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Follow-up results from Kg-Free:

Exploring who benefited the most from the intervention



Up results from Kg-Free:

Exploring who benefited the most from the intervention



Obesity Interventions

Diet-focused

Mainly focus on weight loss
Include dietary restriction and physical activity
Present poorer weight loss results at long-term
May held iatrogenic effects:

- body-image dissatisfaction
- unhealthy eating patterns (chronic dieting, overeating)
- shame and self-criticism
- weight stigma and discrimination

Baron et al., 2002; 2005; O'Hara & Gregg, 2006; Tyko et al., 2014

Health-focused

Focus on promoting health and quality-of-life over weight loss

Development of a healthier, more flexible and accepting relationship with food, eating, weight and weight-related experiences

Forhan & Salas, 2013; Hilbert et al., 2015; Murakami & Lathier, 2015; Tyko et al., 2014

More weight

(Amy, Aalborg, Lyons, & Keran
Puhl & Heuer, 2010)

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Bacon et al., 2002; 2005; O'Hara & Gregg, 2006; Tylka et al., 2014

Interventions should not focus only on weight loss but mainly on improving health and quality-of-life, tackling weight-related stigma

(Forhan & Salas, 2013; Hilbert, Braehler; Haeuser, & Zenger, 2013; Lillis et al., 2010; Puhl & Bronwell, 2001; 2003b; Puhl & Heuer, 2009; Tylka, et al., 2014)



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08; Durso, et al., 2012; Hilbert, et al., 2013; Latner,
3; Pearl, White, & Grilo, 2014; Schvey & White, 2015)

rough weight-related
and self-criticism
ies to reassure the self

13; Palmeira, Pinto-Gouveia, & Cunha, 2016; Palmeira,
unha & Carvalho, 2017; Webb & Hardin, 2011)

entions

Weight stigma

Considered a major obstacle to
the efficacy of weight loss
interventions.



Related to experiential avoidance
patterns, diminished treatment
compliance and avoiding seeking
medical care



More weight gain



Discrimination

(Amy, Aalborg, Lyons, & Keranen, 2005; Dovidio & Fiske, 2012; Lillis et al., 2009;
Puhl & Heuer, 2010)

Health-focused



When weight stigma is internalized

Key risk factor for unhealthy eating

Strong predictor:

- body image dissatisfaction
- binge eating symptoms
- psychopathological symptoms
- diminished quality-of-life

(Durso & Latner, 2008; Durso, et al., 2012; Hilbert, et al., 2013; Latner, Durso & Mond, 2013; Pearl, White, & Grilo, 2014; Schvey & White, 2015)

This seems to occur through weight-related experiential avoidance and self-criticism patterns and few abilities to reassure the self

(Hilbert, et al., 2013; Palmeira, Pinto-Gouveia, & Cunha, 2016; Palmeira, Pinto-Gouveia, Cunha & Carvalho, 2017; Webb & Hardin, 201)

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Kg Tree

Developed based on:

- evidence of the effectiveness of mindfulness and acceptance-based interventions for weight issues (Forman et al., 2015; O'Reilly et al., 2014; Kelly & Carter, 2015)
- raising interest in integrating and promoting self-compassion (Luoma & Platt, 2015; Neff & Dahm, 2015; Neff & Tirsch, 2013)

10 weekly group session (2,5 hours) + 2 booster fortnightly sessions of acceptance, mindfulness and self-compassion skills training to:

Diminish weight self-stigma and weight-related experiential avoidance;

Diminish the negative impact of shame and self-criticism

Improve the well-being and QoL of women with overweight or obesity

Session	Aims	Objectives
1. Introduction	Participants' perceptions of the program and their expectations. Promote membership and attendance. Introduce the program and its structure.	Participants will understand the program's purpose and structure. Participants will be introduced to the program's goals and objectives.
2. Psychoeducation I	Participants' understanding of the role of different nutrients in the body. Understanding the role of different nutrients in the body. Understanding the role of different nutrients in the body.	Participants will understand the role of different nutrients in the body. Participants will understand the role of different nutrients in the body.
3. Psychoeducation II	Participants' understanding of the role of different nutrients in the body. Understanding the role of different nutrients in the body. Understanding the role of different nutrients in the body.	Participants will understand the role of different nutrients in the body. Participants will understand the role of different nutrients in the body.
4. Values and committed action	Participants' understanding of the role of different nutrients in the body. Understanding the role of different nutrients in the body. Understanding the role of different nutrients in the body.	Participants will understand the role of different nutrients in the body. Participants will understand the role of different nutrients in the body.
5. Acceptance and defusion	Participants' understanding of the role of different nutrients in the body. Understanding the role of different nutrients in the body. Understanding the role of different nutrients in the body.	Participants will understand the role of different nutrients in the body. Participants will understand the role of different nutrients in the body.
6. Willingness and action awareness	Participants' understanding of the role of different nutrients in the body. Understanding the role of different nutrients in the body. Understanding the role of different nutrients in the body.	Participants will understand the role of different nutrients in the body. Participants will understand the role of different nutrients in the body.

