul style="list-style-type: none"><li>• Strategies for handling difficult situations involving food (high risk situation)</li></ul>
	<ul style="list-style-type: none"><li>• Distinguish between hunger and craving</li></ul>
<b>Self-esteem and body image</b>	<ul style="list-style-type: none"><li>• Promote self-esteem and healthy body image</li></ul>
<b>Maintenance and relapse prevention</b>	<ul style="list-style-type: none"><li>• Review behavior modification goals and coping plans</li></ul>
	<ul style="list-style-type: none"><li>• Cognitive strategies to help improve weight maintenance</li></ul>
	<ul style="list-style-type: none"><li>• Relapse prevention: plan for high risk situations</li></ul>

# RCT/Quasi experimental studies of CBT

- Most CBT interventions include 6 to 10 sessions (90minute/session) in face to face format.
- Improved in the CBT group compared to control group
  - healthier food habits
  - psychosocial health
  - health-related quality of life
  - self-esteem
  - BMI and waist circumference

# 동기강화 상담 (Motivational Interviewing)

“William R. Miller & Stephen Rollnick”

- 행동변화와 건강 개선을 위한 **안내하는 의사소통 스타일** 치료적 대화
- “a therapeutic conversation that employs a **guiding style of communication** geared toward enhancing behavior change and improving health status.”
- The goal of MI
  - **Increase patients' intrinsic motivation**
  - **Increase self-efficacy** for engaging in health-promoting behaviors

- **“Motivational interviewing assumes that behavior change is affected more by motivation than information.”**
  - Assist individuals in working through their ambivalence about behavior change
  - Particularly effective for individuals who are initially less ready to change
  - Nonconfrontational, supportive, nonjudgmental, empathetic, and encouraging tone

# MI의 특성

- **Autonomy supportive environments**
  - Elicit perspectives
  - Provide information and opportunities for choice
  - Encourage responsibility
- **Patient-centered care**
  - Empathy
  - Collaborating with clients
  - Supporting client autonomy
- **Decision-making autonomy**
  - Increase adherence to medical recommendations (esp. adolescents)



# MI components

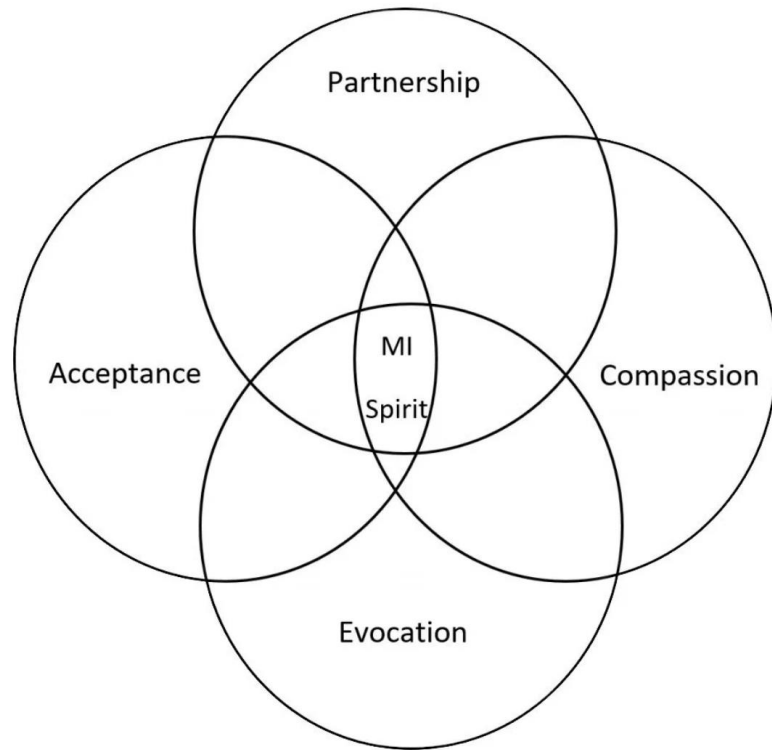
- **관계적 요소 (Relational component)**

- 의료진이 환자의 관점을 이해하고 이해한 것을 긍정적이고 공감하는 방식으로 전달하는 능력
- "Spirits of MI" (Partnership/Acceptance/Compassion/Evocation)

