

Body Project Treatment 8.0

Collaboratively developed by:

Eric Stice, Ph.D.

Paul Rohde, Ph.D.

Heather Shaw, Ph.D.

Oregon Research Institute

1715 Franklin Blvd.

Eugene, OR 97403

(541) 484-2123

Copyright by Eric Stice

OVERVIEW

This manual outlines an 8-session dissonance-based eating disorder treatment that is an outgrowth of the *Body Project*, which is a 4-session dissonance-based eating disorder prevention program. We found that the original *Body Project* produced large and clinically meaningful reductions in eating disorder features and symptoms for those with a DSM-5 eating disorder (Muller & Stice, 2013). A pilot trial confirmed that this new treatment produced large and clinically meaningful reductions in eating disorder symptoms relative to usual care received by individuals with any type of DSM-5 eating disorder (Stice, Rohde, Butryn, Menke, & Marti, 2015). The intervention is the outgrowth of a 20-year program of research on the risk factors for eating disorders by our research team. In this group-based treatment young women with body image concerns and some DSM-5 eating disorder engage in a series of verbal, written, and behavioral in-session and home exercises in which they discuss the costs of pursuing the thin ideal, body dissatisfaction, and eating disorder behaviors. In so doing, they convince themselves out of pursuing the unrealistic thin ideal espoused by Western culture, having body dissatisfaction, and engaging in eating disorder behaviors.

THEORETICAL FOUNDATION

According to dissonance theory, voluntarily discussing the costs of a perspective or behavior in a public forum leads to an internalization of the new viewpoint. This is because humans prefer to maintain consistency between their words and actions (Festlinger, 1957). In this intervention, young women who subscribe to the thin ideal, have body image concerns, and engage in disordered eating behaviors are provided an opportunity to discuss and explore the costs of pursuing the unrealistic thin ideal, having body dissatisfaction, and engaging in disordered eating behaviors in a group-based intervention. The topics are discussed using Socratic questioning by a skilled clinician. Participants also voluntarily complete written and behavioral exercises in sessions and during home exercises that focus on the costs of the thin-ideal, body dissatisfaction, and disordered eating behaviors. These activities are theorized to promote dissonance about these behaviors, which reduces each of them, as people prefer to make their attitudes consistent with their behaviors. Thus, the overarching goal of this intervention is to have the participants speak, write, or act in a way that is contrary to the thin-ideal, body image concerns, and disordered eating behaviors. It is vital that participants, rather than the facilitators, enumerate the costs of these perspectives and behaviors, as this is what generates feelings of

dissonance that produces healthier attitudes and behaviors. In addition, participants should never focus on any benefits of the thin ideal, body dissatisfaction, or disordered eating behaviors, because this will only undermine the effects of the intervention.

It is important that facilitators not embellish this intervention in any way (e.g., discuss a past history of an eating disorder) because this may reduce the effects of the intervention that have been observed in past research.

STRUCTURE

In our research we have had a clinician with experience working with patients with eating disorders facilitate the groups, which have involved 6-8 young women who have body image concerns and who meet criteria for a threshold or subthreshold DSM-5 eating disorder. Experience suggests that this intervention works well with female college students when the interventions are delivered on campus (maximizing the ease of attending group meetings). Group participants are actively recruited using direct mailings, emails, list-serve announcements, and/or posters inviting young women with body image and eating disturbances to participate in a trial of an intervention designed to reduce these concerns and promote body acceptance and healthy eating behaviors. We have found that attendance is typically good for university staff and individuals who live in the community near the university, but we have had attendance problems when we recruit from a very large metropolitan area. The group meets for 8 consecutive weeks in 1-hour sessions.

COMMON PROBLEMS

Not all participants will complete all home exercises without proper encouragement. Participants' adherence to these home exercises depends on whether leaders emphasize the importance of completing the exercises. Leaders should work to create strong expectancies for the benefits of completing each home exercise. It is accurate to say that participants have been found to show much larger reductions in symptoms if they complete all of the home exercises versus only some of them. Home exercise completion is also greater when leaders clearly describe the home exercises and check the comprehension of the assignments by asking a participant to state the home exercises in their own words. Further, home exercise completion is maximized when leaders systematically ask each participant about how well each home exercise went in subsequent sessions, as this fosters a sense of in-person accountability for completing the exercises. Checking in with all participants about each home exercise creates powerful group norms that promote homework completion. Likewise, experience indicates that it is very useful to contact participants via email or phone a day before the scheduled session because this prompts participants to complete their assignments and bring them to their next session. All home exercise forms should be placed in participants' folders. It is a good idea to bring extra home exercise forms to the group meetings, just in case a participant misplaces their form.

Some participants may be extremely invested in the thin beauty ideal and their eating disorder behaviors, and may have difficulty letting go of these views. However, it is vital that *participants* not argue for the thin beauty ideal or eating disorder behaviors, as this will only solidify their position further and may reduce the efficacy of the treatment for other group members. Remember the act of discussing the negative effects of pursuing the thin beauty ideal and of engaging in eating disorder behaviors reduces subscription to those harmful views. If you encounter a participant who is reluctant to discuss costs of the thin beauty ideal and eating disorder behaviors, we recommend not presenting educational information to try to change their

views or using other procedures, such as cognitive-behavioral strategies, to challenge their cognitions. Instead, experience suggests the following three strategies are more productive responses to participants who are reluctant to try the counter-attitudinal discussions. First, tell the participant that if they want to recover from their eating disorder, to please give these activities their best try. Tell them that if at the end of the last session they still think their original perspectives are best, they are free to go back to those attitudes. In short, encourage them to give this treatment a try before judging that it is not effective. Reminding them that research has found that people who do all of the in-session and between-session activities show the greatest symptom reduction often helps to foster a more cooperative attitude. Second, the leader can also ask other participants in the group if they agree that pursuing the thin beauty ideal or engaging in eating disorder behaviors has the benefits the uncooperative participant voices, and whether they think the negative effects out-way any positive effects. That is, the leader can ask other group members to challenge the uncooperative participant. Third, leaders can also just say that they are simply trying to follow the script when they ask participants to discuss the costs rather than the benefits of pursuing the thin beauty ideal and of engaging in eating disorder behaviors.

Participants are often worried that if they give up their eating disorder behaviors, such as purging, that they will experience a significant weight gain. It is therefore important that facilitators clearly communicate that research has shown that people who engage in eating disorder behaviors gain more weight over time than those who do not engage in such behaviors. Tell participants that consuming a healthy diet and engaging in regular exercise is a much more effective method of avoiding unhealthy weight gain.

When a participant shares personal information or discusses difficulties they have with body image or eating disorder behaviors, make empathetic statements (“Wow, it sounds like you’re really struggling with this”, “That must have been hurtful when your father made that comment to you about your weight”). Facilitators should acknowledge emotional distress exhibited by participants in an empathic fashion, but should not depart significantly from the script to process emotional distress because it will reduce the benefits for the rest of the participants. Facilitators can indicate that they will talk with the distressed participants after the group session is over. Although it is important to stay on track and cover the necessary information for each session, participants want to feel heard and understood.

It is also crucial for facilitators to keep self-disclosure to a minimum to make sure that participants can maximize the time spent critiquing the thin ideal. Off-topic self-disclosures can reduce the efficacy of the intervention by preventing coverage of key intervention exercises.

It is useful to make a distinction between the thin ideal and the healthy ideal. The thin ideal is about appearing ultra-slender. People may be willing to engage in very unhealthy behaviors to attain this slenderness, including laxative abuse, and go to extreme ends, such as cosmetic surgery, to attain this ultra-slender look. In contrast, the healthy ideal is about striving for a healthy body, which is typically nowhere near as slender as the thin ideal, in part because it is healthy to have muscles. Further, individuals pursuing the healthy ideal do not engage in unhealthy weight control behaviors, such as fasting and laxative abuse.

It is also important to engage all participants during the group sessions. Although it is crucial to follow the manual closely, participants often get bored if group leaders consistently read directly from the script. Thus, we recommend becoming familiar with the main points so

that you can minimize the extent to which you read from the script. Maintaining eye contact with participants during the entire session and using first names helps encourage discussion as well. Be sure to look at each participant and try to draw her in to the discussions, paying special attention to those who are reluctant to speak up. If one or two participants tend to dominate the discussion, call on other participants to share their opinions. We recommend going around the entire group so that *each* group member participates in each main activity (change the order so the same person does not always have to go first). Try to use humor when possible, be relaxed, smile and laugh when appropriate, and listen carefully to what participants are saying.

GROUP RULES

If group participants begin to engage in diet-talk, please say that it is best to avoid this type of discussion during the group, as it undermines the effects of the intervention. Likewise, if participants begin comparing the severity of their eating disorder behaviors, say that topic too detracts from the beneficial effects of this intervention. One can playfully say no “diet-talk” and “no war stories” if the topic comes up again. Another alternative is to simply say that you, as the facilitator, have a responsibility to stick to the material you are supposed to cover and not other topics. Lastly, make it clear that it is important for people to show up to group sessions on time so that you need not run late to cover the material in the session. If people arrive late for subsequent sessions, remind them about the rule. Don’t delay starting the group because you are waiting for participants.

THERAPIST TRAINING

This manual has been developed for counselors, psychologists, or nurses. It is vital for facilitators to carefully read this manual and practice each activity (i.e., role play) before attempting to lead a group. Experience indicates that participants quickly lose interest if the group leaders are not familiar with the activities and the flow of the sessions. The developers of this intervention can also provide training workshops for the delivery of this intervention for a standard fee.

MANUAL GUIDELINES

Although this brief treatment intervention has produced clinically meaningful reductions in eating disorder features and symptoms, adherence to the manual protocol is critical in obtaining positive effects. It is particularly crucial for group leaders to manage the session effectively and make sure that *all listed exercises* are completed. It is sometimes necessary to tactfully interrupt particularly talkative individuals so that the group leader can move the group onto the next exercise in the manual.

If a participant misses a session, try to schedule a brief 15-minute mini-session that covers the important points and exercises with them. It is often best to do this sometime between sessions, or even over the phone, so that participants have time to complete the home exercises before the next session. Although this represents extra work for the facilitators, it helps to minimize missed sessions and communicates that each participant is important. We typically conduct make-up sessions for over 80% of missed sessions.

The manual describes each of the 8 intervention sessions. For each session, information is provided on (a) materials used for the session, (b) a listing of topic areas to be covered, (c) main procedural elements for group leaders to follow, and (d) assigned home exercises for the participants to complete between sessions. Instructions to group leaders are presented in regular

typeface. Verbal instructions that group leaders should say, or paraphrase, to participants are presented in *italics* that are in gray boxes. Handouts are distinguished by **underlined bold print**.

PRE-SESSION 1

After participants are assigned to/accepted to the intervention, and before the first session, the group leader should call each participant to welcome her to the group. The aim of this phone call is to engage participants with the intervention, decrease anxiety or ambivalence about participating, and maximize attendance at the first session. During this brief (5-10 min) telephone call, the following topics should be covered:

- **INTRODUCTION:** Introduce self and professional status. Welcome participant to group and remind her of day and time of first meeting.
- **OVERVIEW OF WHAT TO EXPECT:** *All participants decided to take part in this group because they have body image concerns and eating disorder behaviors—two common issues among women/girls. Research shows that when women/girls talk about the “thin-ideal” shown in the mass media, and how to challenge pressures to be thin, it makes them feel better about their bodies. Likewise, discussing the costs of body dissatisfaction and unhealthy eating behaviors has also been found to reduce eating problems. This group program, which involves these activities, has been shown to significantly reduce body dissatisfaction, eating problems, and future weight gain. Most participants enjoy these group meetings and look forward to them.*
- We encourage you to read the testimonial letters from past participants who completed this group intervention, which appear at www.bodyprojecttreatment.com
- **ADDRESS CONCERNS:** Normalize uncertainty that participants may feel before a first group meeting. Ask participant what questions you can answer about what to expect from group meetings. Ask participant if she has any concerns.
- **MOTIVATIONAL ENHANCEMENT:** Ask participants to share the health, social, and financial costs of their body image concerns or eating disorder behaviors.
- **WRAP-UP:** Indicate that you look forward to meeting the participant at the first meeting.

