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