

Improving Eating Disorder Prevention: Adolescents & Young Women's Opinions of Common Themes

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+ Webinar Outline

- The eating disorders – definitions
- Causes of eating disorders
- Eating disorder prevention
- Current issues and controversies
- Our recent research project with NEDIC
 - Purpose, method, results
- How can parents, teachers, and coaches etc. help prevent eating disorders?



+ The Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding or Eating Disorder





Causes of Eating Disorders

■ Predisposing Factors

- Genetic
- Sociocultural
- Family
- Individual

■ Precipitating Factors

- Stress
- Dieting
- Weight gain or loss
- Puberty
- Instruction

+ Eating Disorder Prevention



- The Body Project
- Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED)
- Ontario Community Outreach Program for Eating Disorders
- Beyond Images
 - 20-lesson curriculum aimed at grades 4-8
 - Online lesson plans on media literacy
 - Free

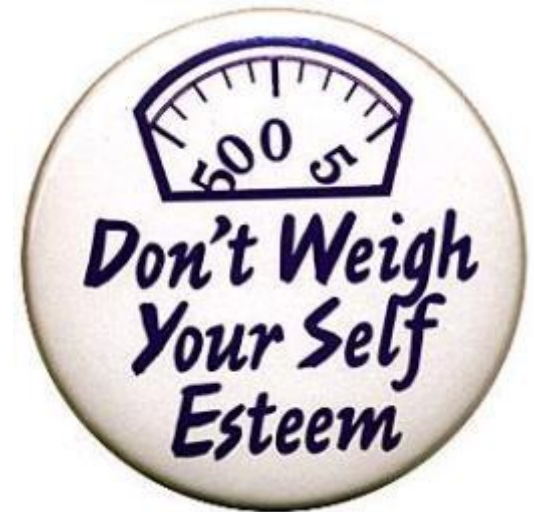




Current Issues and Controversies



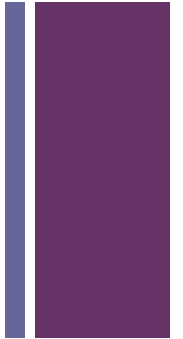
- Myth: Eating disorder prevention makes things worse
- Need for more gender inclusion – men and LGBTQ2
- Where to focus our attention: the individual vs. society?
- How do we translate into public policy?
 - Quebec Charter: “La Chic”
- Reducing body dissatisfaction is good, but won't affect eating disorder rates.



+ The Current Study

■ Research Questions:

- Which ED prevention themes do adolescent and young adult women think are most persuasive and why?
- Are the impressions and evaluations of prevention messages among women with an ED similar to those without an ED?
- Are there differences in how the two groups perceive the appearance and credibility of the message presenter?
- How do rating of the presenter relate to ratings of message persuasiveness?





Method



- Young women identified either having a current or previous ED & was determined using
 - MINI (non-hospitalized participants) or
 - Hospital charts (ED patients), post consent

- Compared to Control Group
 - Responded “no” to question, “Have you ever been diagnosed with or suspected that you have an ED?”

+ Participants

■ Clinical Group

- $n = 60$
- Age ($M = 17.22, SD = 2.79$)
- BMI ($M = 21.10, SD = 7.10$)

■ Non-Clinical Group

- $n = 113$
- ($M = 19.48, SD = 1.66$)
- ($M = 22.10, SD = 3.72$)



+ Measures



- ED Prevention Messages in Video Format – professionally produced & adapted with permission of Durkin & colleagues (2005)
- Rating of ED Messages (Paxton & colleagues, 2002; 2005)
- Video Presenter Evaluation
- Self-esteem – SSES (Heatherton et., 1991)
- Mood - PANAS-X
- Demographic Questionnaire

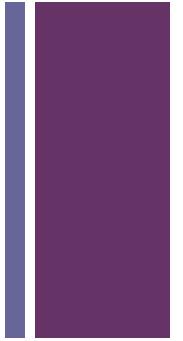
+ Procedure

- Series of 5 videos shown in randomized order
 - each video containing 2-3 minute ED prevention messages
- Between videos
 - Evaluation questionnaire
- Post Videos
 - Presenter evaluation form
 - Demographic questionnaire





