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RADICAL RE-VISIT

A special NEDIC Bulletin issue celebrating
NEDIC's 2019 Conference

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Words of Welcome

In 2007, the National Eating Disorder Information Centre (NEDIC) held its first conference. It was the launching point of an event that we normally host biennially in Toronto where we are based, that brings together people from across Canada and beyond who are interested in discussing and learning more about body image, self-esteem, and eating disorders.

Our 2019 conference, *Radical Unlearning*, featured powerful keynote addresses by Sonya Renee Taylor, Lucy Aphramor, Ben Barry, and Gerry Kasten, and a line-up of workshops presenters who covered critical topics ranging from safer approaches to school nutrition education, to meeting the treatment needs of underserved populations, to ending body-based oppression. After such an inspiring conference, we were looking forward to offering the same kind of experience in 2021.

As of this writing, 2021 is coming to an end. It will end without a NEDIC conference having been held. The COVID-19 pandemic created obstacles to organizing a conference that were unfortunately insurmountable. However, with this special issue of the *NEDIC Bulletin*, we can revisit *Radical Unlearning*, celebrate the sharing of knowledge and ideas that occurred, and extend the discussions that were sparked.

We are grateful to the conference participants who contributed to this *Bulletin*. In their article, Kelsey Sick, Catherine M. Sabiston, and Eva Pila discuss the development of an evidence-based and stakeholder-informed program for sport contexts that aims to prevent body image concerns and disordered eating, and to address gender inequity in sport participation. Justine Van Herk, Sara Santarossa, Jory Fulcher, and Sarah J. Woodruff report on their evaluation of a community-based workshop and toolkit designed to educate mothers about how to effectively help their adolescent daughters navigate the online world. In her contribution, Annina Schmid provides an overview of solution-focused approaches to counselling and explains how to use solution-focused dialogue to help clients who are engaging in disordered eating as a means to lose weight envision and pursue a more positive relationship with food and their body.

We are hopeful that it will be possible for us to hold a conference in 2023 and to offer the opportunity to gather in-person to share knowledge, learn, and discuss fresh ideas about body image, self-esteem, and eating disorders. In the meantime, we hope that you enjoy this Bulletin and encourage you to explore NEDIC's many other informational resources, available at www.nedic.ca.

With thanks,

The NEDIC Team



Engaging with community sport stakeholders to address gender inequity for girls in Canadian sport: The development of a partner-driven body image and disordered eating prevention program

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ABSTRACT

Psychological barriers, including poor body image and concerns about body weight, contribute to significant declines in sport and physical activity participation rates throughout adolescence for Canadian girls. To adequately address gender inequity, and support girls in their life-long participation in sport and physical activity, evidence-based and stakeholder-informed body image and disordered eating prevention programming specifically for adolescent girls in sport is needed. This paper discusses the development of a program, “Athletes Embodied”, and details elements of the project that have facilitated the development and dissemination of the program, and partnership development between the research team and the National Eating Disorder Information Centre, including use of community-based participatory research methods. Building equitable and successful relationships between academic and non-academic partners has been vital to advance the exchange and dissemination of knowledge directly targeting body image and disordered eating prevention in youth sport.

1. INTRODUCTION

It is well-documented that children and adolescents benefit from participating in organized sport ^[1]. There are many identified physical health benefits of sport participation and there is also a growing body of research investigating psychosocial and mental health benefits ^[1-4]. However, there are considerable gender disparities in sport participation; across developed countries, including Canada, girls are less engaged in sport compared to boys ^[5,6]. Indeed, nearly 50% of girls report no recreational sport engagement ^[7], and drop-out rates for girls are six times higher than for boys ^[8]. This gender inequity in sport is first observed in adolescence and tracks well into adulthood ^[9], which highlights the need to focus research on the emergent developmental period of adolescence. Perhaps the most pertinent psychosocial factor that contributes to the gender gap in sport participation is the pressure around appearance, body shape, size, and weight that disproportionately impacts girls ^[10]. Indeed, female physical maturation contributes to changes in body composition and adipose tissue that are inconsistent with socially valued ideals of appearance ^[11]. These concerns are further

exacerbated by the sport environment which promotes social evaluation of the physique and pressure to conform to sport-specific body ideals ^[12]. Girls and women in sport also struggle with balancing a physique that aesthetically meets societal ideals but functionally allows for optimal sport performance ^[13–15]. As such, these social pressures have been identified as potential critical factors linked to girls' evaluations of their bodies in the sport context.

“Indeed, nearly 50% of girls report no recreational sport engagement, and drop-out rates for girls are six times higher than for boys.”

Drawing on the sociocultural model in sport ^[16], girls and women in sport are exposed to pressures to change their body weight, shape, and size which are communicated through traditional sources (e.g., friends, family, media), and also from sport sources (e.g., coaches, teammates, officials). Pervasive exposure to these sociocultural pressures, along with exposure to the physique-salient and evaluative sport context can lead athletes to internalize this observer's perspective of their bodies. Unique to girls and women in sport is the issue of “body duality”. It is argued that the athletic performing body and the feminine body ideal in Western society are not aligned, a complex paradox that might act as a barrier to positive and embodied engagement in sport ^[17]. In a longitudinal assessment of this conceptual model ^[18], girl athletes reported that these social and sport-specific pressures were associated with the development of appearance-related schemas that incorporated the societal thin ideal. Similarly, other research has reported that negative parental comments about weight were related to higher body dissatisfaction and disordered eating ^[19].

