

Counter Attitudinal Therapy

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OVERVIEW

This manual outlines a new 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 disordered 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 disordered 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 disordered 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 disordered 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 disordered 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

disordered 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 disordered 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 disordered behaviors.

Participants are often worried that if they give up their eating disordered behavior, 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 disordered 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 disordered 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 disordered 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 disordered 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 disordered 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.indicatedbodyproject.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 disordered 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:** Pictures of models from fashion magazines
Whiteboard or flip chart
Markers
Video camera
Handout Packet for each participant that includes index cards and contact info for facilitators
Laptop w/ Internet for showing Dove Evolution airbrushing video
- Topic Areas:**
- I. Introduction
 - II. Voluntary Commitment and Overview
 - III. Motivational Writing Exercise: Importance of Improving Body Image
 - IV. Definition and Origin of Thin Beauty Ideal
 - V. Costs of Pursuing the Thin Ideal
 - VI. Show Airbrushing Video and Debrief
 - VII. Reasons for Signing up for this Group
 - VIII. Home Exercise Assignments

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 disordered behaviors—two common issues among women/girls.

Research has found that when women talk about the costs of pursuing the “thin beauty ideal”, body image concerns, and eating disordered 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)

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 with you 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 briefly described this group, I want to provide an overview of the topics we will cover in this class. We will:

- 1. Discuss the importance of resolving body image and eating problems.*
- 2. Consider costs of pursuing the thin beauty ideal, body image concerns, and disordered eating behaviors.*
- 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.*
- 6. Reduce eating disordered behaviors.*

We have a few group rules. First, please turn off your cell phone and put it away so you can focus fully on the group activities. Second, please do not make negative comments about your body.

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 one or two items from their list.

IV. DEFINITION AND ORIGIN OF THIN BEAUTY IDEAL (8 MINS)

Spread out pictures of models from magazines on the table. There should be about three pictures for each participant.

I would like each of you to choose 2 pictures.

Now that you've selected pictures, can you tell me what caught your eye?

Seek a response from each participant. Encourage participants to focus on appearance related themes (e.g., Is there something about her appearance that appealed to you?).

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).

What do these pictures tell us about what society thinks a perfect woman looks like?

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 beauty 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 beauty 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 beauty ideal?

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

Do you think it is realistic that if you lose some weight 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 BEAUTY IDEAL (10 MINS)

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

Body dissatisfaction;
 Decreased self-esteem, depression, anxiety;
 Time-consuming;
 Expensive (personal trainers, cosmetic surgery; make-up costs);
 Physically and mentally exhausting;
 Can cause injury and health problems;
 Encourages unhealthy weight management techniques.

Note: If a participant begins to discuss benefits of the thin beauty ideal, please ask them to focus on the costs rather than the benefits for the purposes of this group.

Also, do your best to get groups to discuss all of the costs listed; giving them hints is fine, or even asking questions like: "How does pursuit of the thin beauty ideal affect self esteem?"

How do you typically feel when you compare yourself to thin models, or even attractive friends via social media?

Most women feel worse about themselves when making upward social comparisons. It often puts them in a negative mood.

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 sense to strive super hard to look like the thin ideal?

No!

Try to get each participant to make a public statement against the thin ideal.

VI. SHOW AIRBRUSHING VIDEO AND DEBRIEF (5 MINS)

Next, we would like to show a short video that illustrates airbrushing.

Please show the Dove Evolution video, or another that you think might be more powerful (e.g., showcase changes to the whole body) on a laptop.

What was most striking to you about this video?

The number and degree of changes made to the model – with these procedures a picture of anyone could be made to look like the thin ideal.

What does it tell us that even models don't conform to this appearance ideal?

That people are striving to attain something that is biologically impossible.

VII. REASONS FOR SIGNING UP FOR THIS GROUP (10 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 disordered 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 because if you minimize your eating disordered behaviors, this intervention will not be as effective.

And given that everyone in the group engages in some form of disordered eating behaviors, is each of you 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 it can be difficult to trust everyone. 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. We will begin to tackle these processes in the next meeting.

*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 (5 MINS)

When trying to change a behavior, it is helpful to track how often it is occurring. We would like you to start tracking the frequency of meal skipping, binge eating, and unhealthy compensatory weight control behaviors on a weekly basis. We would like you to do this for the remainder of this class.

Please use the **Behavioral Tracking Form** that is in your folder. Tracking these behaviors will help show you what is and what isn't working during this class. We are currently at Session 1, which is abbreviated as "S1" on the form.

Please simply record the frequency of eating disordered behavior each week, starting with last week.

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 we will ask you to record this information. These tools will help you visualize your progress throughout this class.

Are there any questions?

For the second home exercise, 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.

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. Track eating disordered behaviors
2. Write letter to younger girl about costs of pursuing the thin ideal
3. Do mirror 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.

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. Costs of Pursuing the Thin Ideal Letter Debriefing
- III. Self-Affirmation Exercise Debriefing
- IV. Costs of Dietary Restriction
- V. Dissuading Extreme Dietary Restriction
- V. Home Exercise Assignments

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. COSTS OF PURSUING THIN IDEAL LETTER 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?

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 (10 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 three 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.

IV. 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.

V. DISSUADING EXTREME DIETARY RESTRICTION (15 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 finally want 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 any meat, as I hear it is a great way to lose weight.*
- *I heard about this really effective diet where you only eat grapefruit. Want to try this diet with me?*
- *I am only going to eat vegetables and raw 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 to just drink juice blends this month to cleanse my system and lose weight for spring break.*
- *I heard that if you only eat a really 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 grapefruit.*

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.

