Version 1

ACT ON HEALTH

Improving weight management using Acceptance and Commitment Therapy

BIRMINGHAM & SOLIHULL MENTAL HEALTH NHS TRUST

MANUAL & SESSION PLANS

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Chapter 1

Introduction

Obesity is associated with a number of significant health risks. In secure mental health services, these health risks are often compounded by co-morbid physical and mental health difficulties and substantial medication regimens.

A significant number of the service users currently residing in secure services are obese and some have expressed a desire to lose weight. Initiatives for weight management have included facilitating service user gym visits, exercise activities such as walking groups and healthy eating plans. However, some service users tend towards more sedentary lifestyles and appear to lack motivation for effective weight management.

Many of these individuals have received previous support with weight management in the form of education on healthy eating in the form of individual and group programmes. However, research suggests that while these forms of intervention have shown some efficacy in encouraging weight-loss, effective weight management is not always maintained over time (Anderson et al., 1999).

Acceptance and Commitment Therapy (ACT) is a 'third wave' model of Cognitive Behaviour Therapy (CBT) using acceptance and mindfulness processes, along with commitment and behaviour change processes. ACT is rapidly gaining significant support for its efficacy in treating psychological distress resulting from mental health difficulties including chronic pain, smoking cessation and weight management

A study by Lillis, Hayes, Bunting, and Masuda (2009) found that following a weight management programme, those individuals randomly-assigned to a mindfulness and acceptance-based workshop targeting obesity-related stigma and psychological distress had greater improvements in obesity-related stigma, quality of life, psychological distress, and body mass. These individuals also showed improvements in distress tolerance and both general and weight-specific acceptance and psychological flexibility. The protocol for this intervention has been made available and has been adapted to distil the course content into 6 hour long sessions.

To date the efficacy of ACT programmes in promoting effective weight management has been demonstrated in four published randomised controlled trials:

- Tapper, K., Shaw, C., Ilsley, J., Hill, A. J., Bond, F. W., & Moore, L. (2009). Exploratory randomised controlled trial of a mindfulness-based weight loss intervention for women. Appetite, 52, 396–404.

- 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, 58-69.

- Forman, E. M., Hoffman, K. L., Juarascio, A. S., Butryn, M. L., & Herbert, J. D. (2013). Comparison of acceptance-based and standard cognitive-based coping strategies for craving sweets in overweight and obese women. Eating Behaviors, 14, 64-68. DOI: 10.1016/j.eatbeh.2012.10.

- Forman, E. M., Butryn, M. L., Juarascio, A. S., Bradley, L. E., Lowe, M. R., Herbert, J. D., & Shaw, J. A. (in press). The Mind Your Health Project: A

randomized controlled trial of an innovative behavioral treatment for obesity. Obesity.

Drawing from previous evidence and existing ACT protocols targeting weight management (with particular thanks to the work of Lillis et al., 2009), this manual describes a structured group intervention targeting the following factors:

- Quality of Life
- Psychological flexibility
- Obesity related distress
- Obesity related stigma

Chapter 2

Group Programme Outline

AIMS

- This programme aims to deliver Acceptance and Commitment Therapy to service users to cultivate their motivation and commitment to healthy weight management.
- Individuals will be encouraged to non-judgmentally (e.g. mindfully) accept and experience internal events relating to obesity related stigma and distress, whilst simultaneously working towards personally defined behavioural goals targeting weight management.

OBJECTIVES

- Introduce service users to Acceptance and Commitment Therapy process and theory.
- Facilitate the development of healthy beliefs about weight management.
- Develop practical strategies to help clarification of values and commitment to healthy weight management.

REFERRAL CRITERIA

- All referrals will be made by the relevant clinical team, in the first instance addressed to the team psychologist
- Whilst the therapy within the group is matched to the needs of the patients, clinical team is encouraged to consider the following inclusion and exclusion criteria:

Inclusion criteria

- Any service users currently receiving inpatient care who are actively working towards rehabilitation into the community.
- Those service users currently receiving inpatient care who have shown an interest in attending the group.
- Those service users for whom weight management is recognised as an area of need under 'staying healthy' section of the CPA care plan.

Exclusion criteria

- Any service user who is experiencing substantive and overwhelming active symptoms of psychosis that will prevent them from participating in, or attending a group.
- Service users who feel that they do not have a need for this intervention.

Before making a referral, a member of the clinical team should discuss details of the group with the service user to gain informed consent.

ASSESSMENT MEASURES

The following outcome measures will be used:

- BMI calculated using weight measurements.
- Acceptance and Action Questionnaire – adapted for Weight (AAQ-W)
- Valued Living Questionnaire (VLQ)
- Action Control Scale-90 (ACS – 90)
- Weight self-stigma questionnaire (WSSQ)

DURATION OF THE GROUP

The group will meet for a maximum of one hour, once a week, over the course of 6 sessions. Extra time may be allocated if it is deemed that the aims and objectives of the previous sessions have not been met.

