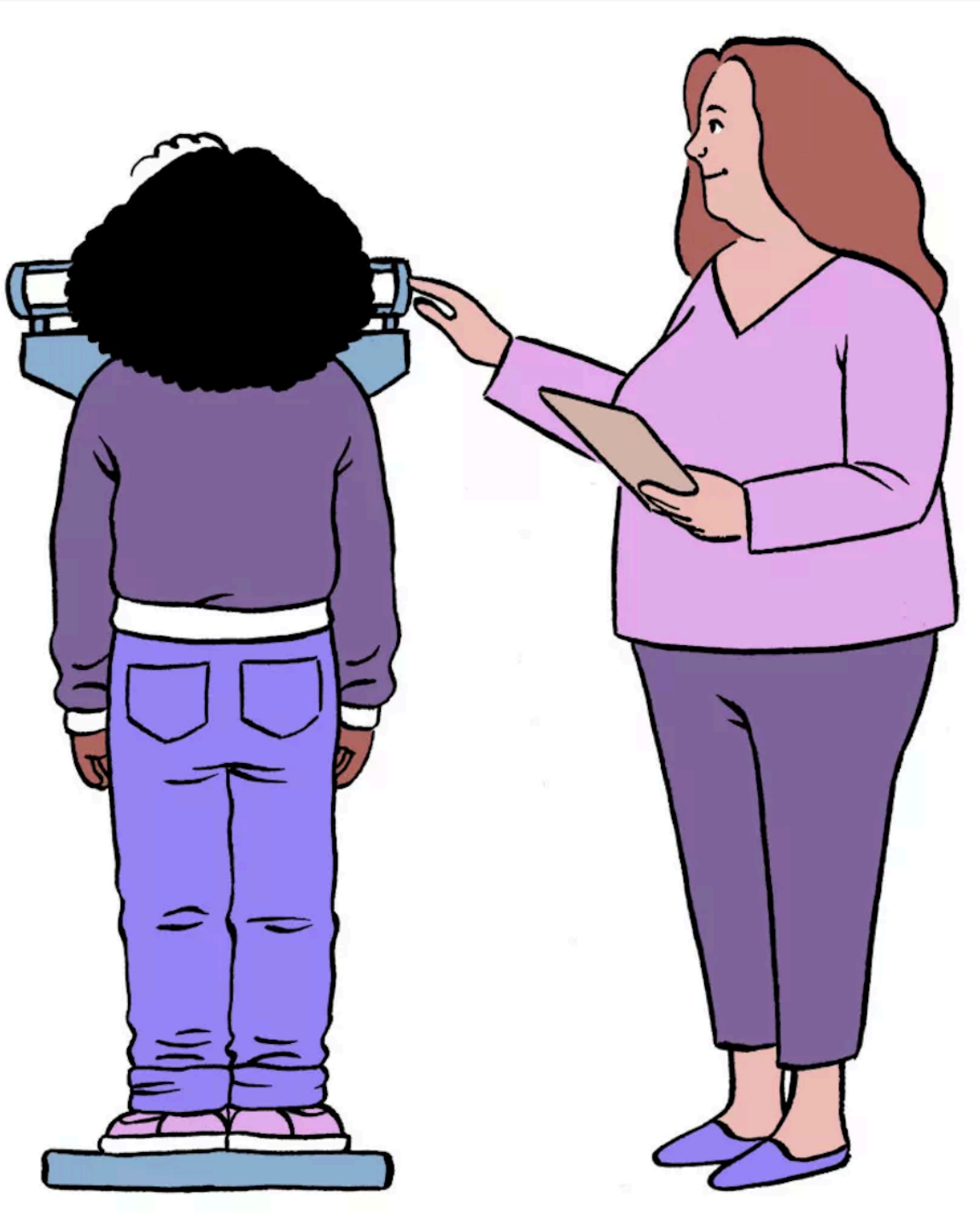
THE INFLUENCE OF **PARENTAL WEIGHT STIGMA** AND **CREDIBILITY** ON **TREATMENT OUTCOME**

