Caregiver Engagement in Pediatric Eating Disorder Treatment and Outcomes: A Scoping Review

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Introduction

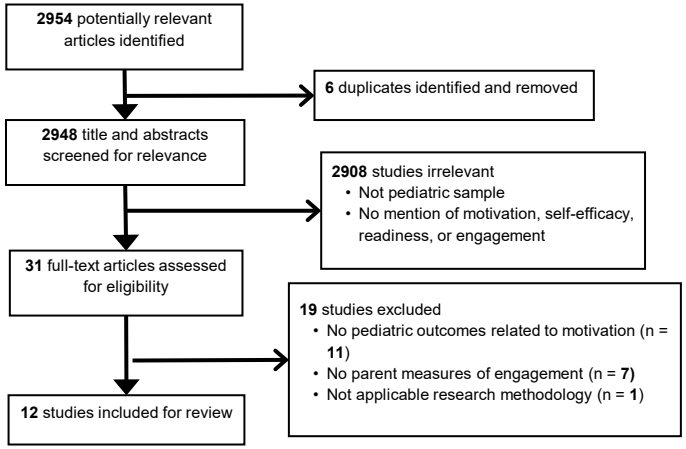
Caregiver self-efficacy—the extent to which caregivers feel it is their role to help support their child's recovery, and feel confident in this role —is an important support for youth with pediatric eating disorders.[1] The concept of youth vs. caregiver engagement is one of the factors used in the Short Treatment Allocation Tool for Eating Disorders (STATED)[2] to guide decision-making about the right treatment at the right time for individuals with eating disorders. However, it is not clear how caregiver self-efficacy and related concepts, such as parental motivation/engagement in eating disorder treatment relate to youth readiness/engagement, and whether they predict youth treatment outcomes.

The goal of this scoping review was to examine existing literature on caregiver engagement for youth with eating disorders.

Methods

We employed a key search term strategy relating to five key concepts: 1) **pediatric**, 2) **caregiver**, 3) **mental health disorders**, 4) **motivation**, and 5) **self-efficacy**. PubMed was used to identify relevant papers.

Figure 1: PRISMA Scoping Review Process



Title and abstracts were reviewed to assess relevance, followed by an iterative, full-text review. Screening and extraction was conducted by two independent reviewers (MC and TB), with a third abstractor for conflicts (JSC).

Preliminary Results

All studies looked at parental self-efficacy in the context of family-based treatment (FBT)

No studies examined the concepts of caregiver motivation, readiness for treatment, or engagement.

Results indicated that caregiver, but not youth,[3] self-efficacy can be associated with treatment outcomes; however, caregiver results are mixed.

Weight Gain: Caregiver self-efficacy was found to relate to increased weight gain in some papers [3, 4, 5, 6], but not in others. [7, 8, 1, 9]

- Studies note that weight gain may not be an appropriate outcome of treatment, specifically for those who present with history of higher premorbid weight or atypical anorexia nervosa.[8]

Eating Disorder Symptoms: Caregivers self-efficacy related to positive changes in eating disorder symptoms in some papers [1, 4, 10] and not in others [7, 2]

- Papers note acuity of youth symptoms may have offset caregiver self-efficacy

Regardless of results, many studies noted methodology limitations, such as small sample sizes, limited statistical power, secondary use of existing data, and missing caregiver self-efficacy responses [3, 1, 11, 4, 6]

Figure 2: Measures of Parental Self-Efficacy Used

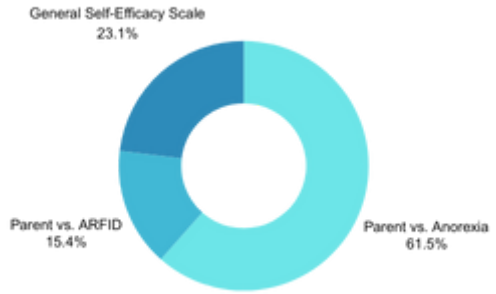
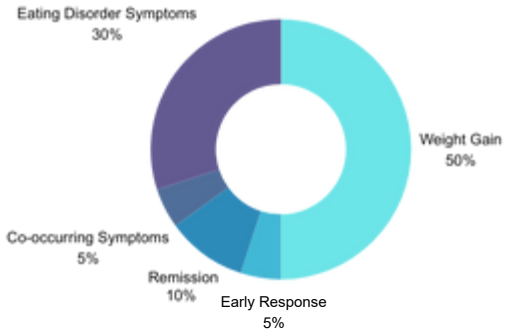


Figure 3: Types of Outcomes Assessed



Discussion

Care for children and youth with eating disorders is family-centered, even outside of the FBT model. Tools to guide clinician decision-making about appropriate treatment options (i.e. STATED)[2] incorporate considerations of readiness/engagement in caregivers. The findings indicate prominent use of the Parent vs. Anorexia (PvA) to examine parent self-efficacy despite reliability limitations and departure from its initial conceptualization[12]. In order to better understand the impact of treatment readiness and motivation in youth and parents on treatment outcomes, future studies can examine tools such as the Motivation for Youth's Treatment Scale (MYTS).[13] Further research to expand the concept of self-efficacy beyond FBT, and defining core caregiver factors that are associated with youth treatment outcomes, can support youth and families in accessing the right treatment at the right time.

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Scan for References