VI. HOME EXERCISE ASSIGNMENTS (5 MINS)

We would like you to do a couple of exercises at home before the next session. 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 Form** from your packet (Home Exercise # 3).*

For your second 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 # 4).

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.

Pull the **Disordered Eating Behavior Change Tracking Form** from your packet.

Where you able to record the frequency of your eating disordered behaviors last week?

Can you please record the frequency of your eating disordered behaviors this week?

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).

Your third home exercise is to continue to record the frequency of your eating disordered behaviors over the next week on the **Behavioral Tracking Form**. Again, we will be asking you to do this each week.

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

1. Rewind response letter.
2. Eat 3 healthy meals a day.
3. Keep track of disordered eating behaviors on the tracking form;

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. Eating 3 Healthy Meals Debriefing
- V. Disordered Eating Behavior Reduction
- VI. Home Exercise Assignments

Session Overview: The focus of Session 3 is to discuss the home exercises, do an in-session motivational enhancement exercise, cover ways to reduce eating disordered behaviors, 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 classes.

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 (10 MINS)

What are the emotional and psychological costs of body image concerns?

Cause you to feel inadequate and depressed;
 Constant worry about appearance results in marked anxiety;
 Focus on appearance may impair your ability to engage in other positive activities or pursue important goals (e.g., school, work).

What are the interpersonal costs of body image concerns?

Constantly complaining about appearance can drive people and dating partners away;
 Severe body images concerns can prevent you from dating people;
 Body image concerns can make you come across as insecure in job interviews, cost you employment;
 Focus on elaborate exercise routines may keep them separate from others and isolated, lonely.
 Can make you reluctant to speak in public in front of others.

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

For example, go to the beach/lake/river to swim;
 Not exercising;
 Being intimate with an attractive dating partner because of body image issues.

IV. EATING 3 HEALTHY MEALS A DAY 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, which is that the longer you go without eating, the more the reward value of food increases, particularly for unhealthy foods.

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? If so, how have you handled it?); only jump in if needed.

The first home exercise is to continue to eat 3 healthy meals a day to remove a key maintenance factor for many disordered eating behaviors.

V. DISORDERED EATING BEHAVIOR REDUCTION (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. As noted, 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 maintain this behavior. We would like to challenge you to do something to disrupt your disordered eating behaviors. 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 this type of 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 lead to unhealthy compensatory behaviors like vomiting, laxative use, diuretic use, and excessive exercise for weight control purposes. If binge eating were discontinued, the use of unhealthy compensatory behaviors would likewise disappear.*

Your first home exercise 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 disordered behavior you will discontinue.

It would be ideal if you could completely eliminate this behavior this week because research indicates that by rapidly reducing these behaviors, you disrupt the processes that maintain them. Experiments show that if you rapidly reduce the eating disordered behavior, you are more likely to show lasting symptom remission and recover from your eating disorder.

Next week we will review how this home exercise 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). 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. At a minimum encourage people to make a 50% reduction in the frequency of the eating disordered behavior this first week.

*Pull the **Disordered Eating Behavior Change Tracking Form** from your packet.*

VII. HOME EXERCISE ASSIGNMENTS (5 mins)

As I noted, your first exercise is to reduce the frequency of your lynchpin eating disorder behavior. For optimal outcome, you should reduce the behavior to zero over the next week. At a minimum you should reduce it by 50%.

*Your second home exercise is to write a letter to your younger self about the negative effects of extreme dietary restriction. We are talking about things like fasting or markedly narrowing the foods you eat. Please take out Home Exercise #5 in your packet, which is the form called **Letter to Younger Self About the Negative Effects of Extreme Dietary Restriction**.*

Your third home exercise is to continue to track the frequency of your eating disordered behaviors over the next week.

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

1. Write a letter about the negative effects of extreme dietary restriction;
2. Continue to eat 3 healthy meals a day;
3. Reduce your linchpin eating disorder symptom;
4. Continue to record 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 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. Negative Effects of Extreme Dietary Restriction Letter Debriefing
- III. Talking People out of Body Image Concerns Role-Play
- IV. Costs of Binge Eating
- V. Disordered Eating Behavior Reduction Debriefing
- VI. Home Exercise Assignments

Session Overview: The focus of Session 4 is to debrief the home exercises, do role-plays in which participants practice talking people out of body image concerns, discussing the costs of binge eating, and reviewing home exercises for next 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?

II. NEGATIVE EFFECTS OF EXTREME DIETARY RESTRICTION LETTER DEBRIEFING (15 MINS)

We asked if you would be willing to write a letter to your younger self about the negative effects of extreme dietary restriction.

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?

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

Collect Home Exercise #5. Make sure each participant has written and signed their name on the form.

III. TALKING PEOPLE OUT OF BODY IMAGE CONCERNS (15 MINS)

Leaders take the role of someone obsessing about body image and achieving the thin beauty ideal. Let each participant spend about one minute 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 practice talking someone out of body image concerns. I will act like a person that is obsessed with the thin beauty 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:

- *Does this dress make me look fat?*
- *I find that if I stand in front of a mirror and pinch my body fat, it motivates me to diet more aggressively.*
- *I am so fat.*
- *I have to lose 15 pounds or I will never be happy.*
- *I know I am already thin, but I would love to be even thinner.*
- *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.*
- *My muffin top is making my tattoo all distorted.*
- *Do you think I should sell my car so I can afford a tummy tuck?*
- *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.*
- *I think I am starting to have a thigh gap, but I want one that is more noticeable.*
- *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'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 reluctant to do the role-play, 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 it might be beneficial for you to challenge people when they voice body image concerns?