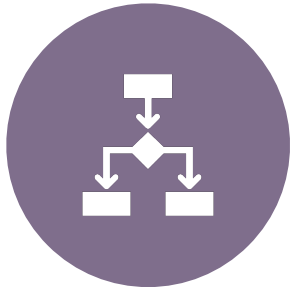
Meta Covington



OVERVIEW

Timko Research Group

Shifting Perspectives Study



My Project

Lessons Learned

TIMKO RESEARCH GROUP

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Principal Investigator

Dr. Marita Cooper, PhD

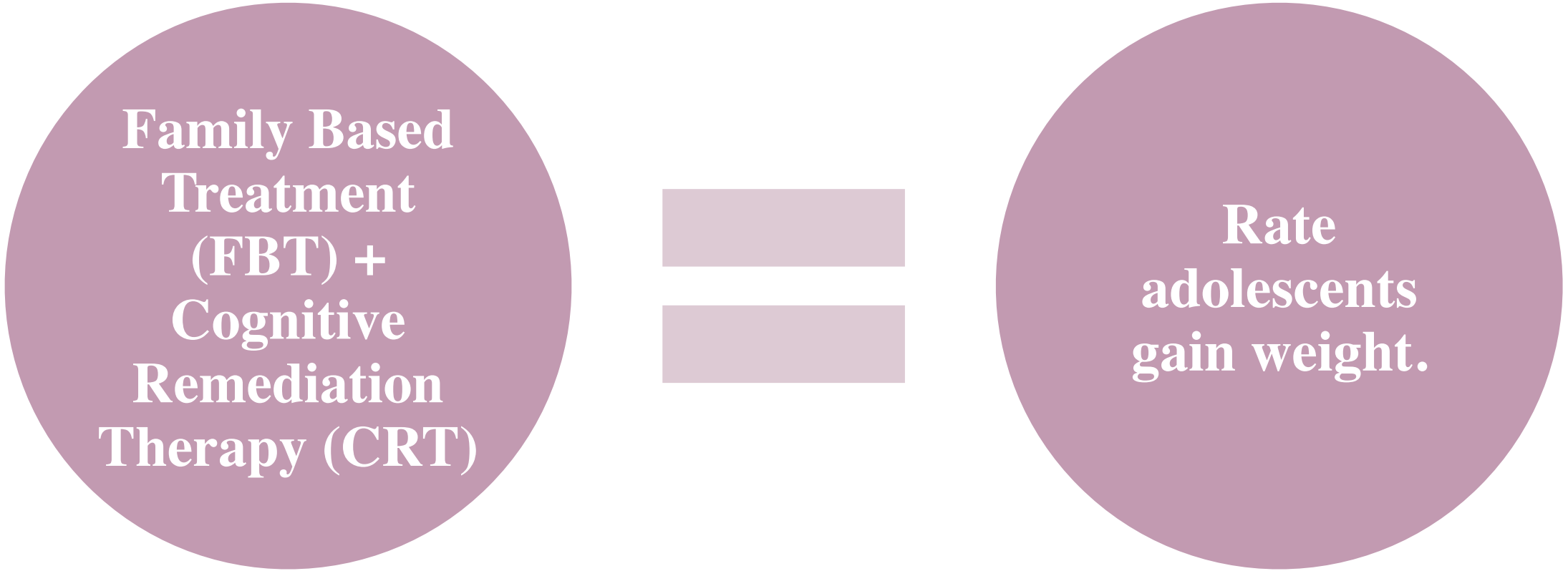
Postdoctoral Research Fellow

- Currently focuses on restrictive eating disorders.
- **The primary aim:** to identify risk biomarkers for a longer course of illness and develop/refine treatments for those individuals in order to reduce the likelihood of a chronic course of illness.

ANOREXIA NERVOSA (AN)

- AN is a psychological disorder characterized by a persistent refusal to gain weight and associated with high rates of malnourishment.
- **The lifetime prevalence rates of anorexia nervosa might be up to 4% among females and 0.3% among males (Eeden et al., 2021).**
- Presents the capacity for a wide range of fatal medical complications, underscoring the importance of weight restoration in the recovery process (Mehler et al., 2022).

