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Can Acceptance and Commitment Therapy (ACT) Improve Adherence to Eating and Weight Loss Goals?

Objectives:
1. Understand existing evidence supporting the efficacy of ACT strategies in facilitating behavioral adherence.
2. Identify the components of the ACT treatment model.
3. Practice ACT-based techniques that could be incorporated into obesity treatment.

CE Credits
- This webinar awards 1 contact hour for nurses and 1 CPEU for dietitians
- Suggested CDR Learning Need Codes: 5370, 6000, 6010 and 9020
Can Acceptance and Commitment Therapy (ACT) Improve Adherence to Eating and Weight Loss Goals?

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Overview

• Overview of Acceptance and Commitment Therapy (ACT) treatment model
• ACT may enhance weight loss
  • Brief interventions
  • ACT-based behavioral weight loss programs
• Applying ACT to weight loss treatment: practical examples

Acceptance and Commitment Therapy

• Cognitive-behavioral therapy tradition
  • Behavior therapies
  • Cognitive therapies
  • Acceptance-based therapies
  • Basis in learning and cognitive theories

Acceptance and Commitment Therapy

• Psychopathology is a result of experiential avoidance
  • Attempts to control unpleasant thoughts and feelings do not work

Hayes & Strosahl, 1999, Guilford: Hayes et al., 2006, Behav Res Ther
Acceptance and Commitment Therapy

- Psychopathology is a result of *experiential avoidance*
- Attempts to control unpleasant thoughts and feelings do not work
- Unwillingness to have unpleasant thoughts/emotions
  - Takes us out of the present moment
  - Limits our ability to engage in valued activities

Hayes & Strosahl, 1999; Guilford; Hayes et al., 2006, Behav Res Ther

ACT Therapeutic Model

- *On-going, nonjudgmental contact with psychological & environmental events as they occur*
- *Clear, freely-chosen life directions*
- *Building patterns of effective action linked to chosen values*

ACT Therapeutic Model

- *Active embrace of thoughts, feelings, bodily sensations*
- *Thoughts are not to be taken literally*
- *Thoughts do not determine behavior*

Self as Context

- *Self as locus or perspective from which private events are experienced, not their content*

Lifestyle Modification Programs

- *Reduce calorie intake*
- *Reduce consumption of high-calorie foods*
- *Increase consumption of low-calorie foods*
- *Increase physical activity*
- *Reduce sedentary behaviors*
- *Behavioral strategies*
  - Self-monitoring (food, exercise, weight)
  - Goal-setting, problem-solving
  - Stimulus control

Ryan, Espeland, Foster et al., 2003, Control Clin Trials

Weight Loss Barriers

- *Tendency to consume high calorie foods when available (neurobiological, learned)*
- *The current food/exercise environment*
- *Limited awareness of food decisions*
- *“Healthy” choices predicted/perceived to be less pleasurable*
### How Might ACT Target Barriers?

- **Mindfulness**
  - Improve awareness of reactions to food cues
  - Improve awareness of internal states
    - Hunger/satiety
    - Emotions
    - Thoughts about food or physical activity

- **Acceptance/Defusion**
  - Unpair eating from cravings, urges to eat, thoughts about food, and negative emotional states
  - Increase willingness to forgo a choice that is perceived as more pleasurable

- **Values**
  - Enhance intrinsic motivation

### ACT FOR WEIGHT LOSS: CURRENT EVIDENCE

- Mindfulness-based treatments
- Analogue studies
- ACT workshops
- Uncontrolled trials/brief interventions
- Randomized controlled trials

### Mindfulness-Based Treatments

- Mixed efficacy of mindfulness for behavioral weight loss
  - Differential benefit of general vs. eating-specific awareness
  - Awareness alone may not confer additional benefit

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Workshops

ACT Workshops
• Additional weight loss after previous completion of a weight loss program (6-hour ACT workshop)\(^1\)
• Greater weight loss and increases in physical activity in women attempting to lose weight (four 2-hour ACT workshops)\(^2\)

ACT for Physical Activity
• Two, 2-hour workshops (week 2 & 4)
• ACT
• Psychoeducation
• N = 54 undergraduates
• Outcome: Athletic center visits
  • Week 1 (baseline)
  • Week 5 (post)
  • Week 8 (follow-up)

ACT for Physical Activity
• Larger increase in the ACT group at post (F(1,42) = 7.33, p < .01, \( \eta^2 = .15 \))
• Partially maintained at follow-up (F(1,42) = 2.91, p = .09, \( \eta^2 = .07 \))

ACT-Based Treatments

Preliminary Trials
• Open trials
  • 7.9 kg loss after 12 weeks, additional weight loss (1.7kg) by month six\(^1\)
  • 12.0 kg loss in disinhibited eaters after 24 weeks, maintained at month three\(^2\)
  • Brief (8 sessions) controlled trial for weight gain prevention
  • 2.2 kg loss at 1-year follow up, compared to 1.1 kg gain in control\(^3\)

\(^1\)Lillis et al., 2009, Ann Behav Med; \(^2\)Tapper et al., 2009, Appetite
\(^3\)Butryn, Forman, Hoffman, Shaw, & Juarascio, 2011, J Phys Act Health
First Randomized Controlled Trial

