



Centre for Appearance Research

Tackling Eating Disorders
Beyond the Clinic: The Case for
Eating Disorder Prevention

Nadia Craddock, EdM, BSc.
8th November 2019



OVERVIEW

Introductions

Why beyond the clinic?

Body Image & ED Prevention

**Weight Stigma & ED
Prevention**

Individual Level interventions

Societal Level interventions

Final Thoughts



The Centre for Appearance Research

The Centre for Appearance Research

- World's largest research group in this field
- 30+ psychologists; professors, academic staff, researchers, PhD students
- Internationally renowned for excellence in body image and appearance research.



Me!



Psychology BSc



Psychology EdM



PhD Study



*Professor Phillippa Diedrichs
@ Centre for Appearance Research*



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WHY we need to go beyond the clinic?

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Eating disorders

This article is more than 8 months old

Hospital admissions for eating disorders surge to highest in eight years

Campaigners raise alarm about growing crisis of young people with anorexia and bulimia

Sarah Marsh
@sloumarsh
Fri 15 Feb 2019 19:55 GMT
602



▲ The eating disorder charity Beat estimates that there are more than 1.25m people living with an eating disorder in the UK. Photograph: Peter Byrne/PA

There has been a dramatic rise in hospital admissions for potentially life-threatening eating disorders in the last year, prompting concern from experts about a growing crisis of young people experiencing anorexia and bulimia.

Figures seen by the Guardian show year-on-year rises in hospital visits, with admission numbers more than doubling from 7,260 in 2010-11 to 16,023 in the year to April 2018. The latest figure is up from 13,885 the year before - the highest spike in eight years.

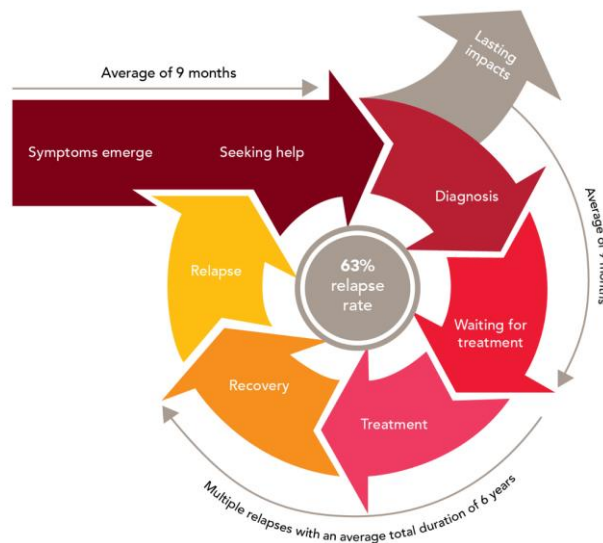
Advertisement
Pause to consider ...
Culture Opinion

WHY we need to go beyond the clinic?

**Eating Disorders are
underdiagnosed and undertreated.**

1 in 3 of those with an ED receive
professional support

WHY we need to go beyond the clinic?



#EDAW2015

Eating disorders now cost the UK £15 billion a year.

Source: PwC, 2015.

beat

WHY we need to go beyond the clinic



WHY we need to go beyond the clinic

DIET CULTURE

Selling the idea thin = better, healthier, more attractive etc.

