

Paper Session 29 12:06 PM–12:24 PM 4052

MINDFULNESS-BASED EATING AWARENESS TRAINING: WEIGHT LOSS AND IMPROVEMENT IN EATING REGULATION

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Mindfulness-based treatments are showing increasing promise and may be particularly suitable for disorders marked by behavioral and emotional dysregulation. Mindfulness-Based Eating Awareness Training (MB-EAT) draws on the substantial empirical literature showing that obesity is associated with disrupted awareness of hunger and satiety signals, and that with increased frequency of stress-related eating. Previous research with MB-EAT for obese individuals with BED found improvement in eating regulation; weight loss was associated with amount of mindfulness practice. In the current study, obese (avg. 256 lbs) participants (N=117; 13% men; 12% Af-Am/Other; avg. age=49.9) were randomized to a 10 ses. MB-EAT program, plus mindful weight loss components, or to Wait-List Control. Approx. 12% met criteria for BED and 14% for sub-clinical BED. F/Up was at immediate post (IP), 2, 3 and 6 months; measures included the BES, TFEQ, and BDI, among others. At baseline, clinical and sub-clinical BED Ss were similar on TFEQ Disinhibition and Hunger, but scored higher ($p < .001$) than non-clinical Ss; BED Ss were more markedly more depressed (BDI=20.33; $p < .001$) than both sub-clinical (3.81) and non-clinical (6.24) Ss. Preliminary analyses show that relative to WLC at immediate post, the MB-EAT Ss had more weight loss (6.02 vs. 0.24 lbs; $p < .05$), improvement on each TFEQ factor (all $p < .001$) and on the BES ($p < .001$). Effects were sustained at 1 month followup. Results are consistent with previous research, extend effectiveness to primary weight loss, and to a wider range of eating issues. The presentation will address theoretical and clinical issues, along with analyses from further followup points.

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Citation Paper
Paper Session 29 12:24 PM–12:42 PM 4053

THE PARENT MEALTIME ACTION SCALE (PMAS): DEVELOPMENT AND ASSOCIATION WITH CHILDREN'S DIET AND WEIGHT

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A new and comprehensive Parent Mealtime Action Scale (PMAS) was developed to identify dimensions of mealtime behaviors used by parents, then examined for its usefulness to explain variance in children's diet and weight status. Exploratory factor analysis with 2008 mothers and two confirmatory factor analyses with 541 mothers and 439 fathers produced a 31-item scale with nine dimensions. Mothers reported more gentle PMAS actions like setting SNACK LIMITS, ensuring DAILY FV AVAILABILITY, and using FAT REDUCTION and POSITIVE PERSUASION during meals, whereas fathers reported more forceful PMAS actions like INSISTENCE ON EATING. Seven PMAS dimensions explained variance in children's diet and weight status even when in competition with three well-known predictors (genetic risk, exercise, television). Children with healthier diets and weight had parents who often ensured DAILY FV AVAILABILITY and used FAT REDUCTION, POSITIVE PERSUASION, and INSISTENCE ON EATING during meals, but who rarely showed SNACK MODELING, allowed children too MANY FOOD CHOICES, or made them SPECIAL MEALS different from the shared family meal. Parents also may respond to children's overweight by using more FAT REDUCTION. The PMAS offers a new research, clinical, and educational tool to guide parents in actions most associated with children's diet and weight status.

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Paper Session 29 12:42 PM–1:00 PM 4054

CHANGES IN WEIGHT-RELATED BEHAVIORS AND HEDONIC HUNGER WITH PARTICIPATION IN A 12-WEEK WEIGHT LOSS TRIAL USING A COMMERCIAL FORMAT

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OBJECTIVES: This study assessed 1) whether weight-related behaviors and hedonic hunger (food-related thoughts and desires unrelated to physiological need) changed over a 12-week clinical trial using a commercial weight management program format; and 2) whether such changes were related to weight loss and degree of participation.

METHODS: Subjects (132 adults, BMI 27–35) were randomized to 1 of 2 systems for appraising food intake and asked to attend trial-based weekly group meetings using a commercial weight loss program. Measures: 1) % weight loss; 2) Eating Behavior Inventory (EBI), a self-report measure of behaviors related to weight control; 3) Power of Food Scale (PFS), a self-report measure of hedonic hunger. EBI and PFS were given pre-and post-treatment.

RESULTS: 111 subjects (99 F, 12 M) completed all Week 12 assessments. With no differences between conditions on any measure, analyses used the combined sample. M % weight loss overall was 4.4% (SD=3.71) and M meeting attendance was 9.29 (SD=2.43). Significant improvement was seen on total score and all three factor scores of the PFS, EBI total score, and 21 of the 26 behavior-specific EBI items, $ps < .05$. Changes in EBI and PFS total scores were correlated with % weight loss, $rs = .59$ and $.21$, respectively, $ps < .05$, as were changes in 17 of the 26 EBI items, $rs = .20$ to $.51$, $ps < .05$. Change in EBI total score, but not PFS total score, was correlated with meeting attendance, $rs = .36$ ($p < .001$) and $.08$ (NS), as were 11 of the individual EBI items, $rs = .20$ to $.32$, $ps < .05$.

CONCLUSIONS: After a brief weight loss program using a commercial format, subjects showed widespread improvement in weight-related behaviors and hedonic hunger, with more improvement related to greater weight loss. Meeting participation was related to improvement in weight-related behaviors but not in hedonic hunger.

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Paper Session 30 11:30 AM–11:48 AM 4055

INTERNET-BASED PHYSICAL ACTIVITY PROGRAM FOR STUDENTS WITH MENTAL HEALTH DISORDERS: A RANDOMIZED PILOT TRIAL

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Some 12–18% of college students have a diagnosable mental illness and increasing rates of anxiety and depression have important societal implications. Physical activity (PA) has been proposed as a treatment alternative to counseling or medication, and the internet is a means of delivering PA information to the college-aged population. The purpose of this randomized pilot trial was to examine the effects of a 10-week internet-delivered PA program on PA, self-efficacy, anxiety and depression in students receiving mental health counseling. Participants ($n=47$, M age=25) were randomly assigned to a control or intervention condition. The intervention group had access to a website designed to promote PA, received a pedometer, and attended two meetings with PA counselors who discussed PA goals and barriers. PA was assessed via accelerometry, and depression and state anxiety were measured using the Beck Depression Inventory (BDI) and State-Trait Anxiety Inventory (STAI), respectively. Self-efficacy for PA was assessed using the Barriers Self-Efficacy Scale (BARSE) and Exercise Self-Efficacy Scale (EXSE). There was a significant time effect for PA, with both groups increasing their PA levels across the 10-week intervention and a larger increase in the intervention ($d=.68$) than the control group ($d=.05$). There was a significant effect for time, with both BARSE and EXSE declining but more so in the control (BARSE, $d=-.48$; EXSE, $d=-.51$) than intervention group (BARSE, $d=-.19$; EXSE, $d=-.22$). Effects on the BDI and STAI slightly favored the intervention (BDI, $d=-.12$; STAI, $d=-.09$) over the control group (BDI, $d=-.07$; STAI, $d=.27$). Finally, correlation analyses showed increases in PA were associated with increases in EXSE ($r=.62$) and BARSE ($r=.63$) and decreases in depression ($r=-.44$) in the intervention group, but not in the control group. These results suggest that an internet-delivered PA intervention may be a promising approach to promoting PA and improving mental health among college students with mental health disorders.

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