OUTLINE OF PROGRAMME

Session 1

- Introduction

  Introduction to the rationale of the group.

  Introduction of group members

- Informed consent and boundary setting

  Background information about weight management.

  Exploration of previous weight management strategies

Session 2

- Behaviour involved in weight management

  Cravings

  Eating in response to emotions

  Eating in response to thoughts

  Definitions of success and failure

- Involvement of Language in weight management.

  Introduction to relational frame theory

Session 3

- Role of thoughts in weight management

- Attempts to control thoughts

  Psychological Rigidity

Session 4

- Acceptance

  The unhelpful nature of experiential avoidance

  The benefits of acceptance

Session 5

- Values

  Clarifying what is important

Session 6

- Commitment

  Putting values into action

  Obstacles to committed action

- Planning for the future

FACILITATORS

A minimum of two facilitators will run each session with participation from a range of disciplines encouraged

REPORTING MECHANISM

Each individual referred will be assessed for attendance. The clinical team will receive feedback about the outcome of the assessment. For those individuals that attend the group, the clinical team will receive feedback at the end of the group in the form of a brief report, summarising attendance, participation, engagement, skill development, outcome and recommendations for any further work. Clinical teams will be informed if any patients refuse to

attend particular sessions, in keeping with being kept up to date with patient activity levels and therapeutic engagement.

SIZE OF GROUP

In order to ensure attendees are able to learn from experiences of others, and also have time to practice skills learnt in experiential scenarios, it has been agreed that each group should have a minimum of six and a maximum of eight attendees

SUPERVISION

A psychologist experienced in ACT will provide supervision to those individuals facilitating the group.

ACCOUNTABILITY

The group will be conducted in areas safe and appropriate for group work, assuring satisfactory arrangements are made for patient and staff safety.

INTEGRITY

The intervention has been constructed as an amalgam of the structure outlines and recommendations presented in several ACT resources:

- Lillis, J., Hayes, S.C., Bunting, K.B. & Masuda, A. (2009). *Teaching Acceptance and Mindfulness to Improve the Lives of the Obese: A Preliminary Test of a Theoretical Model.* ann. behav. med. 37:58–69.
- Hayes, S.C., (2005). *Get Out of Your Mind and Into Your Life: The New Acceptance and Commitment Therapy*. New Harbinger: USA

There is emerging, but still limited evidence in the literature for the beneficial effects role ACT can have in improving weight control efforts of obese individuals.

In familiarising service users with Acceptance and Commitment Therapy and ACT consistent principles and processes, we hope to further utilise service user's increased familiarity in group and one to one interventions to target other areas of mental and physical health difficulty.

Chapter 3

Individual session plans

Session 1: Introduction and boundary setting

Resources

- ACT on Health workbook
- Pens
- Flipchart

Pre-group (10 minutes)

- Welcome / check-in etc.

Group (40 minutes)

Introduction

- Introductions to group members and facilitators
- Brief introduction to rationale / structure of the group
- Mindfulness practice – brief attention switching guided exercise

Group Rules / Boundary Setting

- Acceptance of others, their views and their experiences
- Boundaries of confidentiality (to include record keeping and reports)
- Punctuality
- Contact of group members between group sessions (to include usefulness of bringing discussions back to the next session)
- Encourage contact with facilitators between group sessions should there be any need

Facilitators' aims

- Facilitate the development of healthy beliefs about weight management.
- Develop practical strategies to help clarification of values and commitment to healthy weight management.

Group members' aims and questions

- Present a summary of the aims collated from assessment interviews (emotional and behavioural goals)
- Ask group members whether they have further specific things that they want to get out of attending

Creative Hopelessness

- Everyone is here because they have an interest in maintaining a healthy weight. Maybe you've lost most of the weight you've wanted to, maybe not. Maybe you've gained some back, maybe not.
- If you've struggled with weight at all, however, you face a daunting reality. Over 80% of people gain back lost weight after 5 years
- Exercise in pairs:
  - Why do people want to lose weight?
  - What strategies have you tried?
  - Why hasn't it worked? / What makes it hard?
- Feedback and discussion in the larger group
  - *Look for places to fit these into discussion: commonly reported difficulties people have*
    - Eating in response to emotions: boredom, sadness, stress, happiness, feeling down
    - Cravings "take control of me", feeling like you just need to eat
    - Defining success rigidly / weight cycling
    - I messed up…oh well. I will never succeed, so screw it.
    - Requires such persistence and long-term commitment
    - A lot of the places people get caught up seem to be psychological. In fact, the research literature has all but concluded that.

