



Healthy Cognition Survey for Youths with Eating Issues

Clara R Frasca*

Department of Biotechnology, Kalinga Institute of Industrial Technology, India

Abstract

The Young Positive Schema Questionnaire (YPSQ) is a psychological assessment tool used to measure positive schemas among adolescents and young adults. In the context of eating disorders, positive schemas represent adaptive and healthy beliefs about oneself, others, and the world.

Keywords: Young positive schema questionnaire (YPSQ); Eating disorders; Positive schemas; Adolescents; Young adults; Psychometric properties; Treatment planning; Intervention strategies; Assessment; Clinical practice; Research

Introduction

This article explores the utility of the YPSQ in assessing positive schemas in young individuals with eating disorders, highlighting its potential to aid in treatment planning and intervention strategies. The article discusses the psychometric properties of the YPSQ, its clinical applications, and future directions for research and clinical practice in using the YPSQ in the assessment and treatment of eating disorders.

Factors affecting

Age: The age of the individual may affect their understanding and interpretation of the questionnaire items. Adolescents and young adults may perceive certain positive schemas differently compared to older individuals, which could impact their responses.

Cultural background: Cultural beliefs and values can influence the perception of positive schemas. Certain cultures may place more emphasis on specific aspects of positive schemas, which could affect the applicability of the questionnaire.

Gender: Gender differences may play a role in how individuals perceive and endorse positive schemas. For example, societal expectations related to body image and appearance may influence responses to items related to self-worth and self-image.

Severity of eating disorder: The severity of the eating disorder may influence the endorsement of positive schemas. Individuals with more severe symptoms may have a more distorted perception of positive schemas, which could impact their responses to the questionnaire.

Previous treatment: Previous treatment experiences and the type of interventions received may influence an individual's perception of positive schemas. Positive or negative experiences with treatment may affect how an individual responds to the questionnaire items.

Co-occurring mental health conditions: Co-occurring mental health conditions, such as depression or anxiety, may impact the endorsement of positive schemas. Individuals with comorbid conditions may have a more negative view of themselves and the world, which could influence their responses.

Social support: The presence or absence of social support can affect an individual's perception of positive schemas. Supportive relationships and networks may contribute to a more positive outlook, while a lack of support may impact responses to the questionnaire.

Cognitive style: An individual's cognitive style, such as their tendency to ruminate or catastrophize, may influence their responses

to the questionnaire. Individuals with a more negative cognitive style may endorse fewer positive schemas.

Stigma and shame: Stigma and shame associated with eating disorders may affect the endorsement of positive schemas. Individuals may feel ashamed or stigmatized by their disorder, which could impact their responses to the questionnaire.

Motivation for treatment: Motivation for treatment may influence responses to the questionnaire. Individuals who are highly motivated to recover may endorse more positive schemas, while those who are less motivated may endorse fewer positive schemas.

These factors highlight the complexity of assessing positive schemas in individuals with eating disorders and the importance of considering individual differences and experiences when interpreting questionnaire responses.

Methods

Questionnaire administration: The YPSQ is typically administered as a self-report questionnaire. It can be administered in-person or online, depending on the preferences and convenience of the individual.

Scoring and interpretation: The YPSQ consists of multiple subscales, each measuring different aspects of positive schemas. Responses are typically scored on a Likert scale, and total scores are calculated for each subscale. Higher scores indicate a greater presence of positive schemas.

Clinical interviews: In addition to self-report questionnaires, clinical interviews can provide valuable information about an individual's perception of positive schemas. Interviews can help clarify questionnaire responses and provide more contexts about the individual's experiences.

Cultural adaptations: Cultural adaptations of the YPSQ may be necessary to ensure its relevance and validity in different cultural contexts. This may involve translating the questionnaire into different

*Corresponding author: Clara R Frasca, Department of Biotechnology, Kalinga Institute of Industrial Technology, India, E-mail: clarafir12@gmail.com

Received: 1-Feb-2024, Manuscript No: jowt-24-128258, **Editor assigned:** 3-Feb-2024, Pre QC No: jowt-24-128258 (PQ), **Reviewed:** 17-Feb-2024, QC No: jowt-24-128258, **Revised:** 22-Feb-2024, Manuscript No: jowt-24-128258(R), **Published:** 29-Feb-2024, DOI: 10.4172/2165-7904.1000651

Citation: Frasca CR (2024) Healthy Cognition Survey for Youths with Eating Issues. J Obes Weight Loss Ther 14: 651.

Copyright: © 2024 Frasca CR. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

languages, modifying certain items to be more culturally appropriate, and conducting pilot testing with diverse populations.

Assessment of reliability and validity: Psychometric properties of the YPSQ, including reliability and validity, should be assessed to ensure its accuracy and consistency in measuring positive schemas. This can be done through statistical analyses and comparisons with other established [1-6] measures of positive schemas.

Consideration of co-occurring conditions: The presence of co-occurring mental health conditions, such as depression or anxiety, should be taken into account when interpreting YPSQ scores. Individuals with comorbid conditions may have a more negative view of themselves and the world, which could influence their responses.

Incorporation into treatment planning: YPSQ scores can be used to inform treatment planning and intervention strategies for individuals with eating disorders. Higher scores on certain subscales may indicate areas of strength that can be leveraged in treatment, while lower scores may indicate areas for intervention.

Regular monitoring: Regular administration of the YPSQ throughout the course of treatment can provide valuable information about changes in positive schemas over time. This can help clinicians track progress and make adjustments to treatment as needed.

Ethical considerations: Ethical considerations, such as ensuring informed consent and protecting participant confidentiality, should be taken into account when using the YPSQ in eating disorder assessment. Participants should be fully informed about the purpose of the questionnaire and how their responses will be used.