SHIFTING PERSPECTIVES: ENHANCING OUTCOMES IN ADOLESCENT AN WITH ADOLESCENT-FOCUSED COGNITIVE REMEDIATION THERAPY



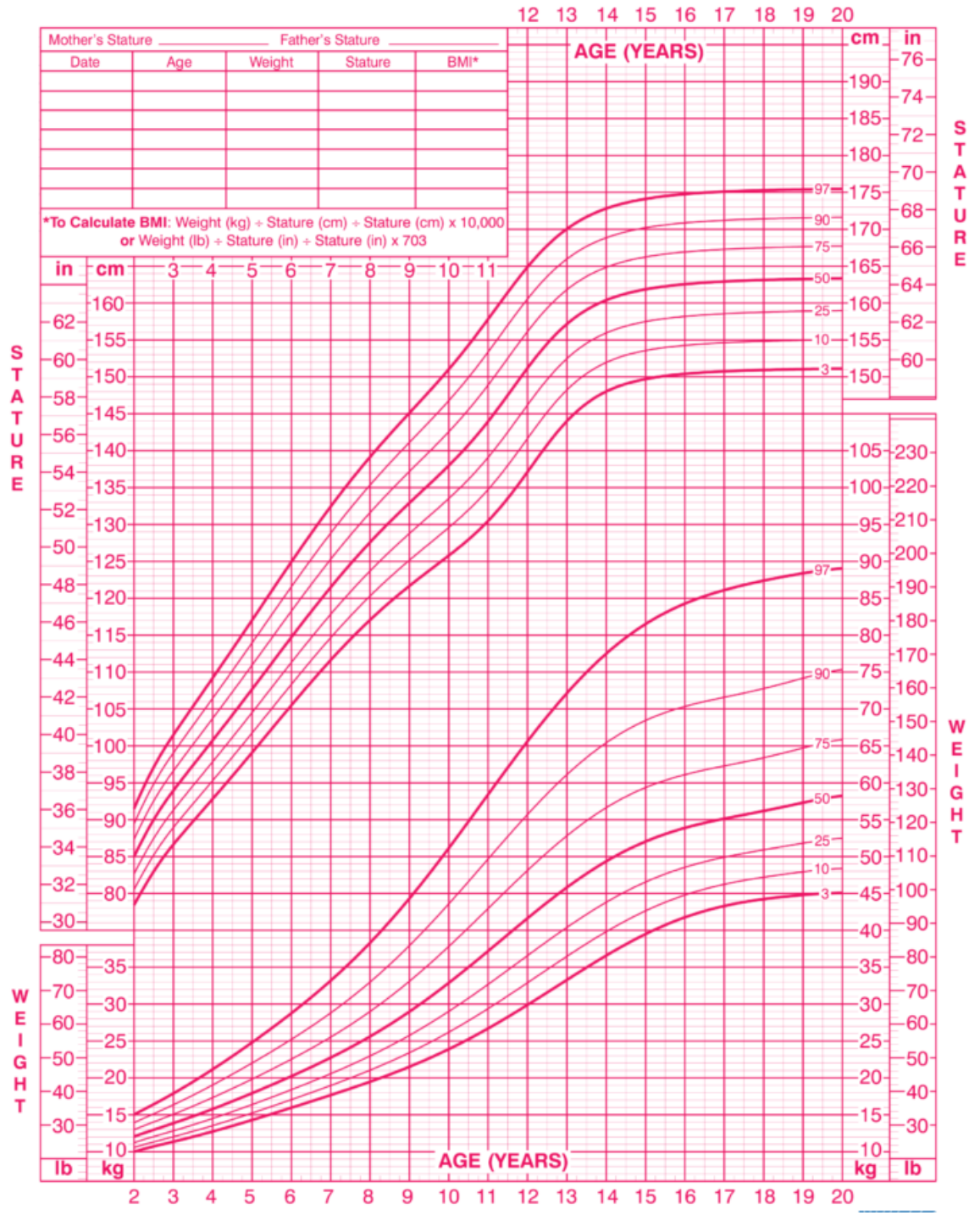
FIRST PHASE OF FBT

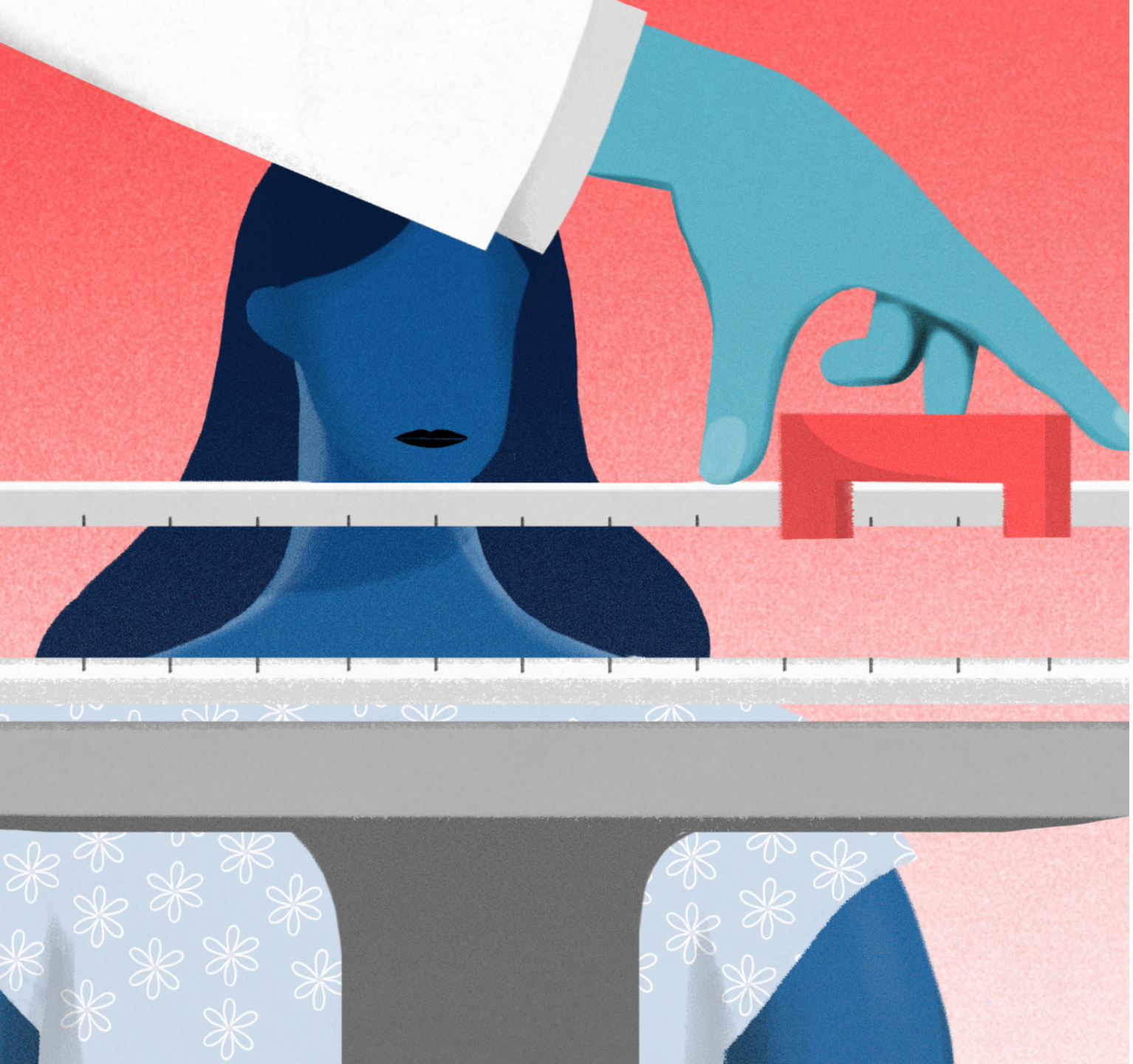
During Phase I, “parents are empowered to bring about the recovery of their child” (Rienecke & Le Grange, 2022).