- The issue presents itself as being about weight, however it is really about X, Y, and Z thoughts and feelings (What are some of those feelings? How often do they pop up?)
- Looking back, have you actually made your life about food in an attempt for it to not be about food? For example diets = food obsession, tracking, urges up, dealing with "the food/ weight issue" all day.
- Have people lost weight ever? Do the thoughts and feelings go away?

After-group (10 minutes)

- Check on group members' experience of the session
- Introduce between-session task
  - Attempt to notice thoughts/feelings/behaviours in response to any particular weight-relevant decisions during the week (e.g. Shall I have that extra packet of crisps? Shall I walk or get the bus?)
- Introduce next session

Session 2: Identifying behaviours involved in weight management and discussion of the role of language.

Resources

- ACT on Health workbook
- Pens
- Flipchart

Pre-group (10 minutes)

- Welcome / check-in etc.
- Review of previous session and between-session task

Group (40 minutes)

Introduction

- Introductions to session
  - To look at behaviour in relation to weight management
  - To look at what our mind tells us about our behaviour
- Mindfulness practice

Behaviour involved in weight management

- Group to work on a 'mind-map' exercise in relation to the question, "What does our mind tell us when we have a healthy lifestyle choice to make?"
- *Look to raise some of the following issues in the ensuing discussion*
- Exercise
  - Avoidance (can't be bothered / too hard / what will I look like in the gym? / I'll just do a little bit)
- Eating in response to emotions
  - Feeling down (comfort eating)
  - Feeling bored (impact of hospital environment?)
- Eating in response to thoughts
  - I deserve a treat (how often do you deserve a treat?)
  - It's something to look forward to
  - It tastes nice
  - I'll eat it because I can

- Eating is fun and enjoyable
- I will feel good after (What does eating do to you? / How does it feel in the moment?)
- It's a social thing to do (celebration / social interaction etc)

Language involved in weight management.

- How language works
  - Through language, we make verbal representations of the world and can relate to this "verbal world"
  - When I say, 'think of your home', you can picture it, right?
  - When I say, what are you doing later today, you can tell me something, right?
  - We can think about the future, make plans, and evaluate possible outcomes – without doing anything!
  - E.g. we don't have to touch the hot stove to know that it's hot, whereas a cat needs to before it can work it out.
- How language helps us
  - We typically see "bad" or uncomfortable thoughts, feelings, and bodily sensations as problems to be fixed or gotten rid of.
  - In many ways, this fix it, change it, get rid of it, problem solve approach has worked really well for humans.
  - For example, if your car isn't running right, you take it to the garage to get it fixed. The worst case is that you get rid of it and get a new car.
  - Look at how well this problem-solving approach has worked for us as a species: we are physically inferior to many other animals but we have taken over the world. Our language helps us co-operate and helps us deal with problems very efficiently.
  - We have created a very complex society: buildings, government, law enforcement, food production, the ability to disseminate information through schools, books, the internet.
  - And we have the ability to create all these things because we relate to the world verbally
- How language doesn't help us
  - We apply all those useful verbal processes to ourselves because we can't switch them off
  - Our brain can relate anything to anything verbally
  - Examples:

        - No matter how well we are doing, we can compare to others an feel worse off, feel guilty about being better off, be afraid of negative evaluations from others
        - We have fears of future events that may or may not ever happen - you can be afraid you will gain weight, know you will die someday, worry that you will lose your job
        - We can remember past hurts, failures, how we were ridiculed or embarrassed etc…
    - And perhaps the most annoying part, we can relate anything to anything else verbally. Thus, anything can be "bad"
    - For example, you can win the lottery and think about what a burden it will be, how many poor people there are, and be really sad.
    - Also, anything that is not good for us can be "good"
    - For example, you might use a harmful drug because you think it will make you popular with your friends

- It can be helpful to become more aware of our behaviours and our thoughts when faced with any lifestyle choice

After-group (10 minutes)

- Check on group members' experience of the session
- Introduce between-session task
    - Attempt to notice thoughts/feelings/behaviours in response to any particular weight-relevant decisions during the week (e.g. Shall I have that extra packet of crisps? Shall I walk or get the bus?) See if you can make one small positive change.
- Introduce next session

Session 3: The role of thoughts and attempts to control them

Resources

- ACT on Health workbook
- Pens
- Flipchart

Pre-group (10 minutes)

- Welcome / check-in etc.
- Review of previous session and between-session task

Group (40 minutes)

- Introductions to session
    - Role of thoughts in weight management
    - Attempts to control thoughts / psychological rigidity
    - Mindfulness practice

Role of thoughts

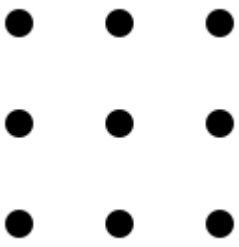
- Creative hopelessness task
- How old is this problem exercise. *Indicate that each person will need a piece of card.*
    - Ask the group to: "Think of a thought or a feeling you have about yourself and your weight that you do not like and write it on your card"
    - "Ask yourself, was this an issue for me last month? Six months ago? A year? 5 years? 10 years? 20 years? Exactly how old is this problem? Write it down"
    - Sometimes our deepest concerns lurk in the background for years and years but maybe normal methods of problem solving, fix it, get rid of it, don't work so well with psychological stuff.
- Role of automatic, unhelpful thoughts
    - The process begins with a naturalistic process that doesn't involve judgement: when we eat more calories than we burn, our bodies change shape.