Due to the pervasive pressures that athletes face in the sport environment, efforts are needed to target the messages athletes receive from sport personnel. Further, researchers ^[12] have identified that body image promotion and eating disorder prevention programming for athletes is critical. Indeed, prevention programs have been effective in generalized non-athlete populations, in reducing thin-

ideal internalization, negative affect, disordered eating cognitions and behaviours, and improving body and self-evaluations ^[20,21]. For athletes, however, societal appearance pressures are confounded by sport-specific pressures (e.g., body regulation practices, uniform sizes, injury) ^[22,23]. Given this prior research, the development of *sport-specific* interventions is essential to the effective prevention of body image concerns and disordered eating among athletes.

To date, researchers have identified that (i) emotional components of body image worsen over time across adolescence in girl athletes ^[24,25], (ii) experiences of negative body image are associated with lower sport enjoyment and commitment ^[26], (iii) girls experience appearance-related pressures from coaches, parents, and teammates which contribute to negative sport experiences ^[27] and sport disengagement ^[28], and that (iv) non-aesthetic sports without a physique-salient component are not immune to perpetuating body ideals and promoting appearance pressures ^[24–28]. Based on this quantitative and qualitative research, it is clear that adolescent girls experience sport-specific pressures around the body are likely contributing to the gender disparity observed in Canadian sport across all levels, from girls involved in grassroots community sport to national high-level girl athletics. To ultimately help inform policies aimed at improving the sport experiences for adolescent girls, it is critical to develop strategies to reduce the burden of body image concerns among adolescent athletes.

2. EVALUATION OF EVIDENCE-BASED BODY IMAGE INTERVENTIONS

Over the last several decades, a plethora of research has examined the effectiveness of universal body image programs among girls and women. In a meta-analysis, Alleva, Sheeran, Webb, Martijn, and Miles (2015) reviewed 62 stand-alone interventions to improve body image and estimate the effectiveness of such change techniques. They determined that a group format resulted in significantly greater improvements in body image compared to interventions delivered on an individual basis; interventions in which a facilitator was present were significantly more effective than those without a facilitator present; and multisession interventions produced significantly larger

improvements in body image compared to single-session interventions. Despite the promise of effectiveness of these body image interventions, most were school-based and delivered in classroom settings. As such, it is unclear if these effects would translate to athletes in sport contexts.

Sport-specific body image and disordered eating prevention programs have been marginally successful in reducing body dissatisfaction and disordered eating behaviours – but have focused exclusively on emerging adults or collegiate athletes, rather than adolescents^[30]. More recently, cognitive dissonance-based programs have been developed to address the unique pressures experienced by athletes. For example, the *Female Athlete Body Project*^[31,32] led to reduced levels of thin-ideal internalization, dietary restraint, and shape concerns at six weeks post-intervention^[31]. Additionally, *Bodies In Motion* (BIM)^[33] is a newly disseminated program which targets the sociocultural risk factors identified in the Petrie and Greenleaf (2012) model of sport-specific disordered eating. Overall, the objectives of the program are to (i) heighten girl athletes' awareness of the societal and sport-specific appearance pressures that characterize body duality and (ii) encourage girl athletes to be compassionate and mindful as they navigate these pressures. The BIM program was evaluated among 146 girl collegiate athletes representing 16 sports, who were assigned to either the BIM program or a wait-list control group. In comparison to the control group, athletes who completed the BIM program reported significantly lower levels of thin-ideal internalization, greater appreciation of their bodies and higher levels of mindfulness and compassion immediately post-intervention. However, the positive effects of the intervention became less robust over time^[33].

“Sport-specific body image and disordered eating prevention programs have been marginally successful in reducing body dissatisfaction and disordered eating behaviours – but have focused exclusively on emerging adults or collegiate athletes, rather than adolescents.”

Although these two programs illustrate advances in sport-specific interventions, there exists a dearth of interventions that have been tested longitudinally and report long-term effects in reducing sociocultural risk factors for body image concerns among athletes^[12]. Additionally, systematic positive change in the sport environment depends on the investment of the entire “team” (e.g., coaches, trainers, athletic departments); however, few programs employ multiple levels of intervention^[34,35]. In light of this, there is still a need for comprehensive and inclusive sport-specific interventions that demonstrate long-term reduction in body image concerns^[12,16,36].

Our team has established successful partnerships with sport organizations aimed at girls and women, with the Ontario Physical and Health Education Association (OPHEA), and Canadian Women & Sport (formerly known as CAAWS). Facilitated through these partnerships and centered on perspectives from key sport stakeholders (i.e., athletes, coaches, parents, officials, high-level stakeholders), we have established the most comprehensive understanding of the body image landscape in sport to date. The first set of findings emerged from a systematic evaluation of available resources targeting body image in sport that we conducted to understand the type and quality of content that is being promoted to athletes, parents, coaches, and sport organizations^[37]. Resources were predominantly descriptive, anecdotal, released by fitness-companies (e.g., Nike), and were aimed at raising awareness of body image concerns in sport. Few resources provided actionable strategies and techniques to target and alleviate body image concerns, and even fewer included recommendations to be implemented in sport contexts that align with empirical evidence. Evaluations for quality revealed that resources often lacked a clear purpose, target audience, or were outdated. Collectively, these findings revealed that the availability of high-quality, evidence-based resources aimed at preventing and reducing body image concerns in sport is vastly limited.