Socholotiuk & Young (2022) Case Study:

Researcher: But there’s some aspects of the re-feeding that created some uneasiness?

Mom: Oh, totally. Yah. A lot of uneasiness. For her, and I’d say myself as well. What if they’re wrong? What if they make her gain too much weight—and then—and then she feels like she’s… too heavy.





WEIGHT STIGMA

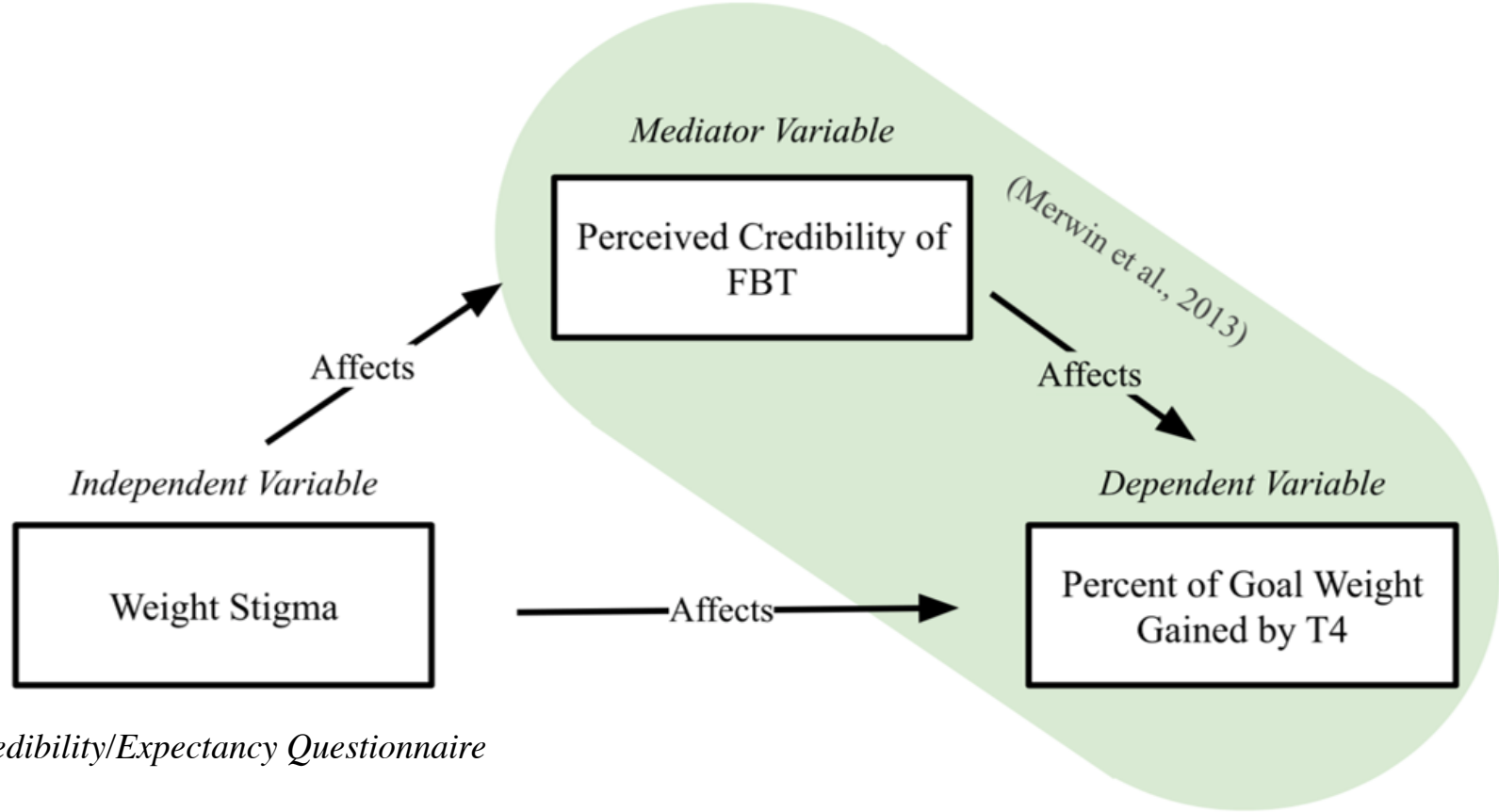
- An ideology that socially devalues individuals with excess weight.
- Parents who engage in weight-related conversations have adolescents who are more likely to diet and use weight-control behaviors (Berge et al., 2013).
- Mothers who are afraid of gaining fat are much more likely to have daughters who engage in high levels of dietary restraint.