Please note: If you get voicemail, please just ask the participant to call you back about the body acceptance group. Do not mention anything about group therapy or eating disorders, as the message might not be confidential.

SESSION 1

- Prep:** Call each participant before the session, following the script provided.
- Materials:** Whiteboard or flip chart
Markers
Video camera
Handout Packet for each participant that includes index cards and contact info for facilitators
Index cards for Compliment Exercise
- Topic Areas:**
- I. Introduction
 - II. Voluntary commitment and overview
 - III. Motivational writing exercise: Importance of resolving body image concerns
 - IV. Definition of the thin ideal
 - V. Costs of pursuing the thin ideal
 - VI. Compliment Rapport-Building Exercise
 - VII. Reasons for Signing up for this Group
 - VIII. Home exercise assignment

Session Overview: The focus of Session 1 is to provide an overview and introduce participants to the expectations of the group, including a verbal commitment to give the intervention their best shot. The session is largely interactive with discussions of the definition and origins of the thin-ideal, and costs associated with pursuing the thin-ideal. The importance of attendance and completing the home exercises is also stressed.

I. INTRODUCTION (4 MINS)

Thanks for coming. All of you decided to take part in this group because of your body image and eating disorder behaviors—two common issues among women/girls.

Research has found that when women talk about the costs of pursuing the “beauty ideal”, body image concerns, and eating disorder behaviors it improves body acceptance and eating disturbances. This group, which involves these activities, has been shown to reduce body image concerns, eating disorder symptoms, and unhealthy weight gain.

We would like to video record all sessions for quality assurance purposes. Is this OK?

Turn on video camera now. If anyone does not want to be filmed, have them sit outside the field of view and not use her full name on camera.

Let's start with an icebreaker so we can learn a little about each other. Can each of you tell us your name and an important accomplishment -or- an embarrassing or funny story? I'll start...

Go around the group so that everyone has a chance to speak.

II. VOLUNTARY COMMITMENT AND OVERVIEW (4 MINS)

Soliciting voluntary commitment to participating in the group

Participants who attend all eight meetings, actively participate, and complete the home exercises show the greatest improvements in body image concerns and eating problems.

It is important to note that participation is voluntary. Is each of you willing to attend the meetings and give each activity your very best effort?

Go around the room and get verbal commitment from each participant. Do this in a positive, upbeat way; not in an awkward, forced way.

If you need to miss a meeting, please let me (or co-facilitator) know as soon as possible. We will schedule a make-up meeting before the next regular group session so you will be caught up.

Group leaders should **call/e-mail/text participants** the day before each session to remind them of the session and to bring any assignments they should have completed. If a participant must miss a session for any reason, please schedule a brief (15 minute) individual make-up session to discuss key points from the session and get the participant caught up before the next session. Ask them to complete the home exercises before the next session, too. If this is done via phone, please email the relevant home exercise forms to the participant.

Now that we have learned a little about each other and covered some information about this group, I want to provide an overview of the topics we will cover. We will:

1. *Discuss the importance of resolving body image and eating problems.*
2. *Consider the costs of pursuing the thin ideal, body image concerns, and engaging in disordered eating.*
3. *Complete self-affirmation exercises to improve body acceptance.*
4. *Practice dissuading others from having body image concerns and eating disturbances.*
5. *Challenge body image concerns and eating disturbances.*
6. *Reduce eating disorder behaviors.*

III. MOTIVATIONAL WRITING EXERCISE: IMPORTANCE OF IMPROVING BODY IMAGE (10 MINS)

*Next, I would like you to list reasons why it's important for you to work on improving your body image. Also list why it's important for you to attend these sessions and do the home exercises. Please pull the **Importance of Improving Body Image form** from your packet (In-Session Writing Exercise #1).*

After the majority of group members have written their statements, ask each to share.

IV. DEFINITION AND ORIGIN OF THE THIN IDEAL (6 MINS)

I would like us to collectively define the thin beauty ideal for women promoted in the media. What are we told the "perfect" woman looks like?

Seek a response from each participant. Encourage participants to focus on appearance.

Write physical features from each participant on the whiteboard/poster board. Make a separate column for perceived benefits of the thin ideal (e.g., happy, successful, confident). Leave this on the board for the entire session.

Pose questions to the group and promote participation and collaboration on their responses. Promoting discussion is key—let participants do the talking. (Thin and attractive, have a perfect body, toned, large-chested, tall, look like a super-model.) Focus on the thin part of the thin ideal, though it is fine to note other aspects, such as clear complexion, white teeth, etc. Note seemingly incompatible features, such as ultra-slenderness and large breasts. Acknowledge that the appearance ideal can differ somewhat for different races.

We call this “look,” this thin, toned, busty woman, “the thin ideal.”

The thin ideal is not the same as the healthy ideal. With the thin ideal, people use extreme behaviors to look like a model or have an extremely thin body, including unhealthy weight control behaviors. The goal of the thin ideal is to achieve thinness that is neither realistic nor healthy. With the healthy ideal, the goal is health, fitness, and longevity. A healthy body has both muscles and adequate fat tissue. The healthy ideal involves feeling good about how our body functions and feels.

How do we learn about the thin ideal?

Media: (television shows, magazines), diet/weight loss industry, parents, older siblings, friends.

What does our culture suggest will happen if we look like the thin ideal?

We will be very popular, loved, happy, high self-esteem, self-confident and strong, successful, wealthy.

Differentiate the thin ideal from the healthy ideal if they say you are healthier. Former is about thinness at any cost (including health), whereas latter is about function and health.

Do you think it is realistic that if you lose 10 pounds that all of these changes will really automatically happen?

No, it would likely have little impact.

Do not describe or allow participants to discuss the benefits of thinness in general or give the impression that the thin ideal is close to the healthy ideal (i.e., it is possible to be well within the healthy weight range, but not meet the cultural standards for the ultra-thin ideal).

V. COSTS OF PURSUING THE THIN IDEAL (10 MINS)

We’ve discussed the thin ideal and where it comes from—now let’s think about the costs involved with this ideal. What are the costs of trying to look like the thin ideal for women/girls?

Decreased self-esteem; time-consuming; expensive; physically and mentally exhausting; can hurt themselves, health problems, encourages unhealthy weight management techniques, depression, anxiety. Provide an example if the group struggles to come up with points.

If so many women are dealing with these issues, what are the costs for society?

Increased mental health care costs, makes women waste a huge amount of time; oppresses and objectifies women; promotes a culture of discontent.

Who benefits from the thin ideal?

Diet industry; fitness business; mass media; fashion industry.

Are you one of the people who benefits from the thin ideal?

Are you the founder of a diet program, a media executive, a model?

Given all these costs, does it make logical sense to strive super hard to look like the thin ideal?

No!

If attaining the thin ideal will not really get you what you want, does it make sense to focus your attention and energy on other things, things that will help you reach YOUR goals?

Yes!!

Try to get each participant to make a public statement against the thin ideal at this point. If they are not willing to make a strong statement, just ask if they would be willing to entertain the possibility that for some, the costs of pursuing the thin ideal outweigh the perceived benefits?

VI. COMPLIMENT EXERCISE (10 MINS)

Please take out an index card and write down one thing that you like about the appearance of every other group member.

Now that most of you are done, I would like each of you to compliment each other, one at a time. The job of the recipient is to simply say thanks (no self-deprecation).

Great job everyone. The purpose of this exercise was to help you begin to better see the beauty in others and yourself, as well as learn how to receive an appearance compliment with self-confidence. Genuinely accepting compliments is a sign of strong body acceptance.

Try to make this exercise as fun and positive as possible. If the group members have been particularly quiet up to this point, you might model the activity before asking the most outgoing participant to go next.

VII. REASONS FOR SIGNING UP FOR THIS GROUP (12 MINS)

At this point we would like to hear from everyone about the disordered eating behaviors that caused each of you to sign up for this group. Because everyone had to report eating disorder behaviors to be enrolled, we hope you will feel comfortable disclosing your behaviors. This will help us tailor the rest of the exercises to better address your individual needs.

Please be as open and honest as possible because if you minimize your eating disorder behaviors, this intervention will not be as effective.

And given that everyone in the group engages in some form of disordered eating behaviors, is everyone willing to keep this sensitive information confidential?

Start with the most outgoing and self-confident participant. If they are reluctant to share, provide examples of the behaviors engaged in by past participants, such as binge eating, vomiting for weight control, and fasting, and note that 1 in 7 US women experience some type of eating disorder. Be as supportive as possible.

Thank you for being willing to share – I know this can be difficult. I hope that acknowledging these behaviors will be the first step in your learning how to reduce them and develop a positive relationship with food and your body.

*Because there is a lot of stigma associated with eating disorders, it is crucial to note that your eating disorder does not define you – that is, you are **not** your eating disorder. Is that clear?*

Go around the group and get eye contact and a nod from each participant.

VIII. HOME EXERCISE ASSIGNMENTS (4 MINS)

Would you be willing to write a letter to a younger girl about the costs associated with trying to look like the thin ideal? Think of as many costs as you can. Feel free to work with friends.

Please bring this letter to our next meeting so you can read it. Past participants have found the writing exercises to be very powerful.

*Pull the **Letter to A Younger Girl Form: Costs of the Thin Ideal** from your packet (Home Exercise #1).*

We would also like you to stand in front of a mirror with as little clothing as possible and write down 10 positive qualities. For instance, you may like the shape of your arms, your breasts, the strength of your legs, or your long dark hair.

Include at least 3 or 4 physical features. It may be difficult, but it is important to recognize things you like about your body. Past participants have found this exercise to be very helpful and empowering.

Please bring your list of positive qualities next week so you can share them with the group.

*Pull the **Mirror Form** from your packet (Home Exercise #2).*

Can someone tell me what the home exercises are for this week?

1. Write letter to younger girl about costs of pursuing the thin ideal;
2. Do the self-affirmation mirror exercise.

We will discuss these exercises next session and will collect the home exercise forms.

Experience shows that participants get the most out of this program when they do the exercises the best they can. Does everyone feel that they can do this?

Get some form of public commitment from each participant.

If time allows: *What was meaningful or “hit home” for you in today’s session?*

That’s all for today. Thanks for coming. We are looking forward to seeing you next week!

SESSION 2

Prep: E-mail/call/text each participant before this session to remind them about the time/location of session and to complete the home exercises.

Materials: Video camera

Topic Areas:

- I. Reinforce voluntary commitment
- II. Letter to a younger girl exercise debriefing
- III. Self-affirmation exercise debriefing
- IV. Dissuading body image obsession role-plays
- V. Home exercise assignment

Session Overview: The focus of Session 2 is to discuss reactions to the home assignments and to engage in role-plays in which participants try to talk someone out of pursuing the thin ideal.

Turn on video camera now.

I. REINFORCING VOLUNTARY COMMITMENT (2 MIN)

Thanks for coming to Session 2. Is each of you willing to actively participate in today's session and give all the exercises your best effort?

Go around the room and get a verbal affirmation that they are willing to actively participate.

II. LETTER TO A YOUNGER GIRL DEBRIEFING (15 MINS)

We asked if you would be willing to write a letter to a younger girl about the costs of trying to look like the thin ideal.

Have each participant read her letter. Give each participant positive feedback after they read their letter (e.g., Nice work!).

Everyone did a great job writing these letters.

Did you find it useful to compose these letters, discussing how best to avoid body image issues?

What were the major themes across the letters?

Please hand them in—be sure your name and signature are on them.

Collect Home Exercise #1. Make sure each participant has written and signed their name on the form.

III. SELF-AFFIRMATION EXERCISE DEBRIEFING (15 MINS)

We also asked you to look in a mirror and list your positive qualities. What are aspects of yourself that you are satisfied with?

Have each participant share all of the positive qualities they listed. Discourage “qualified” statements (e.g., “I guess my stomach is not too horrible”). If you get “qualified” statements, accept them and ask the participant for an additional statement that is completely positive (e.g., “Okay, can you give me one more statement you had that is completely positive?”).

Do you think it is useful to spend time thinking about aspects of yourself that you like?

