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Background

- Obesity is associated with immediate and long-term health and psychosocial consequences; treatment is recommended at the earliest age possible¹
- Higher obesity prevalence rates exist in the Black community¹
- Early adversity and trauma are associated with increased obesity risk² and disproportionately impact the Black community³
- Black parents' perceived stress and race-related stress has been associated with lifestyle factors that may increase pediatric obesity risk (e.g. fast food consumption)⁴
- Family-based, multicomponent behavioral interventions are strongly recommended elements of pediatric obesity treatment¹
- Innovative interventions integrating physical and behavioral health are needed to mitigate health inequities and obesity risk

Methods

- 2 Generations Thrive (2Gen Thrive), is a community-based participatory research study that aims to prevent toxic stress and associated health inequities among families who experience trauma and early adversity.
- Following an initial needs assessment, our 2 Gen Thrive Community Action Board (n=16) identified developing and evaluating interventions to improve caregiver capacity to prevent toxic stress as a top research priority. Further, asthma and obesity were identified as priority health inequities to address.
- This study analyzes qualitative interview data from clinical experts (n=5), including two primary care pediatricians, one pediatric asthma and allergy specialist, one psychologist specializing in weight management, and one psychologist specializing in trauma to inform adaptations to a behavioral parent intervention: Dialectical Behavior Therapy Skills Training for Parents (DBT4P).
- DBT4P is a group intervention designed to decrease parental stress and strengthen parental responsiveness via teaching mindfulness and emotion regulation skills. In our initial pilot study, parent depressive symptoms, parental distress, and difficulties in emotion regulation improved significantly following participation in DBT4P, ($p < 0.05$) warranting further implementation and evaluation of the intervention.

Results

Embedded Health Care Access; Integration of Physical and Mental/Behavioral Health

“Parents trust this place [pediatric primary care clinic at a community center], so they trust us as an extension of it. Two, they're here anyway. It's part of their daily life.”

“As much as parents want to address their child's mental health concerns or their mental health concerns, when there's physical needs, that often times takes precedence over the mental health needs. So being able to see that those are also addressed.”

- Adapted DBT4P can offer integrated skill development to target both physical and mental health outcomes and maximize benefit in health care or community settings

Family-Centered Care

“I think the first thing is talk to families and see what they would find helpful... asking what families see as valuable and worthwhile.”

“In a lot of communities, mental health problems aren't discussed in the home...So I think trying to make people aware that these are real diseases...if it's a parent that has mental disease that is not being treated, how that affects the kids in the house and the whole household...”

- Adapted DBT4P can promote family-based, intergenerational wellness, reduce mental health stigma, and target gaps in existing obesity prevention and treatment that is not culturally tailored

Adaptation Recommendations for DBT4P: Mutual Benefit for Physical and Mental/Behavioral Health

- Emphasize targeted DBT PLEASE emotion regulation skills that also directly impact obesity prevention and intervention
 - Balanced eating, balanced sleep, increased exercise
- Intensify mindful movement and integrate accessible yoga postures for both stress management and low-impact activity
- Involve parents/peers in skill promotion
- Measure healthy lifestyle habits for research purposes

Conclusion

- Building on a successful parenting stress intervention to evaluate potential benefit for concurrently addressing obesity is a promising approach. Gathering community stakeholder feedback throughout the process of developing and implementing such an approach is critical to promoting health equity.