In a follow-up qualitative study^[38], we assessed the level of knowledge regarding available support and resources for girls in sport and generated ideas for action to improve girls' experiences in sport with regards to body image concerns. This research consisted of a series of

one-on-one semi-structured interviews with adolescent girls participating in non-aesthetic, team-based sports, as well as with parents, coaches, referees, and sport stakeholders serving adolescents. Based on the findings, athletes, parents, coaches, referees, and sport stakeholders have very limited knowledge of available resources aimed at addressing body image in sport and identify this as a critical missing component that would benefit athletes. Across the five stakeholder groups, there was a noteworthy level of convergence on recommendations for ideas for action including: disseminating stakeholder-specific body image education to be delivered and mandated by high level sporting organizations, and integrating pedagogical practices that promote a body-inclusive sport environment. Based on the interview data, online modules, seminar-style and freely available and accessible resources were the primary suggested conduits for disseminating this information. It is clear that there is a need to address body image in youth sport, to target girls specifically, and that there are few (if any) actionable evidence-based resources to do so.

“Our team has established successful partnerships with sport organizations aimed at girls and women, with the Ontario Physical and Health Education Association (OPHEA), and Canadian Women & Sport (formerly known as CAAWS).”

3. DEVELOPING *ATHLETES EMBODIED*: AN EVIDENCE-BASED AND STAKEHOLDER-INFORMED PROGRAM

To address these gaps, we have partnered with the National Eating Disorder Information Centre (NEDIC) to develop the *Athletes Embodied* (AE) program – an empirically-supported and stakeholder-informed athlete-focus body image and disordered eating prevention program. In this program, resources will be developed to inform sport

stakeholders about the complex factors that influence girls’ body image – including natural increases in weight and body fat associated with puberty; media and peer pressures to diet; weight-based teasing and harassment; contextual factors in sport that emphasize the attainment of specific body types for performance pressures; weight-monitoring activities and an over-emphasis on weight as a determinant of performance; and the role modeling of problematic attitudes by coaches. Given that a variety of body image variables, such as body dissatisfaction, are robust eating disorder risk factors, they will be primary targets of the AE program. Building on NEDIC’s existing online infrastructure, the AE program and relevant body image resources will be made freely available online from the NEDIC website (www.NEDIC.ca) and a partnership-created microsite (www.athletesembodied.ca).

4. COMMUNITY-BASED PARTICIPATORY RESEARCH

As suggested by Bar, Cassin, and Dionne (2016), the promising findings for eating disorder prevention programs for girls and women in sport come with critical considerations. For example, equitably engaging with sport community stakeholders in all steps of the development process allows ground-level implementation partners to contribute their expertise, take part in the decision-making, and share ownership of the program. Stakeholder engagement will increase knowledge and understanding around body image concerns in adolescent sport, as well as inform successful interventions required for policy and social change that may benefit the athletes and sport community. Representing stakeholder needs and interests throughout the process is fundamental to good evaluation and acceptability of a successful athlete body image program.

Our research has embraced many of these suggestions proposed by Bar et al. (2016) and Petrie (2019), and utilized community participatory research methodology to foster effective partnerships with sport stakeholders. To advance the research and dissemination/implementation of the program, diverse sport stakeholder partnerships were

sought for review and evaluation of evidence-based sport-specific body image and disordered eating interventions. These partners were identified if they fell into one of four major groups:

- Involved in sport organization operations (i.e., management, administration);
- Served or affected by the sport organization (i.e., athletes);
- Intended users of the evaluation findings (i.e., persons in a position to make decisions about the inclusion of these body image resources such as coaches and general staff);
- NEDIC-identified sport organization seeking sport-specific body image resources.

As of December 2020, a large and diverse group of sport stakeholders ($n = 54$) have been involved in the design process and have appreciated the strong evidence-based for AE. Indeed, based on preliminary findings and initial impressions of the potential program content, partner members have expressed confidence and even praise for the proposed program topics. Stakeholder feedback, considerations, and requests have predominantly focused on the required support and resources needed for proper coach-facilitation and successful organizational implementation.

5. CHALLENGES AND FUTURE DIRECTIONS

Advancing sport-specific body image promotion and eating disorder prevention strategies requires developing partnerships with an array of sport stakeholders. Without the support of Canadian sport organizations and stakeholders, efforts to develop this program might be ignored, criticized, or even resisted. Yet, achieving “buy in” from sport personnel might not be easy. Developing stakeholder partnerships is time consuming and there is risk that organizational values and views might not reflect the researcher or partnership interest. For many

sports, body weight and/or aesthetic appearance are still considered central to athletic success^[39]. Overcoming systematic and organizational changes is slow and arduous and reflects omnipresent sociocultural attitudes and ideals about the athletes.

This new and emerging partnership with NEDIC is intended to be the first step in developing a formalized plan for future collaborative research to ensure sustainability of the movements created in this new partnership. The next step in advancing this research is the adoption of the program and development of a train-the-trainers approach.

6. CONCLUSION

Developing equitable and successful relationships between academic and non-academic partners has proved vital to advance the exchange and dissemination of knowledge directly targeting body image and disordered eating prevention in youth sport. This partner-driven research satisfies a critical mandate and resource gap from NEDIC's perspective, as well as a priority research call by Sport Canada to identify and mitigate the psychosocial factors that have led to a gender disparity in sport participation^[5]. The development and dissemination of the AE program, and the emerging partnership between the research team and NEDIC, contributes to the development of equitable sport participation opportunities for Canadian girls and women at all levels of sport.