Body Dissatisfaction Prevention Messages

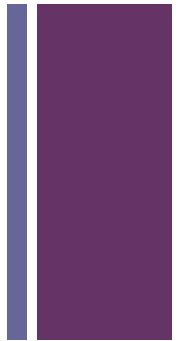


- 1. Don't be fooled by media images – they are not real.
- 2. Steer clear of the comparison trap.
- 3. The ideal body shape and size change throughout history and between cultures.
- 4. Fat talk has negative consequences.
- 5. Thinness does not determine how attractive or valuable you are.



Results: Participant Characteristics

Clinical Group (n = 60)	Min	Max	Mean	SD
Age	13.00	23.00	17.22	2.79
BMI	14.52	60.80	21.10	7.10
Positive Affect	11.00	50.00	25.47	8.36
Negative Affect	10.00	44.00	19.92	9.30
Social SSE	7.00	32.00	19.75	6.43
Performance SSE	8.00	34.00	19.92	5.31
Appearance SSE	6.00	27.00	14.27	5.38
Total SSE	21.00	85.00	57.95	15.57
Non-Clinical Group (n = 113)				
Age	18.00	25.00	19.48	1.66
BMI	13.97	37.70	22.10	3.72
Positive Affect	12.00	50.00	30.49	7.67
Negative Affect	10.00	35.00	14.58	5.38
Social SSE	7.00	35.00	19.75	6.43
Performance SSE	12.00	35.00	26.66	5.09
Appearance SSE	6.00	30.00	20.63	5.36
Total SSE	34.00	100.00	72.87	14.86

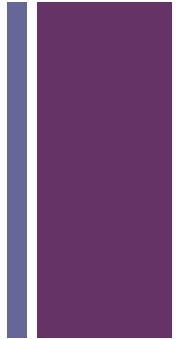


+ Results: Ratings of message persuasiveness across groups

	M	SD
Clinical Group (n = 60)		
Media Images	3.34	.65
Comparison trap	3.41	.64
Ideal body changes	3.42	.69
Fat talk	3.41	.68
Thinness/value	3.42	.66
Non-Clinical Group (n = 113)		
Media images	3.80	.55
Comparison trap	3.75	.54
Ideal body changes	3.72	.61
Fat talk	3.70	.58
Thinness/value	3.70	.56



Results: Ratings of message facets



Clinical Group (n = 60)	Mean	<i>SD</i>
Relevance	3.02	.69
Believability	3.97	.60
Emotional Impact	3.21	.60
Intention to Diet	3.14	.55
Intention to Compare	3.17	.75
Non-Clinical Group (n = 113)		
Relevance	3.25	.58
Believability	4.35	.38
Emotional Impact	3.60	.54
Intention to Diet	3.43	.60
Intention to Compare	3.68	.61



Results: Presenter ratings



- Clinical participants rated the presenter as less credible and heavier than the Non-clinical group
- These differences were no longer significant once age was controlled for
- Younger participants rated the presenter as less attractive, less credible, and heavier than did older participants
- The more attractive, credible, and thinner the participants found the presenter, the more persuasive they found the messages that she delivered
- Both groups reported a preference for a female presenter who has herself recovered from an ED

+ Additional Comments from Participants

- Age matters
- Not all obtained exposure to ED message prior to study
 - thought messages would of been helpful then
- Other factors need to be considered in combination with ED messages for it to be effective
 - Familial
 - Cultural (ethnic & sports/dance culture)
 - Bullying/teasing



+ “How can I help?”

- Model healthy behaviours for children
- Provide an environment that makes it easy to make healthy choices
- Focus less on weight, and more on behaviours and overall health
- Provide a supportive environment with lots of listening and less talking



+ Community Input



- We welcome input regarding ED prevention from members of the community, including educators, professionals, and young people.
- If you have any ideas on how eating disorder prevention can and should be improved, please let me know:
jsmills@yorku.ca.

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