Protocol based on Acceptance and Commitment Therapy for overweight women

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ACBS World Conference DUBLIN, IRELAND 25-30 June, 2019

Introduction

We live in a world that promotes obesity. When we evaluate the worldwide prevalence, we observe that, in 2016, approximately 1.9 billion adults were overweight. Among these, 650 million were classified as obese, with women being the most prevalent (WHO, 2017).

Acceptance and Commitment Therapy (ACT) is a behavioral psychotherapy created by Steven Hayes and collaborators in 1987. It may be understood through a hexagram of psychological flexibility, or "Hexaflex", which is a model for the functioning and adaptability of humans composed of six core processes: Acceptance, Cognitive Defusion, Self as Context, Being Present, Values, and Committed Action. Together these processes comprise psychological flexibility (Hayes et al., 2012).

Sabam (2015) states that the general goal of ACT is to provide psychological flexibility, that is, to accept negative or unpleasant covert events, such as feelings, thoughts, sensations, and memories judged to be "bad" and concentrate on the individuals' actions towards a more significant lifestyle.

In a literature review, Geraldine-Ferreira & Neves (2017) found only six studies focusing on the overweight population that measure the effects on Body Mass Index (BMI) (Forman et al.2009; Freitas et al., 2016; Hill et al., 2015;Lillis et al.,2009; Niemeier et al., 2012; Pearson et al., 2009). They all used strategies based on the Hayes et al. (1999; 2012) ACT manual, or on protocols based on the manual. Four studies (Lillis et al., 2009; Pearson, 2009; Hill et al., 2015; Freitas, 2016) analyzed the efficacy of ACT on its own for increasing psychological flexibility, not including any traditional weight loss strategies. Two studies (Forman et al., 2009; Niemeier et al., 2012) tested a combination of behavioral therapy components and ACT components. All studies pointed to ACT as an effective instrument for change, such as reduction in compulsive eating, reduction in BMI, and increase in psychological flexibility.

In the book "The Diet Trap: Feed Your Psychological Needs and End the Weight Loss Struggle Using Acceptance and Commitment Therapy" by Jason Lillis, JoAnne Dahl and Sandra M. Weineland (2016) we found accessible language and a series of interventions directed towards the lay audience that inspired us to develop a protocol.

Objectives

To develop a group intervention protocol based on the book "The Diet Trap" and test its efficacy through :**1.**Participants' verbal reports during the sessions**; 2**.Data obtained from the activities proposed in the session and the activity book; **3**.Results from questionnaires and scales applied before and after the intervention and **4**.Measures obtained from the BMI calculation before and after the intervention.

Method

PARTICIPANTS: A group of approximately 10 overweight women with a history of dieting failure.

PROCEDURE: To learn the participants' profiles, identify whether they fulfill the necessary requirements to participate in the group and obtain baseline data, in the first session they will be individually submitted to the following evaluation protocols:

- **Questionnaire**
  - Multimodal Life History Inventory (Lazarus, 1980);
  - Acceptance and Action Questionnaire (AAQ – II);
- **Questionnaire**
  - Body Image – Acceptance and Action Questionnaire (BI-AAQ);
  - Cognitive Fusion Questionnaire (CFQ-7);
- **Questionnaire**
  - Body Shape Questionnaire (BSQ);
  - Valued Living Questionnaire (VLQ);
- **Questionnaire**
  - Acceptance and Action Questionnaire for Weight-Related Difficulties (AAQ-W);
  - Cognitive Fusion Questionnaire - Body Image(CFQ-BI);
- **Scale**
  - Binge Eating Scale (BES);
- **Test**
  - Eating Attitudes Test (EAT-26).

After selecting the participants, we begin an intervention composed of 13 weekly sessions of 120 minutes each, with the objectives and processes described in Table 1.

Table 1. Description of the objectives and processes of each session.