- When language is added – we make judgements (I'm weak, I'm a bad person) which lead to feelings of sadness, depression, anxiety.
- These thoughts can come up at any time without warning and we can spend a lot of time thinking about them. This is an unfortunate part of being human.
- As with many things, if there is a problem, we often try to control it.

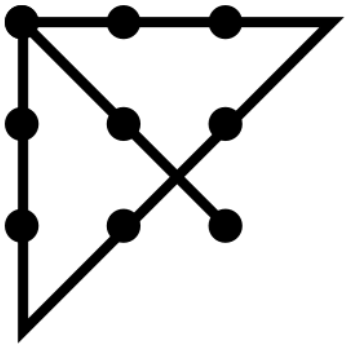
- *Can we control these thoughts?*
  - Pink elephant / don't think of a chocolate cake - exercise.
  - When you try to not think of something, you create a verbal rule: "Don't think of X." Problem is, that rule contains "X" in it, so it will tend to bring "X" to mind.

- *Psychological Rigidity / inflexibility*
  - As we try to control thoughts, our lives become increasingly more about trying not to think or feel a certain way or not coming into contact with painful thoughts, emotions, bodily sensations, or memories
  - Maybe this is where we need to think counter intuitively about the problem and "get outside the box".
  - "I'd like you all to try to link all 9 dots in this puzzle using four straight lines or fewer, without lifting the pen and without tracing the same line more than once."

- Puzzle:



- Solution:



- Thinking back to what we discussed last week, a large part of the problem is in the language itself and the usual ways we have of relating to thoughts and feelings. Therefore, in this group we aim to help you think 'counter intuitively' about another solution to the problem.

- *Looking forward.*
  - The goal of this group is for you to create a more vital, workable life. This not about how to make you lose 10 more pounds, but rather how to approach your life in a more embracing, humane way.
  - If weight were not a problem for me task (Hand out *'the problem with pain' response slips)*.
  - Often psychological pain or distress holds you back from living the kind of life you want to live. In this task, we would like you to imagine how your life would be different if you psychological pain or distress went away.
  - "Imagine you wake up one morning and suddenly, for no reason at all, whatever struggle you have with thoughts about healthy living went away. How would your life change if your constant struggle with difficult thoughts and feelings was no longer an issue? Don't worry too much about your answer, just go with instinct. If you would prefer to write about thoughts and feelings not related to weight, please use that. E.g. 'if sadness weren't such a problem for me, I would spend more time doing the things I enjoy like reading.'

After-group (10 minutes)

- Check on group members' experience of the session
- Introduce between-session task
  - Attempt to 'notice' when you find yourself having thoughts or feelings relating to your weight. Do you find yourself trying harder to avoid thinking about these thoughts which might have 'popped into your head'.
  - Using the booklet provided, try to think of several more examples of things you might do if the experience of psychological pain relating to weight or other issues suddenly vanished.
- Introduce next session

Session 4: Avoiding and accepting internal experiences

Resources

- ACT on Health workbook
- Packet of sweets
- Pens
- Experiential avoidance video

Pre-group (10 minutes)

- Welcome / check-in etc.
- Review of previous session and between-session task

Group (40 minutes)

- Introduction to session
    - The unhelpful nature of experiential avoidance
    - The benefits of acceptance
- Mindfulness Practice
    - Mindful eating and urge surfing

The illusion of control over our feelings:

- Feelings (including urges) are normal responses to life events. We can't control whether or not they come up, or when.
- Our thoughts and memories are often linked to feelings. Think of hearing a random song on the radio that takes you back to an old memory of school.
- As you may have found, trying to control or reduce your feelings, including painful ones, by thinking about them isn't very effective.
- Five volunteers…for five exercises
    - Delete a memory
    - Numb your leg
    - The polygraph metaphor
        - "Suppose I have you hooked up to the world's most sensitive polygraph machine. I want you to imagine that this machine is incredibly effective in

measuring anxiety. The task is simple. All you have to do is stay relaxed. However, I know you want to do well, to try hard, so I am going to add an extra incentive here. The machine will electrocute if you get anxious, which it will know you are based on this polygraph. What do you think might happen here? The tiniest bit of anxiety would terrify you, wouldn't it?"