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self-compassion

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Improve the well-being and QoL of women with overweight or obesity

Kg-Free

Sessions	Aims	Key Metaphors and Exercises
1. Introduction	Participants' presentations, Programs' structure and methodology; Promote creative hopelessness; Introducing mindful eating	Group dynamics; Man in the hole metaphor; Eating a raisin meditation
2. Psychoeducation I	Promote mindfulness skills; Understanding our relationship with food; The multiple functions of food; Destigmatizing and diminishing self-criticism. Develop mindful eating.	Mindfulness of breathing; Videos and discussion about your relationship with food; Mindful eating exercise
3. Psychoeducation II	Understand the role of different emotions in our lives; Destigmatizing and diminish self-criticism. Enhance awareness of hunger and satiety cues.	Mindful looking at your hand; Videos and discussion; Exploring emotional regulation systems; Mindfulness eating awareness
4. Values and committed action	Promote mindfulness skills; Promote values clarification; Enhance motivation towards healthy valued actions; Creating obtainable goals towards a healthier life.	Passengers on the bus metaphor; Attending your own funeral exercise; Goals, barriers and actions worksheet
5. Acceptance and defusion	Promote mindfulness skills; Understanding why language lead to suffering; Control as the problem; Introduce the importance of acceptance; Thoughts are not facts.	Mindfulness of physical sensations; Debate language as a double-edged sword; Clipboard exercise; Defusion exercises (e.g., Labeling your thoughts)
6. Willingness and distress tolerance	Promote mindfulness skills; Promote acceptance and willingness of unwanted internal experiences; Enhance distress tolerance;	Mindfulness of the present moment; Taking the mind for a walk exercise; Eyes On exercise; Urge surfing

7. Descriptions vs evaluations	Promote mindfulness skills; The mind as an evaluating machine; Distinguish between descriptions and evaluations towards your bodies; Promote acceptance of unwanted internal experiences;	Mindfulness of physical sensations; Defusion in front of a mirror; Leaves on a stream; Mindfulness of a difficult experience
8. Shame and self-criticism	Promote mindfulness skills; The role of shame and self-criticism; Self-compassion as an antidote for shame and self-criticism;	Mindful eating exercise; Role play; Two-teachers metaphor; Soothing rhythm breathing and safe-place exercises
9. Self-compassion	Promote mindfulness skills; Understand what is compassion; Why do we need compassion?; Cultivate loving-kindness and compassion for self;	Mindfulness of the present moment; Loving-Kindness meditation; Compassionate friend exercise
10. Self-compassion	Promote mindfulness skills; Explore obstacles for self-compassion; Cultivate compassion for self;	Mindfulness of physical sensations; Compassionate self exercise; Compassionate letter writing
11. Booster session I	Change what you can and accept what you cannot change; Foster acceptance of unwanted internal experiences; Smashing patterns and building flexible actions	Mindfulness of breathing; Mindfulness of a difficult emotion
12. Booster session II	Sticking to committed actions; Coping with relapses; Develop a personalized action plan.	Mindful walking; Mountain path metaphor; Willingness and action plan worksheet



Appetite

Volume 112, 1 May 2017, Pages 107–116



Exploring the efficacy of an acceptance, mindfulness & compassionate-based group intervention for women struggling with their weight (Kg-Free): A randomized controlled trial

Lara Palmeira^a, José Pinto-Gouveia^a, Marina Cunha^{a, b}

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Follow-up study

Participants

- 53 women completed the intervention and all assessment moments
- Mean age 42.55 years old (SD=9.05)
- Mean BMI = 34.09 (SD= 5.30)