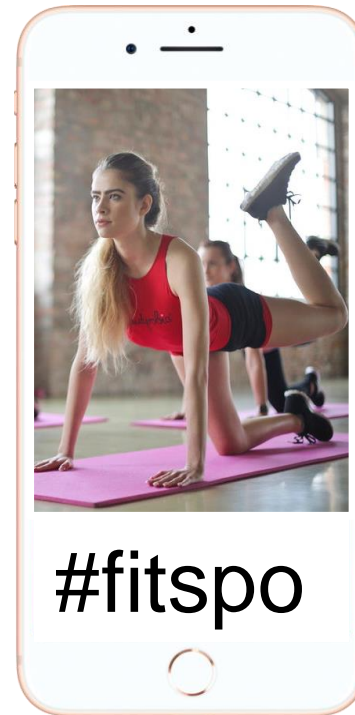
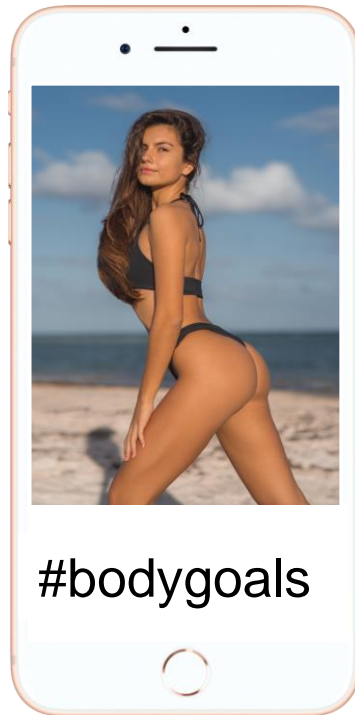
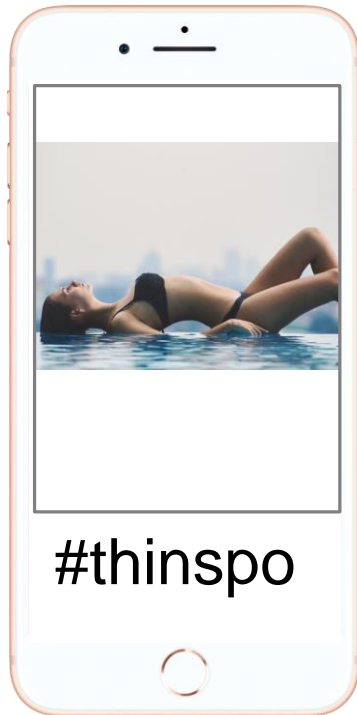
The U.S. weight loss and management market is now worth a record \$72 billion

Globally, projected to be worth is projected to reach a value \$278.95 billion at the end of 2023

Reuters (2018)



WHY we need to go beyond the clinic



WHY we need to go beyond the clinic?

In summary:

- Increasing rates of eating disorders
- Eating disorders are undiagnosed & undertreated
- High costs associated with eating disorders
- Sociocultural influence and diet culture



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Body Image & Eating Disorder Prevention

Body Image:

How people think and feel about how they look.