Promote discussion on why it is helpful to encourage people not to focus on negative body image concerns.

IV. COSTS OF BINGE EATING (10 MINS)

Next I would like to discuss the costs of binge eating. What are the negative physical effects of binge eating on your body?

Stretches stomach out, resulting in greater subsequent meal size to feel full;
 Can cause gastric (stomach) rupture;
 Increases risk for unhealthy compensatory weight control behaviors;
 Contributes to excessive weight gain; Acne;
 Massive sugar rush and crash, which increases risk for diabetes;
 Results in greater brain reward region response to food cues, which increase risk for future binge eating;
 Gallbladder disease.

What are the psychological costs of binge eating?

Causes you to ruminate about your next opportunity to binge, often making it difficult to focus on other more important things (e.g., school work, work, relationships);
 Prompts feelings of shame and guilt;
 Feeling bloated and self-conscious.

What are the interpersonal costs of binge eating?

Makes you lie to your friends and loved ones about eating behavior - these individuals may feel like no one really knows them;
 Can make you avoid doing fun social activities with friends and dating partners, like eating out;
 Shape concerns can make it difficult to make new friends or keep people from dating;
 Can make you reluctant to move in with a friend or dating partner because of concerns about them learning about your binge eating.

What are the financial costs of binge eating?

Buying foods to binge eat on is expensive; average person with bulimia nervosa or binge eating spends an extra \$2000 on binge foods;
 Intake of excessive foods increases your carbon footprint and contributes to climate change.

Can anyone think of any additional costs of binge eating?

Why is it important for people who binge eat to resolve this disordered eating behavior now?

Because the more you binge, the greater the likelihood that you will continue to binge;
 It will allow you to focus on more important things, such as excelling in school and getting a job;
 Makes it easier to develop a strong social network and find a life partner;
 Will help you avoid unhealthy weight gain;
 Would allow you to spend my money on other things you value.

IV. DISORDERED EATING BEHAVIOR REDUCTION DEBRIEFING (15 MINS)

We also asked you to reduce the frequency of a linchpin eating disordered behavior that is maintaining your eating disorder and to continue to eat 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.

How did your behavioral change plan go this last week?

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

We also asked if you would be willing to track your eating disordered behaviors. Was everyone able to do this?

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 disordered behavior to reduce if you eliminated the first disordered eating behavior. Again, focus on behaviors that maintain other eating disordered behaviors.

Let's go around and share the eating disordered behavior reduction that you'll try this week.

Ask each participant to detail what they will do next week, with the focus on further reducing their eating disordered behaviors. They should either reduce the frequency of the eating disordered 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 reduction 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 the **Disordered Eating Behavior Change Tracking Form** from your packet. Please record your behavioral reduction for next week on this form.*

Please make sure to also maintain the reductions you made to your eating disordered behaviors you have made so far and continue to eat 3 healthy meals a day.

VI. HOME EXERCISE ASSIGNMENTS (5 MINS)

For another home exercise, we would like you to write a letter to yourself or someone else who binge eats, if you do not, about why it is critical to resolve binge eating now. Talk about the physical, psychological, and social benefits of discontinuing this disordered eating behavior.

*Pull the **Importance of Resolving Binge Eating Letter** from your packet (Home Exercise #6).*

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

1. Write letter on the importance of resolving binge eating;
2. Continue to eat 3 healthy meals a day;
3. Continue to reduce eating disordered behaviors;
4. Continue keeping track of disordered eating behaviors 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 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. Importance of Resolving Binge Eating Letter Debriefing
- II. Discuss Adverse Effects of Compensatory Weight Control Behaviors
- III. Top Ten List of Things we can do to Challenge the Thin-Ideal
- IV. Disordered Eating Behavior Reduction Debriefing
- V. Home Exercise Assignment

Session Overview: The focus of Session 5 is to debrief the home exercises, discuss adverse effects of compensatory weight control behaviors, and start generating a top ten list of things you can do to challenge the thin-ideal. We will also discuss the disordered eating behavior reduction activity, coming up with other behaviors to reduce in the future.

Turn on video camera now.

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

I. IMPORTANCE OF RESOLVING BINGE EATING LETTER DEBRIEFING (10 MINS)

Last week we asked you to write a letter to yourself or someone else who binge eats, if you do not, about why it is critical to resolve binge eating now. We encouraged you to talk about the physical, psychological, and social benefits of discontinuing this disordered eating behavior.

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

Did you find this exercise useful?

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

II. DISCUSSING ADVERSE EFFECTS OF COMPENSATORY WEIGHT CONTROL BEHAVIORS (15 MINS)

At this point it is useful to discuss the negative effects of compensatory weight control behaviors. What are the primary weight control behaviors people use to compensate for binge eating?

Vomiting
Laxative/diuretic abuse
Excessive exercise
Fasting

What are the negative effects of vomiting?

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 are the negative effects of laxative and diuretic use?

Can lead to serious nutritional problems
 Can 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 are the negative effects of excessive exercise?

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

What are the negative effects of fasting? We touched upon these in an earlier session.

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;
 Concentration difficulties;
 Rumination about food/eating;
 Caloric deprivation can make you grumpy, depressed, lethargic, unmotivated;
 Makes it difficult to do social things with friends/family/romantic partners that involve eating.

III. TOP 10 LIST OF THINGS WE CAN DO TO CHALLENGE THIN BEAUTY IDEAL (10 MINS).

Next, we would like the group to generate a top-10 list of things girls/women can do to resist the thin ideal. 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 thin ideal in your community?

*Pull the **Top 10 List Form** from your packet (In-Session Writing Exercise #2). As a first step, please take a few minutes to write down ideas so we can discuss and come up with a list together.*

Here are some examples:

1. Write a letter to a fashion magazine editor saying they should include a variety of body sizes in the magazine.
2. Hang a “Love your body” poster in the women’s bathroom.
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. Place post-its saying: “You look great the way you are” in weight-loss books at a bookstore.
7. Start a Facebook thread about media portrayal of women and try to get 100 likes.
8. 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.

Give participants a few minutes to start their list. After about half the group stops writing, say:

Now that you have had some time for creative thinking, I would like to hear about the ideas you generated. I will write them on the board, but please write down the ones you like best on your personal top-10 list. Please hold onto this list, as we will use it next session.

People often misunderstand this exercise. This is meant to be a social rather than personal activity. Please do not accept things like:

1. Recite daily positive mantras.
2. Eat healthy foods.
3. Exercise to feel good.
4. Work on accepting compliments.
5. Throw away a scale (unless the scale is shared by others who could be impacted).

IV. DISORDERED EATING BEHAVIOR REDUCTION DEBRIEFING (15 MINS)

We also asked you to reduce the frequency of a linchpin eating disorder behavior that is maintaining your eating disorder –or- reduce some other eating disorder behavior, and we asked you to continue to eat 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.

How did your behavioral change plan go this last week?

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 also asked if you would be willing to track your eating disorder behaviors. Was everyone able to do this?

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 further reduce the frequency of a linchpin eating disorder behavior that you began to focus on last week –or- select a second eating disordered behavior to reduce if you eliminated the first disordered eating behavior. Focus on behaviors that maintain other eating disordered behaviors. Also, please maintain the other changes you started last week.

Let's go around and share the disordered eating behavior reduction that you'll try this week.

Ask each participant to detail what they will do next week, focusing on further reducing their eating disordered behaviors. Make sure every participant has a detailed and appropriate eating behavior reduction 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 the **Disordered Eating Behavioral Change Tracking Form** from your packet. Please record your behavioral reduction for next week on this form.*

Please make sure to also maintain the reductions you made to your eating disordered behaviors you have made so far and continue to eat 3 healthy meals a day.

V. HOME EXERCISE ASSIGNMENTS (5 MINS)

For another home exercise, we would like you to write a letter to yourself or someone else who uses compensatory weight control behaviors, if you do not, about why it is critical to resolve these compensatory behaviors now. Talk about the physical, psychological, and social benefits of discontinuing compensatory behaviors.

*Pull the **Importance of Resolving Compensatory Weight Control Behaviors Letter** from your packet (Home Exercise #7).*

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

1. Write letter on the importance of resolving compensatory weight control behaviors;
2. Continue to eat 3 healthy meals a day;
3. Continue to reduce eating disordered behaviors;
4. Continue tracking disordered eating behaviors.

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 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. Importance of Resolving Compensatory Weight Control Behavior Letter Debriefing
 - II. Talking People out of Eating Disordered Behaviors
 - III. Disordered Eating Behavior Reduction Debriefing
 - IV. Home Exercise Assignments

Session Overview: The focus of Session 6 is to debrief the home exercises, engage in a role-play where you will talk people out of eating disordered behaviors, review how the disordered eating behavior reduction activity is going, and discuss home exercises for the following week.

Turn on video camera now.

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

I. IMPORTANCE OF RESOLVING COMPENSATORY WEIGHT CONTROL BEHAVIOR LETTER DEBRIEFING (15 MINS)

Last week we asked if you would be willing to write a letter about the importance of resolving compensatory weight control behaviors.

Let's go around the room so we can hear what you wrote. Please read your letter aloud.

Why do you think it might be helpful to write a letter like this?

Collect Home Exercise #7. Make sure participants write their names on it and sign it.

II. TALKING PEOPLE OUT OF EATING DISORDERED BEHAVIORS (15 MINS)

Next, we'd like each of you to complete a game in which we act like a roommate who is engaging in eating disordered behaviors, and your role will be to talk me out of these behaviors. I will make a statement and your job is to talk me out of the behavior. We will go around the room so that everyone has a turn.

Be somewhat hard to convince so that the group members have to form a compelling argument.

- *It has been a really difficult day, so I am going to reward myself by eating the entire package of cookies we just bought.*
- *Given that I ate way too much last night, I am going to go on an extra long 15 mile run this morning.*

- *I just got a bad grade on a test for which I studied very hard and am going to eat a pint of ice cream to feel better.*
- *I have discovered that if I just make myself throw-up after I overeat, that I can overeat, but still stay slim. You should try this new weight control strategy too!*
- *I have decided to go on a chocolate-only diet. If I just cut out all of the other foods, I figure I can eat as much chocolate as I like. It tastes better than the rest of the foods anyway.*
- *I discovered that if I drink a large coffee after eating each meal, it seems to help keep my weight down.*
- *I decided to eat a half a dozen donuts to reward myself for studying so hard for finals. Want to join me?*
- *I can pretty much eat whatever I want if I just use an enema daily. It is much better than reducing caloric intake to lose weight!*
- *I wanted to celebrate my birthday by indulging in some pizza, which I have cut out of my diet. Want to split an extra-large double pepperoni pizza?*
- *I have discovered that I can overeat as much as I want in the evening if I just skip breakfast and lunch the next day.*
- *This new diet has been leaving me feeling so hungry all the time, maybe it will help if I just binge eat as much cake and ice cream as I can one day a week.*
- *I have been letting myself binge eat on my favorite foods when I am feeling stressed; I know it is not smart, 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?*
- *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'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.*
- *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.*

Role play debriefing

Why would it be beneficial to practice talking people out of these behaviors?

Encourage discussion.

III. DISORDERED EATING BEHAVIOR REDUCTION DEBRIEFING (20 MINS)

We also asked you to reduce the frequency of a linchpin eating disordered behavior that is maintaining your eating disorder –or- to reduce some other eating disordered behavior, and we asked you to continue to eat 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.

Do you feel like you are making good progress reducing your eating disordered behaviors?

What is helping you make these changes?

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?

Remember, the more weeks that go by without engaging in a particular eating disordered behavior, the easier it will be to avoid those behaviors.

The third home practice activity was to track disordered eating behaviors. Was everyone able to do this? We will continue to do track this information.

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

We would like you to either further reduce the frequency of a linchpin eating disorder behavior that you began to focus on last week –or- select a second eating disordered behavior to reduce if you eliminated the first disordered eating behavior.

By now, I am hoping that most of you have been able to make marked reductions in your eating disorder symptoms. So, if you feel that there is little room for future reductions, it would be best to shift your focus to maintaining your positive changes. This will be your first home exercise.

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

Ask each participant to detail what they will do next week, with the focus on further reducing their eating disordered behaviors. They should either reduce the frequency of the eating disordered 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 reduction 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 the **Disordered Eating Behavior Change Tracking Form** from your packet. Please record your behavioral reduction 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.*

We have also been asking you to track the frequency of your eating disordered behaviors. Have you been able to continue doing this? Do your charts reveal a reduction in eating disordered behaviors?

IV. HOME EXERCISE ASSIGNMENTS (5 MINS)

Last session we brainstormed about things we could do to challenge the thin ideal. You came up with a lot of great ideas as a group.

Now, 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?

Refer back to your Top-10 List of Ways to Challenge the Thin Ideal.

What do each of plan to do in terms of 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 #8).*

As I mentioned, your second home exercise is to consume 3 healthy meals a day.

And your third home exercise is to conduct the disordered eating behavior reduction, which you should add to the changes you made previously.

Your fourth home exercise is to continue tracking disordered eating behaviors on the Behavioral Tracking Form

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

1. Complete two Body Activism activities;
2. Continue to eat 3 healthy meals a day;
3. Continue to reduce eating disordered behaviors;
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. Body Activism Debriefing
- II. More Valuable Uses of your Time and Energy
- III. Disordered Eating Behavior Reduction Debriefing
- IV. Home Exercise Assignments

Session Overview: The focus of Session 7 is to debrief the home exercises, discuss more valuable uses of your time and energy than obsessing over your body, and discuss home exercises due next week.

Turn on video camera now.

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

I. BODY ACTIVISM DEBRIEFING (15 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 #8. 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 type 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.

II. MORE VALUABLE USES OF YOUR TIME AND ENERGY (15 MINS)

At this point 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 (In-Session Writing Exercise #3).*

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 pleasant activities can you add to your week?

Ask every participant to name at least two pleasant 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. DISORDERED EATING BEHAVIOR REDUCTION DEBRIEFING (20 MINS)

We also asked you to reduce the frequency of a linchpin eating disordered behavior that is maintaining your eating disorder –or- reduce some other eating disordered behavior, and we asked you to continue to eat 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.

Do you feel like you are making good progress reducing your eating disordered behaviors?

What is helping you make these changes?

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?

Remember, the more weeks that go by without engaging in a particular eating disordered behavior, the easier it will be to avoid those behaviors.

The third home practice activity was to track disordered eating behaviors. Was everyone able to do this? We will continue to do track this information.

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

We would like you to either further reduce 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.

By now, I am hoping that most of you have been able to make significant reductions in your eating disorder symptoms. So, if you feel that there is little room for future reductions, it would be best to shift your focus to maintaining your positive changes. This will be your first home exercise.

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

Ask each participant to detail what they will do next week, with the focus on further reducing their eating disordered behaviors. They should either reduce the frequency of the eating disordered 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 reduction 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 the **Disordered Eating Behavior Change Tracking Form** from your packet. Please record your behavioral reduction 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.*

We have also been asking you to track the frequency of your eating disordered behaviors. Have you been able to continue doing this? Do your charts reveal a reduction in eating disordered behaviors?

IV. HOME EXERCISE ASSIGNMENTS (2 MINS)

As noted, we would like you to further reducing the frequency of eating disordered behaviors and maintaining reductions made in previous sessions, as well as to eating 3 healthy meals and track your eating disorder behaviors.

Your other home exercise is 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 #9).*

Can someone summarize the home exercises for this week?

1. Further reduce eating disordered behaviors, and maintain reductions made previously
2. Eat 3 healthy meals daily;
3. Continue keeping track of disordered eating on the tracking form.
4. Write a grievance letter to your eating disorder.

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. Eating Disorder Grievance Letter Debriefing
- II. Disordered Eating Behavior Reduction Debriefing
- III. Discussion of the Benefits of the Group and Closure
- IV. Exit Exercises

Session Overview: This final session begins with debriefing last week's home exercises, followed by a discussion of the benefits of the group and closure. Finally, we end by suggesting a number of exit exercises.

Turn on video camera now.

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

I. 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 #9. Make sure participants write their name on it and sign it.

The third home practice activity was to track disordered eating behaviors. Was everyone able to do this? We will continue to track this information in the future.

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

II. DISORDERED EATING BEHAVIOR REDUCTION DEBRIEFING (15 MINS)

We also asked you to reduce the frequency of eating disordered behaviors and to continue to eat 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.

Do you feel like you are making good progress reducing your eating disordered behaviors?

What is helping you make these changes?

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?

Remember, the more weeks that go by without you engaging in a particular eating disordered behavior, the easier it will be to avoid those behaviors.

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

What will each of you do to maintain the gains you have made and to make further reductions to your eating disordered behaviors after the group ends?

Are you all willing to continue eating 3 healthy meals daily?

We have also been asking you to track the frequency of your eating disordered behaviors. Have you been able to continue doing this? Do your charts reveal a reduction in eating disordered behaviors?

III. DISCUSSION OF BENEFITS OF THE GROUP AND CLOSURE (20 MINS)

Given that this is our last meeting, we wanted to talk about things you may have 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 on the Internet to encourage other women struggling with eating disorders to take this important step to address this significant health problem.

*Please pull the **Testimonial** from your packet (In-Session Writing Exercise #4). Feel free to sign your name, just use your initials, or not put your name down at all.*

IV. EXIT EXERCISES (10 MINS)

As we come to the end of our sessions, 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 compliment, 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 Form** from your packet (Exercise #10).*

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

The other exit 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, as well as the costs of reverting back to engaging in eating disordered 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 #11).*

We also strongly encourage you to write a second letter – this one should be to your younger self about how to avoid developing an eating disorder.

Again, 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 **Letter to a Younger Self About Avoiding Developing an Eating Disorder** from your packet (Exercise #12).*

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 study.

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!

Thanks for your genuine participation in this group. We hope each of you feels like it was worth your time and that perhaps 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.) _____

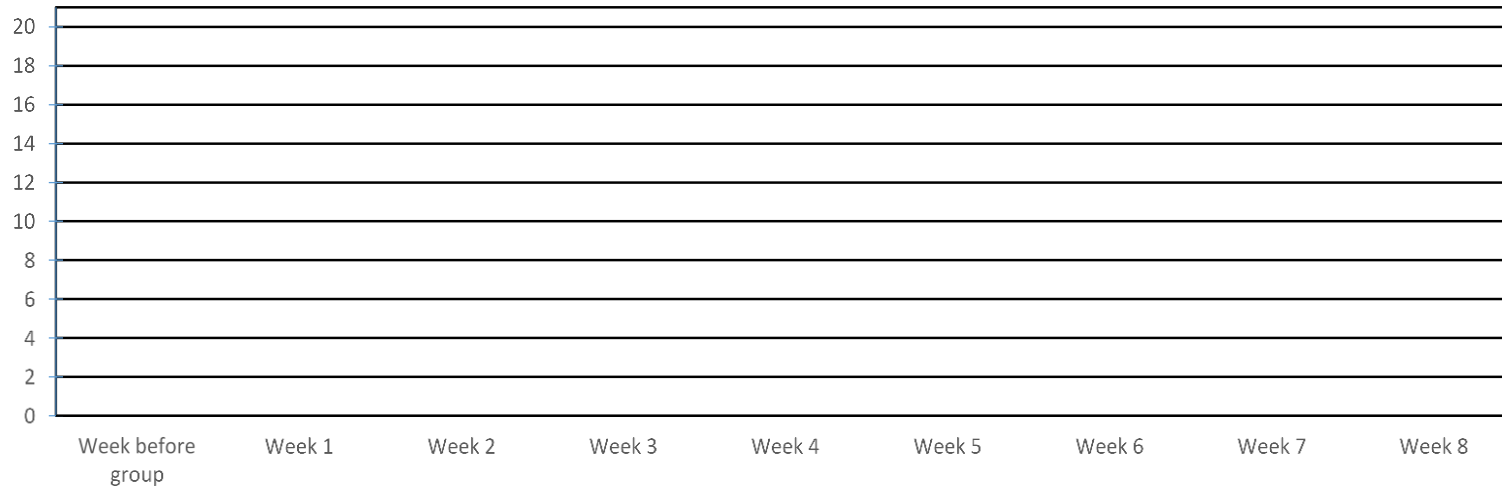
Initials:

Behavioral Tracking Form

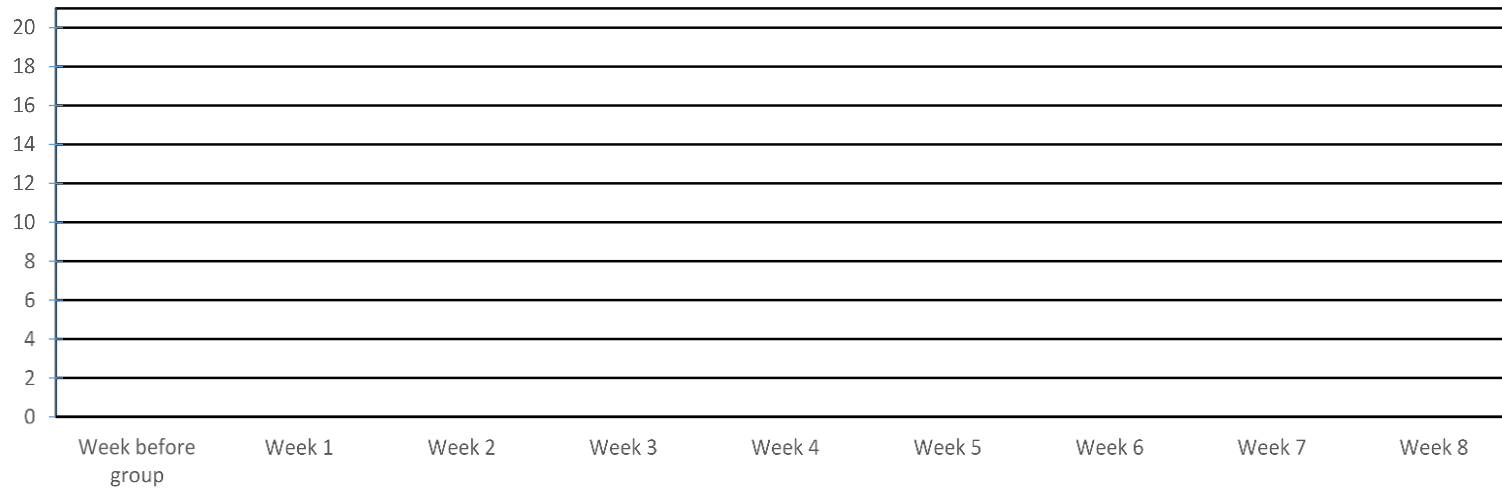
Please use the table and graphs below to track your binges and compensatory behaviors. Tracking these behaviors will help show you what is and what isn't working during the behavioral challenges that will occur in the upcoming weeks. We are currently at Session 3 (S3) and would like you to estimate the 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. Graph the number of binges and number of compensatory behaviors on the 2 graphs on the next page. Each week from now until the group ends you will fill out the table below with the number of times that you have endorsed a particular behavior for that week. Afterward, you will sum the compensatory behaviors together, and plot those numbers on the graphs below. These tools will help you visualize your progress throughout treatment.

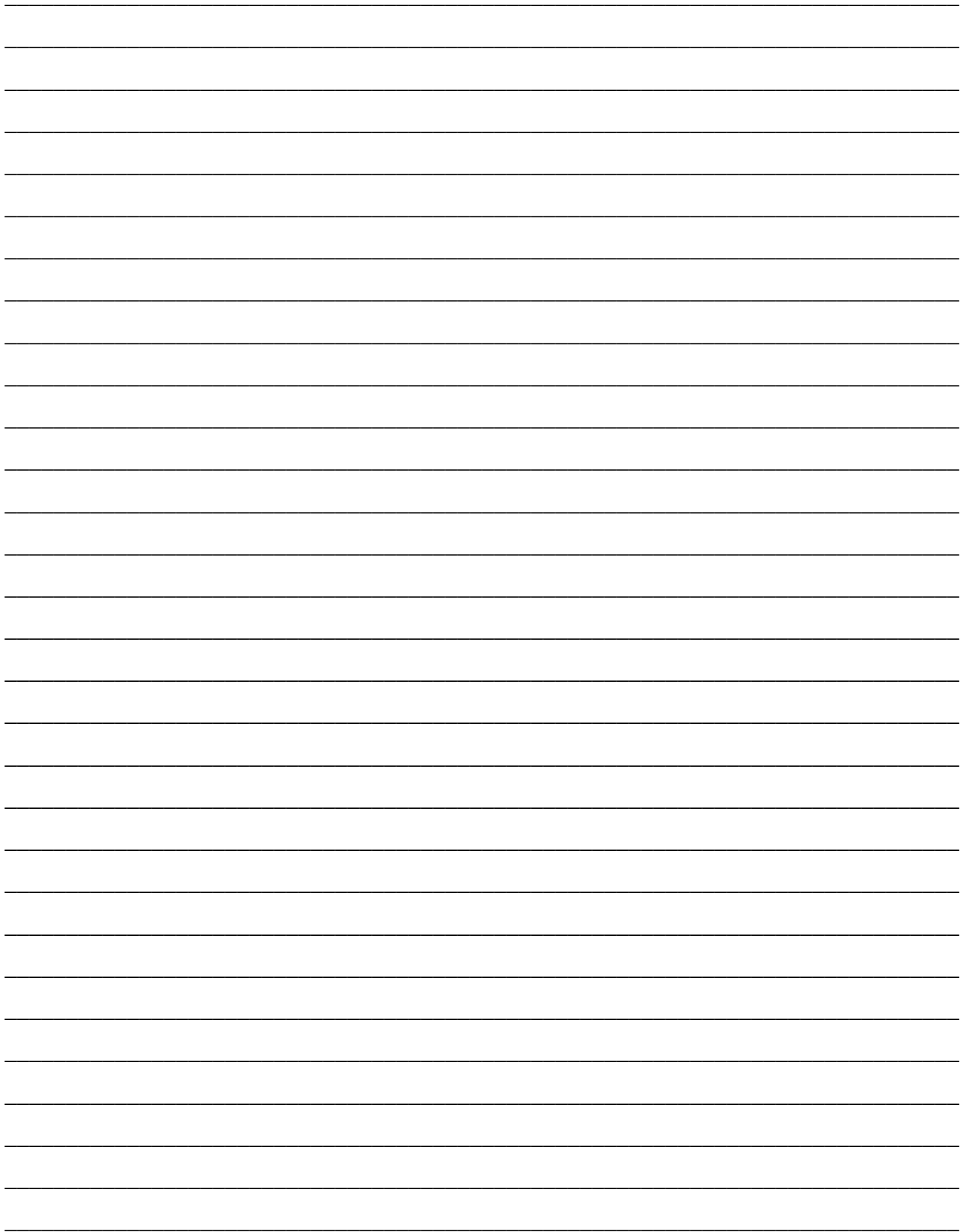
Behaviors	Week before	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
	Session 1 (S1)	S1 to S2	S2 to S3	S3 to S4	S4 to S5	S5 to S6	S6 to S7	S7 to S8	
Binges				?	?	?	?	?	
Meal skipping/fasting/ eating very low cal meals				?	?	?	?	?	
Exercised excessively				?	?	?	?	?	
Vomited/made yourself sick				?	?	?	?	?	
Took laxatives/diuretics				?	?	?	?	?	
Took diet pills				?	?	?	?	?	
TOTAL Compensatory Behaviors				?	?	?	?	?	