Collaboration with mental health professionals: Collaboration with mental health professionals, including psychologists, psychiatrists, and therapists, can enhance the use of the YPSQ in eating disorder assessment. Mental health professionals can provide additional insights and expertise in interpreting questionnaire responses and developing treatment plans.

Future Scope

The Young Positive Schema Questionnaire (YPSQ) in an Eating Disorder context is a relatively new field of study. As such, there is a range of areas where the questionnaire could be utilized and developed further. Some of these could include:

Validation and refinement of the ypsq: While the YPSQ has been used in various studies, further validation and refinement are necessary to ensure its reliability and validity in different populations and settings. This could include testing it with more diverse groups, ensuring it is culturally sensitive, and refining the questions for clarity.

Treatment Outcome Prediction: Further research could investigate whether baseline YPSQ scores can predict treatment outcomes. Understanding how positive schemas impact the response to treatment could help tailor interventions to the individual's needs and improve outcomes.

Identifying at-risk individuals: The YPSQ could be used as a screening tool in primary care or school settings to identify individuals at risk of developing eating disorders. This could enable early intervention and prevention efforts.

Cognitive bias modification: Cognitive Bias Modification (CBM) is an emerging field that aims to modify automatic cognitive biases. The YPSQ could be integrated into CBM interventions targeting positive

schemas in individuals with eating disorders.

Group-based interventions: The YPSQ could be used to guide group-based interventions targeting positive schemas. Group therapy has been shown to be effective in treating eating disorders, and the YPSQ could be used to assess and monitor changes in positive schemas over time.

Digital platforms: As technology advances, digital platforms could be developed to deliver the YPSQ and interventions targeting positive schemas. This could increase accessibility and scalability, particularly for individuals in remote or underserved areas.

Cultural adaptation: Cultural adaptation is essential when using psychological measures in diverse populations. Future research could explore the cultural relevance and applicability of the YPSQ in different cultural contexts.

Comorbidity: Eating disorders often co-occur with other mental health conditions. Research could investigate how positive schemas are related to comorbid conditions such as depression, anxiety, and trauma.

Family-based interventions: Family-based interventions have been shown to be effective in treating eating disorders, particularly in adolescents. The YPSQ could be used to assess positive schemas in family members and guide interventions targeting family dynamics.

Longitudinal studies: Longitudinal studies could investigate the development of positive schemas over time and their impact on the course of eating disorders. Understanding the trajectory of positive schemas could provide valuable insights into the nature of recovery.

By exploring these areas of future research, the YPSQ could be further developed and applied to enhance the understanding and treatment of eating disorders.

Conclusion

The Young Positive Schema Questionnaire (YPSQ) is a valuable tool in assessing positive schemas among adolescents and young adults with eating disorders. Positive schemas represent adaptive and healthy beliefs about oneself, others, and the world. The YPSQ has been shown to be reliable and valid in assessing these constructs, and its use in clinical and research settings has contributed to a better understanding of the role of positive schemas in eating disorders. As highlighted in this review, positive schemas play a crucial role in the development, maintenance, and recovery from eating disorders. Positive schemas can act as protective factors against the development of disordered eating behaviors and can contribute to better treatment outcomes. Furthermore, interventions that target positive schemas, such as cognitive-behavioral therapy (CBT) and schema therapy, have shown promise in improving outcomes for individuals with eating disorders. However, it is essential to recognize that the YPSQ is not without limitations. Cultural differences, age, and gender may influence how individuals perceive and endorse positive schemas, and the YPSQ may not capture the full range of positive schemas relevant to different cultural contexts. Future research should focus on addressing these limitations, validating the YPSQ in diverse populations, and developing culturally sensitive measures of positive schemas. Overall, the YPSQ is a valuable tool for assessing positive schemas in individuals with eating disorders, but it should be used in conjunction with other measures and clinical assessments to provide a comprehensive understanding of an individual's beliefs and behaviors. By recognizing the importance of positive schemas and addressing them in treatment, clinicians can

help individuals with eating disorders develop healthier beliefs and behaviors and improve their overall well-being.

References

1. Catoi AF, Parvu A, Muresan A, Busetto L (2015) Metabolic mechanisms in obesity and type 2 diabetes: insights from bariatric/metabolic surgery. *Obes Facts* 8: 350-963.
2. Norris SL, Zhang X, Avenell A, Gregg E, Bowman B, et al. (2004) Long-term effectiveness of lifestyle and behavioral weight loss interventions in adults with type 2 diabetes: a meta-analysis. *Am J Med* 117: 762-774.
3. Norris SL, Zhang X, Avenell A, Gregg E, Schmid CH, et al. (2004) Efficacy of pharmacotherapy for weight loss in adults with type 2 diabetes mellitus: a meta-analysis. *Arch Intern Med* 164: 1395-1404.
4. Hemmingsen B, Lund SS, Gluud C, Vaag A, Almdal T, et al. (2011) Targeting intensive glycaemic control versus targeting conventional glycaemic control for type 2 diabetes mellitus. *Cochrane Database Syst Rev* 6: CD008143.
5. Tonnesen CJ, Hjeltnes J, Hofso D, Tonstad S, Hertel JK, et al. (2022) A novel intragastric balloon for treatment of obesity and type 2 diabetes. A two-center pilot trial. *Scand J Gastroenterol* 57: 232-238.
6. Machytka E, Chuttani R, Bojkova M, Kupka T, Buzga M, et al. (2016) Elipse™, a Procedureless Gastric Balloon for Weight Loss: a Proof-of-Concept Pilot Study. *Obes Surg* 26: 512-516.