Body Image & Eating Disorder Prevention

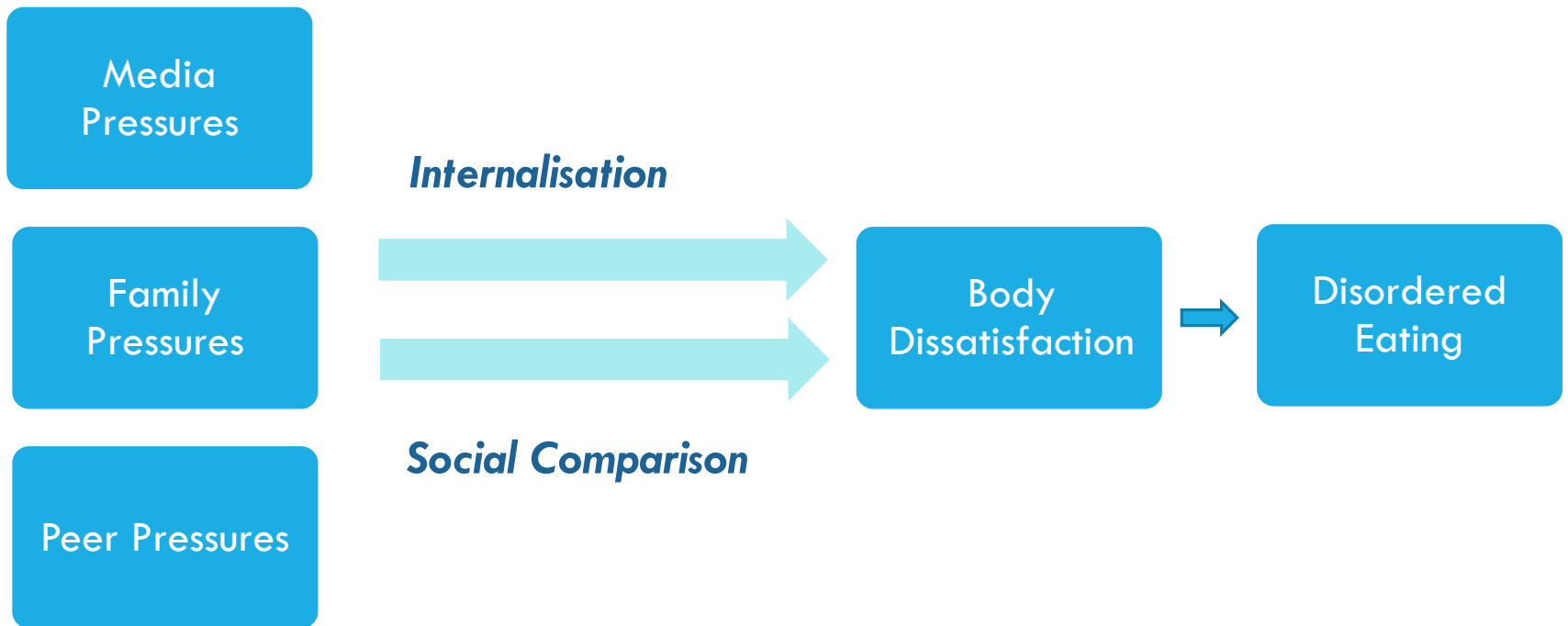
Negative Body Image:

Body dissatisfaction, body shame, body image anxiety, over-evaluation in one's appearance.

Positive Body Image:

*More than an absence of negative body image.
It is multifaceted and includes appreciation,
acceptance, respect, and care for one's body*