- **기술적 요소 (Technical component)**

- 의료진이 환자의 행동 변화에 대한 동기 진술 (motivational statements), 즉 "변화 대화 (Change talk)"를 이끌어내고 강화하기 위해 사용하는 특정 커뮤니케이션 기법

# 동기강화 상담 정신 (MI spirit)



## 파트너십(Partnership)

- 환자와 의사의 관계가 대등한 위치에서 협동하는 태도. 의사는 변화를 돕는 가이드
- 환자에게 어떠한 변화가 일어나야 하는지에 대한 선입견 없이 환자 관점에서 환자 상황을 이해

# MI spirit

## 수용(Acceptance)

- **절대적 가치(Absolute worth)**

의사가 환자에게 행동 변화를 위한 능력과 동기가 내재되어 있음을 전달. '무조건적 긍정적 존중'

- **정확한 공감(Accurate empathy)**

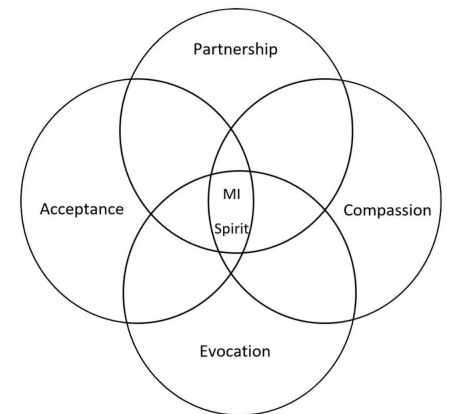
환자의 관점에 대하여 의사가 진정한 관심을 가지고 이해

- **자율성 지지(Autonomy)**

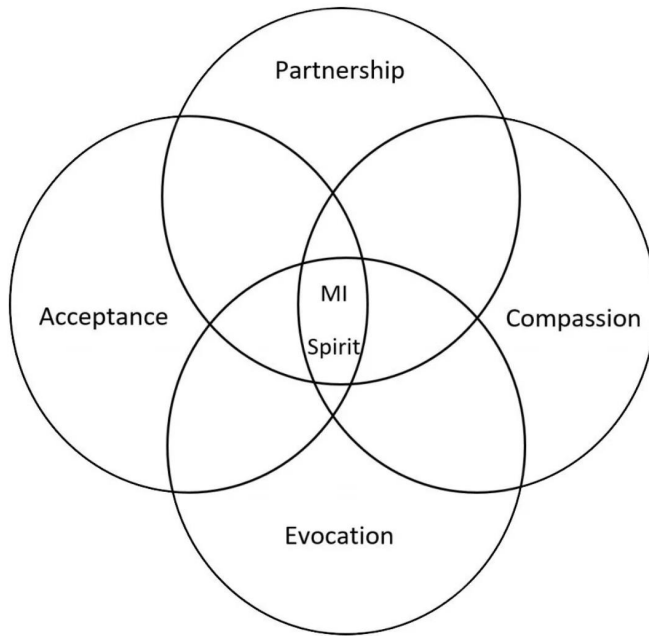
환자가 자신의 삶을 살아갈 권리와 능력을 가지고 있음을 격려

- **인정하기(Affirmation)**

행동변화 시도에 관한 환자의 강점과 변화 노력을 인정하고 이에 대한 감사함을 전달



# MI spirit



## 공감/연민(Compassion)


- 감정적 측면에 국한된 것이 아니라 환자의 복리를 증진하기 위하여 노력하는 태도
- 환자의 이익을 위하여 그들에게 필요한 서비스를 제공

## 유발 (Evocation)

- 환자를 설득하고 특정한 방향으로 교육하는 대신 환자의 관심과 생각을 자발적으로 이끌어내는 태도
- 환자 내면의 변화 동기와 변화를 위한 강점과 자원을 환자와 의사가 함께 인지하고 이끌어내는 태도

# MI-Consistent Communication (MICO)

- 환자의 변화를 이끌어내기 위한 의료진의 커뮤니케이션 전략
- 환자의 **변화 대화 (change talk)** 증가/환자의 outcome 개선
- Advise with Permission (동의 받고 어드바이스)
- Affirm (노력 인정)
- Emphasize Control (주체적으로 조절할 수 있음 강조)
- Open Question (열린 질문)
- Reflections (반영적 경청)
- Reframe (재구성)
- Support (진정성 있는 지지)