TREATMENT CREDIBILITY

- Credibility refers to the perceived trustworthiness of an intervention by treatment participants.
- When caregivers self-report low to negative treatment credibility there is a higher likelihood of ending treatment before adequate weight changes (Merwin et al., 2013; Timko et al., 2015).

HYPOTHESIS

Caregivers' perceived credibility of FBT partially mediates the relationship between parental weight stigma and percentage of goal weight gained by the EOT.



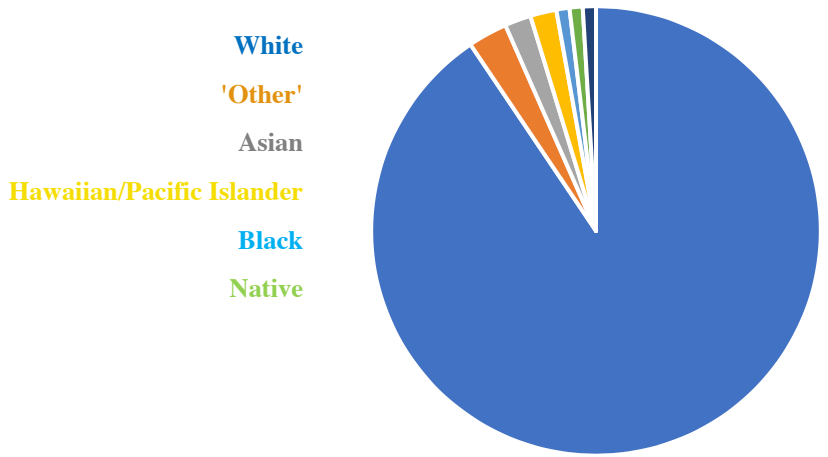
Credibility: The Credibility/Expectancy Questionnaire

Weight Stigma: Clinician assessed

**T4 should be EOT.*

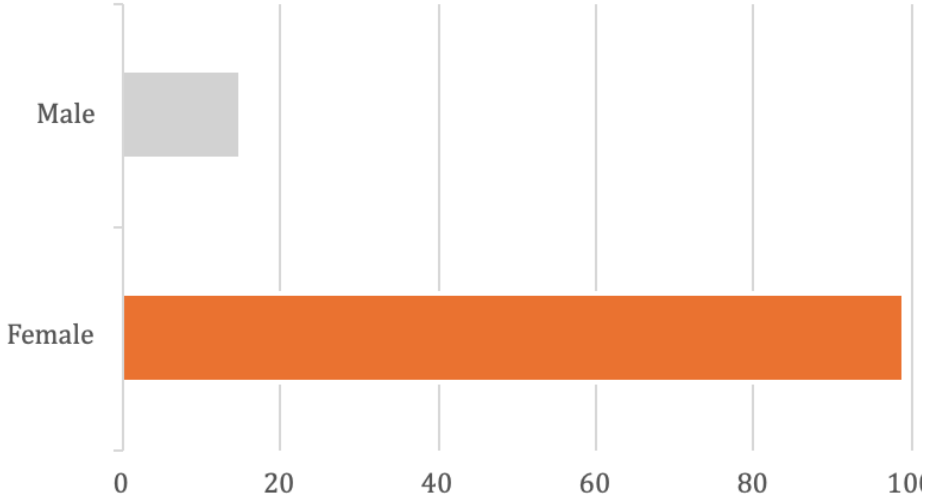
SAMPLE DEMOGRAPHICS

Race: Participants identified as White (96.3%), Asian (1.9%), Native Hawaiian or other Pacific Islander (1.9%), Black or African American (1.0%), American Indian or Alaskan Native (1.0%), and ‘Other Race’ (3.9%).



Sex: Adolescent sex assigned at birth was primarily Female (86.8%).

The average age at first assessment was **15.1 years (SD = 1.7)**.