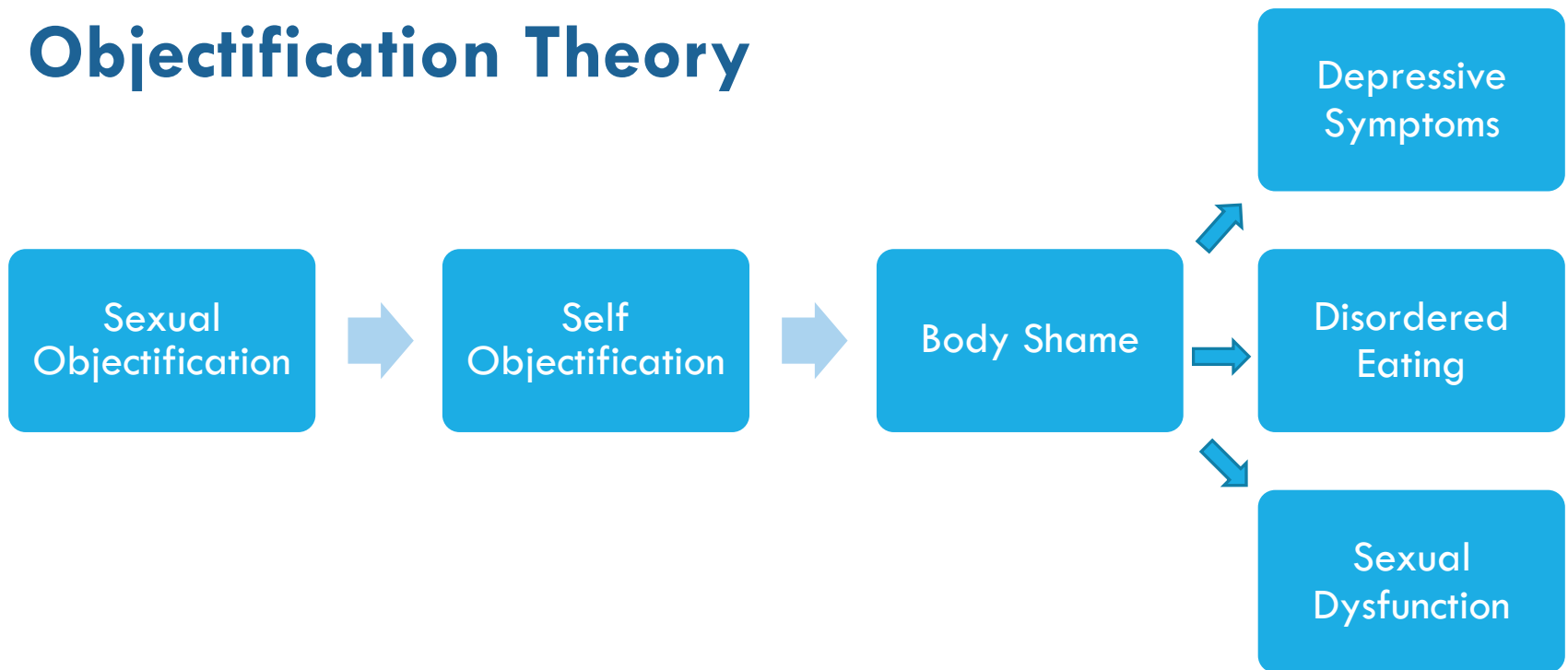
Body Image & Eating Disorder Prevention



Tripartite Influence Model

Body Image & Eating Disorder Prevention

Objectification Theory





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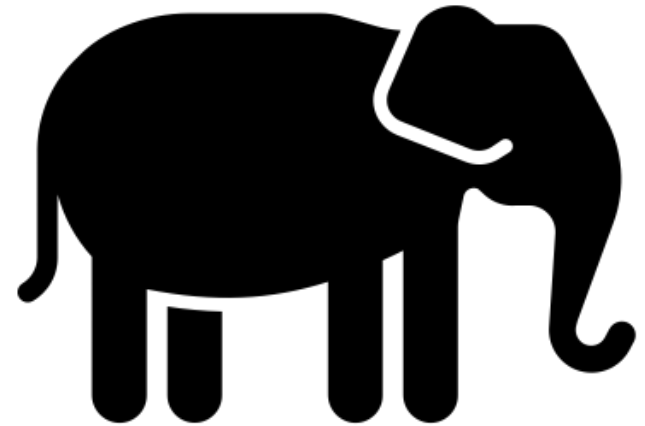
Societal Level interventions

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Weight Stigma & Eating Disorder Prevention

Weight stigma is a known risk factor for eating disorders in people of all sizes.

Internalisation of weight stigma is associated with numerous disordered eating behaviours from dieting to bingeing, to diet pill use.



