

Evidence That a Very Brief Psychological Intervention Boosts Weight Loss in a Weight Loss Program

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Reducing morbidity and mortality associated with being overweight is a crucial public health goal. The aim of the present research was to test the efficacy of a very brief psychological intervention (a volitional help sheet) that could be used as an adjunct to standard weight loss programs to support increased weight loss in an overweight sample. Seventy-two overweight participants currently participating in a weight loss program were randomly allocated to either an intervention (volitional help sheet) condition or a control (distracter task) condition. The main outcome measure was weight at 1-month follow-up. Participants in both conditions lost significant amounts of weight, but those in the intervention condition lost significantly more than those in the control condition ($d = 0.66$). The findings support the efficacy of the volitional help sheet to promote additional weight loss in an overweight sample engaged in a weight loss program. The volitional help sheet therefore represents a very brief, low-cost intervention that could be used to supplement ongoing weight-loss programs.

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THE WORLD HEALTH ORGANIZATION (2013) reported that in 2008 more than 1.4 billion adults were overweight, of whom more than 500 million were obese, and that the prevalence of adult obesity doubled between 1980 and 2008, and continues to rise. The present study was designed to test a very brief, theory-based psychological intervention—a volitional help sheet—that could be used as an adjunct to standard weight loss programs to support increased weight loss (Chapman & Armitage, 2010).

IMPLEMENTATION INTENTIONS

Implementation intentions (Gollwitzer, 1993) are “if-then” plans that promote health behavior change by encouraging people to link in memory a critical situation (“if”) with an appropriate response (“then”). Laboratory studies show that specifying the “if” component of an implementation intention enhances the accessibility of critical situations and that linking “if” with “then” automates the response specified in the “then” component (see Gollwitzer & Sheeran, 2006). For example, one possible cue might be “if I am tempted to eat when I am at a party” that

could be linked to “then I will tell myself that if I try hard enough I can keep from overeating” as an appropriate response. The idea is that when the temptation to eat at a party is encountered, the appropriate response (“trying hard” in this example) is triggered automatically (Gollwitzer & Sheeran). Gollwitzer and Sheeran’s meta-analysis shows that implementation intentions are an effective means of changing behavior: Across 94 independent studies in laboratory and field settings, implementation intentions had an average effect size of $d = 0.65$. Implementation intention manipulations are usually self-directed and take fewer than 5 minutes to complete; thus, from the perspective of augmenting weight loss programs, implementation intentions offer a very brief, easy-to-use, low-cost intervention.

To date, [Luszczynska, Sobczyk, and Abraham’s \(2007\)](#) study is the only one to have tested the ability of implementation intentions to promote objectively measured weight loss. Women who were randomized to the experimental condition and asked to form implementation intentions with the help of feedback from a health professional lost significantly more weight than women in the control group. However, the question arises as to whether implementation intention formation, interacting with a health professional, or some combination of the two caused these positive effects. The present research tests a more cost-effective means of boosting weight loss than that reported by Luszczynska et al. by removing the need to provide participants with feedback.

VOLITIONAL HELP SHEETS

Volitional help sheets are designed to provide a standard means by which people can form their own implementation intentions ([Armitage, 2008](#)) and so overcome the need for participants to generate their own implementation intentions without support (e.g., [Armitage, 2009](#)) or to interact with health professionals (e.g., [Luszczynska et al., 2007](#)). The volitional help sheet draws on the transtheoretical model of change ([Prochaska & DiClemente, 1983](#)) by providing participants with the critical situations they may encounter and the responses they might use to ensure they change their behavior. The volitional help sheet works by encouraging people to form implementation intentions by linking temptations (i.e., situations in which health-risk behaviors might be triggered) with 10 core strategies (labeled “processes of change”) by which health-risk behavior is changed or health-protecting behavior is sustained (e.g., *contingency management*, namely, using rewards to make positive behavior changes). Thus, the volitional help sheet provides a theoretically driven framework on which participants can build their own implementation intentions without the need

for input from a health professional, but with more support than the more common “self-generated” implementation intentions (e.g., [Armitage, 2009](#)).

The volitional help sheet has been tested using randomized controlled designs in several domains. For example, [Armitage \(2008\)](#) tested the ability of the volitional help sheet to encourage smokers to quit. The results showed that significantly more people reported quitting in the experimental group (19%) compared with a control group (2%). Similar findings have been obtained when the volitional help sheet has been used to reduce alcohol consumption ([Arden & Armitage, 2012](#); [Armitage & Arden, 2012](#)) and increase physical activity ([Armitage & Arden, 2010](#)). To date, however, the volitional help sheet has not been tested in the domain of weight loss, in clinical samples, nor has it been evaluated against an objective outcome measure.

Based on the research reviewed above, it is hypothesized that a volitional help sheet will significantly augment weight loss among people engaged in a weight loss program. This is the most exacting test of the volitional help sheet to date because it needs to demonstrate impact over and above the effects of an ongoing weight loss program.

Method

PARTICIPANTS

In order to maximize the ecological validity of the study, the sample was recruited from people who were already enrolled on a commercial weight loss program in the north of England. A trained consultant delivered the commercial weight loss program. Participants stay in the program for as long as they wish and meet on a weekly basis at a cost of approximately \$8 per week. People receive one-to-one advice as well as group sessions organized by the consultant. The sessions were oriented around support and encouragement and included eating plans, goal setting, daily menus, recipes, and image therapy. With the exception of our implementation intention manipulation, the participants in the two arms received the same intervention components during the study period. The University Ethics Committee gave approval to conduct the research: Participants were assured of their confidentiality and anonymity (personal codes were used to identify individuals) and were made aware of their right to withdraw from the study or have their data removed at any point. Informed consent was obtained before the study began.

Participants were recruited from randomly selected weight loss meetings and all 72 people who were initially approached agreed to participate in the study and completed the prerandomization questionnaires. Participants were told that the study was “aiming to aid weight management.” Although permission was

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