- This is the paradox with controlling emotion. If you aren't willing to have it, you will. The more you don't want it there, the more it will be there.
    - Don't think/feel about…
    - Fall in love with someone in the room
- Controlling feelings about food / weight loss / healthy living is hard, if not impossible

Acceptance as an alternative stance

- Accepting internal experiences is helpful and necessary. You really cannot escape your experience and you deserve to have permission to have it.
- What if it were the case that in order to live a healthy, vital, meaningful, and satisfying life you needed to give up trying to control your internal thoughts and feelings before you could move in the direction you want to go?
- Acceptance IS NOT merely tolerating, or resigning yourself to distress
- IT IS the opposite of effortful control
    - There are things you can control: what you put in your body, how much sleep and exercise you get, etc…
    - There are things you cannot: how you feel or what you think from moment to moment
- The goal of acceptance is to invite all your experiences in, without struggling with them, like you are a big warehouse that can fit everything that shows up. Plenty of room.
- Hierarchical relations metaphors
    - 'Big I – little i' metaphor
    - Pepperoni-pizza metaphor
    - "You are the sky, everything else is the weather"

After-group (10 minutes)

- Check on group members' experience of the session
- Introduce between-session task
  - Mindful eating – attempt to mindfully eat a meal at least once this week
  - Noticing thoughts/feelings around eating – do not attempt to control or judge them, just notice them. Write them in the booklet provided
- Introduce next session

Session 5: Values clarification

Resources

- ACT on Health workbook
- Pens
- List of values
- 'Passengers on a bus' video

Pre-group (10 minutes)

- Welcome / check-in etc.
- Review of previous session and between-session task

Group (40 minutes)

- Introduction to session
  - Values
  - Clarifying what is important
- Mindfulness Practice
  - 80th birthday script (ACT Made Simple, p202)

Values clarification

- *What are values?*
  - Values are statements about what we want to be doing with our life, about what we want to stand for, and how we want to behave.
  - They are what give our life meaning and purpose

    - They are like the compass that points us in the direction we want to go
- *Clarification exercises*
    - (1) Think of three situations or moments in life where life seemed to be really worth living. If you could only pick one of those moments to remember forever, which one would it be? What does picking that moment say about the kind of person you are or want to be? What values were you acting on in that moment?
    - (2) Look at the different areas of life listed in the booklet. What is important to you in each of those areas? Look at the list of values displayed on the projector. Are any of these things relevant? If so, which ones? Are there any other really important things that are not on the list?
- Discuss with the person next to you what you would do this week if you were living your life in a way that was consistent with your values. Think about your behaviour in context of healthy living – is it consistent with the kind of person you want to be? Why/how etc?

After-group (10 minutes)

- Check on group members' experience of the session
- Introduce between-session task
    - Make one lifestyle change this week that is consistent with the kind of life that is really important to you. Big or small – it doesn't matter as long as it brings you closer to your values.
- Introduce next session

Session 6: Commitment – putting values into action

Resources

- ACT on Health workbook
- Pens
- Flipchart

Pre-group (10 minutes)

- Welcome / check-in etc.
- Review of previous session and between-session task

Group (40 minutes)

- Introduction to session
  - What is committed action?
  - Putting values into action
  - Obstacles to committed action
- Mindfulness Practice
  -

What is committed action?

- Taking patterns of action that are guided by what is really important to us.
- Changing our behaviour so that it is consistent with the values that we have chosen
- Doing what it takes to be the kind of people we want to be
- Being flexible by adapting to the challenges that we face

Committed action: step by step

- Pick an area of life that you would like to make changes in e.g. healthy lifestyle
- Choose the value that is important in this area
- Develop goals that are guided by those values
- Take action to achieve those goals

Obstacles to committed action

- What will get in the way of committed action?

- What are the common obstacles to adopting a healthy lifestyle?
- How might we overcome them
- Include a conversation about difficult thoughts and feelings, experiential avoidance, remoteness from values etc, as covered in previous sessions.

Paired exercise

- Go through this four step process in relation to making a healthy lifestyle change. Ask your partner for help / ideas / suggestions if you are not sure. (Use Willingness and Action Plan, ACT Made Simple, p221)
- Identify one goal (big or small) that you are going to work towards.
- Identify some of the obstacles and how you might deal with them
- "The journey of a thousand miles begins with just one step". What is the tiniest step that you are going to take toward your goal in the next 24 hours?
- Stand up and tell the group what you have been doing that you want to change and how you are going to do it differently from now on.

After-group (10 minutes)

- Check on group members' experience of the session
- Ask for feedback on the programme as a whole
- Arrange post-group assessment interviews

Chapter 4

References

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Chapter 5

Appendices

The appendices contain supplementary materials necessary for implementing the group programme.