Would you consider doing this in the future to improve your body acceptance?

Collect Home Exercise #2. Make sure each participant has written and signed their name on the form.

Hopefully, you recognize the positive things about yourselves and will remember them, particularly at times when the pressure of the thin ideal hits you. Given that these are potent pressures – let’s discuss ways to resist them.

IV. DISSUADING BODY IMAGE OBSESSION ROLE-PLAYS (20 MINS)

Leaders take the role of someone obsessing about body image and achieving the thin ideal. Let each participant spend about two minutes attempting to dissuade your character from obsession about appearance (do two role-plays if possible). Parrot, or echo back, any obsessive comments previously made by participants while you are playing a thin idealist role. Focus on the unrealistic benefits of the thin ideal (“I’ll be happy all of the time if I’m thin,” “Everyone will like me,” “I’ll have the perfect partner,” “All my problems will be solved”). Make sure each participant tries to talk you out of pursuing the thin ideal. Be difficult to persuade, but it is best to be playful with this exercise.

Now let’s review some examples of thin ideal statements and practice how one could respond to them. I will play a person that is obsessed with the thin ideal and your job will be to convince me that I shouldn’t be.

The two facilitators should model the role-play first. Then select group members to participate, making sure each participant has a turn. Start with the most gregarious participant.

Sample statements for leaders appear below:

- *I am so fat.*
- *Swimsuit season is just around the corner, so I think I will start skipping breakfasts to take off some extra weight.*
- *I have to lose 15 pounds or I will never be happy.*
- *I just saw an ad for this new weight loss pill. I’m going to order it right away. I can finally be as thin as I want.*
- *I have been thinking about selling my car so I can afford a tummy tuck; do you think I should?*

- *I feel a little dizzy lately, which may be from these diet pills I'm on, but I don't care because I have already lost 10 pounds.*
- *To be the best runner, I have to be down to my lightest weight. I am only doing this for my health – this will help me avoid injuries.*
- *This fat around my stomach is disgusting.*
- *Anyone could have the body of a supermodel if they really wanted it.*
- *No guy is ever going to ask me out unless I drop some of this weight.*
- *I think I am going to start saving up for a breast augmentation; don't you think that would make me look better?*
- *I am never going to be selected by a sorority unless I lose 10 pounds.*
- *I want to make sure I don't gain weight this year, so I am going to only eat a banana for breakfast and an apple for lunch every day.*
- *Does this dress make me look fat?*
- *I'm thinking of getting liposuction. It'd be so great to have this lump of fat removed with no effort on my part.*

Leaders should generate additional statements as needed and may tailor the statements to be appropriate for their group members. If a participant is resistant to this exercise, it is best not to “lock horns” with them in the context of the group. Just ask them to do you a favor and make your job easy by giving it their best shot – even if they don't believe what they are saying. Ask them to just walk a mile in these shoes for these sessions to see if it can help improve their body acceptance.

Role-play debriefing

Do you think it might be beneficial for you to challenge people when they make thin-ideal statements?

Promote discussion on why it is helpful to speak out against pressure to conform to the thin ideal. Let participants come up with the arguments.

V. HOME EXERCISE ASSIGNMENT (8 MINS)

We would like you to do a couple of exercises at home before the next session again. The first is to write a letter to someone in your life who pressured you to conform to the thin ideal, such as a parent, sibling, dating partner, or friend. Tell them how this affected you and indicate how you would respond now, in light of what you have learned in these groups.

*If no one has pressured you to be thin, please write the letter to yourself, regarding self-imposed pressures to be thin. As a last resort, make up a fictional story and a response. Pull the **Rewind Response Letter** from your packet (Home Exercise # 3).*

*The second exercise is to come up with a top-10 list of things girls/women can do to resist the thin ideal. Unlike the verbal challenge form in which you challenge the thin ideal at the individual level, we are asking how you can challenge the thin ideal at the **broader societal level**. What can you avoid, say, do, or learn to battle this unhealthy beauty ideal in your community? Please write your top-10 list down and bring it to the next group.*

*Pull the **Top-10 List** from your packet (Home Exercise #4). Let's think of a few examples now to get you thinking. Who has an idea?*

Ensure that participants mention appropriate tasks. If they struggle to understand the assignment, read some of the following examples, emphasizing the importance of challenging the thin ideal beyond the individual level:

Examples:

1. Start an Instagram page with pictures of “real” women whose pictures have not been altered or filtered and encourage friends to do the same, which will change the image of women on social media.
2. “Unfollowing” thinspiration instagram accounts and encouraging your friends to do the same.
3. Write a letter to a company indicating that you are boycotting their product because they promote the thin ideal in their ads or store displays.
4. Put a few buckets with sidewalk chalk around campus and write a pro-body acceptance message by each bucket to see if others will follow suit.
5. Stop subscribing to a fashion magazine, so as not to support this industry.
6. Put post-its on mirrors in women’s bathrooms saying: “love your body”.
7. Place post-its saying: “You look great the way you are” in weight-loss books at a bookstore.
8. Hang a love your body poster in the women’s bathroom.
9. Start a Facebook thread about media portrayal of women and try to get 100 likes.
10. Challenge a group of friends to a week where they are not allowed to engage in “fat talk”—or talk that reinforces trying to attain the thin ideal, and need to challenge it when it comes up in conversation.

People often misunderstand this exercise. Please do not accept things like:

1. Avoid pro-thin-ideal social media sites.
2. Recite daily positive mantras.
3. Eat healthy foods.
4. Exercise to feel good.
5. Work on accepting complements.
6. Throw away a scale (unless the scale is shared by others who could be impacted).

Can someone tell me what the home exercises are for this week?

1. Rewind response letter.
2. Generate the top-10 list women can do to challenge thin ideal.

We will discuss home exercises next session. We will be collecting all home exercises.

Did anything in particular “hit home” for you in today’s session?

We are looking forward to seeing you next week!

SESSION 3

Prep: E-mail/call/text each participant before this session to remind them about the time/location of session and to complete the home exercises.

Materials: Video camera

Topic Areas:

- I. Reinforce voluntary commitment
- II. Rewind response letter debriefing
- III. Motivational discussion: Adverse effects of body image concerns
- IV. Body image behavioral challenge
- V. Top-10 list debriefing
- VI. Home exercise assignment

Session Overview: The focus of Session 3 is to discuss the home exercises, do an in-session motivational enhancement exercise, and discuss home exercises for the following week.

I. REINFORCING VOLUNTARY COMMITMENT (1 MIN)

Turn on video camera now.

Thanks for coming today. Is each of you willing to actively participate in today's session and give all the exercises your best effort?

Get a verbal affirmation that each participant is willing to actively participate.

II. REWIND RESPONSE LETTER DEBRIEFING (15 MINS)

Last week we asked you to write a letter to someone in your life who has pressured you to conform to the thin ideal. We asked you to tell them how this affected you and to indicate how you would respond now, in light of what you have learned from these groups.

Is each of you willing to read your letter out loud?

Go around the group so everyone can read their letter. Offer supportive comments to participants, as a way of encouraging other participants to do so too.

How was it beneficial to express your feelings towards this person?

Do you think it will better equip you to respond to future appearance-related comments?

Collect Home Exercise #3. Make sure participants write their name on it and sign it.

III. MOTIVATIONAL DISCUSSION: ADVERSE EFFECTS OF BODY IMAGE CONCERNS (12 MINS)

Can each of you give me an example of how body dissatisfaction or body image concerns have had a negative effect on your relationship with friends or family members? Think of the most extreme example that you can.

Have each group member provide an example of an interpersonal cost (e.g., complained so much about her appearance that it put her friend off; felt so insecure about her appearance that she never dated anyone). They can describe adverse effects from their own or others' body image concerns.

Now I would like each of you to give me an example of how body image concerns have had a negative effect on you personally.

Have each group member provide an example of personal costs (e.g., wasted time ruminating about appearance; had difficulty buying any new clothes because of the way they looked on her).

What are the types of fun things you have not done because of body image concerns?

For example, go to the beach, to the river to swim, got intimate with an attractive dating partner because of body image issues.

It is clear that body image concerns have had significant effects on people you know and care about, as well as on yourselves. These are good examples of why it is important to improve body acceptance.

IV. BODY IMAGE BEHAVIORAL CHALLENGE (15 MINS)

Next, we'd like to challenge you to do something that you currently do not do because of body image concerns. This should reveal that your body image fears are exaggerated and increase your confidence.

Examples include:

- *Wearing shorts to school*
- *Going to the pool in a swimsuit*
- *Exercising in public*
- *Wearing a form-fitting shirt or a tank top to the mall/dinner/library*
- *Wearing your hair up*
- *Wearing a jog bra without a top over it during workouts*
- *Not wearing make-up*
- *Eating with friends*
- *Going to the gym*
- *Revealing a part of your body, such as your feet, that you tend to cover up*

*We would like each of you to do a behavioral challenge **twice** in the next week. We will ask you how it went next week. Let's go around and share what each of you will do in the next week.*

The purpose of this exercise is not to simply have participants do something they would not normally do (e.g., wear a tight shirt because it just isn't their style preference); it needs to be

something they would otherwise do if they did not have body image concerns (e.g., would *like* to wear a tight shirt, but do not because they fear it makes their stomach look fat).

Have each participant come up with a behavioral challenge that they will do twice in the next week. Group leaders should help participants select challenges that are appropriate and that they will be able to do in the next week (e.g., do not select wearing a bathing suit to the pool if it is winter). Be careful not to press them to do something that would make them too anxious, as you do not want to trigger disordered eating behavior.

*Pull the **Body Image Behavioral Challenge Form** from your packet (Home Exercise #5).*

V. TOP 10 LIST DEBRIEFING (10 MINS)

The second home exercise was to list 10 things that girls/women could do to resist the thin ideal—what you can avoid, say, do, or learn to fight this social pressure. This might be referred to as “body activism”.

Can each of you share three items on your list?

We would like each of you to do two acts of body activism before the next session and then let us know how they go. Would you all be willing to do that?

See examples provided at the end of session 2 if necessary. If participants provide examples that are clearly individual, encourage them to expand them to include/affect others and restate that this is the goal of this particular exercise—that is why it’s called Body Activism.

Have each participant select two behaviors from their list to do during the next week.

*Pull the **Body Activism Form** from your packet (Home Exercise #6).*

Collect Home Exercise #4. Make sure participants write their name on the form and sign it.

VI. EATING THREE HEALTHY MEALS A DAY AND HOME EXERCISE RECAP (7 MINS)

For your first home exercise, we would like you to begin eating 3 healthy meals each day, starting with breakfast. Research has revealed that many eating disorders are maintained by caloric deprivation. The more hours you go without eating, the more the reward value of food increases, particularly unhealthy foods. The best way to combat this is to eat 3 healthy meals each day. Are you willing to give this a shot this next week?

*Pull the **Healthification Form** from your packet (Exercise # 7).*

Please write down three healthy breakfast options, three healthy lunch options, and three healthy dinner options that meet your nutritional needs and do not contain excessive amounts of sugar or fat. We will ask you to share your ideas with the group with the group.

Go around the group and make sure each participant was able to identify healthy foods. If people suggest high-fat or high-sugar foods (e.g., sweetened yogurt with granola, sugary cereal),

prompt them to come up with healthier alternatives. Encourage them to select lower fat/sugar substitutes (e.g., chicken instead of red meat). You can solicit input from other group members, which can be empowering and useful.

Can someone tell me what the home exercises are for this week?

1. Do the behavioral challenge relating to your personal body image concerns twice;
2. Engage in two acts of body activism;
3. Eat 3 healthy meals a day

We will talk about how each of these exercises went during the next session. We will be collecting all home exercises.

Did anything in particular “hit home” for you in today’s session?

Thanks for coming. Looking forward to working with you next week!

SESSION 4

Prep: E-mail/call/text each participant before this session to remind them about the time/location of session and to complete the home exercises.