Measures

- Three Factor Eating Questionnaire- R21 (TFEQ-R21; Karlsson, Persson, Sjöström, & Sullivan, 2000);
- Eating Disorder Examination Interview (EDE-I; Fairburn, Cooper, & O'Connor, 2008)
- Acceptance and Action Questionnaire -Weigh-Revised (AAQW-R; Palmeira, Cunha, Pinto-Gouveia, Carvalho & Lillis, 2016);
- Forms of Self-Criticism and Self-reassuring Scale (FSCRS; Gilbert, Clark, Hempel, Miles, & Irons, 2004);
- Weight self-stigma Questionnaire (WSSQ; Lillis, Luoma, Levin, & Hayes, 2010);
- Self-Compassion Scale (SCS; Neff, 2003);
- Five Facets of Mindfulness Questionnaire (FFMQ-15; Bohlmeijer, ten Klooster, et al., 2011)
- Obesity-related Quality of life (ORWELL-97; Mannucci, et al., 1999);

Results



Quality of life
Physical exercise frequency
Self-compassion
Mindfulness



Weight self-stigma
Weight-related experiential avoidance
Self-criticism
Emotional and uncontrolled eating
Eating psychopathological symptoms

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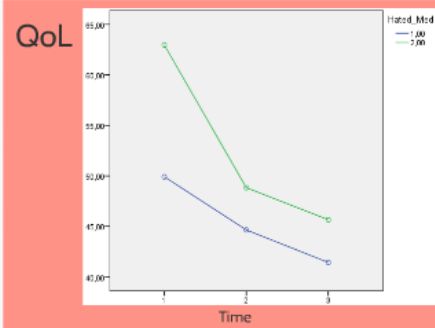


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Eating psychopathological symptoms

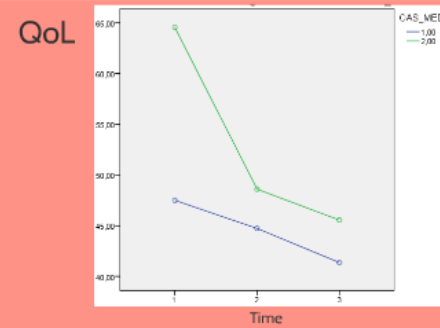
Particularly ...

from 3 to 6-months follow-up
participants obesity-related
quality-of-life continued to increase
and hated-self and eating
psychopathological symptoms
continued to decrease

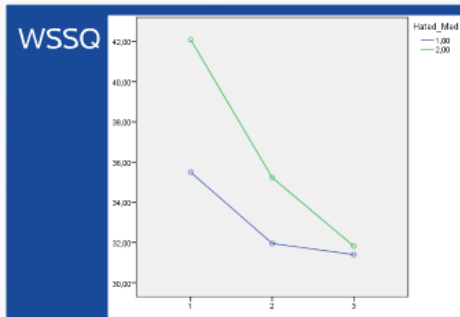
Who Benefited the most?



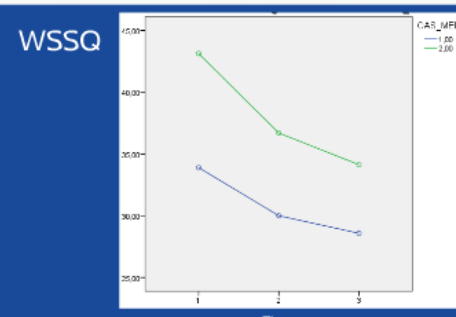
Time*group F=4.352, p = .016, partial eta square = .09



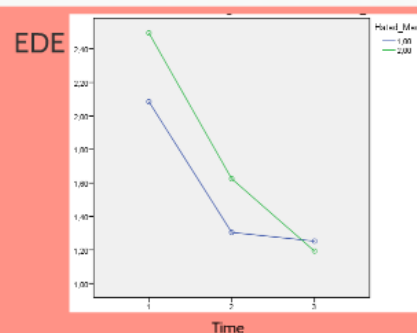
Time*group F=13.039, p = .001, partial eta square = .23



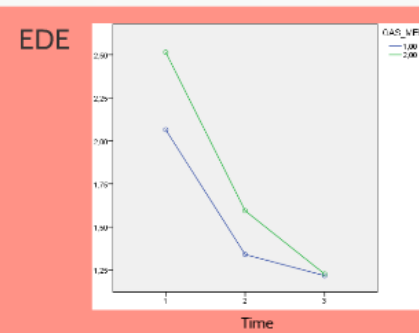
Time*group F=3.472, p = .036, partial eta square = .08