Weight Stigma & Eating Disorder Prevention





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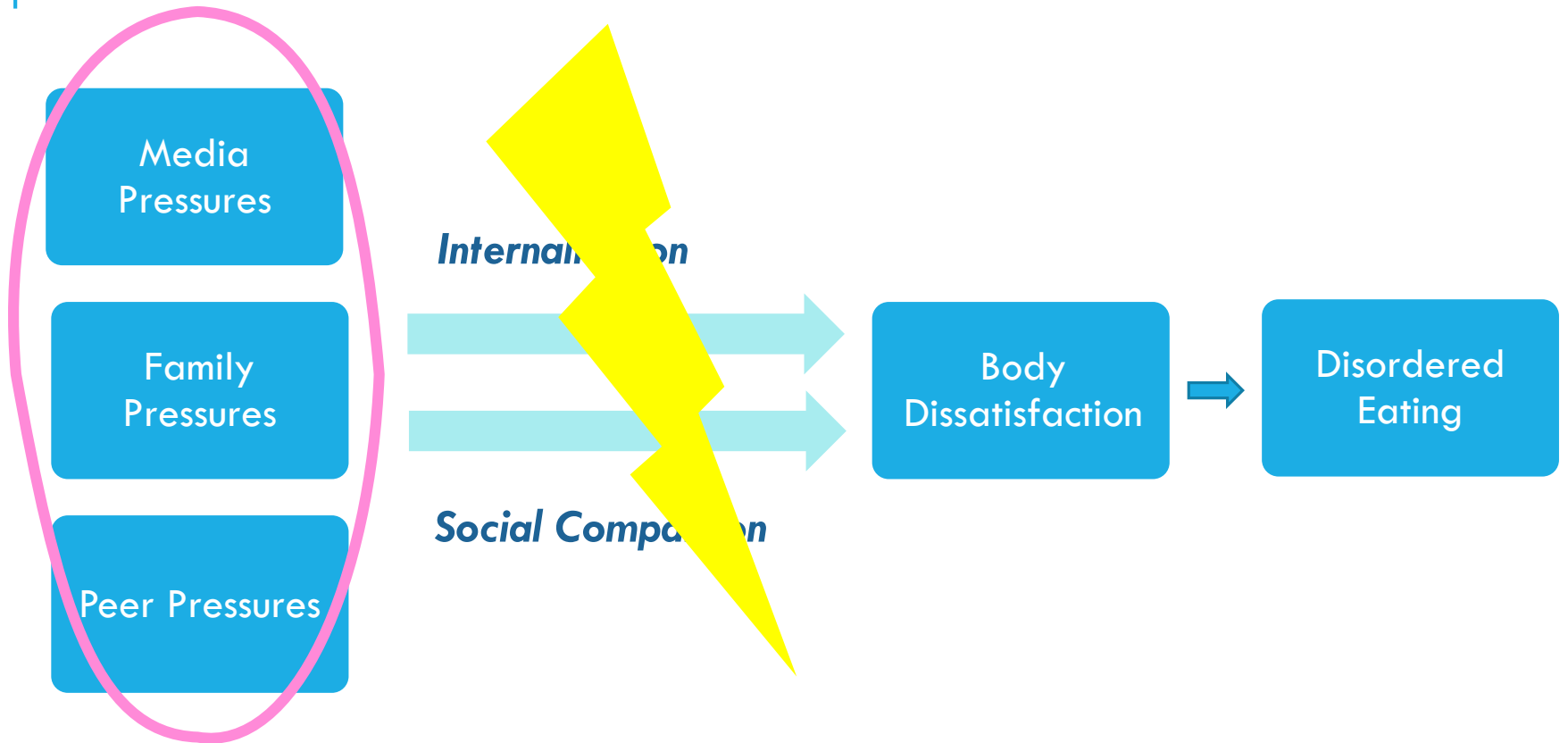
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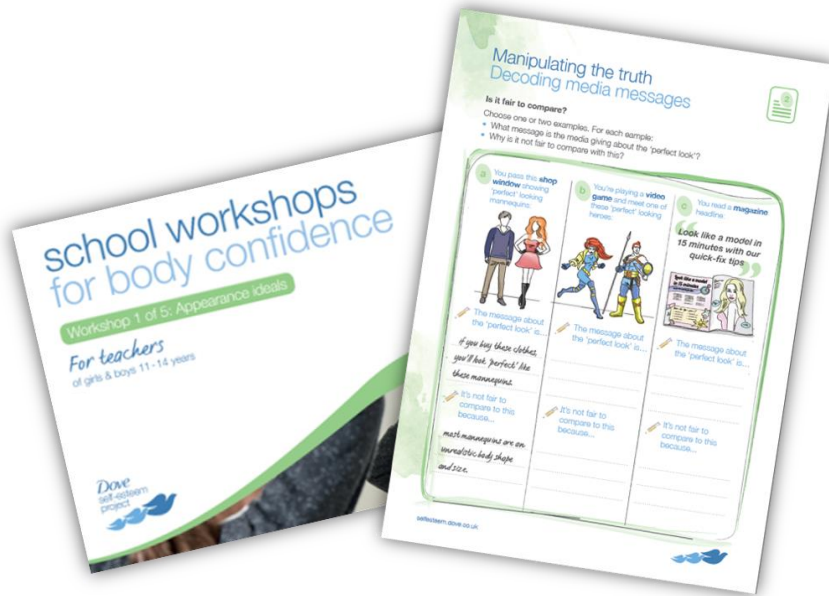