Materials: Video camera

Topic Areas:

- I. Reinforce voluntary commitment
- II. Body image behavioral challenge debriefing
- III. Body activism debriefing
- IV. Healthification home exercise debriefing
- V. Costs of dietary restriction
- VI. Dissuading extreme dietary restriction
- VII. Home exercises assignment

Session Overview: The focus of Session 4 is to discuss participants' experiences with the behavioral challenge and body activism exercises, and to do role-plays in which participants practice countering the thin-ideal statements.

I. REINFORCING VOLUNTARY COMMITMENT (1 MIN)

Turn on video camera now.

Thanks for coming today. Is each of you willing to actively participate in today's session and give all the exercises your best effort?

II. BODY IMAGE BEHAVIORAL CHALLENGE DEBRIEFING (10 MINS)

Last week we asked you to do two things that you do not normally do because of concerns about your body (or the same activity twice).

Let's go around the room and describe what each of you did and how it turned out.

Have each participant discuss her experience.

Praise participants who do a good job with this exercise and go outside their comfort zone.

If relevant, discuss how this exercise offers two learning opportunities; first, is that no one will notice the change and that no one makes a negative comment, and second, is that even if someone makes a negative comment, that the participant is strong enough to survive it.

If they did not do the exercise, ask them how they can succeed the next time they try. Is there something they can do that might be easier to try out first? Try to get participants to encourage and support each other through the behavioral challenge process.

What did you learn from this exercise?

We appreciate that you were willing to try something new.

Collect Home Exercise #5. Make sure participants write their name on it and sign it.

III. BODY ACTIVISM DEBRIEFING (10 MINS)

Last time we also asked you to do two body activism exercises. Let's go around the room so we can hear what each of you did and how it went.

Go around the room so that each participant describes what they did and what happened.

Collect Home Exercise #6. Make sure participants write their name on it and sign it.

How do you think this type of exercise could make a difference to others and yourself?

Would you consider doing another act of body activism?

Give participants an opportunity to talk themselves into doing more body activism activities in the future if they want – this is elective.

IV. HEALTHIFICATION HOME EXERCISE DEBRIEFING (10 MINS)

Last week we asked you to begin eating 3 healthy meals a day to remove a key maintenance factor for many disordered eating behaviors.

Let's go around the room and describe what each of you did and how it turned out.

Have each participant discuss her experiences.

If people begin to give excuses for not succeeding, say, “*We have found it best not to focus on excuses for not eating 3 healthy meals – instead we want to be solution focused and discuss making positive changes and carrying this momentum into the future.*” If a participant needs suggestions or problem solving, allow the other group members to come up with the ideas first (e.g., Have others come across the same problems? How have you handled it?); only jump in if needed.

V. COSTS OF DIETARY RESTRICTION (10 MINS)

Next I would like to discuss the costs of skipping meals and other forms of dietary restriction, such as only eating super low-calorie foods. We are not talking about avoiding unhealthy high-calorie foods, but rather not consuming enough calories for your body to function and develop properly.

What are the physical costs of extreme dietary restriction?

Malnutrition (not getting the vitamins and minerals needed by your body);
Osteoporosis (weak bones);
Electrolyte abnormalities that can cause cardiac problems, such as heart attacks;
Can stunt healthy growth;
Loss of menses, which can make it difficult to have children in the future.

What are the psychological costs of extreme dietary restriction?

Under-nutrition can make it difficult to think clearly, making schoolwork or work more difficult; makes your thoughts dwell on food/eating;

What are the emotional costs of extreme dietary restriction?

Under-nutrition can make you grumpy, depressed, lethargic, unmotivated.

What are the social costs of extreme dietary restriction?

Cannot go out with friends for meals because people don't want to eat in public;
Severely limit the types of foods you allow yourself to eat, making it difficult to eat socially;
Constant focus on dietary intake and weight may drive friends and dating partners away, or cause conflict with family and loved ones:
Friends might be put off by rigid food rules, feel judged for not eating like you eat.

VI. DISSUADING EXTREME DIETARY RESTRICTION (12 MINS)

Now let's practice how to respond to pressures for unhealthy dietary restriction. I will act like an "extreme dieter" and your job will be to convince me not to engage in unhealthy dietary restriction.

Leaders take the role of someone who is engaging in extreme dietary restriction. Let each participant spend about one minute attempting to dissuade your character from unhealthy dietary restriction (do two role plays if possible). Parrot, or echo back, anything people might have said in favor of dietary restriction previously. Make sure each participant tries to talk you out of pursuing the thin ideal. Be difficult to persuade, but it is best to be playful with this exercise

The two facilitators should model the role-play first. Then select group members to participate, making sure each participant has a turn. Start with the most gregarious participant.

Sample statements for leaders appear below:

- *Swimsuit season is just around the corner, so I think I will start skipping breakfasts to take off some extra weight.*
- *I am going to cut out all dairy products to lose weight, such as milk, eggs, and cheese.*
- *I want to make sure I don't gain weight this year, so I am going to only eat a banana for breakfast and an apple for lunch every day.*
- *I'm finally going to have the body I always wanted: I am going to skip breakfast and lunch, and only eat dinner.*
- *I am going to stop eating meat, as I hear it is a great way to lose weight.*

- *I heard about the new low-carb keto diet, which turns your body into a fat-burning machine. Want to try it with me?*
- *I am only going to eat vegetables and meat because I heard you can lose a bunch of weight on the paleo diet.*
- *I am going to do a juice cleanse for a full month so I lose weight. A friend said it works really well.*
- *I heard about this new diet, where you can eat what you want every other day; you just have to not eat on the other days.*
- *I am going to try this new carrot/celery diet because it is supposed to cause dramatic weight loss quickly.*
- *I have decided that I can have the body of a supermodel if I just cut out all fat and sugar from my diet.*
- *I hear that if you shift to a totally vegan diet, you can lose weight super fast. What to try it with me?*
- *Did you know if you just skip breakfast and lunch, you can pretty much eat whatever you want at dinner and lose weight?*
- *I am going on a juice cleanse this month to lose weight for spring break.*
- *I heard that if you only eat a limited number of bland foods, you lose weight because you get really sick of the foods. I am going to start tomorrow.*
- *Did you know that if you just eat foods that are slightly spoiled it makes you dislike the foods, which decreases your appetite and your caloric intake?*
- *I know I am already pretty skinny, but with all the health benefits of thinness, I want to get down to less than 5% body fat.*
- *People will accept me and love me only if I lose another 10 pounds.*
- *Most people have weak will power and give in to hunger – I will show people how much self-control I have by not eating anything but vegetables.*

Leaders should generate additional statements as needed and may tailor the statements to be appropriate for their group members. If a particular participant is reluctant to talk you out of the dietary restriction, just ask them to do you a favor and make your job easy by giving it their best shot – even if they don't believe what they are saying.

Role-play debriefing

Do you think you could talk your friends out of unhealthy dietary restriction?

Encourage participants to promote healthy weight control behaviors like eating healthy meals.

VII. HOME EXERCISE ASSIGNMENT (8 MINS)

When trying to change a behavior, it is helpful to track how often it is occurring. We would like you to start tracking how often various eating disorder behaviors are happening. Please use the Behavioral Tracking Form to track your binges and compensatory behaviors, as this will show you what is and what isn't working during the behavioral challenges that will occur in the upcoming weeks. We are currently at Session 4, which is abbreviated as "S4" on the form.

Please start by estimating the number of binges and compensatory behaviors you had in the week before Session 1 and in the 2 following weeks. Put zeros for behaviors did not occur. Record those numbers in the first 3 columns. Then sum the number of compensatory behaviors (the green boxes) for the first 3 weeks.

We would also like you to graph the number of binges and number of compensatory behaviors on the 2 graphs on back of the form each week from now until the group ends. Seeing a visual representation of your progress throughout treatment can be really helpful and show you how far you've come!

Are there any questions?

For the second home exercise, we would like you to write a letter to your eating and weight concerns, telling "it" how much you resent it and wish it would resolve and leave you to pursue more meaningful ends.

*Pull the **Eating Disorder Grievance Letter** from your packet (Home Exercise # 8).*

Your third home exercise will be to continue tracking disordered eating behaviors on the Behavioral Tracking Form.

Can someone tell me what the home exercises are for this week?

1. Start keeping track of disordered eating behaviors on the tracking form;
2. Write the letter to your eating disorder/eating/weight concerns;
3. Continue to eat 3 healthy meals a day.

Did anything in particular "hit home" for you in today's session?

Thanks for coming this week. We were very impressed by your level of participation in the group.

SESSION 5

Prep: Email/call/text each participant before this session to remind them about the time/location of session and to complete the home exercises.

Materials: Video camera

Topic Areas:

- I. Healthification home exercise debriefing
- II. Discuss adverse effects of binge eating
- III. Eating disorder grievance letter debriefing
- IV. Motivational writing exercise: Importance of resolving disordered eating
- V. Problematic eating behavioral challenge
- IV. Home exercise assignment

Session Overview: The focus of Session 5 is to discuss participants' experiences with the 3 healthy meals a day behavioral challenge and the eating disorder grievance letter home exercise. We also discuss the importance of resolving unhealthy eating behaviors and ask participants to change their unhealthy eating behaviors on a trial basis. **Prep:** record eating disorder behaviors reported by participants for enrolling in this class for the eating disorder challenge exercise.

Turn on video camera now.

Thanks for coming. I hope each of you is willing to actively participate today.

I. HEALTHIFICATION HOME EXERCISE DEBRIEFING (10 MINS)

We asked you to continue eating 3 healthy meals a day to remove a key maintenance factor for many disordered eating behaviors.

Let's go around the room and describe what each of you did and how it turned out.

Have each participant discuss her experiences.

If people begin to give excuses for not succeeding, say, “*We don't want to focus on excuses for not eating 3 healthy meals – instead we want to be solution focused and discuss making positive changes and carrying this momentum into the future.*” If a participant needs suggestions or problem solving, allow the other group members to come up with the ideas first.

We also asked you to begin track disordered eating behaviors. Was everyone able to record this information and graph it? What positive changes have you noticed?

Review and help participants if there are questions. Have participants complete the tracking form and graph in session if it was not completed.

II. DISCUSSING ADVERSE EFFECTS OF BINGE EATING (5 MINS)

At this point it is useful to discuss the negative effects of binge eating. What are the primary things that come to mind?

Unhealthy weight gain

Feeling bloated

Feelings of shame

Acne

Stretches stomach out, contributing to larger subsequent meal sizes

Massive sugar rush and crash

Increases risk for other disordered eating behaviors, such as compensatory behaviors (vomiting)

Can cause stomach rupture

III. EATING DISORDER GRIEVANCE LETTER DEBRIEFING (15 MINS)

Last week we asked you to write a letter to your problematic eating behavior, distorted body image or eating disorder, discussing all the things you dislike about it and the negative effects it has on you.

Let's go around the room so each of you can read your letter out loud.

Did it seem useful to "vent" at your problematic eating behaviors and thoughts?

Sometimes we need to get mad to really change ourselves.

Collect Home Exercise #8. Make sure participants write their name on it and sign it.

IV. MOTIVATIONAL WRITING EXERCISE: IMPORTANCE OF RESOLVING EATING DISTURBANCES (12 MINS)

Next, I would like you to take three minutes to list reasons why it's important for you to work on dealing with your problematic eating behaviors at this point in your life. These are the behaviors that you reported at your baseline assessment that we discussed last session.

*Please pull the **In-Session Writing Exercise #2** from your packet.*

Begin by listing out the disordered eating behaviors in which you engage, such as binge eating, vomiting, laxative/diuretic use, meal skipping, and excessive exercise for weight control.

Next, write down the 2 most important reasons for you to work on resolving your problematic eating behaviors.

After the majority of group members have written their statements, ask each to describe their eating disorder behaviors and the most important reasons for resolving their eating disorder behaviors.

V. PROBLEMATIC EATING BEHAVIOR CHALLENGE (15 MINS)

Are you willing to do an activity to help resolve your problematic eating behaviors? People with disturbed eating often engage in behaviors that maintain problematic eating. For instance,

people often skip breakfast, which increases the odds of eating unhealthy foods later in the day. Others may binge eat on energy dense foods, which causes neural changes that serve to maintain this behavior. We would like to challenge you to do something to disrupt the disordered eating behaviors you reported when enrolling in this study. Doing this should help get you out of a behavioral rut and make your eating habits healthier.