SAMPLE DEMOGRAPHICS

AN, Restricting subtype

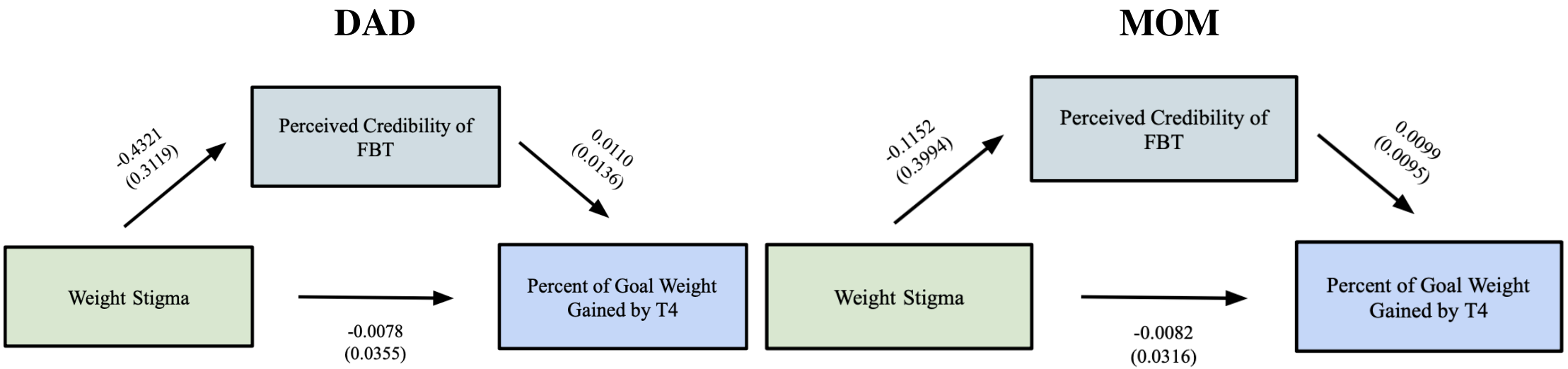
AN, Binge/purge subtype

Current Diagnoses: AN, restricting subtype (n = 98; 87.5%) and AN, binge/purge subtype (n = 14; 12.5%).

The average weight at first assessment was **107.0 lbs (SD = 16.3)**.

The mean duration of illness was **12.2 months (SD = 12.8)**.

The **Eating Disorder Examination Questionnaire** global score averaged out to **3.1 (SD = 1.7)**.