Time*group F=1.4218, p = .301, partial eta square = .03



Time*group F=2.298, p = .106, partial eta square = .05



Time*group F=1.787, p = .173, partial eta square = .04

Follow-up

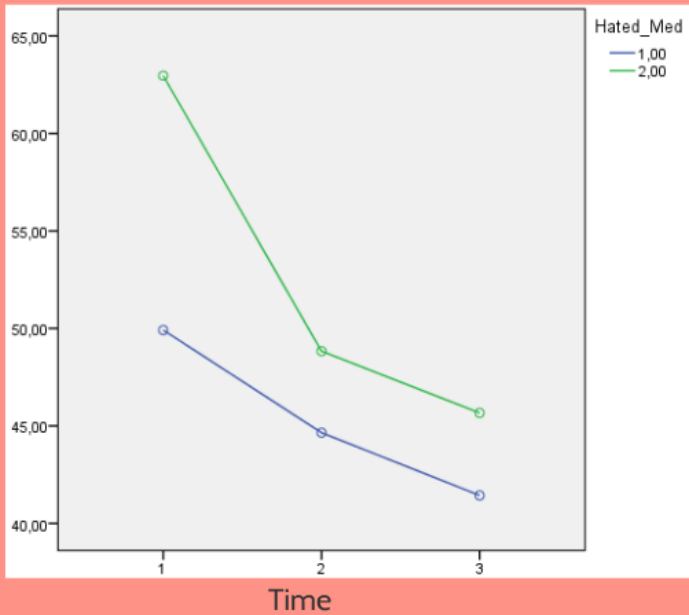
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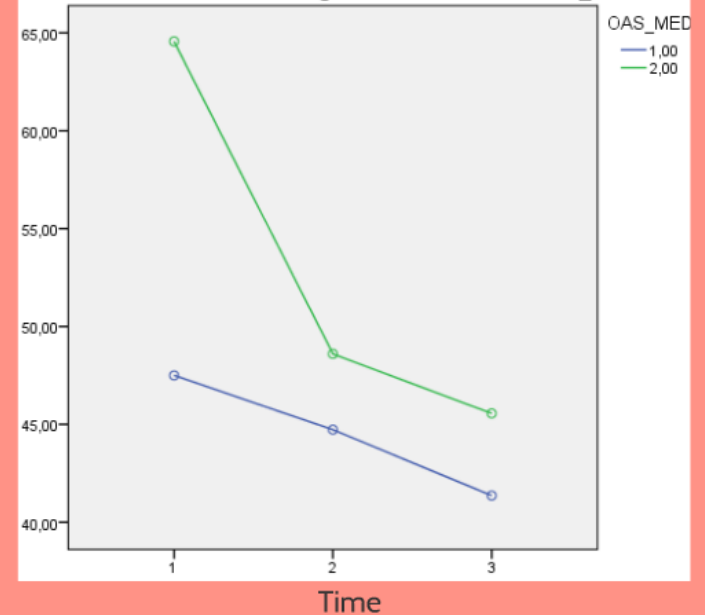
Who Benefited the most?

QoL



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QoL

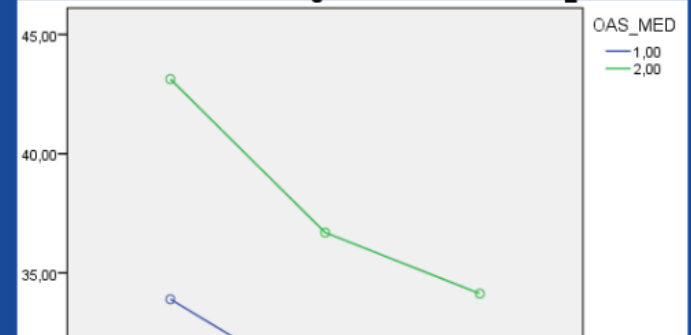


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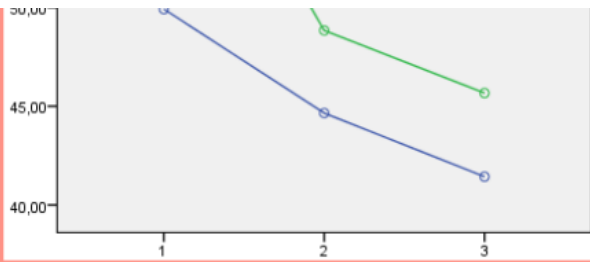
WSSQ



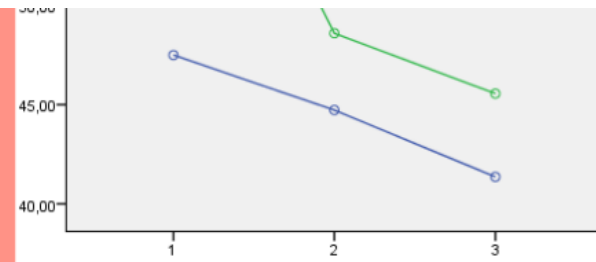
WSSQ



Prezi

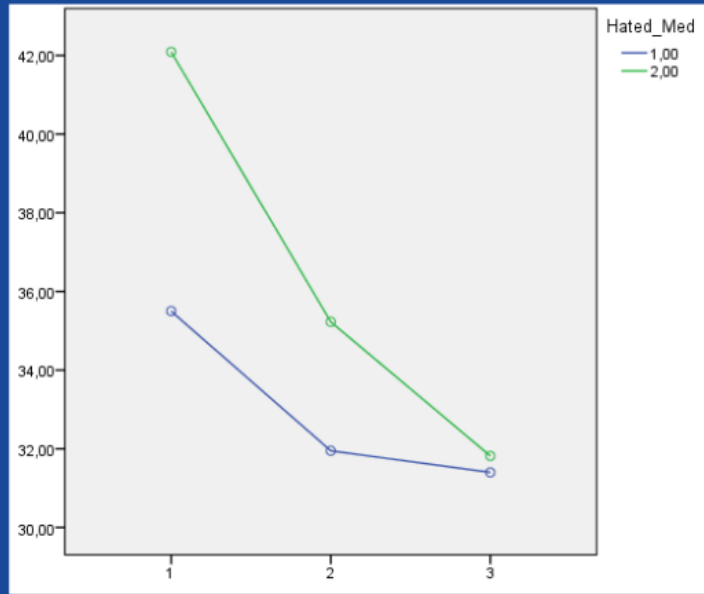


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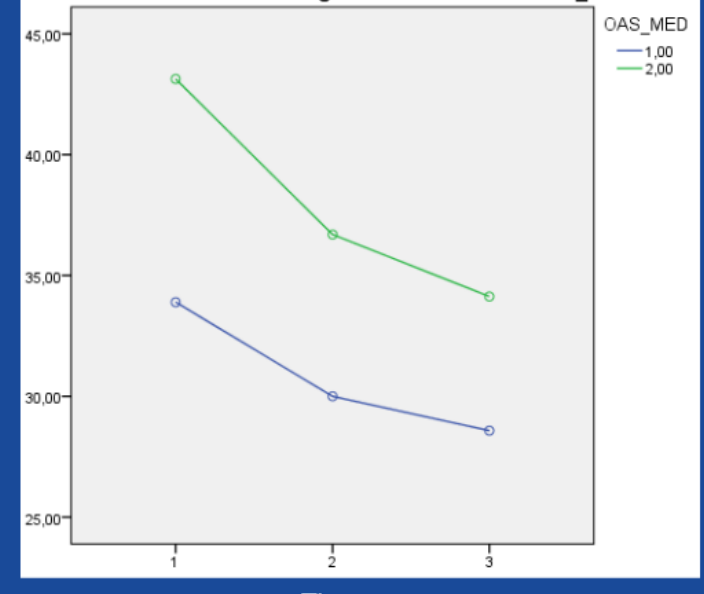
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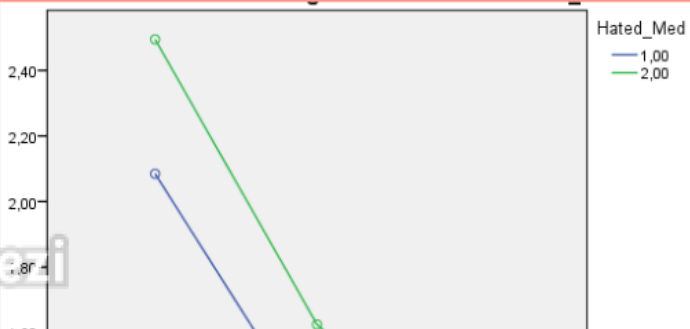
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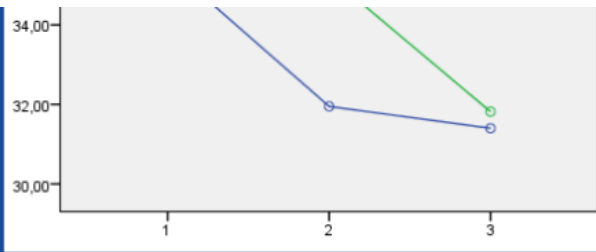
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EDE