7. ACKNOWLEDGEMENTS

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#BeYourself: An evaluation of a community-based workshop and toolkit educating mothers on how to help their daughters navigate the online world

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ABSTRACT

The purpose of this study was to implement and evaluate a workshop (i.e., community workshop and toolkit) in four different locations in southwestern Ontario. Participants (N=24) filled out a post-workshop survey and three attendees were interviewed three months later. Survey data were analyzed descriptively through IBM SPSS version 25.0 and interviews were audio recorded, transcribed verbatim, and deductively coded. Overall, the community workshop was successful as 96% (n=23) of participants were likely/very likely to recommend the workshop and 'workshop feedback' was one of the most often mentioned themes (n=19 times; 24%). 'Co-creating a digital footprint and online expectations' was another commonly discussed theme in the interviews (n=19 times; 24%), and 'connecting offline' was mentioned 16 times (21%). 'Connecting offline' was also observed in the exit survey as post-workshop confidence regarding offline conversations with adolescent daughters increased (pre-workshop mean (M)=4.06±0.84, post-workshop M=4.61±0.58, p=0.005). Due to the receptiveness and feedback, the workshop should continue to be offered as an educational program.

1. INTRODUCTION

Quality parental relationships play a significant role in the development of an adolescent's overall well-being and mental health ^[1, 2]. Literature suggests that the offline mother/daughter relationship strongly influences all aspects of daughter development and self-perception ^[3]. Chodorow ^[4] considers the mother/daughter relationship to be the critical foundational component to a girl's development, as the maternal influence is largely due to the fact that daughters identify and relate more closely with their mothers compared to their fathers ^[5]. For those with a positive mother/daughter relationship, similarities may develop between dyads and largely contribute to a mutually satisfying relationship ^[1]. This mutuality can create a sense of competence and may aid in the development of adolescent self-esteem and social adjustment ^[1]. Though adolescent girls seek autonomy, the maternal opinion is of strong influence and importance as the mother figure is valued as the central role model that can promote positive growth among daughters ^[3, 6, 7].

Maternal modeling exists offline within the mother/daughter relationship and, therefore, with the ever evolving online digital culture (e.g., social networking sites (SNSs)), the online mother/daughter relationship is beginning to be explored ^[8,9]. Over the past decade, SNS use has become an increasingly popular daily habit among Canadians, with adolescents spending more than two hours a day online dedicated to multiple online profiles (e.g., Instagram, Snapchat, Twitter, and Facebook) ^[10, 11, 12]. Further, parents often use the internet as a resource for parenting-related material and social support ^[11]. Specifically, mothers are more likely to use similar online platforms and SNSs to their daughters (e.g., Facebook, Instagram) in comparison to fathers ^[11]. Mothers are also using SNSs more frequently to post life content including pictures of their children ^[13]. However, online activity may pose a number of risks for adolescents, including incorrect internet use, absence of privacy, exposing an excessive amount of personal information, posting erroneous information ^[14], and susceptibility to negative content and/or individuals ^[15]. Moreover, a large concern with respect to adolescents is their lack of awareness regarding their digital footprint and the future consequences that may incur ^[16]. A digital footprint can be defined as a positive or negative collection of an individual's web-based activity based on the content left behind and, thus, parents need to be actively encouraged to consider how they might be contributing to their children's digital reputation ^[16]. Therefore, as the online world is continuously developing and digital footprints are necessary to consider, it is imperative to educate maternal figures to positively nurture the mother/daughter relationship.

Given the fast-paced nature of the online world, parents often times have difficulty keeping up, especially with knowing how and when to intervene with their adolescents ^[17]. Parents often use a variety of strategies in attempt to monitor their young adolescents' online activity (e.g., requiring password information, requiring to be Facebook friends); however, it may be difficult to balance parent authority while supporting adolescent privacy and autonomy ^[17]. Although the adult population is active online, the speed and evolution of new applications or websites may create some unfamiliarity with technology and the media-dense culture leaving them feeling unprepared ^[17]. Additionally, parenting style may strongly influence the

online activity of adolescents ^[18, 19, 20]. A recent study used parallel focus groups of mothers (n=16) and daughters (n=26) to qualitatively assess mother/daughter dynamics on SNSs, with a specific focus on trying to understand what role mothers play in developing their daughters SNSs beliefs, attitudes, social norms, and behaviours, and to determine what daughters have learned from their mothers about SNSs ^[8]. Using an inductive and deductive approach to the transcripts as a whole, five themes emerged: 'being your authentic self', 'co-creating a digital footprint and online expectations', 'mother as a role model', 'connecting offline', and 'transmission of beauty ideals' ^[8]. Moreover, a quantitative study using 40 mother/daughter dyads reported that certain SNS behaviours among mothers significantly predicted various outcomes among their daughters ^[9]. For example, daughters' self-esteem was predicted by mothers' SNS use (i.e., time spent on SNS was negatively associated) and interaction activities (i.e., commenting/liking daughters' posts were positively associated).

A digital footprint can be defined as a positive or negative collection of an individual's web-based activity based on the content left behind and, thus, parents need to be actively encouraged to consider how they might be contributing to their children's digital reputation.