MICO Technique	Description	Example
<p><b>Advise with Permission</b></p>	<p>Offering advice, solutions, suggestions, or courses of action <u>collaboratively</u> (i.e., in response to a patient's request, asking permission)</p>	<p><i>Would it be okay with you if I explained what your healthy weight loss would be?</i></p>
<p><b>Affirm</b></p> 	<p><b>Positive or complimentary statements</b> that express appreciation, confidence, or reinforce the patient's strengths or efforts.          감사와 자신감을 표현하거나 환자의 강점이나 노력을 강화하는 긍정적, 칭찬적 표현</p>	<p><i>It took a lot of willpower to refuse cake at a birthday party, good for you!</i></p>
<p><b>Emphasize Control</b></p>	<p>Statements that directly acknowledge, honor, or emphasize the <b>patient's freedom of choice, autonomy, personal responsibility</b>          환자의 선택의 자유, 자율성, 개인적 책임을 직접적으로 인정, 존중 또는 강조하는 문구</p>	<p><i>This is your treatment and you get to choose how it goes.</i></p>

MICO Technique	Description	Example
Open Question	<p>Questions phrased to encourage patients to <b>expand upon their perspective, thoughts, emotions, and concerns</b></p> <p>환자의 관점, 생각, 감정, 우려를 확장하도록 유도</p>	<p><i>How has your weight affected your life?</i></p>
Reflections	<p><b>Simple:</b> repeating back patients' own statements  <b>Complex:</b> repeating back patients' own statements, but adding to the underlying meaning or emotion</p> <p>환자 진술을 반복하되, 근본적 의미나 감정을 덧붙임</p>	<p><i>You want to lose weight, but you're not sure how to get started.</i></p> <p><i>You're worried you might not lose weight even if you change your eating.</i></p>
Reframe	<p><b>Suggesting a different meaning, explanation, or perspective</b> for a situation a patient has described</p> <p>환자가 설명한 상황을 다르게 바라볼 수 있게 제안</p>	<p><i>Asking about your exercise plans might be your mother's way of showing you she's interested and cares about your weight loss goals</i></p>
Support	<p>Statements that convey <b>genuine support</b> or understanding</p>	<p><i>That must have been difficult for you.</i></p>

# 변화 대화 (Change talk)

**Change talk:** Patients' own statements about their own ***desire, ability, reason, and need*** to change their unhealthy behavior

- 욕구 (Desire): 체중 감량을 원합니다.
- 능력 (Ability): 나는 식품 라벨을 읽을 줄 압니다.
- 이유 (Reason): 나는 당뇨병에 걸리고 싶지 않습니다.
- 필요성 (Need): 나는 내 아이의 롤모델이 되어야 합니다

**Commitment language:** special class of change talk that describes patients' intentions and plans for enacting behavior change

- 약속 언어: 다음에 식료품점에 가면 정크푸드를 사지 않겠습니다.



# 변화 대화와 약속언어 촉진 상담기법

- 자율성 강조 (Autonomy)

- “단 음식을 끊을 준비가 안되었으면 할 수 있는 다른 것을 찾아보세요.”

- 열린 질문 (Open-ended questions)

- “어떤 면에서 체중이 문제가 되었지요?”
- “건강이 왜 걱정되지요?”

- 환자의 약속언어에 대한 치료자의 반영적 경청 (reflection)

- “당신은 체중이 건강에 영향을 미칠까 걱정하고 있군요.”
- “당신은 더 건강하고 싶군요.”
- “과식하지 않도록 규칙적으로 소량의 식사를 하려고 하는군요.”

# Examples of Reflections



하루 일과가 끝나면 너무 피곤해서 건강한 식사를 걱정할 겨를이 없습니다. 하지만 그렇게 하다 보니 외식에 너무 많은 돈을 씁니다.

그렇다면 집에서 식사를 더 많이 할 수 있는 방법을 찾고 싶을 것입니다.



적어도 주말에는 집에서 식사를 할 수 있을지도 모르죠. 그러면 주중에는 남은 음식이 있을테니까요.