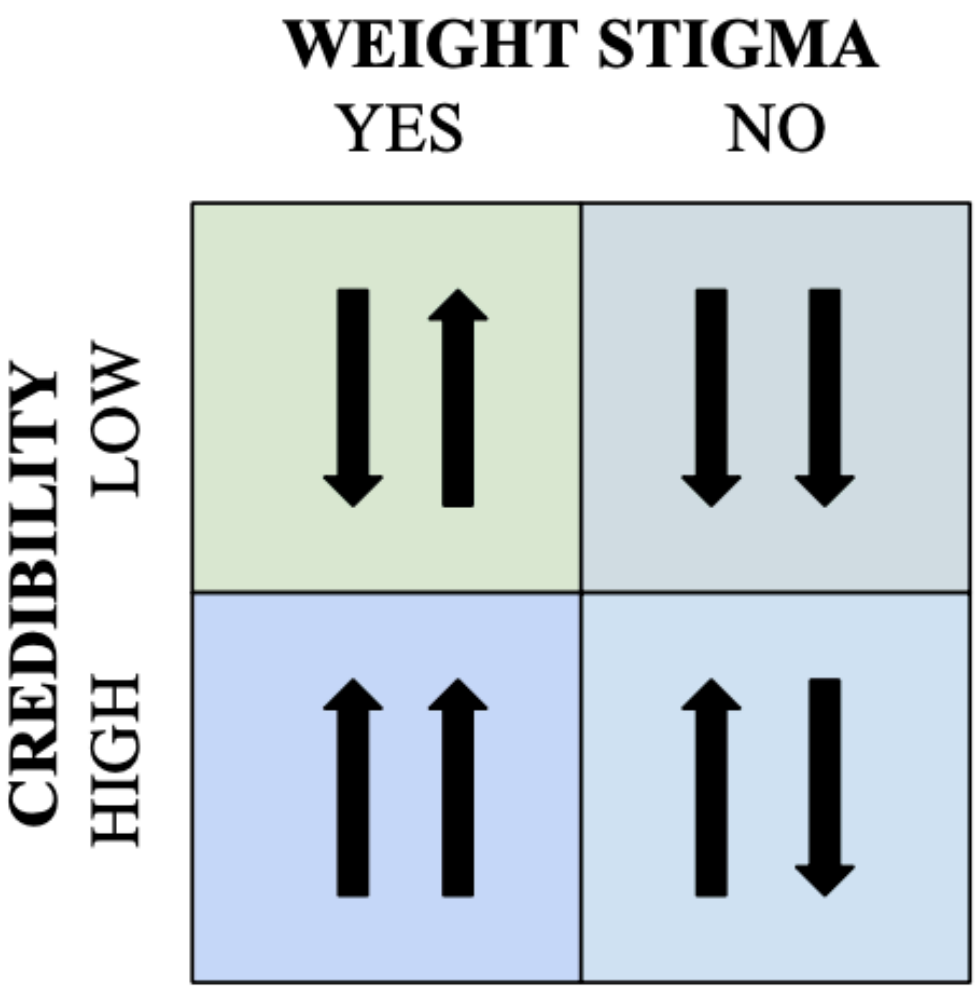


DATA ANALYSIS

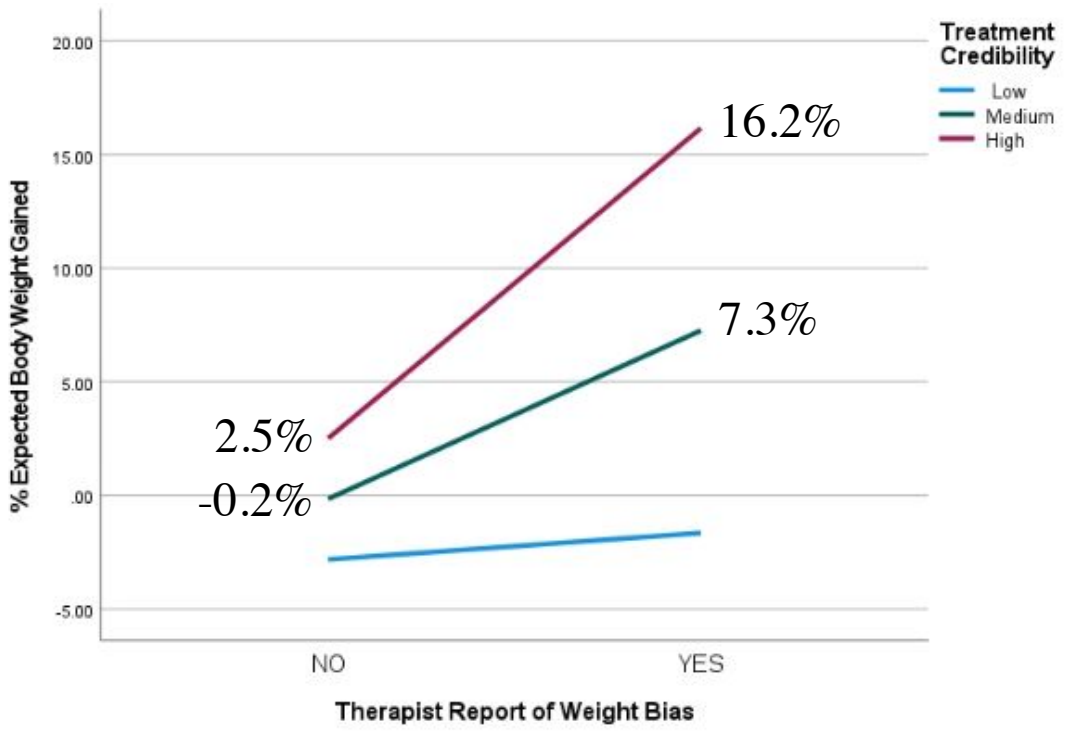
No direct impact of weight stigma on credibility. No direct impact of weight stigma on percent of goal weight reached. No direct impact of credibility on percent of goal weight reached.

POST-HOC HYPOTHESIS

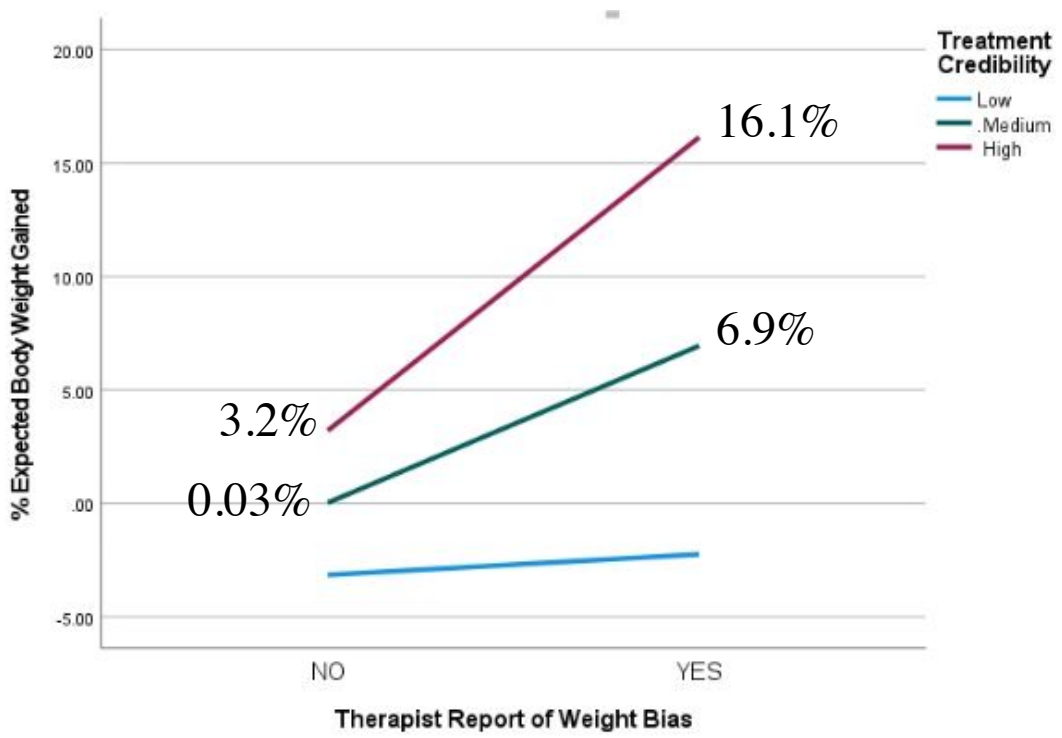
Do parental weight stigma and parental credibility interact with each other to influence the percent of goal weight reached by the EOT?



DAD



MOM



POST-HOC ANALYSIS

When there is high/medium parental credibility and the presence of parental weight stigma, the adolescent gains a higher percentage of their goal weight then they would without the presence of weight stigma.