As such, these two formative research studies ^[8,9] were used as the basis for the development of a workshop (i.e., community workshop and toolkit) aimed at helping mothers navigate the online world with their adolescent daughter(s) entitled *#BeYourself: How to be a Positive Influencer On and Offline*. The workshop was developed by the Community Health, Environment, and Wellness (CHEW) laboratory at the University of Windsor and the Bulimia Anorexia Nervosa Association (BANA), a community organization that specializes in the prevention and treatment of eating disorders. The workshop was co-created using action research ^[21], or more specifically, a community-academic partnership (CAP). Action research pursues answers through cycles of action and reflection

in order to construct transferrable practical knowledge to resolve issues and create change [22, 23], and a CAP is a strategic and collaborative effort between researchers and a community partner, to address a cause relevant to both respective partners in an effort to reach one or more identified goals [24]. The overall objective of the workshop was to co-create an educational resource, based on the formative research [8, 9], for mothers (or other positive influencers) focusing on online parental practices, positive promotion of SNS use, understanding the psychosocial (i.e., body image, self-esteem, eating disorders) impact of SNS use, positive SNS modeling behaviours, and creating a positive digital footprint. The workshop was collaboratively presented as an interactive lecture that addressed topics including knowledge of social norms, observational learning, behaviours that contribute to a positive digital footprint, communication strategies, and risks of using SNSs, along with a take-away toolkit with various resources. Therefore, the purpose of this study was to pilot the community workshop in four different locations and evaluate the implementation and impact of the workshop.

“ The overall objective of the workshop was to co-create an educational resource, based on the formative research, for mothers (or other positive influencers) focusing on online parental practices, positive promotion of SNS use, understanding the psychosocial (i.e., body image, self-esteem, eating disorders) impact of SNS use, positive SNS modeling behaviours, and creating a positive digital footprint. ”

2. METHODS

2.1. Participants

The workshop was widely publicized across BANA's SNS accounts (reaching nearly 4,500 followers), throughout their community partners, and publicized via Facebook advertisements to specifically target and recruit mothers

and other positive influencers in the southwestern Ontario community. Participants were instructed to sign up via an online hosting site. In total, 24 women attended the 4 sessions.

2.2. Procedure

In the fall of 2019, BANA piloted four workshops within one southwestern Ontario community, spread across four different areas (three urban and one rural location), which took place in community recreation/sport centres with free parking. Most of the workshops were hosted in the evenings and free childcare was provided if needed. The interactive workshops were hosted by the health promotion team at BANA and were approximately one hour in length. This workshop included a toolkit explanation, practical scenarios, transformative learning experiences, thought-provoking videos, reflections, and education surrounding SNSs including statistics, how to navigate, and creating a positive digital footprint. The toolkit itself included worksheets (separate interactive online learning experience outlines for mothers and daughters), a “cootie catcher” handout with relevant workshop information, an ‘all4mamas’ (i.e., community group dedicated to moms) membership card, lip balm, and pencil.

At the conclusion of the workshop, paper-based exit surveys were handed out to each participant asking for feedback. Surveys were completed voluntarily and anonymously. Participants who wished to participate in further research could submit their contact information on a tear-away portion located at the bottom of the exit survey. From those that submitted their contact information, five individuals were contacted (from separate workshops) approximately three months later to participate in an interview in which three individuals responded and agreed to participate. All interviews were conducted in a mutually agreed upon time and location, in a private space. All interviews were audio recorded and transcribed verbatim.

2.3. Instruments

2.3.1. Overall survey design

Exit surveys were collaboratively created between the CHEW lab and BANA partnership. The survey consisted of five questions designed to collect

quantitative, qualitative, and pre- and post-workshop data. The survey asked for feedback on the workshop (e.g., expectation vs. experience), toolkit (e.g., potential use, understandability), and any foreseeable plans to use the materials provided. Survey questions included likelihood of recommending the workshop, method of workshop discovery, feedback for content learned and content suggestions, and rating offline conversational confidence with daughters before and after workshop.

2.3.2. Overall interview design

Interview questions were guided by the six themes: ‘being your authentic self’, ‘co-creating a digital footprint and online expectations’, ‘mother as a role model’, ‘connecting offline’, ‘transmission of beauty ideals’, and ‘workshop feedback’ which were based on the formative research studies [8, 9]. The final draft of questions for the interviews, which were expected to take approximately one hour each, were collaboratively created between BANA and the CHEW lab.

2.3.3. Data analysis

All data were analyzed using basic descriptives (e.g., mean, standard deviations, and frequencies) with IBM SPSS version 25.0. A paired t-test was used to determine differences between pre- and post-workshop confidence to have offline conversations with a level of significance set at 0.05. Interview transcripts were deductively coded by three independent coders, after which they came together to discuss the presence of each theme. In the end, the prevalence of each theme was agreed upon by all coders.

3. RESULTS

3.1. Participants

A total of 24 women (e.g., mothers, positive influencers) participated in the workshops. Although we did not directly measure demographics of the participants, the four community locations were strategically chosen to accommodate for urban/rural and socioeconomic status within the community.

3.2. Survey

Of the 24 participants, the majority would recommend the workshop (mean (M)=4.67, standard deviation (SD)=0.56); with scores ranging from a 3 to 5 on a 5-point scale. In total, 96% (n=23) of attendees gave a score of 4 or 5, meaning they were *likely* or *very likely* to recommend the workshop to others. The majority of participants found out about the workshop via SNSs (42%; n=10) or through word of mouth (33%; n=8). Other sources mentioned included community organizations (e.g., Children’s Aid Society and community health centres), email, news outlets, and posters. In some cases, multiple sources were noted by participants. Table 1 provides responses to the open-ended question: “What is something that you did not know coming into this workshop, that you now feel confident in?”.