It is vital to focus on linchpin behaviors that are maintaining your matrix of disordered eating behaviors. A linchpin behavior is one that, if eliminated would make the other disordered eating behaviors resolve.

Examples include:

- Caloric deprivation that causes the metabolism to go into the frugal mode, while at the same time increasing the reward values of food, particularly unhealthy foods. If caloric deprivation was discontinued, you could eat healthy meals and maintain a healthy weight and would not be setting yourself up for binge eating on unhealthy foods later in the day.
- Binge eating on unhealthy foods that prompt subsequent unhealthy compensatory behaviors like vomiting, laxative use, diuretic use, and excessive exercise for weight control purposes. If binge eating was discontinued, the use of unhealthy compensatory behaviors would likewise disappear.

So your next behavioral challenge is to discontinue the linchpin eating disorder behavior that is maintaining your disturbed eating behaviors. I would like to go around the room and hear which eating disorder behavior you will discontinue. Plan on reducing the behavior in frequency at first, rather than completely eliminating it. Next week we will review how this behavioral challenge went for you.

Have each participant describe one linchpin eating behavior that they will reduce in frequency over the next week (e.g., binge eating two fewer times). Avoid letting participants focus on trivial eating behaviors that do not constitute a true symptom of an eating disorder (e.g., re-introducing unhealthy foods to their diet, shopping to make sure they have healthy snacks). While you can support behaviors that will make it easier for them to reduce a symptom, make sure they plan on reducing a true DSM-5 eating disorder symptom. It would be best to suggest something like a 50% reduction in the frequency of the eating disorder behavior this first week.

Pull the first **Disordered Eating Behavior Challenge Form** from your packet (Home Exercise #9).

Please also continue to eat 3 healthy meals a day.

VI. HOME EXERCISE ASSIGNMENT (3 MINS)

The second exercise is to write a one-minute “newsflash” report on the negative effects an eating disorder has had on a friend, a family member, or a celebrity. Focus on all of the adverse effects the eating disorder has had on this person, including psychological, interpersonal, and health issues. Pretend you are a news correspondent.

Try to get participants to do an assignment that is germane to their eating disorder (e.g., if they have Anorexia Nervosa, an assignment on that eating disorder would be advantageous).

Pull the ***Adverse Effects of Eating Disorder Newsflash*** from your packet (Home Exercise #10).

Your third home exercise will be to continue tracking disordered eating behaviors on Behavioral Tracking Form.

Can someone tell me what the home exercises are for this week?

1. Do the eating disorder behavior challenge;
2. Do the Newsflash on the adverse effects of an eating disorder;
3. Continue to eat 3 healthy meals a day;
4. Continue tracking disordered eating behaviors on the tracking form;

We will talk about how each of these exercises went during the next session. I will be collecting all home exercises.

Did anything in particular “hit home” for you in today’s session?

Thanks for coming. Looking forward to next week’s meeting.

SESSION 6

Prep: E-mail/call/text each participant before this session to remind them about the time/location of session and to complete the home exercises.

Materials: Video camera

Topic Areas:

- I. Adverse effects of an eating disorder newsflash debriefing
- II. Disordered eating behavior challenge debriefing
- III. Discussing negative effects of fasting and excessive exercise
- III. Home exercise assignment

Session Overview: The focus of Session 6 is to discuss the eating disorder newsflash home exercise and the problematic eating behavior challenge. Next, participants discuss the health costs of eating disorders. Home exercises are then assigned.

Turn on video camera now.

Thanks for coming. I hope each of you is willing to actively participate today.

I. ADVERSE EFFECTS OF AN EATING DISORDER DEBRIEFING (20 MINS)

Last week we asked you to prepare a one-minute Newsflash on the negative effects an eating disorder has had on a friend, a family member, or a celebrity.

Let's go around the room so each of you can present your Newsflash.

What did you learn that was new?

Collect Home Exercise #10. Make sure participants write their names on it and sign it.

II. DISORDERED EATING BEHAVIOR CHALLENGE DEBRIEFING (20 MINS)

We also asked you to reduce the frequency of a linchpin eating disorder behavior that is maintaining your eating disorder as a home exercise.

Let's go around the room and describe what each of you did and how it turned out.

Have each participant discuss her experiences. Be sure they are tracking the number of days when the goal was met on Home Exercise Form #9.

Did you find this exercise useful?

What did you learn?

If they did not do the exercise, ask them how they can succeed the next time they try. Is there something they can do that might be easier to try out first?

The third home exercise was to continue to eat 3 health meals a day. How did this go?

Encourage participants to continue to eat 3 healthy meals. If a participant is struggling with this, ask other participants to give helpful advice.

The fourth home practice activity was to track eating disorder behaviors. Have people noticed any positive changes?

Review and ask for questions. Have participants complete the tracking form and graph in session if it was not completed.

We appreciate that you were willing to try something new.

We would like you to either reduce further the frequency of a linchpin eating disorder behavior that you began to focus on last week –or- select a second eating disorder behavior to reduce if you eliminated the first disordered eating behavior. Again, focus on behaviors that maintain other eating disorder behaviors. This will be your first home exercise.

Let's go around and share the disordered eating behavior challenge that you'll try this week. Please make sure to also maintain the first disordered eating behavior challenge you made last week.

Ask each participant to detail what they will do next week, focusing on further reducing their eating disorder behaviors. They should either reduce the frequency of the eating disorder behavior they focused on last week further or reduce a second behavior in addition to maintaining their first behavioral change. Make sure every participant has a detailed and appropriate eating behavior challenge goal. If their last goal was so anxiety provoking that they did not do it, select a less threatening goal. If their last goal was extremely easy, encourage them to select a more challenging goal.

*Pull out the **Disordered Eating Behavioral Challenge Form** from your packet (Home Exercise #9). Please record your behavioral challenge for next week on this form. Make sure to maintain the change you made last week and to continue eating 3 healthy meals a day.*

III. DISCUSSING NEGATIVE EFFECTS OF FASTING AND EXCESSIVE EXERCISE (15 MINS)

Next, I would like to discuss the negative effects of fasting and excessive exercise, including any that you might have experienced personally.

When people go for long periods of time without eating, such as skipping both breakfast and lunch, how does it affect their ability to think?

Concentration problems

Forgetfulness (the brain is the organ that has the highest energy requirements to work well)

Low energy

What are some effects of fasting on athletic performance?

Markedly reduced energy and stamina

Sports that require fine motor skills can suffer too

How can fasting that results in marked weight loss affect your menstrual cycle? Does anyone know of negative effects of this disturbance?

Osteoporosis
Reproductive problems in the future

How about the negative effects of excessive exercise, which is often defined as exercising for more than an hour for high-intensity activities (running) or more than two hours for lower intensity exercise (biking)?

Repetitive motion injuries that make even moderate exercise impossible or painful
Very low energy
Boredom (doing stairmaster for 2 hours)
Damage to knees, hips, or back
Reduces libido

Can fasting or excessive exercise negatively affect your interpersonal relationships?

Fasting makes it so you can't have pleasant social meals with friends
Fasting may strain your relationships if your friends/family members worry about you not eating
Excessive exercise can cut into fun social activities you could do with your friends or partners

Do these costs outweigh any benefits of fasting and excessive exercise?

V. HOME EXERCISE ASSIGNMENT (5 MINS)

As I mentioned, your first home exercise is to conduct the second disordered eating behavioral challenge, which you add to the change you did last week and consumption of 3 healthy meals a day.

For your second home exercise, we would like you to write a letter to a younger girl about how to avoid developing body image concerns. This is different from the first letter, which focused on all the negative costs of pursuing the thin ideal. The goal of this new letter is to help her understand the things she can do, say, avoid, or learn that will help her develop or maintain a positive body image. You can send this letter to the actual person if you want, but please bring it to the next session so you can read it out loud.

*Pull the **Letter to Younger Girl Form: Avoiding Body Image Concerns** from your packet (Home Exercise # 11).*

Your third home exercise will be to continue tracking disordered eating behaviors on the Behavioral Tracking Form

Can someone tell me what the home exercises are for this week?

1. Do the second eating disorder behavior challenge while maintaining gains made last week;
2. Write a letter to a younger adolescent girl about avoiding body image concerns;
3. Continue to eat 3 healthy meals a day;
4. Continue keeping track of disordered eating behaviors on the tracking form.

We will talk about how each of these exercises went during the next session. We will be collecting all home exercises.

Did anything in particular “hit home” for you in today’s session?

Thanks for coming. Looking forward to seeing you next week.

SESSION 7

Prep: Email/call/text each participant before this session to remind them about the time/location of session and to complete the home exercises.

Materials: Video camera

Topic Areas:

- I. Avoiding body image concerns letter debriefing
- II. Disordered eating behavior challenge debriefing
- III. Discussing negative effects of vomiting, laxative use, and diuretic use
- IV. Dissuading eating disorders role-plays
- V. Home exercise assignment

Session Overview: The focus of Session 7 is to discuss participants' experiences with writing a letter to a younger girl about avoiding body image concerns and continuing their problematic eating behavior challenge. Participants then discuss the interpersonal costs of eating disorders and engage in a role-play in which they dissuade others out of eating disorder behaviors. Home exercises are then assigned.

Turn on video camera now.

Thanks for coming. I hope each of you willing to actively participate today!

I. LETTER TO YOUNGER GIRL: AVOIDING BODY IMAGE CONCERNS DEBRIEFING (10 MINS)

Last week we asked you to write a letter to a younger girl about things she could say or do to avoid developing body image concerns. How did that go?

Let's go around the room and have each of you read your letter.

Did you find this exercise useful?

Are you willing to send this letter to the person to whom you wrote it?

Collect Home Exercise #11, unless they want to send it to the person. Make sure participants write their names on it and sign it.

II. SECOND DISORDERED EATING BEHAVIOR CHALLENGE DEBRIEFING (20 MINS)

We also asked you to reduce the frequency of two linchpin eating disorder behaviors that are maintaining your eating disorder as a home exercise, in addition to eating 3 healthy meals daily.

Let's go around the room and describe what each of you did and how it turned out.

Have each participant discuss her experiences. Be sure they are tracking the number of days when the goal was met on Home Exercise Form #9.

What did you learn?

If they did not do the exercise, ask them how they can succeed the next time they try. Is there something they can do that might be easier to try out first?

We appreciate that you were willing to try something new.

We would like you to either further reduce the frequency of a linchpin eating disorder behavior that you focused on –or- select another eating disorder behavior to reduce if you eliminated the first behavior. Again, focus on behaviors that maintain other eating disorder behaviors. This will be your first home exercise.

Let's go around and share the disordered eating behavior challenge that you'll try this week. Please make sure to also maintain the other disordered eating behavior challenges you made in past weeks.

Ask each participant to detail what they will do next week. They should reduce further the frequency of the eating disorder behavior they focused on last week and/or reduce another behavior in addition to maintaining their first behavioral change. Make sure every participant has a detailed and appropriate eating behavior challenge goal.

*Pull out the **Disordered Eating Behavioral Challenge Form** from your packet (Home Exercise #9). Please record your behavioral challenge for next week on this form. Make sure to maintain the previous changes you made.*

The third home exercise was to continue to eat 3 health meals a day. How did this go?

Encourage participants to continue to eat 3 healthy meals. If a participant is struggling with this, ask other participants to give helpful advice.

The fourth home practice activity was to track disordered eating behaviors. Did everyone remember to do this? Have people noticed any positive changes?

Review and help participants if there are questions. Have participants complete the tracking form and graph in session if it was not completed.

III. DISCUSSING NEGATIVE EFFECTS OF VOMITING, LAXATIVE USE, AND DIURETIC USE (10 MINS)

Last week we discussed negative effects of fasting and excessive exercise. Today, I would like to discuss the negative effects of more extreme weight control behaviors, including vomiting, laxative use, and diuretic use.

What are the negative effects of vomiting for weight control?

