Candidate: Michael Reynolds
For the degree of: Doctor of Philosophy
Department: Psychology
Title: Piloting a Screening Tool for Eating and Eating Related Behavior
Committee: Dr. Wayne Fuqua, Chair
Dr. Scott Gaynor
Dr. Ron Van Houten
Dr. Brooks Applegate
Time/Place: Thursday, March 24, 2016
1 to 3 p.m.
2704 Wood Hall

Obesity is a common medical condition associated with negative health and social outcomes. Obesity has a primary malleable behavioral cause, eating more calories than are metabolized. While metabolic rate is malleable with exercise, eating can more quickly add calories than exercising can subtract them. In the past, behavioral weight-loss treatment studies relied on multi component package interventions that have shown reliable patterns of participant weight-loss during treatment and weight-regain in follow-up. Those findings could be conceptualized as an ABA withdrawal design, eating behavior returns to baseline after the prosthetic contingencies of the treatment study are withdrawn. We must develop ways to measure the behaviors that enable control of eating behavior, as the goal of behavioral treatments is to enable clients to be their own treatment providers. There is an absence of a functional assessment tool that enables identification of ideographic controlling variables.

This project begins the development of a seven-term functional assessment screening tool geared towards measuring the four-term operant for eating behavior, and a novel expansion that include behaviors functionally related to the antecedents, consequences, and motivating operations of eating behavior. Of the functional assessment screening tool, the Behavioral Activation for Depression Scale - SF, and the
Acceptance and Action Questionnaire, eleven were completed online by 299 participants. High-BMI and Low-BMI comparison groups responded significantly differently from one another in questions related to 5 of 7 hypothesized operant cluster terms. An ‘Eating for Joy’ positive reinforcement group responded significantly differently than an ‘Eating for Hunger Reduction’ negative reinforcement group on 3 of 7 hypothesized operant cluster terms. These findings are consistent with expectations and encourage continued future development of the operant cluster functional assessment screening tool for obesity.