AAQ-W

Below you will find a list of statements. ***Please rate the truth of each statement as it applies to you.*** Use the following scale to make your choice.

1 2 3 4 5 6 7
Never True Always True

1 2 3 4 5 6 7 1. It's OK to feel fat

1 2 3 4 5 6 7 2. When I have negative feelings, I use food to make myself feel better

1 2 3 4 5 6 7 3. I try to suppress thoughts and feelings that I don't like about my body or weight by just not thinking them

1 2 3 4 5 6 7 4. I am not in control of what I eat

1 2 3 4 5 6 7 5. I try hard to avoid feeling bad about my weight or how I look

1 2 3 4 5 6 7 6. I am in control of how much physical activity I do

1 2 3 4 5 6 7 7. When I evaluate my weight or my appearance negatively, I am able to recognize that this is just a reaction, not an objective fact.

1 2 3 4 5 6 7 8. In order to eat well and do physical activity, I need to feel like it

1 2 3 4 5 6 7 9. I need to feel better about how I look in order to live the life I want to

1 2 3 4 5 6 7 10. Other people make it hard for me to accept myself

1 2 3 4 5 6 7 11. If I'm overweight, I can't live the life I want to

1 2 3 4 5 6 7 12. If I feel unattractive, there is no point in trying to be intimate

1 2 3 4 5 6 7 13. If I gain weight, that means I have failed

1 2 3 4 5 6 7 14. I'm in control of my eating behavior

1 2 3 4 5 6 7 15. I don't have what it takes to be healthy for life

1 2 3 4 5 6 7 16.My eating urges control me

Imagine that the following thoughts occurred to you right now. ***How valid or believable would each be?*** For each question, please circle a number from 1 through 7.

1 2 3 4 5 6 7

Not at all Believable — Completely believable

1 2 3 4 5 6 7 17. I need to get rid of my eating urges to eat better

1 2 3 4 5 6 7 18. I am a stable person

1 2 3 4 5 6 7 19. If I eat something bad, the whole day is a waste

1 2 3 4 5 6 7 20. I should be ashamed of my body

1 2 3 4 5 6 7 21. I need to avoid social situations where people might judge me

1 2 3 4 5 6 7 22. I will always be overweight

Valued Living Questionnaire

Below are areas of life that are valued by some people. We are concerned with your quality of life in each of these areas. One aspect of quality of life involves the importance one puts on different areas of living. Rate the importance of each area (by circling a number) on a scale of 1-10. 1 means that area is not at all important. 10 means that area is very important. Not everyone will value all of these areas, or value all areas the same.

Rate each area according to **your own personal sense of importance**.

Area	**not at all**									**extremely important**
1. Family (other than marriage or parenting)	1	2	3	4	5	6	7	8	9	10
2. Marriage/couples/intimate relations	1	2	3	4	5	6	7	8	9	10
3. Parenting	1	2	3	4	5	6	7	8	9	10
4. Friends/social life	1	2	3	4	5	6	7	8	9	10
5. Work	1	2	3	4	5	6	7	8	9	10
6. Education/training	1	2	3	4	5	6	7	8	9	10
7. Recreation/fun	1	2	3	4	5	6	7	8	9	10
8. Spirituality	1	2	3	4	5	6	7	8	9	10
9. Citizenship/Community Life	1	2	3	4	5	6	7	8	9	10
10. Physical self-care (diet, exercise, sleep)	1	2	3	4	5	6	7	8	9	10

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In this section, we would like you to give a rating of how consistent your actions have been with each of your values. We are **not** asking about your ideal in each area. We are also **not** asking what others think of you. Everyone does better in some areas than others. People also do better at some times than at others. **We want to know how you think you have been doing during the past week.** Rate each area (by circling a number) on a scale of 1-10. 1 means that your actions have been completely inconsistent with your value. 10 means that your actions have been completely consistent with your value.

During the past week

Area	**not at all consistent with my value**									**completely consistent with my value**
1. Family (other than marriage or parenting)	1	2	3	4	5	6	7	8	9	10
2. Marriage/couples/intimate relations	1	2	3	4	5	6	7	8	9	10
3. Parenting	1	2	3	4	5	6	7	8	9	10
4. Friends/social life	1	2	3	4	5	6	7	8	9	10
5. Work	1	2	3	4	5	6	7	8	9	10
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8. Spirituality	1	2	3	4	5	6	7	8	9	10
9. Citizenship/Community Life	1	2	3	4	5	6	7	8	9	10
10. Physical self-care (diet, exercise, sleep)	1	2	3	4	5	6	7	8	9	10

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Action Control Scale (ACS-90)

The 36-item ACS is designed to measure action-state orientation. The construct is concerned with individual differences in the ability to initiate and maintain intentions / actions. It has also been likened to goal striving as it reflects the ability to maintain challenging goals and persist with them despite failures or setbacks.