Escalation in amount of food consumed in a binge, which makes vomiting easier.
Electrolyte imbalances that can cause cardiac arrest (i.e., death)
Erosion of dental enamel on teeth

Yellowing of teeth
 Swollen lymph nodes on face/neck
 Scars on fingers and the hand
 Ulcers
 Damage to esophagus

What about the negative effects of laxatives?

Explosive diarrhea
 Can lead to serious nutritional problems
 Can also cause electrolyte imbalances that can cause cardiac arrest (i.e., death)
 Can cause dependence
 Laxative withdrawal can cause serious medical problems, such as kidney failure

What about the negative effects of diuretics?

Going pee very frequently, which can disrupt sleep quality
 Dehydration
 Digestive distress

What types of interpersonal problems can be caused by vomiting, laxative use, and diuretic use?

Vomiting and the effects of laxative use can put off roommates
 Dating partners can be turned off by vomiting and laxative use
 Vomiting, laxative use, and diuretic use may alarm friends and family

More broadly, how can having an eating disorder affect your relationships with others?

Disordered eating makes it so that people spend less time with people they care about.
 The focus on food or elaborate exercise routines may keep them separate from others and isolated, lonely.
 Obsessing about dietary intake, weight loss efforts, or exercise may drive people away.
 Eating and weight concerns lead people to lie to those they care about. These individuals may feel like no one really knows them.
 Eating concerns may make it difficult to make new friends or keep them from dating.
 Eating concerns can cause conflict with family and friends who are concerned about the person's weight or abnormal eating habits.
 Experiencing feelings of guilt and shame because of behaviors.

Are you tired of these costs? Do these costs outweigh any benefits of problematic eating and weight control behaviors?

IV. DISSUADING DISORDERED EATING ROLE-PLAYS (17 MINS)

Leaders take the role of someone with an eating disorder. Let each participant spend about two minutes attempting to dissuade your character from engaging in disordered eating (do two role plays if necessary). Parrot, or echo back, any disordered eating behavior mentioned by participants. Focus on the unrealistic benefits of certain disordered eating behaviors. Make sure

each participant tries to talk you out of engaging in the behavior. Be difficult to persuade, but it is best to be playful with this exercise.

In this exercise I am going to assume the role of someone with an eating disorder and your job is to talk me out of engaging in these disordered eating behaviors. Feel free to use any of the information brought up in our earlier discussions.

The two facilitators should model the role-play first. Then select group members to participate, making sure each participant has a turn. Start with the most gregarious participant. If possible, try to choose or make up statements that relate to the problematic disordered eating behavior shown by the participants.

Sample statements for leaders appear below:

- *I have decided I will not eat breakfast or lunch so I can slim down.*
- *I have been letting myself binge eat on my favorite foods when I am feeling stressed; I know it is not wise, but I am not one of those people who's going to look like a supermodel anyway.*
- *Did you know that if you make yourself throw-up after eating a big meal, you can pretty much eat as much as you like?*
- *People will accept me and love me only if I lose another 10 pounds.*
- *I have been eating an awful lot of ice cream each night, but am cutting down on the amount of food I eat in regular meals during the day to compensate.*
- *I can pretty much eat whatever I want if I just use an enema daily. It is much better than restricting your eating!*
- *I can't meet you for dinner tonight because I have to go spend a few hours at the gym. I only went for two hours yesterday.*
- *Most people have weak will power and give in to hunger – I will show people how much self-control I have by not eating anything but grapefruit.*
- *I've discovered that if I drink a 20 ounce black coffee after every meal, it helps keep my weight down.*
- *I can't believe you still eat ice cream. I cut out most carbs and anything sweet – I know if I continue eating this way I'll lose 20 pounds and get a perfectly flat stomach.*
- *I love chocolate so much I went on a chocolate-only diet.*
- *I found this great pro-anorexia web page that shares all sorts of great weight control ideas.*
- *Don't you think that appearance is the most important focus these days?*

- *I have lost a lot of weight over the last few months, but still have a paunch that I need to deal with.*
- *I binge at night and there's basically nothing that can be done about my weight gain. I've read that obesity is impossible to change.*
- *I have anorexia and it's the hardest disorder there is to treat. Basically no anorexic is ever cured.*

Leaders should generate additional statements as needed and may tailor the statements to be appropriate for their group members. If a participant is very resistant to this exercise, it is best not to “lock horns” with them in the context of the group. Rather ask them after the group if they can just give the exercises their best try because it is part of the intervention script.

Role-play debriefing

How could challenging people when they discuss their disordered eating behaviors help them?

How would it help you?

Promote discussion on why it is helpful to speak out against disordered eating behaviors. Let participants come up with the arguments.

V. HOME EXERCISE ASSIGNMENT (3 MINS)

Again, your first home exercise is to reduce the frequency or eliminate a linchpin eating disorder behavior that is maintaining your eating disorder. You should also maintain earlier changes, including eating 3 healthy meals daily.

*Pull the **Problematic Eating Behavior Challenge** from your packet (Home Exercise # 9).*

For your second home exercise, we would like you to describe the things you would rather do with your time and energy than obsess about body image concerns and engage in disordered eating behaviors. Tell us about things you think are a more valuable and meaningful use of your time. Are there better ways to spend your money – other than on foods that are consumed, but purged?

*Pull the **More Valuable Use of Time Form** from your packet (Home Exercise # 12).*

Your third home exercise will be to continue keeping track of disordered eating on the Behavioral Tracking Form.

Can someone tell me what the home exercises are for this week?

1. Do the three behavior challenges relating to problematic eating behavior, plus eating 3 healthy meals daily;
2. More valuable use of time letter;
3. Continue to eat 3 healthy meals a day;

4. Continue keeping track of disordered eating on the tracking form.

Did anything in particular “hit home” for you in today’s session?

Thanks for coming this week. We were very impressed by your level of participation in the group.

SESSION 8

Prep: E-mail/call/text each participant before this session to remind them about the time/location of session and to complete the home exercises.

Materials: Video camera

Topic Areas:

- I. More constructive use of your time debriefing
- II. Engaging in more pleasant activities
- III. Third problematic eating behavior challenge debriefing
- IV. Discussing benefits of group and closure
- V. Exit self-affirmation exercise and positive gains letter

Session Overview: This session begins with a debriefing of more valuable use of your time letter and problematic eating behavior challenge home exercises. Participants then discuss the benefits of the group and what they would rather do with their time and energy rather than obsess about body image and eating. Finally, an exit self-affirmation exercise and a positive gains and maintenance letter are assigned.

Turn on video camera now.

Thanks for coming to our last session! Are you willing to make it a good final meeting?

I. MORE CONSTRUCTIVE USE OF YOUR TIME DEBRIEFING (5 MINS)

Last week we asked you to describe in writing things that you would rather do with your time than obsessing about body image concerns and engaging in disordered eating; things that are more valuable or meaningful to you.

Is each of you willing to read what you wrote out loud?

Do you welcome the idea of having more time to pursue other activities beyond thinking about appearance and food all the time?

Collect Home Exercise #12. Make sure participants write their name on it and sign it.

II. INCREASING FUN ACTIVITIES (10 MINS)

Given that we just discussed more valuable ways to spend your time, I would like to hear two things that each of you will start doing that puts a smile on your face. What types of fun activities can you add to your week?

Ask every participant to name at least two fun activities they could add to their week to increase the quality of their life. For instance, they could go on a bike ride with a friend, see a movie with a dating partner, or resume playing a musical instrument.

III. THIRD DISORDERED EATING BEHAVIOR CHALLENGE DEBRIEFING (20 MINS)

We also asked you to reduce the frequency of your linchpin eating disorder behaviors that are maintaining your eating disorder as a home exercise.

Let's go around the room and describe what each of you did and how it turned out.

Have each participant discuss her experiences.

What did you learn?

If they did not do the exercise, ask them how they can succeed the next time they try. Is there something they can do that might be easier to try out first?

Collect home exercise #9. Make sure participants write their name on it and sign it.

We are hoping that the disordered eating behavior challenge home exercises have taught you that you can discontinue disordered eating behavior, or at least continue to gradually reduce the frequency, that it is within your capacity to make this crucial change. Are you willing to make further reductions to eating disorder behaviors?

Ask each participant to detail what they will do next week. They should reduce further the frequency of the eating disorder behavior they focused on previously and/or reduce another behavior in addition to maintaining their first behavioral change. Make sure every participant has a detailed and appropriate eating behavior challenge goal. They should also retain the habit of eating 3 healthy meals daily. The optimal goal is complete elimination of disordered eating behaviors.

The third home practice activity was to track disordered eating behaviors. Let's review the patterns you are seeing on the graphs. Who has achieved a reduction in either binges or compensatory behaviors? Would you be willing to share your graph with the other group members?

Review and reinforce all signs of reductions in behaviors. Collect completed tracking forms.

We also asked you to continue to eat 3 health meals a day. How did this go?

Encourage participants to continue to eat 3 healthy meals. If a participant is struggling with this, ask other participants to give helpful advice.

IV. DISCUSSION OF BENEFITS OF THE GROUP AND CLOSURE (15 MINS)

Given that this is our last meeting, we wanted to talk about things you learned from participating in this group.

What do you feel you have gotten out of this class?

Can you tell me some of the benefits of body acceptance?

Have you noticed that you feel differently about your own body?

Has participation in this group influenced your eating behaviors?

What healthy changes have you been able to make to your eating behaviors?

Do you think you will be able to maintain these behavioral gains that you have made?

Did any particular activity really stand out as helpful to you?

Try to get all participants to reflect on any growth they have shown or insights they have learned. The idea is for them to consolidate what they have learned.

Next, can you please write out a brief testimonial describing how this group has been beneficial to you personally? We like to post these online to encourage other women struggling with eating disorders to take this important step to address this significant health problem. Feel free to sign your name, just use your initials, or not put your name down at all.

V. EXIT EXERCISES (10 MINS)

As we come to the end of our meetings, we would like to encourage you to continue to challenge some of your body-related concerns. Part of doing this is talking and thinking about our bodies in a positive, rather than a negative, way. Here are some ideas to get you started:

- 1. Choose a friend or family member and discuss one thing you like about yourself.*
- 2. Keep a journal of all the good things your body allows you to do (e.g., sleep well and wake up rested, play tennis, etc.).*
- 3. Make a pact with a friend to avoid negative body talk. When you catch your friend talking negatively about their body, remind them of the pact.*
- 4. Make a pledge to end complaints about your body, such as “I’m so flat chested” or “I hate my legs”. When you catch yourself doing this, make a correction by saying something positive about that body part, such as, “I’m so glad my legs got me through soccer practice today”.*
- 5. The next time someone gives you a complement, rather than objecting (“No, I’m so fat”), practice taking a deep breath and saying, “Thank you”.*

Can each of you choose one of these ideas or one of your own and do it sometime next week? Please email us about how it goes. Consider this your first “exit exercise.” Doing these kinds of things makes it more likely that you will talk about yourself in a more positive way. Think of which specific exercise you can do. I’d like to go around the room and ask each of you to share.

*Pull the **Self-Affirmation Exercise** from your packet (Exercise #13).*

Have each participant state which affirmation exercise they are willing to do during the next week.

Optional: It would also be great if you can encourage a few other friends that you know who might be struggling with an eating disorder to sign up for this group/study.

The last home exercise is to write yourself a letter that details the gains you have made from being in this group, discusses the importance of maintaining the healthy changes you have made, and lists the costs of reverting back to engaging in eating disorder behaviors. Please send it to us. Print out a copy for yourself so you can pull this out and read it if you feel yourself contemplating reinstating unhealthy behaviors.

Pull the **Positive Gains and Maintenance Form** from your packet (Exercise #14).

Once again, thanks again for deciding to be a part of this group. We have been very impressed with your thoughtful comments and participation—they are much appreciated! We hope each of you feels like it was worth your time and that you can share what you got out of this group with your friends.

