

Psychological assessment of the obese child and adolescents: principles

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The Dietary Restraint Theory (DRT)

DRT: the cognitive control over eating fails under distress or fatigue → overeating

- **Dietary restraint** = the cognitive preoccupation with weight, shape and food restriction
- **Dieting** = the actual use of weight control practices to reduce energy intake
- **Assessment:**
 - Questionnaires: DEBQ, EDE-Q, EDI
 - Interview: EDE

The Affect Regulation Theory (ART)

ART: eating in the absence of hunger is an effort to regulate negative emotions

- **Food:**
 - Provides comfort on a psychological level
 - Reduces arousal on a biological level
 - Distracts from emotional state
 - Overshadows negative affect
- **Assessment:**
 - Questionnaires: DEBQ, CBCL, CDI, SPPC
 - Interview: KID-SCID

Reinforcement Sensitivity Theory (RST)

RST: high reward sensitive (RS) children show an increased responsiveness to food. The presence of food leads to an automatic approach reaction thereby ignoring feelings of satiety.

- **RS:** reflects functional outcomes for the behavioural activation system (BAS)
- Obese children find palatable foods more rewarding
- **Assessment:**
 - Questionnaires: DEBQ, BIS/BAS
 - Behavioural measure: Stroop task

Diathesis-Stress Model (DSM)

DSM: interaction between child characteristics and environment

- **Spirit of the time:** thin ideal + strong expectations regarding performances
- **Spirit of the time hypothesis:** predicts increase of psychological problems in overweight individuals
- **Assessment:**
 - Questionnaires: CFQ, CBCL, CDI, SPPC
 - Interview: KID-SCID