Individuals with a strong *action orientation are* characterized by enhanced performance efficiency (Kuhl, 1994b) and the ability to complete tasks after minor failures or setbacks. While individuals with more of a *state orientation* tend to have persistent, ruminative thoughts about alternative goals or affective states, which acts to reduce the cognitive resources available for goal-striving, therefore impairing the individual's ability to maintain goal oriented behaviour. 3 dimensions of action-state orientation:

- *Preoccupation versus disengagement dimension:*
  - Indicates the degree to which individuals explicitly process information related to some past, present, or future state.
  - Items: 1, 4, 7, 10, 13, 16, 19, 22, 25, 28, 31, 34.

- *Hesitation versus initiative dimension:*
  - Refers to the degree to which individuals have difficulty initiating intended goal-directed activities. Specifically, the preoccupation dimension is concerned with whether distracting thoughts interfere with initiating action, whereas the hesitation dimension emphasizes the behavioural capacity to initiate action.
  - Items: 2, 5, 8, 11, 14, 17, 20, 23, 26, 29, 32, 35.

- *Volatility versus persistence dimension*:
  - Concerned with the ability to stay in the action-oriented mode when necessary, as opposed to being distracted.
  - Items: 3, 8, 9, 12, 15, 18, 21, 24, 27, 30, 33, 36.

Scoring: The ACS-90 consists of 36 items, with 12 items for each of the dimensions.
The items on the scale depict brief scenarios that occur in everyday life and require selection of one of two options that indicate what the participant would do. Respondents can choose either a ruminative response (scored as 1) or a non-ruminative response (scored as 0). A total score can range from 0 (no preoccupation) to 12 (extreme rumination). High scores on all 3 dimensions indicate greater action-orientation, while low scores indicate greater state-orientation.

ACS-90

1. **a** When I have lost something that is very valuable to me and I can't find it anywhere:
   A. I have a hard time concentrating on something else
   B. I put it out of my mind after a little while

2. When I know I must finish something soon:
   A. I have to push myself to get started
   B. I find it easy to get it done and over with

3. When I have learned a new and interesting game:
   A. I quickly get tired of it and do something else
   B. I can really get into it for a long time

4. If I've worked for weeks on one project and then everything goes completely wrong with the project:
   A. It takes me a long time to adjust myself to it
   B. It bothers me for a while, but then I don't think about it anymore

5. When I don't have anything in particular to do and I am getting bored:
   A. I have trouble getting up enough energy to do anything at all
   B. I quickly find something to do

6. When I'm working on something that's important to me:
   A. I still like to do other things in between working on it
   B. I get into it so much that I can work on it for a long time

7. **a** When I'm in a competition and have lost every time:
   A. I can soon put losing out of my mind
   B. The thought that I lost keeps running through my mind

8. When I am getting ready to tackle a difficult problem:
   A. It feels like I am facing a big mountain that I don't think I can climb
   B. I look for a way that the problem can be approached in a suitable manner

9. **a** When I'm watching a really good movie:
   A. I get so involved in the film that I don't even think of doing anything else
   B. I often want to get something else to do while I'm watching the move

10. If I had just bought a new piece of equipment (for example a tape deck) and it accidentally fell on the floor and was damaged beyond repair:
   A. I would manage to get over it quickly
   B. It would take me a long time to get over it

11. When I have to solve a difficult problem:
    A. I usually don't have a problem getting started on it
    B. I have trouble sorting things out in my head so that I can get down to working on the problem

12. **a** When I have been busy for a long time doing something interesting (for example, reading a book or working on a project):
    A. I sometimes think about whether what I'm doing is really worthwhile
    B. I usually get so involved in what I'm doing that I never think to ask whether it's worthwhile

13. If I have to talk to someone about something important and, repeatedly, can't find him or her at home:
    A. I can't stop thinking about it, even while I'm doing something else
    B. I easily forget about it until I see the person

14. **a** When I have to make up my mind about what I am going to do when I get some unexpected free time:
    A. It takes me a long time to decide what I should do during this free time
    B. I can usually decide on something to do without having to think it over very much

15. When I read an article in the newspaper that interests me:
    A. I usually remain so interested in the article that I read the entire article
    B. I still often skip to another article before I've finished the first one

16. **a** When I've bought a lot of stuff at the store and realize when I get home that I've paid too much--but I can't get my money back:
    A. I can't usually concentrate on anything else
    B. I easily forget about it

17. **a** When I have work to do at home:
    A. It is often hard for me to get the work done
    B. I usually get it done right away

18. **a** when I'm on vacation and having a good time:
    A. After a while, I really feel like doing something completely different
    B. I don't even think about doing anything else until the end of vacation