In-Session Writing Exercise #1

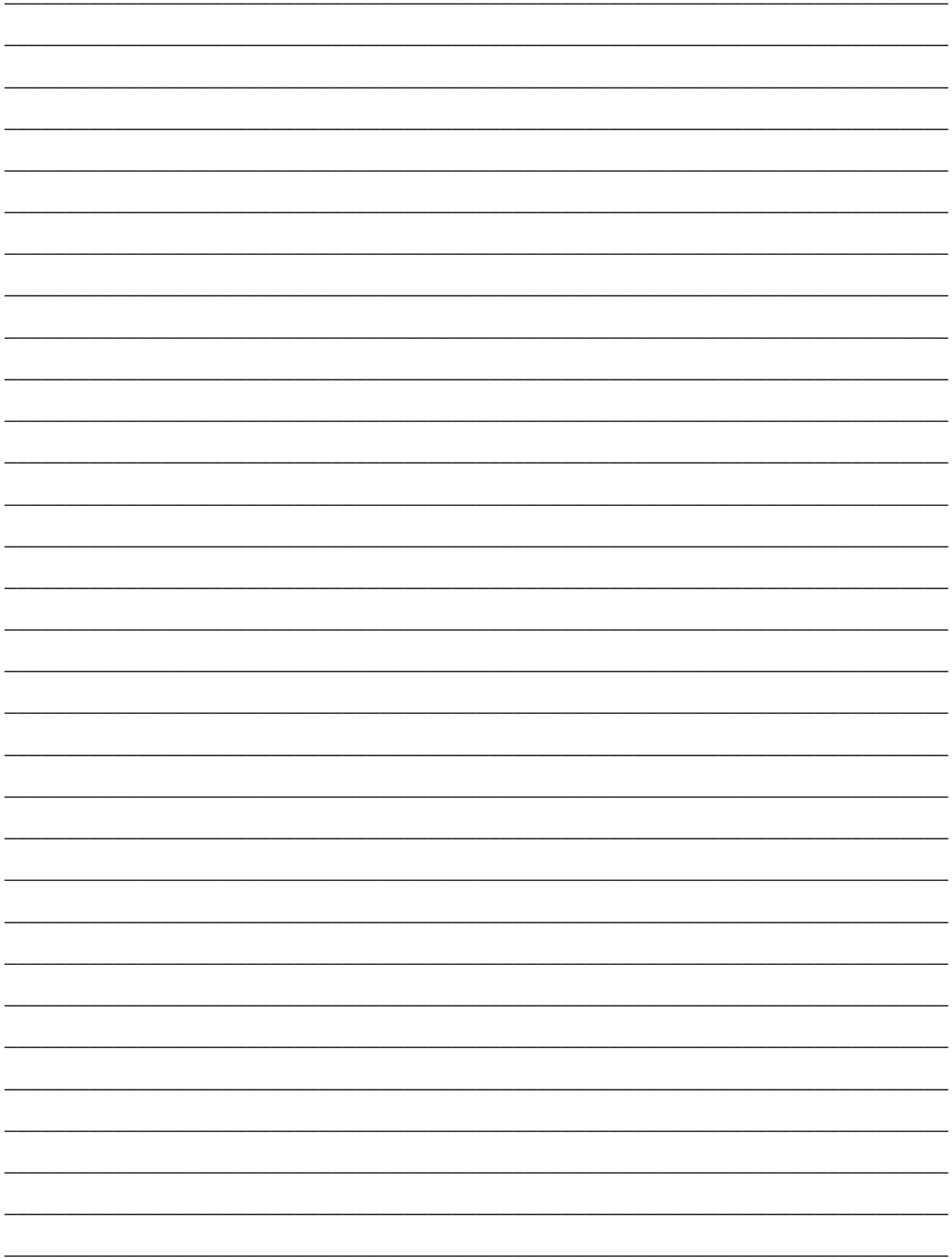
Importance of Improving Body Image

Please write down 2-3 reasons why it important for you to work on improving your body image at this point in your life. Why it is important for you to attend these sessions and do the home exercises?

1.) _____

2.) _____

3.) _____

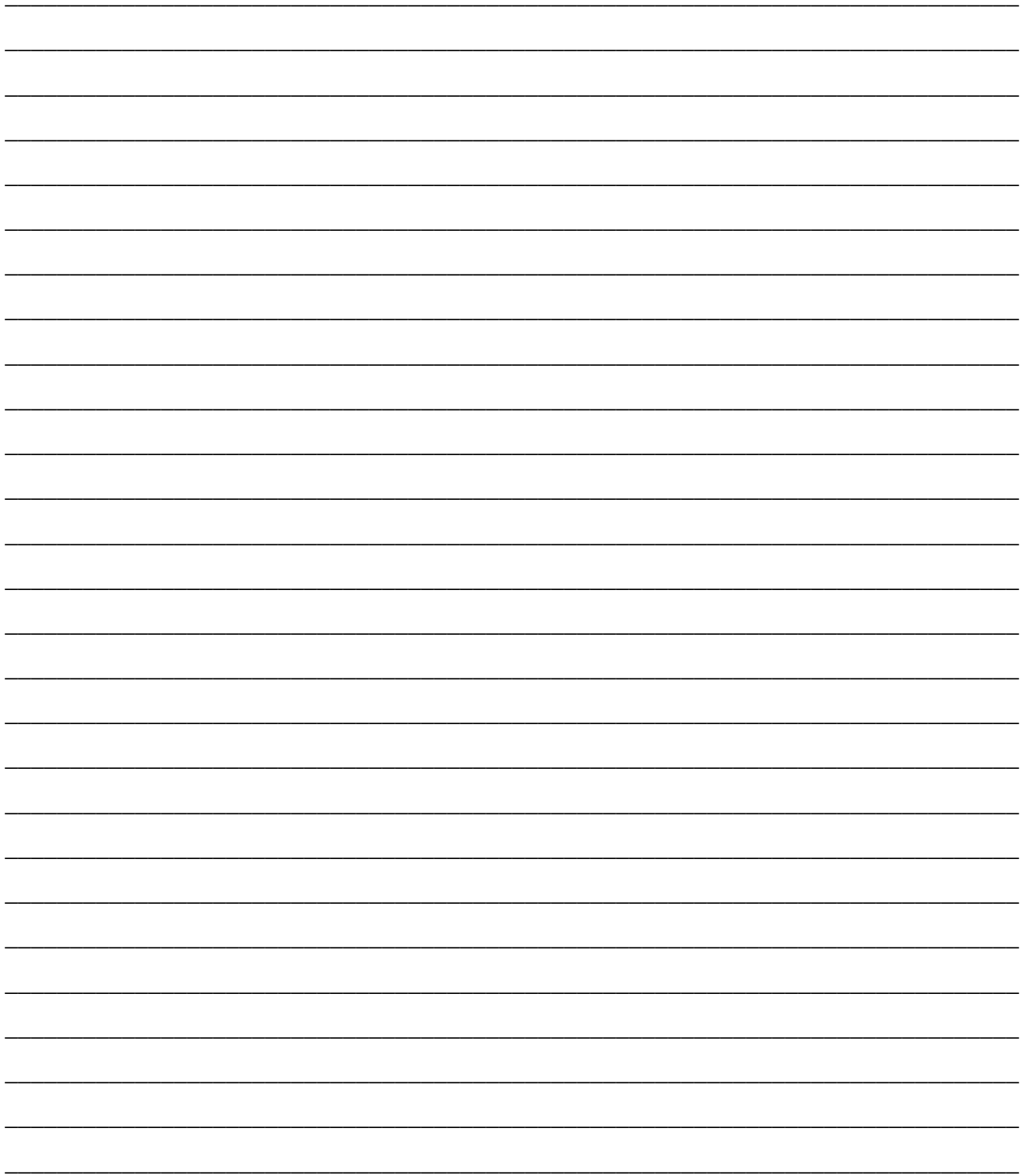


Name:
Signature:

Session 1, Home Exercise #2: Mirror Form

Please stand in front of a mirror with as little clothing as possible and look at yourself and write down all your positive qualities. Please list at least 10. This includes physical, emotional, intellectual, and social qualities. For instance, you may like the shape of your arms, the strength of your legs, your long dark hair, the sound of your laugh, or the fact that you are a good friend. Please make sure to include at three or four physical qualities on your list.





Name:
Signature:

Session 2, Home Exercise #4: Top-10 List

Please generate a top-10 list of things girls/women can do to resist the thin ideal at the broader societal level. What can you avoid, say, do, or learn to battle this unhealthy beauty ideal in your community and have an impact on others? Please write your top-10 list down and bring it to the next group. Examples:

- Start an Instagram page with pictures of “real” women whose pictures have not been altered, and encourage friends to do the same, which will change image of women on social media.
- Put a bucket with sidewalk chalk around campus and write a pro body acceptance message by each bucket to see if other will follow suit.
- Put post-its on mirrors in women’s bathrooms saying “love your body”.

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

Name:

Signature:

Session 3, Home Exercise #5: Body Image Behavioral Challenge

We would like to challenge each of you to do something that you currently do not do because of body image concerns to increase your confidence. Examples could include: wearing shorts to school, going to the pool in a swimsuit, exercising in public, wearing your hair up. Please do this twice in the next week and then let us know during the next session how it turned out. Please take a moment to think of something you would like to do but haven't done yet. You may wish to write your behavioral goals down on this page to remind yourself of it.

Name:

Signature:

Session 3, Home Exercise #6: Body Activism Form

The second exercise from last session asked you to list 10 things that girls/women could do to resist the thin ideal – what you can avoid, say, do, or learn to combat this social pressure. This might be referred to as “body activism” and involves going outside what may just affect yourself to impact others around you. For example, if you have something on your list like, “Unfollow an Influencer on Social Media”, instead of just doing this yourself, ask 3 friends to do the same.

Please choose two behaviors from your list to do during the next week. You may want to write your body activism goal on this sheet to remind yourself of it.

Name:

Signature:

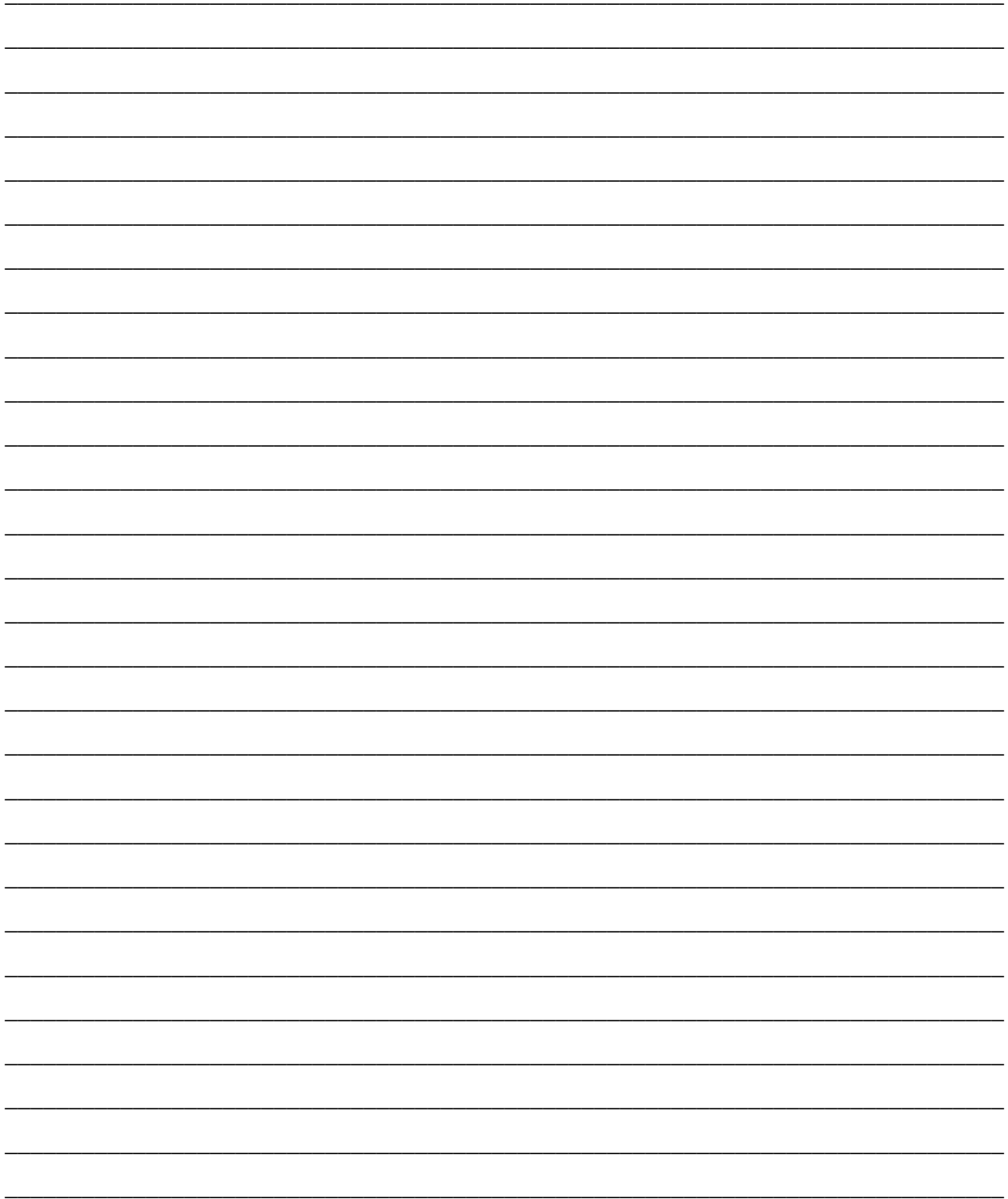
Session 4, Home Exercise #7: Healthification Form

We would like you to begin eating 3 healthy meals each day, starting with breakfast. Research has revealed that many eating disorders are maintained by acute caloric deprivation. The more hours you go without eating, the more the reward value of food increases, particularly for unhealthy foods. The best way to combat this is to eat 3 healthy meals each day. These foods should meet your nutritional needs, but not have excessive levels of sugar or fat.