Body Image & Eating Disorder Prevention



Tripartite Influence Model

Individual Level Interventions



Effectiveness of a brief school-based body image intervention ‘Dove Confident Me: Single Session’ when delivered by teachers and researchers: Results from a cluster randomised controlled trial

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ABSTRACT

This study evaluated a 90-min single session school-based body image intervention (Dove Confident Me: Single Session), and investigated if delivery could be task-shifted to teachers. British adolescents ($N = 1707$; 11–13 years; 50,838 girls) participated in a cluster randomised controlled trial (lessons as usual control; intervention teacher-led (TL); intervention researcher-led (RL)). Body image, risk factors, and psychosocial and disordered eating outcomes were assessed 1-week pre-intervention, immediate post-intervention, and 4–9.5 weeks follow-up. Multilevel mixed-models showed post-intervention improvements for intervention students relative to control in body esteem (TL; girls only), negative affect (TL), dietary restraint (TL; girls only), eating disorder symptoms (TL), and life engagement (TL; RL). Awareness of sociocultural pressures increased at post-intervention (TL). Effects were small-medium in size (d s 0.19–0.76) and were not maintained at follow-up. There were no significant differences between conditions at post or follow-up on body satisfaction, appearance comparisons, teasing, appearance conversations and self-esteem. The intervention had short-term benefits for girls’ body image and dietary restraint, and for eating disorder symptoms and some psychosocial outcomes among girls and boys. A multi-session version of the intervention is likely to be necessary for sustained improvements. Teachers can deliver this intervention effectively with minimal training, indicating broader scale dissemination is feasible.

Trial registration: ISRCTN16782819.

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Poor body image is common in Westernised countries and is not benign. An estimated 25–61% of adolescent girls and boys are dissatisfied with their appearance (Al Sabbah et al., 2009). Poor body image is prospectively associated with higher rates of depression, unhealthy weight control practices, and reduced academic performance (Halliwell, Diedrichs, & Orbach, 2014; Neumark-Sztainer, Paxton, Hannan, Haines, & Story, 2006; Stice & Bearman, 2001). Body dissatisfaction is also the most potent modifiable risk factor for the development of eating disorders (Jacobi & Fittig, 2010). Consequently, governments, health professionals and the public are calling for the dissemination of evidence-based body image interventions, in an effort to reduce body image concerns and prevent eating disorders (Puhl, Neumark-

Sztainer, Austin, Luedicke, & King, 2014).

Significant strides have been made in the development of effective body image interventions, particularly among selected samples of high-risk adolescent girls and young adult women (e.g., Stice, Shaw, Becker, & Rohde, 2008). However, very few have been disseminated at scale (Stice, Becker, & Yokum, 2013). The global shortage of skilled human resources to deliver these interventions is a key barrier to dissemination (Patel, Kieling, Maulik, & Divan, 2013). Task-shifting from expert (e.g., psychologists) to less expensive providers (e.g., school teachers) and embedding interventions within existing infrastructures (e.g., schools) are two solutions to reducing the cost and increasing the availability and dissemination of interventions (Kilpela et al., 2014). Accordingly, evidence-based interventions delivered by school staff are an important strategy for addressing child and adolescent mental health issues in a sustainable and cost-efficient manner (Graeff-Martins et al., 2008; Patel et al., 2013).

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E-mail address: phillippa.diedrichs@uwe.ac.uk (P.C. Diedrichs).