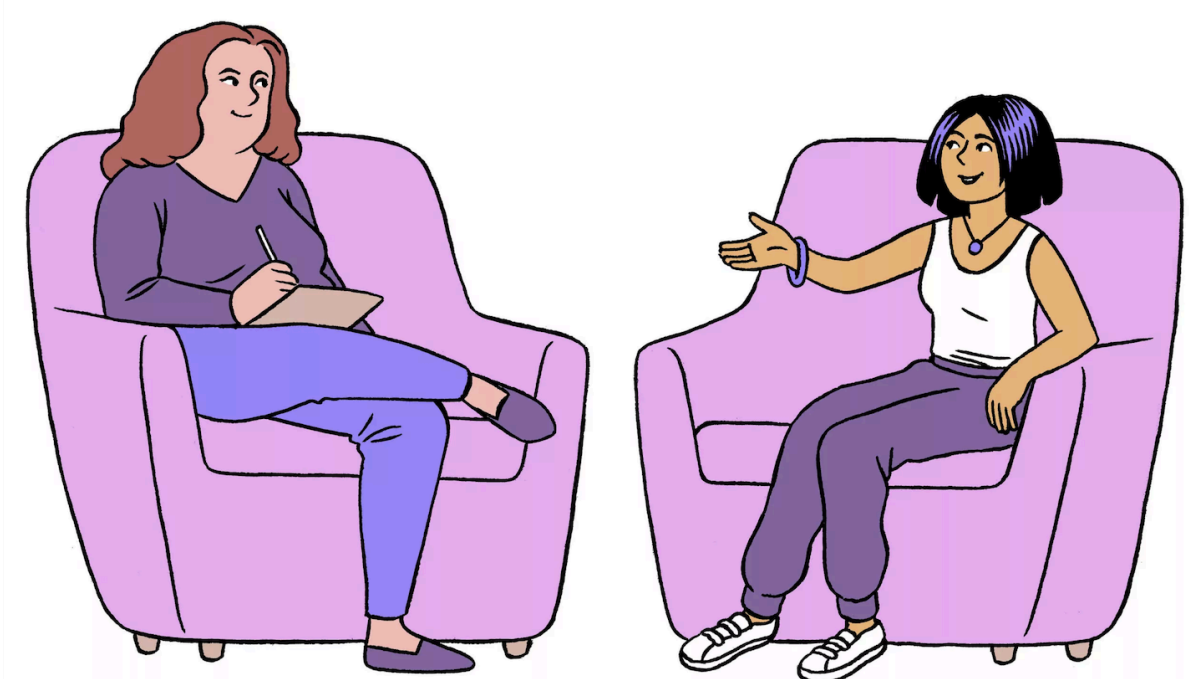
DISCUSSION

Measurement validity: The weight bias variable is assessed by clinicians. It measures parents who *speak up* about weight stigma

- It does not measure parental weight stigma, or the severity of stigma.

More Valid Alternatives: *Weight Bias Internalization Scale* (WBIS; Durso and Latner, 2008) or the *Weight Self-Stigma Questionnaire* (WSSQ; Lillis et al., 2010).

Next Steps: We need to understand how credibility relates to weight stigma. When and why may parents find FBT credible and how may that mitigate any concern that they have about weight gain?



TAKEAWAYS FROM MENTORSHIP

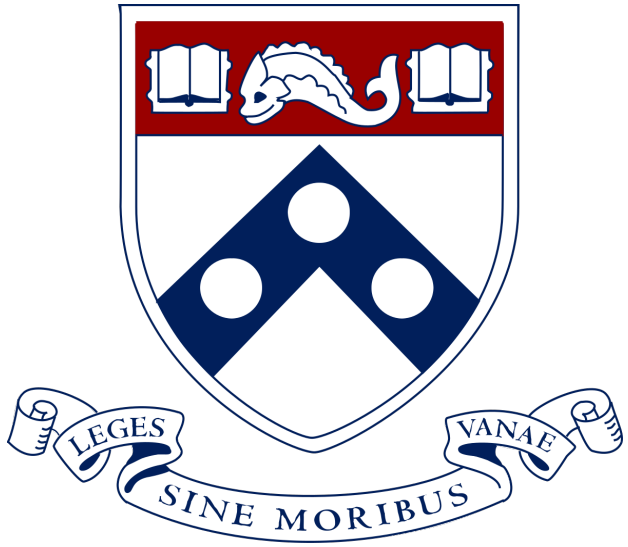
- Collaborative professional environment
- Understanding research principles and ethics
- Personal growth

TAKEAWAYS FROM S.U.M.R.

- Exploration of career interests
- Academy Health Annual Research Meeting
- "Academics — They're Just Like Us!"
- Understanding health care realities
- Career readiness

THANK YOU

- To My Mentors—Dr. Alix Timko and Dr. Marita Cooper
- To the Rest of the Timko Research Group—Dr. Samantha Turner, Pascal Beckert-McGirr, Moniher Deb, Emily Ferrer, and Grace Haase
- To Waynitra Hall
- To Joanne Levy, Chichi Nwadiogbu, and the LDI SUMR Program



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