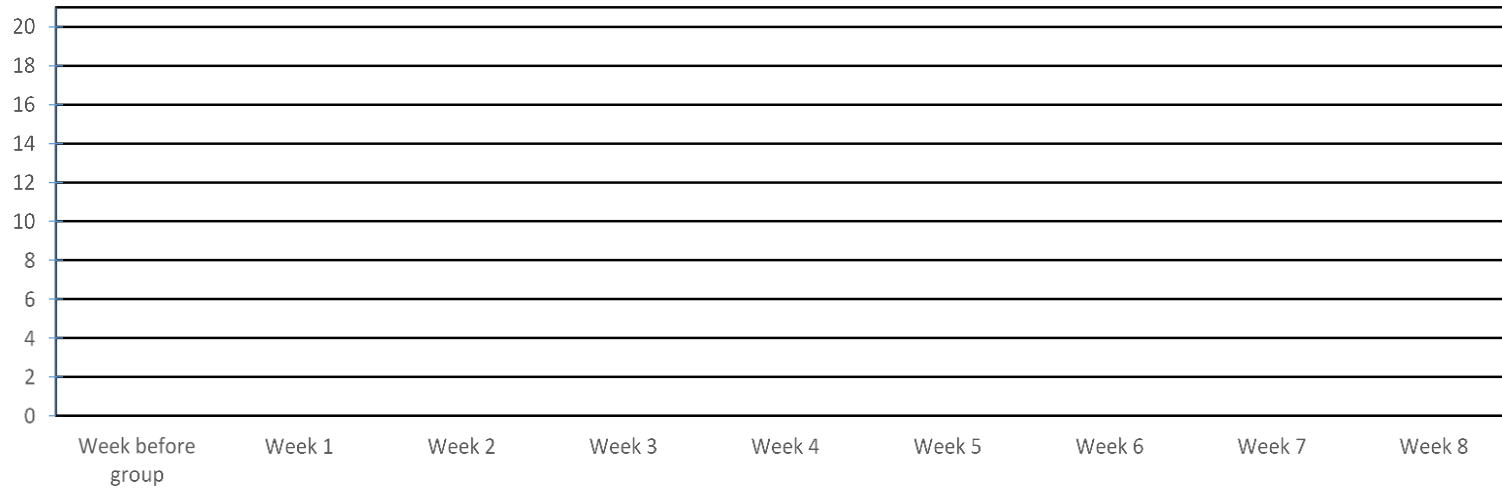
Healthy breakfast options:

Healthy lunch options:

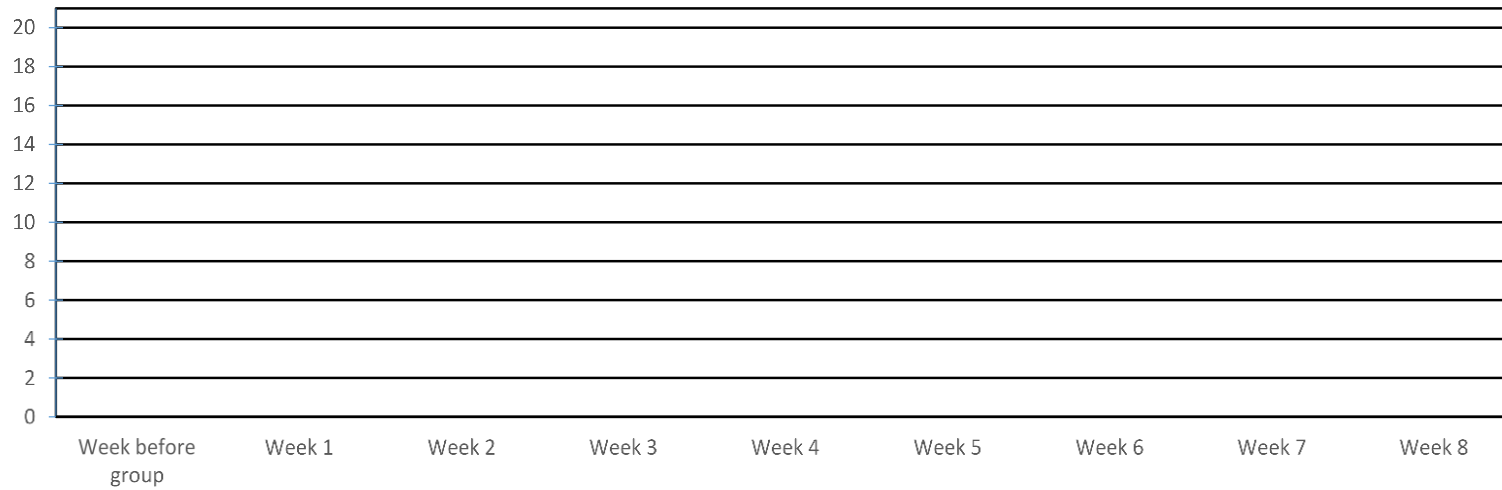
Healthy dinner options:



Graphing Binges



Graphing Compensatory Behaviors



Session 5, In-Session Writing #2: Importance of Resolving Eating Disturbances

First, please write down the disordered eating behaviors in which you engage. These can include binge eating, and vomiting, laxative use, diuretic use, fasting, and excessive exercise for weight control purposes.

Next, please write down 2 most important reasons for you to work on resolving your problematic eating behaviors at this point in your life. Why you should take them seriously and why it is important for you to attend these sessions and do the home exercises?

1.

2.

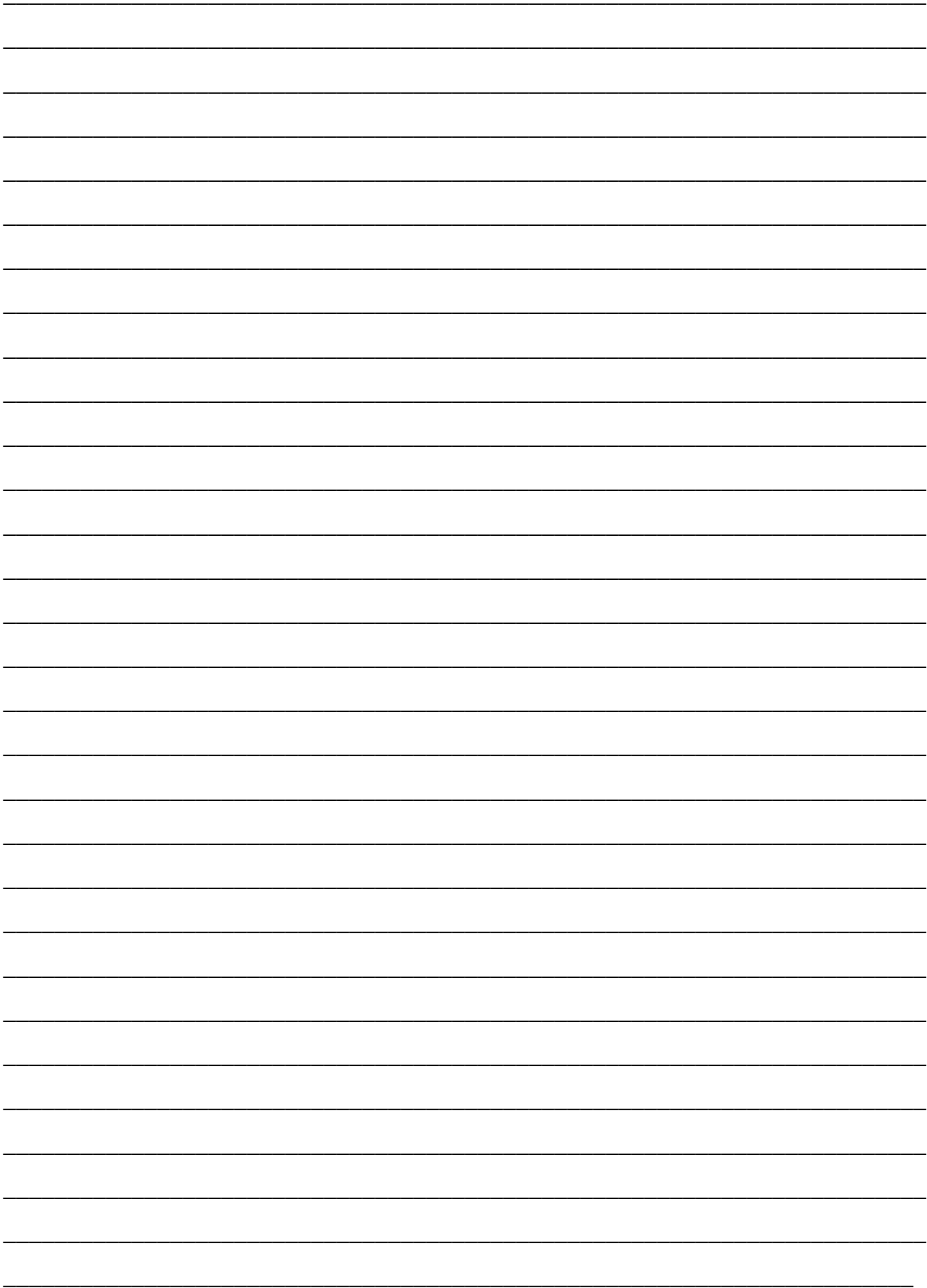
Name:

Signature:

Disordered Eating Behavior Challenge Form Home Exercise #9

Record your healthy food and activity changes and whether you met these goals each week between sessions (record the number of days each week that you met your goal).

Healthy Change	Week from S4 to S5	Week from S5 to S6	Week from S6 to S7	Week from S7 to S8
1.) Eat 3 healthy meals daily.				
2.)				
3.)				
4.)				



Name:

Signature:

Session 8, Exit Exercise #13: Self-Affirmation Exercise

Part of challenging body-related concerns involves talking and thinking about our bodies in a positive, rather than negative, way. We discussed some examples of this in the group, for instance, making a pledge to end complaints about your body or accepting complements rather than objecting to them. Please choose an idea that we talked about, or one of your own, to practice over the next week, and let us know how it goes via email.

Name:
Signature:

Session 8, Home Exercise #14: Positive Gains and Maintenance Form

Please write down the gains you have made from participating in the group, discuss the importance of maintaining the healthy changes you have made, and the costs of reverting back to engaging in disordered eating behaviors. Keep this letter in a safe place and read it if you feel you are beginning to backslide

Gains from participating in the group:

Importance of maintaining the healthy changes you have made:

Costs of reverting to old unhealthy eating behaviors:
