

# Valued living and committed action on weight-related health behaviors: A secondary analysis of an RCT

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## BACKGROUND

- Poor weight-related behaviors can result in increased risk for overweight or obesity, heart disease, stroke, Type II diabetes, cancer, and brain function deficits.
- Acceptance and commitment therapy (ACT) can be an effective approach in promoting weight control strategies through behavioral commitment to values-based behavior.
- **Purpose:** The present study aimed to assess the relationship of valued living and committed action on weight-related health behaviors among adults participating in an RCT targeting diet and physical activity.

Table 2

*Hierarchical regression for baseline variable predicting 4 week WCSS*

	$\beta$	$t$	$R^2$	$\Delta R^2$
Step 1			.349	.349
pre WCSS	.591	6.13**		
Step 2			.389	.039
pre WCSS	.509	4.99**		
CAQ	.215	2.11*		
Step 3			.444	.055
pre WCSS	.528	5.38**		
CAQ	.112	1.06		
VLQ total	.254	2.60**		

*Note.*  $N = 102$ . \* indicates  $p < .05$ . \*\* indicates  $p < .01$ .

## METHODS

- Secondary data analysis was performed of baseline and post-intervention data from 102 adults who participated in a randomized controlled trial comparing a Health Behavior Tracking app (HBT), HBT plus ACT matrix app (HBT+ACT), or waitlist condition over four weeks.
- Health behaviors related to weight management were assessed using the Weight Control Strategies Scale (WCSS), satisfaction with life was assessed using the Satisfaction with Life Scale (SWLS), and process measures included the Values Living Questionnaire (VLQ) and the Committed Action Questionnaire (CAQ).

## RESULTS

- Zero order baseline correlations indicated there was a significant positive association between CAQ and the WCSS total, dietary choice, physical activity, and coping subscales (see Table 1).
- Hierarchical regression analyses found that higher valued living at baseline predicted better weight control strategies 4 weeks later, more so than committed action (see Table 2).
- Mediation model analyses tested mediation using cross product of coefficients test and it showed the CAQ fully and significantly mediated the relation between satisfaction with life and weight control strategies (indirect effect = .43, 95% CI = .18, .87).

Table 1

*Zero order baseline correlations*

	WCSS Total	WCSS-Dietary Choice	WCSS- Self Monitoring	WCSS- Physical Activity	WCSS- Psychological Coping
CAQ	.343**	.352**	.079	.226*	.305**
VLQ Total	.116	.033	.080	.172	.089
VLQ- Importance	.050	.027	.062	.048	.024
VLQ- Consistency	.145	.054	.079	.210*	.113
SWLS	.204*	.177	.067	.156	.195*

*Note.* \* indicates  $p < .05$ . \*\* indicates  $p < .01$ .

## CONCLUSIONS

- Committed action is related to the use of weight control strategies but not as much as valued living. Also, more satisfaction with life can increase engagement with committed action which leads to better weight control strategies.
- This secondary analysis contributes to field by adding to literature regarding the CAQ.
- Future studies should further examine the influence of values on weight management behaviors.



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