Simple Reflections



Complex Reflections



Action Reflections

# ↑ Reflect & Autonomy, caution for providing information

- **Reflect patients' change talk**

- 질문보다 반영에 두 배 더 많은 시간 할애
- 반영할 때는 환자의 경험에 대한 이해를 요약하고 공감을 전달

- **Emphasize Patients' Decision-Making Autonomy**

- 자율성 강조는 변화 대화와 약속 언어를 유도할 가능성 높이고 유지 대화(현재 행동을 유지해야 하는 이유, 즉 "현상 유지")는 덜 유도
- 자율성은 특히 청소년 환자에게 중요

- **Providing information may not always be necessary**

- 변화대화과 약속언어 사용 감소 초래/비생산적 의사소통으로 연결될 가능성 (과거 사용한 방법의 회상,,,)

정보를 제공하고 싶다면...

## Elicit-Provide-Elicit (유도-제공-유도)

- Framework for exchanging information in the spirit of MI
- Avoid persuasion with “predigested” health messages
- Allow clients to process information and find their own personal relevance
- **Eliciting** the person’s understanding and information needs, then **providing** new information in a more neutral manner, followed by **eliciting** what this means for them with a question like, “How do you make sense of all this?”

# Example of Elicit-Provide-Elicit



Elicit

What kind of information about food advertisements do you think you can share with others?  
식품 광고에 대한 정보를 공유해도 괜찮나요?

Provide

Research shows a strong connection between fact and advertising.  
연구에 따르면 광고와 체중 문제 사이에는 밀접한 연관성이 있는 것으로 나타났습니다. 대부분의 6세 미만 어린이는 사실과 광고를 구분하지 못합니다.

Elicit

How do you think about this?  
이것에 대해 어떻게 생각하세요?

# Importance/Confidence Ruler

On a scale of 0 to 10, how **IMPORTANT** is it for you right now to change?

0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10  
Not at all Extremely  
Important Important

On a scale of 0 to 10, how **CONFIDENT** are you that you could make this change?

0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10  
Not at all Extremely  
Confident Confident

- If the client answered "five," the counselor would probe first with "Why did you not choose a lower number, like a three or a four?," followed by "What would it take to get you to a six or a seven?"
- These probes elicit positive change talk and ideas for potential solutions from the client.

# ↓ Sustain Talk (유지대화)

- **Double-sided reflections (양면 반응)**

- Reflects both sides of ambivalence and ends on change talk. Then, the patient is likely to respond with more change talk.

“패스트푸드가 편리한데 건강하게 식사하고 싶군요.”

“아이에게 운동하게 하기가 힘들 수 있지만 아이의 건강이 중요하다고 생각하시죠.”

- **Affirmations (인정하기/칭찬하기)**

- 환자의 가치와 노력을 상기시키고 환자의 노고에 대한 존중을 표현
- Even failed attempts at change can be affirmed because change is an ongoing process and not a single event.

- **Reframing (재구성)**

- Suggest a new perspective in a way that helps the patient move toward change.
- Encourage brainstorming new solutions and resolving ambivalence.



PEDIATRIC OBESITY

## **The effects of motivational interviewing on children's body mass index and fat distributions: A systematic review and meta-analysis**

Tsui-Sui Annie Kao , Jiying Ling, Rachel Hawn, Christina Vu

First published: 25 June 2021 | <https://doi.org/10.1111/obr.13308> | Citations: 3