Table 1. Responses for the open-ended question “What is something that you did not know coming into this workshop, which you now feel confident in?” (N=24)

Topic	Frequency (# of respondents)
Use of filters	5
How language and comments used on SNSs can influence body image in adolescent girls	5
Age limits and restrictions on SNSs	4
Talking to youth about SNSs	4
Parenting styles/strategies	4
How your online behaviour affects your daughter	1
Creating a SNSs contract	1

When asked about workshop topic expectations, only 16% (n=4) of participants reported that everything they thought was going to be in the workshop was included. Other topics that were expected but not presented included: privacy (e.g., learning how to monitor privacy, private messaging), safety (e.g., setting boundaries with partners/sexting, safety features of apps), and how to mitigate escalating tensions between parents/daughters. Other comments included “loved the conversation, wish there was more time!”.

“very informative”, and “I would love for you to come to my school. So positive!”. Lastly, mean scores in confidence to have offline conversations with daughter(s) about SNSs increased from 4.06 (SD=0.84) prior to the community workshop to 4.61 (SD=0.58) after the community workshop, $t(23)=-3.145$, $p=0.005$.

3.3. Interview

Through thematic analysis, the most common themes included ‘co-creating a digital footprint and online expectations’ (n=19 times; 24%) and ‘workshop feedback’ (n=19 times; 24%), followed by ‘connecting offline’ (n=16 times; 21%), ‘transmission of beauty ideals’ (n=11 times; 14%), ‘mother as a role model’ (n=9 times; 12%), and ‘being your authentic self’ (n=4 times; 5%). Among the workshop feedback were many comments that touched upon specific aspects of the community workshop. For example, one mother stated “...it was hard for me to do [role playing activity], which I always like because if it’s hard for me to do, it is probably something I should practice”.

The most commonly mentioned theme was ‘co-creating a digital footprint and online expectations’. For example, one mother shared “and um I had to explain that to her after a while because at first I think she thought that I was so angry because I was interpreting it as him wanting to see her nude or naked in some way - but that was not the case. It was more just I know that is just leading to the next, the gateway...” Another mother felt as though she was positively contributing to her daughter’s digital footprint, stating, “um I personally use it [SNSs] as a positive thing to share like stuff my children do...”. ‘Connecting offline’ was another popular theme with participants that ranged from conversations about SNSs (e.g., “We don’t generally have conversations over the platform, but we have conversations about the platform”) to discussing sexuality (e.g., “And this one [conversation] ended up positive because she was able to articulate things about her sexuality that she didn’t understand at the time, and it ended up being positive for her”). ‘Connecting offline’ usually was discussed with other themes (e.g., mother/daughter ‘connecting offline’ about the ‘transmission of beauty ideals’ on SNSs); for example, one mother stated “...but she will hear something that I am listening to on my phone or something, and will be like ‘oh that’s like that thing we talked about’. So she picked it up!”

4. DISCUSSION

The purpose of this study was to implement four workshops and evaluate the implementation and impact. Overall, the workshop was deemed successful as the majority of participants would recommend it to others. In addition, participants appeared very attentive and engaged in material during the workshop, as ‘workshop feedback’ was a popular theme among the interviews.

The most frequent theme that emerged during the interviews was ‘co-creating a digital footprint and online expectations’. In past literature, the digital footprint has been said to be one of the main risks for young people participating on SNSs because of inappropriate posted content and lack of awareness about future repercussions^[16]. The current findings support this, as the interview participants believed their daughters did not understand that the content posted online could potentially have positive or negative consequences in the future. In addition, the interview participants were unaware how their use of SNSs could potentially impact their daughter’s digital footprint, meaning how sharing information or pictures via SNSs without their child’s permission could have positive or negative implications for their child’s digital footprint in the future^[16]. The formative research^[8] reported similar findings, in that mothers often did not consider the potential impact of posting about their daughters. Overall, it seems as though the workshop enabled mothers to become more aware about digital footprints and how they can help their daughter navigate the online world moving forward.

In past literature, the digital footprint has been said to be one of the main risks for young people participating on SNSs because of inappropriate posted content and lack of awareness about future repercussions.

Overall, participants left the workshop feeling more confident with having offline conversations with their daughters about SNSs than they did coming into the workshop. During the interviews, ‘connecting offline’ was

frequently mentioned, and often with another theme. It does not appear that these offline conversations have a bad connotation associated with them, and participants commented on the teachable moments that happened in light of these conversations. The formative research ^[8] also indicated that mothers believe that it is important to have offline conversations about what is happening online. Although there is limited research about educational interventions for mothers and daughters regarding SNSs, there are prospective studies to suggest that interventions involving mothers and daughters to increase public health knowledge can elicit behaviour change. For example, uneducated mother/daughter dyads received educational interventions regarding the vaccination for human papillomavirus (HPV) ^[25]. Mothers who received the HPV educational interventions were more likely to have their daughters not only initiate vaccination, but complete all doses compared to those mothers who received diabetes education ^[25]. The offline conversations may be re-enforcing attentive listening skills, overall healthy behaviours, and dialogue that remain central to the mother/daughter relationship ^[26]. Future studies should continue to focus on how critical ‘connecting offline’ is central to mother/daughter relationships, as the quality interactions could continue to contribute to the teachable moments participants experienced in this study.

“The offline conversations may be re-enforcing attentive listening skills, overall healthy behaviours, and dialogue that remain central to the mother/daughter relationship.”

5. CONCLUSION

The workshop was successfully implemented in four locations and evaluated. Due to the receptiveness and feedback, BANA should continue to offer this educational program as part of their health promotion services. The workshop should continue to be promoted through SNSs and consider other avenues to maximize awareness, recruitment, and participation in future community workshops. Future community workshops could try to include more activities related to educating mothers (e.g., SNSs, body image) and increasing activities related to the theme of being your authentic self as this was the least prominent theme. In sum, this workshop will help mothers (and other positive influencers) navigate the online world with their daughter(s) and potentially result in the creation of resources that promote positive online mother/daughter relationships.

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Solution-focused approaches to the weight loss question

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ABSTRACT

Solution-focused dialogue is a client-centered approach to fostering behavioural change that focuses on what clients express that they want, and on the strengths and resources they can activate to achieve their desired change. It can be highly effective in helping clients who are engaging in disordered eating as a means to lose weight envision and pursue a more positive relationship with food and their body.

“I WANT TO LOSE WEIGHT”

I want you to think of a time when somebody said: “I want to lose weight.” How did you respond? And, given all your current knowledge and experience, what would you say if someone told you that now?

When I first submitted this topic – addressing clients’ desire for weight loss – as my focus for a presentation at the NEDIC 2019 conference, I was planning on sharing a whole bunch of information on the core principles of my work: intersectional feminism, harm reduction, Health At Every Size®, Positive Psychology, and so on.

But then it occurred to me that you probably already know all these things, and that an introduction to how I have conversations about weight with my clients might be more useful to you.

At the core of my work lies a conversational method called solution-focused dialogue, the contemporary version, you could say, of Solution-Focused Brief Therapy. This is a client-centered approach that focuses on what the client wants, as opposed to what the practitioner thinks might be best for the client.

LISTEN – CURATE – ORIENT

In my opinion, there are three steps to solution-focused conversations for professionals. First, you listen. Then, while you’re listening, you curate what you’re hearing, which will help you to orient the client, in the third step, towards what is useful to them. Basically, we’re trying to guide the conversation in a way that supports and encourages the client’s wellbeing.

We’ll go over what that all means and looks like in more detail shortly, but I did want to briefly elaborate on what I mean by “wellbeing”.

WELLBEING

When I say “wellbeing”, I’m referring to the eight dimensions of wellness as they’ve been defined by the Substance Abuse and Mental Health Services Administration:

- Emotional
- Spiritual
- Intellectual
- Physical
- Environmental
- Financial
- Occupational
- Social

This is what our lives really consist of.

“At the core of my work lies a conversational method called solution-focused dialogue, the contemporary version, you could say, of Solution-Focused Brief Therapy.”

Personally, I prefer the term “wellbeing”, because the idea of “wellness” has been so co-opted by diet culture. And, especially when we are working with people whose lives revolve around the physical aspects of their being, it can be important to remind *ourselves* as practitioners that their lives are more than their condition.

YOUR CLIENT'S WORDS

Language is important here, both because clients who struggle with their body image are highly sensitive to the words we use, but also because solution-focused dialogue is a very keen linguistic effort.

In solution-focused conversations, we strive to preserve the exact words our clients use. This is because *we operate on the assumption that the client always knows better*, as Peter De Jong, one of the founders of the method, put it.

That doesn't mean that the client has all the answers just yet, of course, but it does mean that the client is the expert on their condition.

By using the exact words that our clients use, we signal to them that we respect and accept them just as they are, and that we honour their experience as valid and important by not changing anything about or adding to their description of it. Much rather, we want to focus on what we heard the client say they want. Not what we think they want. What they *said* they want.

Basically, wherever possible, we're striving to keep our egos – and our advice – out of the conversation. That can be tough, especially when we're working in a traditional medical environment or when clients seek us out specifically for advice.

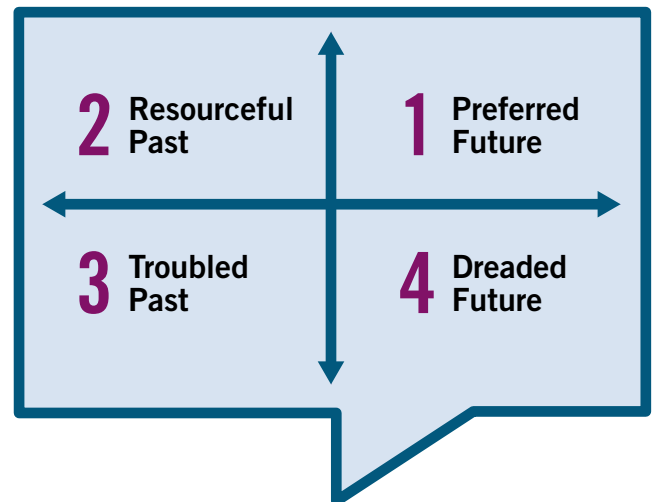
THE DIALOGIC ORIENTATION QUADRANT (DOQ)

Something else that solution-focused practitioners are very aware of is their relative insignificance in the grand scheme of things. We understand that clients go about their lives, chat with us just for a moment in time, leave our office, and go about their lives again.

What we are particularly interested in finding out from them during our time together, is anything about their preferred future or resourceful past. This means that we're always looking to hear more about the good stuff: “What are you hoping to have happen more often in your life?” or “Tell me about a time when things went well.”

Also there, of course, are the troubled past and dreadful future. We very much acknowledge those as real and important, but because we're looking for progress, they're not what we focus on during our conversation.

This is the dialogic orientation quadrant, by the way, that Haesun Moon at the Canadian Centre for Brief Coaching created:



Dialogic Orientation Quadrant, Haesun Moon, 2017

Everything above the line is considered resource activation, because there, we're talking about strengths, resources, wins, abilities – positive stuff that makes people feel good. We're doing that for the purpose of activating people's resources. This matters, because competence – the resourceful past – fosters confidence, a crucial piece to recovery.