Individual Level Interventions

Outcome	Post-Intervention	2-month	6-month	12-month
Body Esteem	d = .15	d = .26	d = .15	(d = .07)
Self-Esteem	(d = .11)	d = .15	(d = .11)	(d = .02)
Teasing (frequency) - girls	(d = .12)	(d = .17)	d = .36	d = .29
Life engagement	(d = .00)	(d = .03)	(d = .10)	d = .17

Individual Level Interventions

Promising findings with yoga based interventions.

One programme designed for pre-teens (**Girls Growing in Wellness and Balance**) significantly decreases drive for thinness and body dissatisfaction while significantly increasing self-care when compared to a control group.



Individual (Micro) Level Interventions

Self-compassion quotes had a positive impact on body satisfaction, body appreciation and mood



Body positive posts was associated with improvements in mood, body satisfaction and body appreciation



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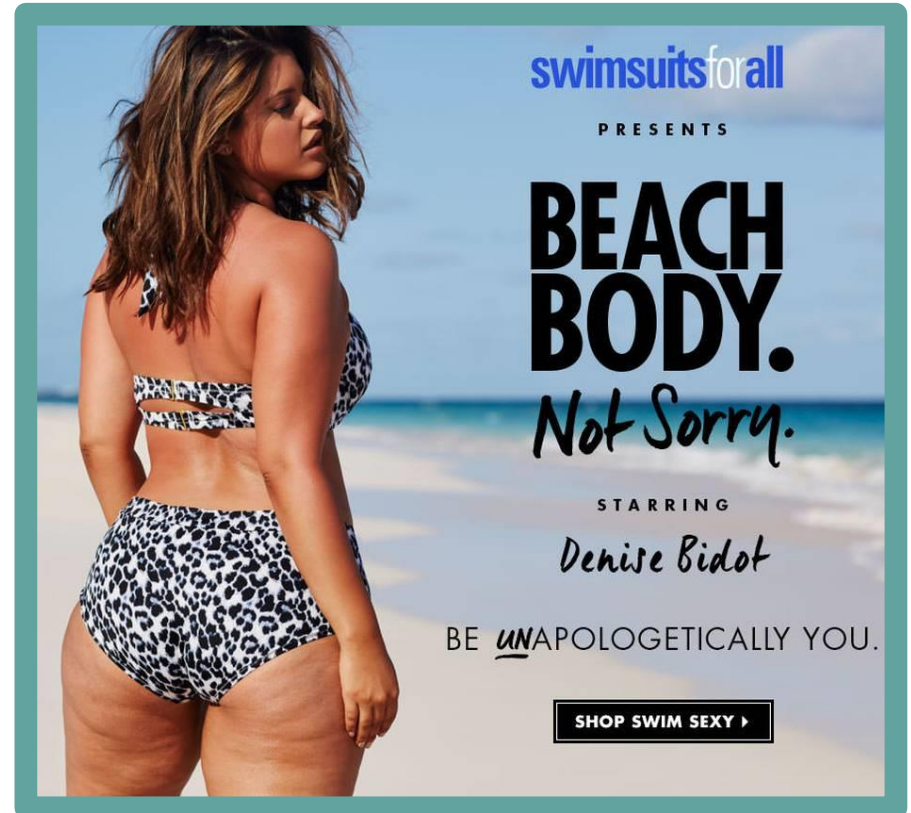
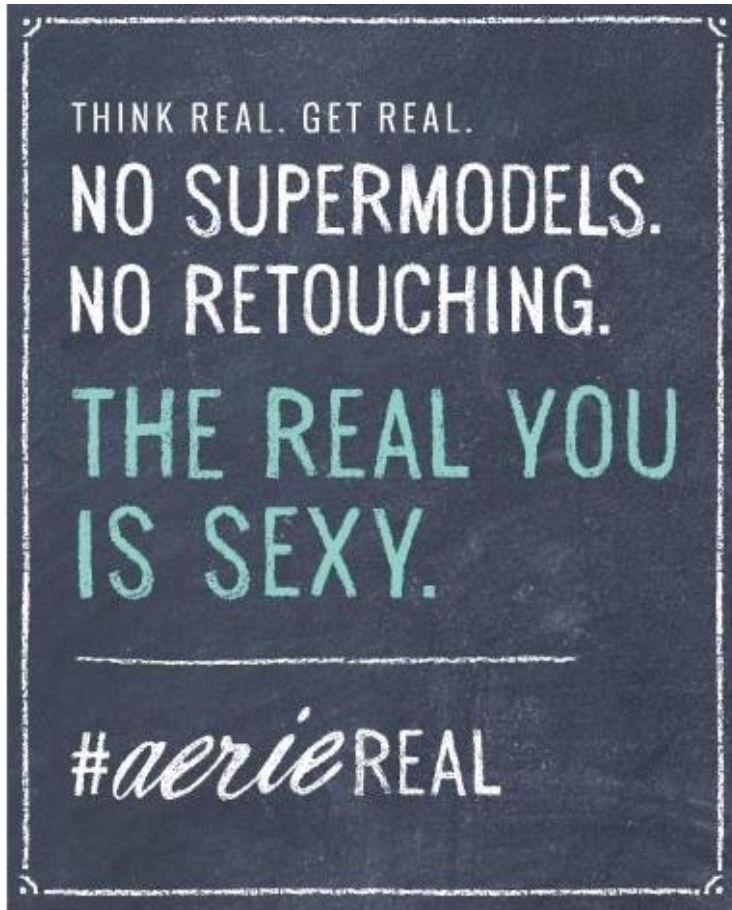
~~Individual Level interventions~~

Societal Level interventions

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Societal Level interventions



Societal Level interventions



STRIPED

A PUBLIC HEALTH
INCUBATOR

Strategic Training Initiative for the Prevention of Eating Disorders

Policy Translation

- Diet pills / supplements
- Weight based discrimination
- Photoshop



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AVOIDING APPEARANCE RELATED COMPLIMENTS

I need to lose weight

Have you lost weight? You look great!

He is in great shape

I wish my body was like hers

#Bodygoals

NON-APPEARANCE RELATED COMPLIMENTS

You're really generous

I appreciate how thoughtful you are

I love your outlook

You're such a good friend

I feel comfortable around you

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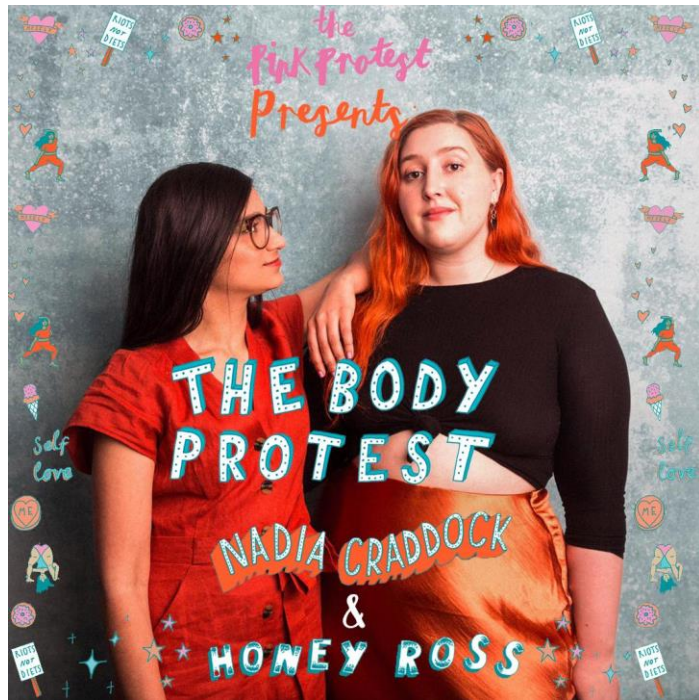
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