*Annals of Behavioral Medicine*, 2023, **57**, 605–619



<https://doi.org/10.1093/abm/kaad006>

Advance access publication 17 May 2023

**Systematic Review**

OXFORD

## **Motivational Interviewing in Pediatric Obesity: A Meta-analysis of the Effects on Behavioral Outcomes**

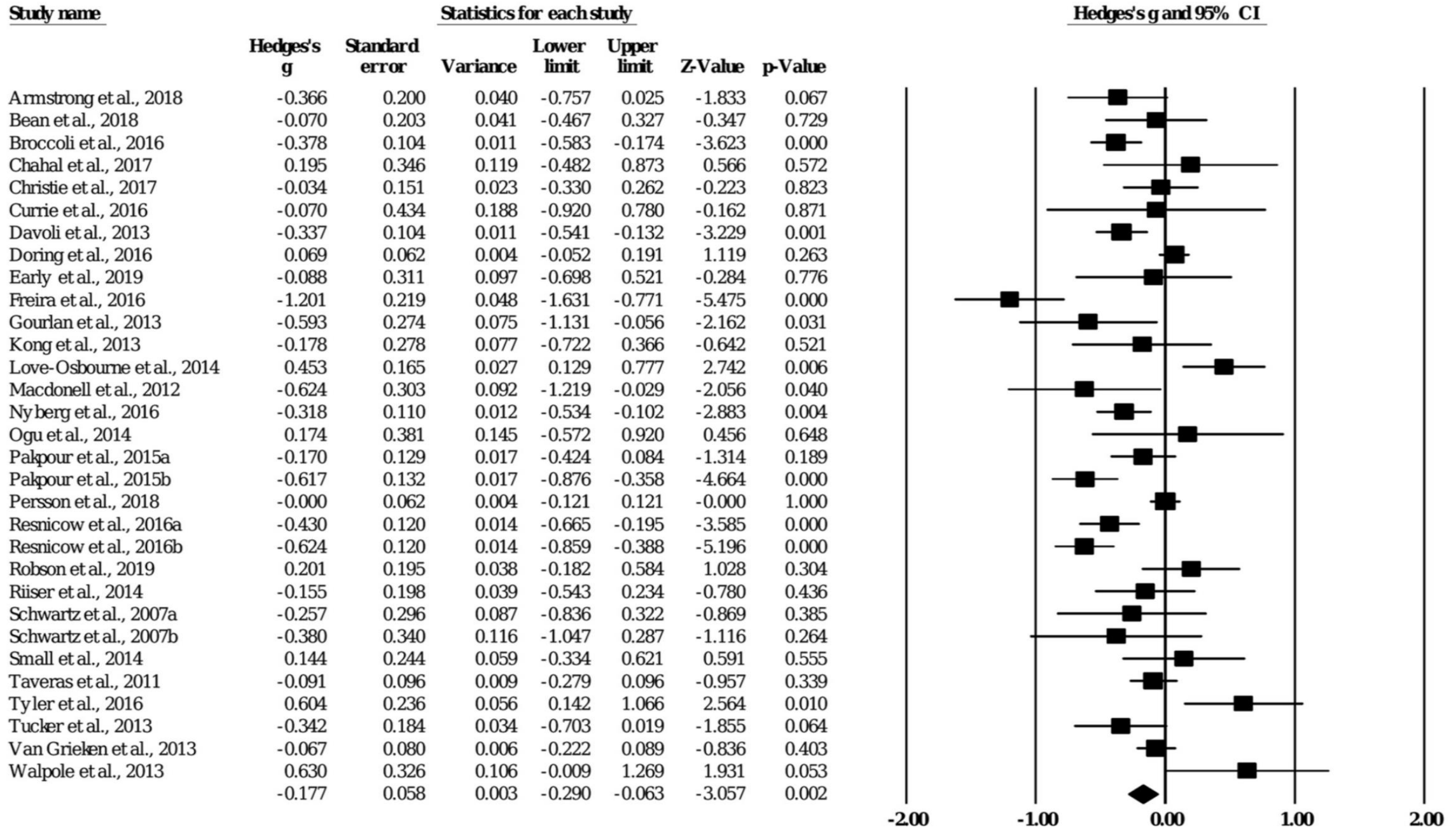
Tsui-Sui A. Kao, PhD, RN, FNP-BC, FAANP<sup>1</sup>  · Jiying Ling, PhD, RN, FAAN<sup>1</sup>  · Christina Vu, BSN<sup>1</sup> · Rachel Hawn, BSN<sup>1</sup> · Harrietta Christodoulos, MD<sup>2</sup>

## The effects of motivational interviewing on children's body mass index and fat distributions: A systematic review and meta-analysis

- 33 articles
- The pooled effect size
  - $-0.18$  ( $p = 0.002$ ) on BMI,  $-0.65$  ( $p < 0.001$ ) on WC, and  $-0.44$  ( $p = 0.005$ ) on BF%.
- Moderation of relationship between MI and BMI changes
  - the types of intervener ( $Q = 9.71$ ,  $p = 0.021$ )
  - supplemental intervention activities ( $Q = 9.21$ ,  $p = 0.002$ )
- Other potential moderators
  - children's age, weight status, intervention setting, targeted behaviors (eating and/or physical activity)



Support the effectiveness of MI interventions on **improving children's anthropometric outcomes** (i.e., BMI, WC, and BF%).