19. When I am told that my work has been completely unsatisfactory:
    A. I don't let it bother me for too long
    B. I feel paralyzed

20. When I have a lot of important things to do and they must all be done soon:
    A. I often don't know where to begin

B. I find it easy to make a plan and stick with it

21. When one of my co-workers brings up an interesting topic for discussion:
    A. It can easily develop into a long conversation
    B. I soon lose interest and want to go do something else

22. If I'm stuck in traffic and miss an important appointment:
    A. At first, it's difficult for me to start do anything else at all
    B. I quickly forget about it and do something else

23. **a** When there are two things that I really want to do, but I can't do both of them:
    A. I quickly begin one thing and forget about the other thing I couldn't do
    B. It's not easy for me to put the other thing I couldn't do out of my mind

24. When I am busy working on an interesting project:
    A. I need to take frequent breaks and work on other projects
    B. I can keep working on the same project for a long time

25. **a** When something is very important to me, but I can't seem to get it right:
    A. I gradually lose heart
    B. I just forget about it and do something else

26. When I have to take care of something important which is also unpleasant:
    A. I do it and get it over with
    B. It can take a while before I can bring myself to it

27. **a** When I am having an interesting conversation with someone at a party:
    A. I can talk to him or her the entire evening
    B. I prefer to go do something else after a while

28. When something really gets me down:
    A. I have trouble doing anything at all
    B. I find it easy to distract myself by doing other things

29. When I am facing a big project that has to be done:
    A. I often spend too long thinking about where I should begin
    B. I don't have any problems getting started

30. **a** When it turns out that I am much better at a game than the other players:
    A. I usually feel like doing something else
    B. I really like to keep playing
31. When several things go wrong on the same day:
    A. I usually don't know how to deal with it
    B. I just keep on going as though nothing had happened

32. **a** When I have a boring assignment:
    A. I usually don't have any problem getting through it
    B. I sometimes can't get moving on it

33. When I read something I find interesting:
    A. I sometimes still want to put the article down and do something else
    B. I will sit and read the article for a long time

34. When I have put all my effort into doing a really good job on something and the whole thing doesn't work out:
    A. I don't have too much difficulty starting something else
    B. I have trouble doing anything else at all

35. When I have an obligation to do something that is boring and uninteresting:
    A. I do it and get it over with
    B. It can take a while before I can bring myself to do it

36. When I am trying to learn something new that I want to learn:
    A. I'll keep at it for a long time
    B. I often feel like I need to take a break and go do something else for a while

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a item was dropped from the revised scale

Weight Self-Stigma Questionnaire (WSSQ)

Please answer the following questions about stigma you may feel about your weight:

1	2	3	4	5
Completely Disagree	Disagree	Neutral	Agree	Completely Agree

1. I'll always go back to being overweight

   1 2 3 4 5

2. I caused my weight problems

   1 2 3 4 5

3. I feel guilty because of my weight problems

   1 2 3 4 5

4. I became overweight because I'm a weak person

   1 2 3 4 5

5. I would never have any problems with weight if I were stronger

   1 2 3 4 5

6. I don't have enough self-control to maintain a healthy weight

   1 2 3 4 5

7. I feel insecure about others' opinions of me

   1 2 3 4 5

8. People discriminate against me because I've had weight problems

   1 2 3 4 5

9. It's difficult for people who haven't had weight problems to relate to me

   1 2 3 4 5

10. Others will think I lack self-control because of my weight problems

    1 2 3 4 5

11. People think that I am to blame for my weight problems

    1 2 3 4 5

12. Others are ashamed to be around me because of my weight

    1 2 3 4 5

Assessment Interview

NAME **UNIT** **ESCORT LEVEL**

ASSESSED BY **DATE**

This programme aims to deliver Acceptance and Commitment Therapy (ACT) to service users to cultivate their motivation and commitment to healthy weight management. Individuals will be encouraged to non-judgmentally accept and experience internal events relating to obesity related stigma and distress, whilst simultaneously working towards personally defined behavioural goals targeting weight management.

Questions to Cover During the Interview

1. Your team has identified that effective weight management is an important part of your physical health care. What is your view about this?

2. Are you currently experiencing any difficulty in managing your weight or are you concerned that you might do in the future?

3. If you are experiencing difficulty managing your weight, how does this impact on your life, in terms of your relationships with others, your activities, achieving what you want to achieve etc?

4. What would you like to think, feel, and do in relation to your weight? How might your life be better as a result of making changes?

5. What are your thoughts about working towards more effective weight management, and doing this in a group situation?

	Yes	**No**
Appropriate for the group	☐	☐
Willing to attend the group	☐	☐
Completed the baseline measures	☐	☐
Established baseline BMI	☐	☐