- Compared group standard behavioral treatment (SBT) to acceptance-based behavioral treatment (ABT)
- 40-weeks (30 sessions)
- ABT included standard behavioral protocol plus segments focusing on ACT-based skills

Participants

- $N = 128$ ($N_{Post} = 117$, $N_{Follow up} = 82$)
- BMI: $34.1 \pm 3.6$ kg/m$^2$
- Age: $45.7 \pm 12.8$ years
- Race:
  - 62.3% Caucasian
  - 24.6% African American
  - 3.8% Hispanic
  - 1.6% Asian

ABT vs. SBT for Weight Loss: Results

- Difference not significant at post ($p = .24$) or follow-up ($p = .37$)

ABT vs. SBT for weight loss: Moderation

- ABT vs. SBT for weight loss: Conclusions

- Advantage of ACT was small and did not reach statistical significance
- Considerations
  - Attrition/sample size
  - Length of follow up period
  - Was a sufficient dosage of ACT delivered?

Second Randomized Controlled Trial

- Compared group SBT to ABT
- 52-weeks (25 sessions)
- ABT protocol modified to increase dosage and integration of ACT-based skills
Participants

- N = 190 (N_{Post} = 149)
- BMI: 36.9 ± 5.8 kg/m²
- Age: 51.6 ± 10.1 years
- Race:
  - 70.5% Caucasian
  - 24.7% African American
  - 3.7% Hispanic
  - 1.1% Asian

Forman et al., 2016, *Obesity*

Second RCT Comparing ABT to SBT

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<th>Post-treatment</th>
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<td>-9.8</td>
<td>-12.9</td>
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<tr>
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* Significant effect of condition (p = .01)

Forman et al., 2016, *Obesity*

ABT vs. SBT for Weight Loss: Conclusions

- ABT produced significantly greater weight loss at the end of a 1-year program
- Revised ABT program included greater focus on ACT skills, especially willingness and acceptance of loss of pleasure
- Considerations
  - Replication with follow-up
  - Dissemination

Forman et al., 2016, *Obesity*

APPLYING ACT TO WEIGHT LOSS TREATMENT: SAMPLE EXERCISES

“Control What You Can, Accept What You Can’t”

- Minimizing contact with problem cues and experiential avoidance are not the same
- DO still use behavioral strategies like stimulus control
- BUT it’s impossible to avoid problem cues all of the time

Acceptance

- Have you been waiting for change to be easy?
- Willingness
  - To move towards my value of _____, I have to be willing to have _____.
  - If you’re not willing to have it, you will.
Mindfulness

• “Paying attention on purpose, in the present moment, and nonjudgmentally, to the unfolding of experience moment to moment” (Jon Kabat-Zinn).

Mindful Eating

1. Turn off/tune out from the outside world
2. Focus your attention on the food
   • Notice sight and smell
   • Notice taste and texture
3. Eat slowly
4. Notice what you do while you eat (habits)
5. Tune in to the inside world (thoughts, feelings, internal sensations)

Mindful Decision-Making

• Increase awareness that an eating/exercise decision is being made
• Notice the external (e.g., food cues) and internal experiences (e.g., thoughts, emotions, physical sensations) that may influence your decision-making
• Bring to mind your short- and long-term goals and values

Values Clarity

• Values as freely-chosen life directions
• Clarity: “a good parent” vs. “a parent who listens openly and respects their child’s opinions”
• How are your values related to your weight loss goals?
  • Why is weight loss important to you right now?
  • What are you hoping will be different in your life if you lose this weight/make healthier eating choices/exercise more?

Commitment to Valued Action

• Picture yourself 5 years from now living a life more consistent with your most important values. What can you start doing now to make that outcome more likely?
• “Does doing X move me towards or away from my most important values?”
Defusion

- Separate your actions from your thoughts about those actions
- “I can’t pick up the pen”
- Reason-giving
  - “I can’t (or I have to) ____ because…” can interfere with weight loss
- Practice exercises:
  - “But” vs. “and”
  - Carrot vs. chocolate

Urge Surfing

- Mindfulness, acceptance, and defusion
- “Surf the urge” of your craving
- When you experience a strong craving, tune into it and notice your experience (without reacting to it)
  - Strength of craving
  - Thoughts, emotions, sensations
  - Cravings typically rise and fall, like a wave.

What Does ACT Bring to Weight Loss?

- ACT strategies may not make weight loss easier, but could help patients adhere to their goals when it is difficult.
- Tools for responding differently to thoughts, emotions, and sensations that might otherwise interfere with behavior change
- Clearer connection between healthy behaviors and values may increase motivation to maintain those behaviors

Books on ACT for Weight Loss


References

References


Evaluations and CE Certificates

• Those completing the webinar will be emailed a link to the evaluation.
• The email will be sent to the email address that you used to register for the webinar.
• Complete the evaluation soon after you receive the email. The evaluation does expire after 3 weeks. Once expired, you cannot obtain a certificate.
• Once the evaluation is completed, the certificate will be emailed separately within 2 or 3 business days.

Questions and Answers

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