Continuous moderators	n	Slope B	SE	Tau <sup>2</sup>	Q <sub>(model)</sub>	p value
# of MI in-person sessions	31	0.02	0.03	0.07	0.75	0.386
Intervention duration	31	-0.002	0.004	0.07	0.13	0.722
Categorical moderators	n	Effect size	95% CI	Q <sub>between</sub>	p value	
Child age				0.32	0.571	
≤10 years old	18	-0.15	-0.30, -0.01			
≥11 years old	13	-0.23	-0.41, -0.03			
Setting				5.72	0.057	
School	4	-0.45	-0.76, -0.13			
Clinic	22	-0.19	-0.32, -0.06			
Community	5	0.04	-0.21, 0.29			
Target population				0.13	0.938	
Parents	13	-0.16	-0.34, 0.01			
Children	10	-0.17	-0.38, 0.06			
Dyads	8	-0.21	-0.43, 0.01			
Children's baseline weight				2.51	0.473	
No weight limit	4	-0.08	-0.37, 0.22			
Overweight only	6	-0.35	-0.61, -0.09			
Overweight and obese	14	-0.17	-0.35, 0.02			
Obese only	7	-0.11	-0.35, 0.13			

Categorical moderators	<i>n</i>	Effect size	95% CI	<i>Q</i> <sub>between</sub>	<i>p</i> value
Intervener				9.52	0.023
Trained research assistant	8	-0.05	-0.26, 0.17		
Registered nurse	8	0.002	-0.19, 0.20		
Primary care provider	7	-0.35	-0.56, -0.14		
Primary care provider + RD	8	-0.35	-0.54, -0.13		
Target behavior				3.08	0.079
Single behavior (eating or PA)	8	0.02	-0.23, 0.26		
Both physical activity and eating	23	-0.23	-0.36, -0.10		
Supplementary contacts <b>전화, 메시지, 인터넷</b>				9.35	0.002
Yes	10	0.04	-0.13, 0.20		
No	21	-0.29	-0.41, -0.17		
MI as an add-on component				<0.001	0.997
Yes	11	-0.18	-0.37, 0.02		
No	20	-0.18	-0.32, -0.03		
Fidelity checked				3.48	0.062
Yes	16	-0.29	-0.44, -0.13		
No	15	-0.08	-0.23, 0.07		

- **MI interventions delivered by trained PCPs** significantly outperformed.
  - Establishing the **interpersonal relationship between the MI practitioners and participants may be essential.**
  - Sufficient professional training to provide MI-based health coaching!!
- **Postintervention effect on BMI was not sustained at follow-up.**
  - To avoid obesity, they have to be equipped with strong strategies to constantly resist food temptations in their obesogenic environment.
- Not clear if **MI delivered via telephone call, text, or online chats** was less effective than those delivered by in-person contacts
- **Number of in-person sessions did not emerge as a significant moderator** for children's BMI changes.

# Motivational Interviewing in Pediatric Obesity: A Meta-analysis of the Effects on Behavioral Outcomes

- 31 intervention studies
- Pooled effect size
  - 0.10 ( $p = .334$ ) on  $\uparrow$ Fruit intake/Vegetable intake
  - 0.02 ( $p = .724$ ) on  $\uparrow$ dairy intake
  - **-0.29 ( $p < .001$ ) on  $\downarrow$ calories**
  - -0.16 ( $p = .054$ ) on  $\downarrow$ sugary beverages
  - **-0.22 ( $p = .002$ ) on  $\downarrow$ snacks**
  - **-0.20 ( $p = .044$ ) on  $\downarrow$ fat**
  - **0.22 ( $p = .001$ ) on  $\uparrow$ Moderate and Vigorous PA**
  - -0.06 ( $p = .176$ ) on  $\downarrow$ screen time.
- The effects of MIs were moderated by  **$\uparrow$ MI sessions regarding  $\downarrow$ snacks** ( $B = -0.04, p = .010$ ).
- **Multicomponent and clinical programs** had greater effects on dairy intake



Short-term effects of MI on **improving children's lifestyle behaviors**

- Without adequate **familial, parental, and societal support**, children's motivation alone may not be sufficient to sustain positive behavioral changes over time.
- To better sustain healthy lifestyles, future MI interventions should **incorporate family strategies** (e.g., family goal setting/attainment and collective-efficacy [집단효능감] building) to help children and their parents **develop and maintain autonomous motivation in the home setting**
- MI programs should **broaden from an intrapersonal focus and incorporate ecological influences on children's lifestyle behaviors** (building children's collective-efficacy in healthier lifestyles at school and community levels)