In order to successfully recover, a client must know that generally speaking, recovery is possible, and they must also be confident enough in their own ability to get well. They need to be able to picture a life free from disordered eating or weight preoccupation, or at least a time in their life where the problem was less apparent or they were somehow able to handle it better.

You've probably heard of neuroplasticity, and this is exactly what we're utilizing here. We help clients envision their preferred future or a memory of when things were better, because that increases their chances of success – if they've done it before, they can do it again, and if they've never done it before, they'll be more likely to achieve it if they have a clear picture in mind of where they're going.

In order to successfully recover, a client must know that generally speaking, recovery is possible, and they must also be confident enough in their own ability to get well.

Everything below the line is considered problem activation, things that went wrong, that we can't do, or are afraid of. As there is actually research that shows that talking about problems reinforces them, we try not to do that so much in our client conversations.

As a matter of fact, often, what clients want going forward has very little connection with the past. Noticing change or progress throughout recovery, or believing change is possible in the first place, becomes very difficult when we spend a lot of time discussing someone's problematic present.

All of that said, resource activation and problem activation happen on a spectrum, meaning that we can go back to resource activation at any time in case we veered off track into problem talk.

TALK ABOUT DIETING IS ALWAYS TALK ABOUT FAILURE

A common question that therapists ask when trying to understand their clients better might be: "Can you tell me a little bit about your dieting history?"

Now, knowing what you know about diets, and how they don't work, what might this question activate in the client? Resources or problems? (Hint: problems for sure!)

Based on the Dialogic Orientation Quadrant above, if you were facilitating your own, more resource-activating conversation, what might you ask your client about instead? How might you word a question that would focus on the client's past successes in their eating disorder recovery, or their vision of a life without an eating disorder?

One that comes to my mind, for example, could be: "How did you manage to make yet another appointment with an eating disorder counsellor?"

TURNING A PROBLEM DESCRIPTION INTO AN ACHIEVEMENT

Think of a client who is hoping to stop restricting their food intake. If they were my client, I would likely ask something along the lines of: "How come recovery is important to you?"

The client might be surprised by the question and immediately say: "I don't know."

That's a fairly common response to questions they haven't thought about, or that are difficult to answer on the spot. If that happens, I usually say something along the lines of, "Think about it for a minute!" or, "Suppose you *did* know, what might you say?" In my experience, if you give clients a little bit of time here, they usually come up with very meaningful answers.

I have two more examples that I'd like to share with you.

This one inquires about the client's resourceful past: "Tell me about a time when your relationship with food was easier, even just a little bit."

You want to make sure that you're not asking closed-ended "yes or no" questions, by the way, and you'll also want to avoid saying "Can you tell me about a time...", because more often than not, a client in that situation will respond, "No, I can't."

THE PREFERRED FUTURE

The following is an example of a question about the preferred future:

"Suppose you didn't have to worry about your relationship with food anymore, what difference would it make?"

"Suppose" questions and "what difference would it make" questions are very important tools in solution-focused conversations, because they help the client define what it is that they want instead of their current situation. In my experience, clients will answer this question with: I'd be happier, I'd go out more, I would feel better, I'd be more self-confident.

When clients respond in this way, it can be very worthwhile to ask them what *happier, going out more, feeling better, being more self-confident*, etcetera might look like in detail, what others would notice about them if that were the case, and also what difference in their life *that* would make.

WHAT ELSE?

Another fantastic way to find out what really matters to clients is to simply ask them: "What else?"

This question can be asked many times in a row, but should only be used with a focus on the upper half of the DOQ.

WHY THIS MATTERS

You might ask yourself why I care so much about your response to the statement, "I want to lost weight". Here's the thing: I spent over half my life wanting to lose weight *in spite* of the fact that I've always had thin privilege.

I used to be someone who wasted brain space on calorie counting, and it almost killed me.

I was one of those girls who, growing up, received useless therapy and horrible advice from doctors. I didn't know that diets don't work, that that's not my fault, and that, even as a white woman in a small body, I was still oppressed in many ways. And I didn't know that I as a person was more than the sum of my problems.

Because nobody that I went to see for help with this told me. No therapist. No doctor. No nurse.

The one useful response I got from someone to whom I disclosed my bulimia was actually my very first boyfriend, who said: "Why would you do that?!" And while I would word this question differently today, that's actually a solution-focused question. How so? Because it assumes that I have a good reason for doing whatever it is that I'm doing, and because it is asked from a place of genuine care and curiosity.

I used to be someone who wasted brain space on calorie counting, and it almost killed me.

So, when I learned about Insoo Kim Berg's and Peter De Jong's Solution-Focused Brief Therapy during my addictions counselling studies at McMaster University, it resonated immediately. And this practice really is transformative. Never in my life had I encountered a way to have conversations in which the practitioner respects the client's best hopes and abilities this much.

Now, I'm curious to know:

How will you use what you learned here today going forward?

What about this article was useful for you?

And, most importantly, what will you say the next time somebody tells you they want to lose weight?



**NEDIC Helpline (416) 340-4156 or Toll-Free 1-866-NEDIC-20
Monday to Thursday 9am-9pm and Friday 9am-5pm EST**

Through our programming, campaigns, and national toll-free helpline, NEDIC is committed to prevention, building awareness and ensuring that people no longer suffer in silence.