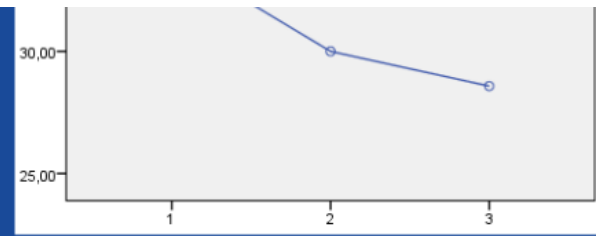
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Time

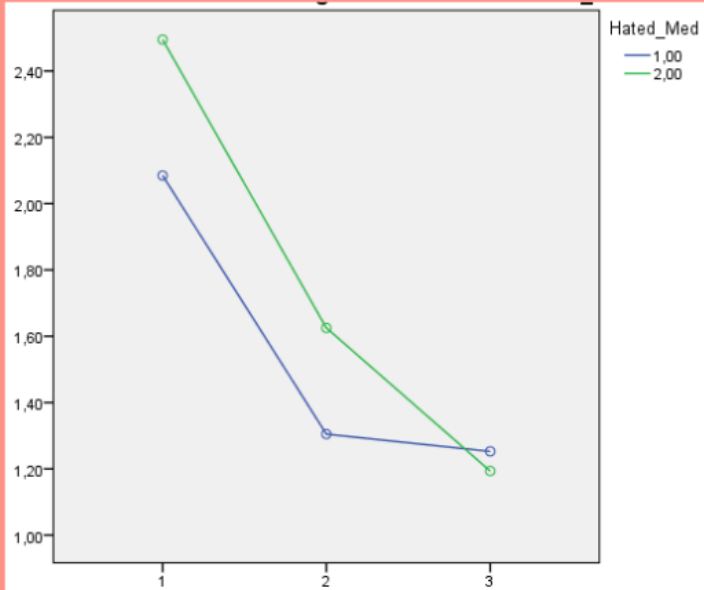
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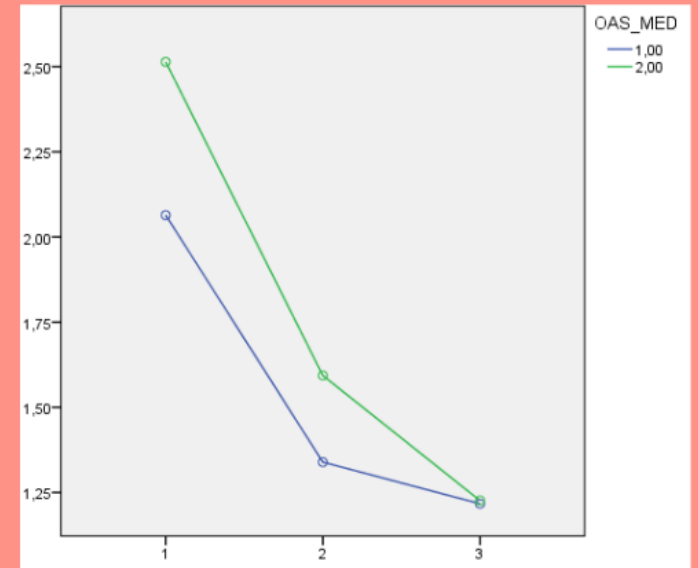
EDE



Time

Time*group F=2.298, p =.106, partial eta square = .05

EDE



Time

Time*group F=1.787, p =.173, partial eta square = .04

Discussion & Conclusions

Highlight the importance of delivering psychological interventions



emotional regulation strategies



Focus on:

Reduce weight-stigma, shame and self-criticism

Increase Qol and well-being

Discussion & Conclusions

It seems that those with high levels of shame and self-criticism were the one's that most benefited from the Kg-free intervention.

This points out to the importance of assessing patients levels of shame and self-criticism at the initial assessment to tailor interventions to patient's needs.

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