## Tool to evaluate the fidelity of MI

# Motivational Interviewing Treatment Integrity coding system

- Counting of particular types of clinician behaviors (such as Questions and Reflections), which offer greater precision than simply measuring global aspects of clinician skill
- **Rating of the clinician's expression of empathy**, a core characteristic in MI and common to other psychosocial interventions

## Motivational Interviewing Treatment Integrity Code (MITI 4)

MITI Code	Brief Description
<b>Globals</b>	
<b>Cultivating Change Talk (CC)</b>	Encourages the client's own language in favor of the change goal and confidence for making that change.
<b>Softening Sustain Talk (SS)</b>	Avoids a focus on the reasons against changing or on maintaining the status quo.
<b>Partnership (P)</b>	Conveys an understanding that expertise and wisdom about change reside mostly within the client.
<b>Empathy (E)</b>	Understands or makes an effort to grasp the client's perspective and experience.

기술적

관계적

# Motivational Interviewing Treatment Integrity Code (MITI 4)

## Behavior Counts

	Giving Information (GI)	Gives information, educates, provides feedback, or expresses a professional opinion without persuading, advising, or warning.	
R/ Q	<b>Questions (Q)</b>	Questions (open or closed).	
	<b>Simple Reflection (SR)</b>	Reflects a client's statement with little or no added meaning or emphasis.	
	<b>Complex Reflection (CR)</b>	Reflects a client's statement with added meaning or emphasis.	%CR
	<b>Affirm (AF)</b>	States something positive about the client's strengths, efforts, intentions, or worth.	MIA
	<b>Emphasize Autonomy (EA)</b>	Highlights a client's sense of control, freedom of choice, personal autonomy, ability, and obligation about change.	
	<b>Confront (C)</b>	Directly and unambiguously disagreeing, arguing, correcting, shaming, blaming, criticizing, labeling, warning, moralizing, ridiculing, or questioning a client's honesty.	MINA
	<b>Seek Collaboration (Seek)</b>	Attempts to share power or acknowledge the expertise of a client.	MIA
	Persuade with Permission (PwP)	Emphasis on collaboration or autonomy support while using direct influence.	
	<b>Persuasion (Per)</b>	Overt attempts to change a client's opinions, attitudes, or behaviors using tools such as logic, compelling arguments, self-disclosure, facts, biased information, advice, suggestions, tips, opinions, or solutions to problems.	MINA

## Summary measures of MITI 4

Total MI Non Adherent (MINA)	$(\text{Total Per}) + (\text{Total CO})$
Total MI Adherent (MIA)	$(\text{Total EA}) + (\text{Total Seek}) + (\text{Total AF})$
Reflection to Question Ratio (R:Q)	$(\text{Total Reflections}) / (\text{Total Questions})$
Relational	$[(\text{Partnership}) + (\text{Empathy})] / 2$
Technical	$[(\text{Cultivating}) + (\text{Softening})] / 2$
%Complex Reflections	$\text{CR} / (\text{SR} + \text{CR})$

# High BMI를 가진 소아/청소년에게 MI 적용

- **Assessment of Readiness to Change**
  - 아이와 가족의 식사, 신체활동, 생활습관의 변화에 대한 준비상태 평가
  - 행동변화단계 파악에서 상담 출발
- **Building Rapport and Trust**
  - 아이와 의사간에/아이와 가족 구성원간 긍정적이고 지지하는 관계형성이 매우 중요
  - empathy, active listening, and understanding without judgment to create a safe space for discussion
- **Exploration of Ambivalence**
  - 건강한 생활습관과 반대되는 행동을 파악하고 이를 해결하기위해 현재의 행동과 변화를 했을 때 장점과 단점을 토론하여 변화해야 할 이유를 자발적으로 표현하게 함.
- **Setting Realistic Goals**
  - 함께 목표 설정하기. 목표는 현실적이고 달성할 수 있는 것으로 구체적이고 측정할 수 있고 아이와 가족의 여건에 맞아야 하며 자기 효능감을 증진할 수 있어야 함.
- **Enhancing Intrinsic Motivation**
  - 내재적 동기 강화. 변화해야 할 이유를 외압이 아닌 내적 이유를 찾도록 도움.
  - This can lead to more sustained and meaningful behavior change.