Session	Processesand objectives
1st	Creative Hopelessness and Experiential Avoidance; the goal is understanding that control and restriction do not lead to efficient and lasting weigh loss results.
2ndand 3rd	Creative Hopelessness based on Cognitive Defusion and Self as Context; the goal is learning about saboteur thoughts and how they interfere with identifying values.
4th	Acceptance and Cognitive Defusion; the objectives are enabling reflection for acceptance of aversive events and identifying one's thoughts.
5th	Acceptance, Being Present and Self as Context; the goals are to discuss the damaging effects of motivation through self-aversion and to promote a compassionate understanding of the self.
6th	The same objectives and principles of the previous session, plus Values and Committed Action; using the same techniques but with specific content.
7th	Cognitive Defusion, Committed Action, Being Present and Values, with the objective of changing the relationship with thoughts through behavioral change.
8thand 9th	Acceptance, Being Present, Committed Action and Cognitive Defusion; the goal is to encourage healthy life choices even when it is difficult.
10thand 11th	Values, Being Present and Committed Action; the objective is learning one's values and choosing present-moment actions to live in harmony with one's values.
12th	Being Present; the goal is to review and apply all the skills learned throughout the program, such as identifying whether one is moving towards one's values.
13th	Ending the protocol with a new application of scales and weighing, and each participant shares their experience.

All the participants will receive an activity book at the beginning of the first session, containing all the activities to be conducted in each session and the homework activities.

Evaluation of results

The protocol's success will be evaluated through:

1. Participants' verbal reports during the sessions,
2. Data obtained from the activities proposed in the session and the activity book,
3. Results from questionnaires and scales applied before and after the intervention,
4. Measures obtained from the Body Mass Index (BMI) calculation before and after the intervention.

References

Forman, E. M., Butryn, M. L., Hoffman, K. L., & Herbert, J. D. (2009). An open trial of an acceptance-based behavioral intervention for weight loss. Cognitive and Behavioral Practice, 16(2), 223-235.

Freitas, B. I. (2016). Tratamento intensivo baseado na terapia de aceitação e compromisso para dificuldades relacionadas ao peso. Dissertação de Mestrado. PUCRS

Geraldine-Ferreira, M. C & Neves, S. M. M (2017). Acceptance and Commitment Therapy (ACT) for Weight Control

Hayes, S. C., Strosahl, K. D. & Wilson, K. G. (2012). Acceptance and Commitment Therapy: The process and practice of mindful change (2. Ed.). New York, NY: The Guilford Press.

Hill, M. L., Masuda, A., Melcher, H., Morgan, J. & Twohig, M. P. (2015). Acceptance and Commitment Therapy for Women Diagnosed with Binge Eating Disorder: A case-series study. Cognitive and Behavioral Practice. V.22, Issue 3, August, pp 367-378.

Lillis J., Hayes S.C., Bunting K. & Masuda A. (2009). Teaching Acceptance and Mindfulness to Improve the Lives of the Obese: A preliminary test of a theoretical model. Annals of Behavioral Medicine, 37, pp 58-69.

Lillis, J., Dahl, J. & Weineland, S. M. (2014). *The Diet Trap: Feed Your Psychological Needs & End the Weight Loss Struggle Using Acceptance & Commitment Therapy*. California: Harbinger Publications.

Niemeier, H. M., Leahey, T., Reed, K. P., Brown, R. A. & Wing, R. R. (2012). An Acceptance-Based Behavioral Intervention for Weight Loss: A pilot study. Behavior Therapy, 43 (2), pp 427–435.

Pearson, A. N. (2009). Acceptance And Commitment Therapy (ACT) As a Workshop Intervention for Body Image Dissatisfaction and Disordered Eating Attitudes. Dissertation for the degree of Doctor. University of Nevada, Reno.

Saban, Michaele Terena. (2015). *Introdução A Terapia de Aceitação e Compromisso***.** 2. ed. Minas Gerais: Artesã.

World Health Organization. (2017, Outubro). *Obesity and overweight*. Taken from http://www.who.int/mediacentre/factsheets/fs311/en/

*PhD grant sponsered by Fapeg