- **Promoting Autonomy**
  - 의사결정 과정에서 아이와 가족의 자율성을 지원
  - 선호하는 것, 걱정, 가치, 선택한 행동에 대한 주인의식을 가지도록 격려
- **Addressing Family Dynamics**
  - 가족 참여가 중요하며 가족 환경이 행동 변화의 장애 또는 촉진 요인임을 인식하게 함.
- **Providing Education in a Supportive Manner**
  - 중립적이고 지지하는 태도
  - 가족의 이해 정도를 고려하며 정보에 대한 접근 기회와 결정 과정에 주체가 되도록 정보 공유
- **Regular Follow-Up and Feedback**
  - 지속적 상담을 통해 변화의 진행을 평가
  - 긍정적 강화와 장애요인을 파악하고 규칙적인 피드백 제공 및 치료계획 조정
- **Integrating MI into Multidisciplinary Care**
  - MI can be integrated into a multidisciplinary approach
  - This collaborative effort provides comprehensive care and support for the child and family.

## 체중문제로 우울한 15세, 생활습관 변화 의지 부족

- **시작하기** : 체중 문제로 진료 받는 게 힘들진 않나요? 요즘 기분이 어때요?
- **양면성 탐구**: 우울하군요. 스트레스 받으면 먹는 습관이 문제인 것을 알고 있네요. 그리고 이 습관을 바꾸고 싶어하네요. 바꾸기 힘든 이유를 말해 볼까요?
- **반영적 청취**: 부모님과 친구들 관계에서 힘들 때가 자주 있었네요. 이렇게 힘들면 포기하게 되는 것 같군요.
- **변화대화 유도**: \*\*님이 더 건강해 지려면 스트레스 받을 때 먹는 습관 대신 다른 방법이 없을 까요?
- **현실적 목표 설정**: 스트레스 받으면 먹는 습관을 줄이기 위해 해 볼 수 있는 목표를 같이 생각해 볼까요. 해 볼 수 있는 한 가지가 있다면 무엇일까요?
- **칭찬/인정하기**: 스트레스 받으면 먹는 습관을 줄이고 스트레스 받을 때의 기분을 적어보고 다른 방법으로 해결해 보려고 하니.. 대단하네요.
- **마무리**: \*\*님이 잘 할 수 있는 힘을 가지고 있음을 알 수 있는 시간이었어요. 다음 방문 때까지 "스트레스 받을 때 그 순간의 기분을 적고, 먹는 것 대신 다른 것으로 실천해 보면 좋겠어요. 같이 노력해 봅시다.

# 마무리

## MI spirit

- Partnership
- Acceptance
- Compassion
- Evocation

## MICO

- Advice with permission
- Affirm
- Emphasize control
- Open Q
- Reflection
- Reframe
- Support

➔ Change talk







Change Talk is a simulation where you learn motivational interviewing (MI) techniques and then practice them in simulated conversations with virtual parents and children. In these conversations, you play the role of a healthcare professional and... [Show All](#)

FOR **Healthcare professionals in pediatric settings**

LENGTH **3 episodes, 12 min each**

 **Overview**

4 min

What is motivational interviewing (MI) and what do I need to know to get started?

EPISODE 1

 **Patient-Centered Counseling**

4 min

How can we discover the patient's desires and use them to guide a discussion about behavior change?

 **Talk with Ethan and his Mom**



10 min

10-year old Ethan's BMI is at the 95th percentile. This is a sensitive topic for him and his mom, Heather. Learn about their concerns, highlight their reasons for change,... [Show All](#)

EPISODE 2

 **Reflective Listening**

4 min

How can we use the patient's own words to amplify their reasons for change?

 **Talk with Samantha**



7 min

Samantha has been breastfeeding her infant, but now she's thinking about stopping. Use reflective listening to re-ignite her motivation to continue.

 Performance Dashboard

EPISODE 3

 **Sustain Talk**

5 min

What can we do when patients argue against changing their behavior?

 **Talk with Maya and her Dad**



10 min

4-year old Maya's BMI has been sharply increasing. Use MI techniques to help her dad, Adrian, work through his ambivalence and consider healthier choices.

 Performance Dashboard