Graphing Binges



Graphing Compensatory Behaviors



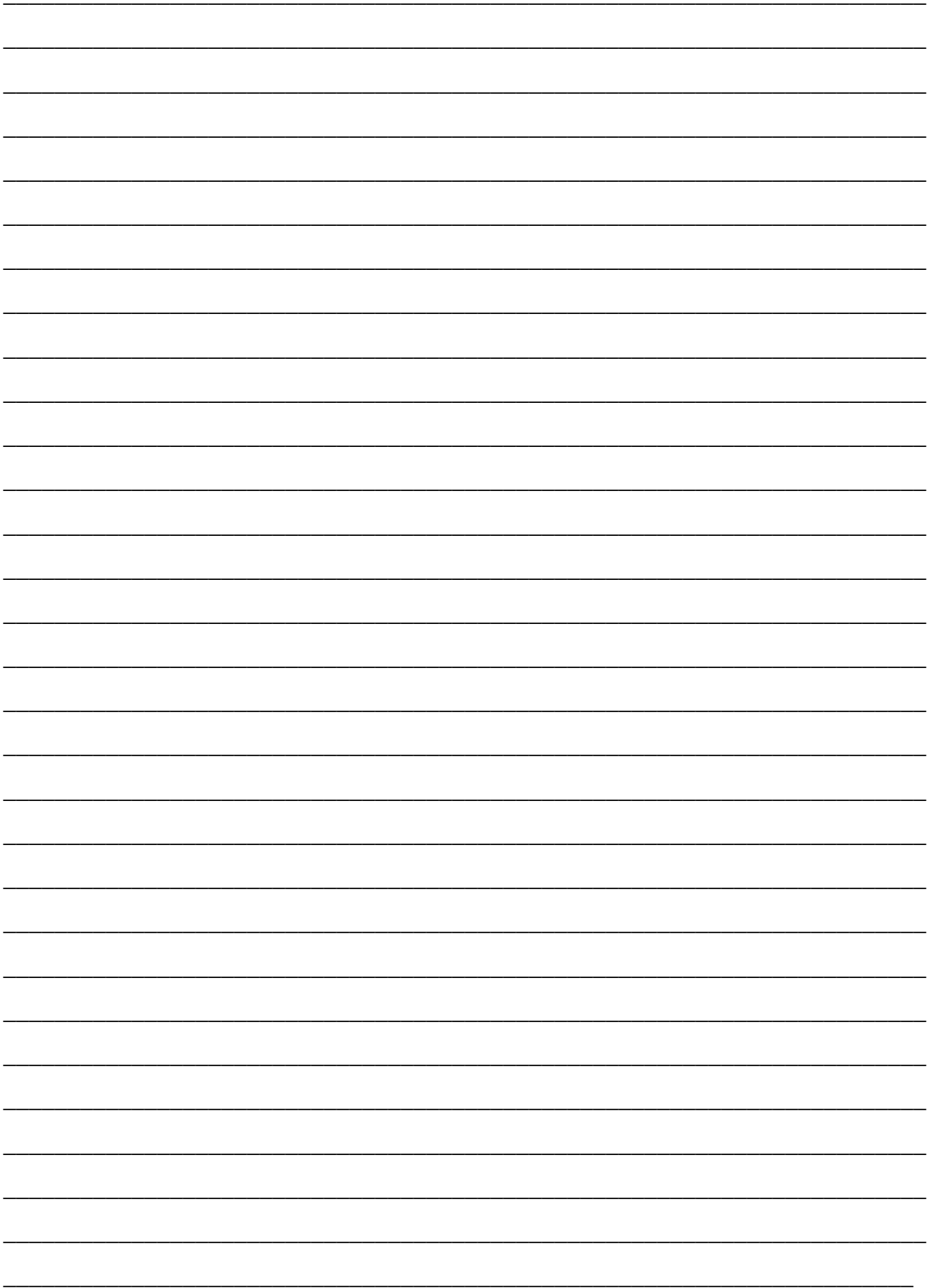


Name:
Signature:

Session 1, Home Exercise #2: Mirror Form

Please stand in front of a mirror 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 attributes on your list.





Name:
Signature:

Session 2, Home Exercise #4: 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 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:

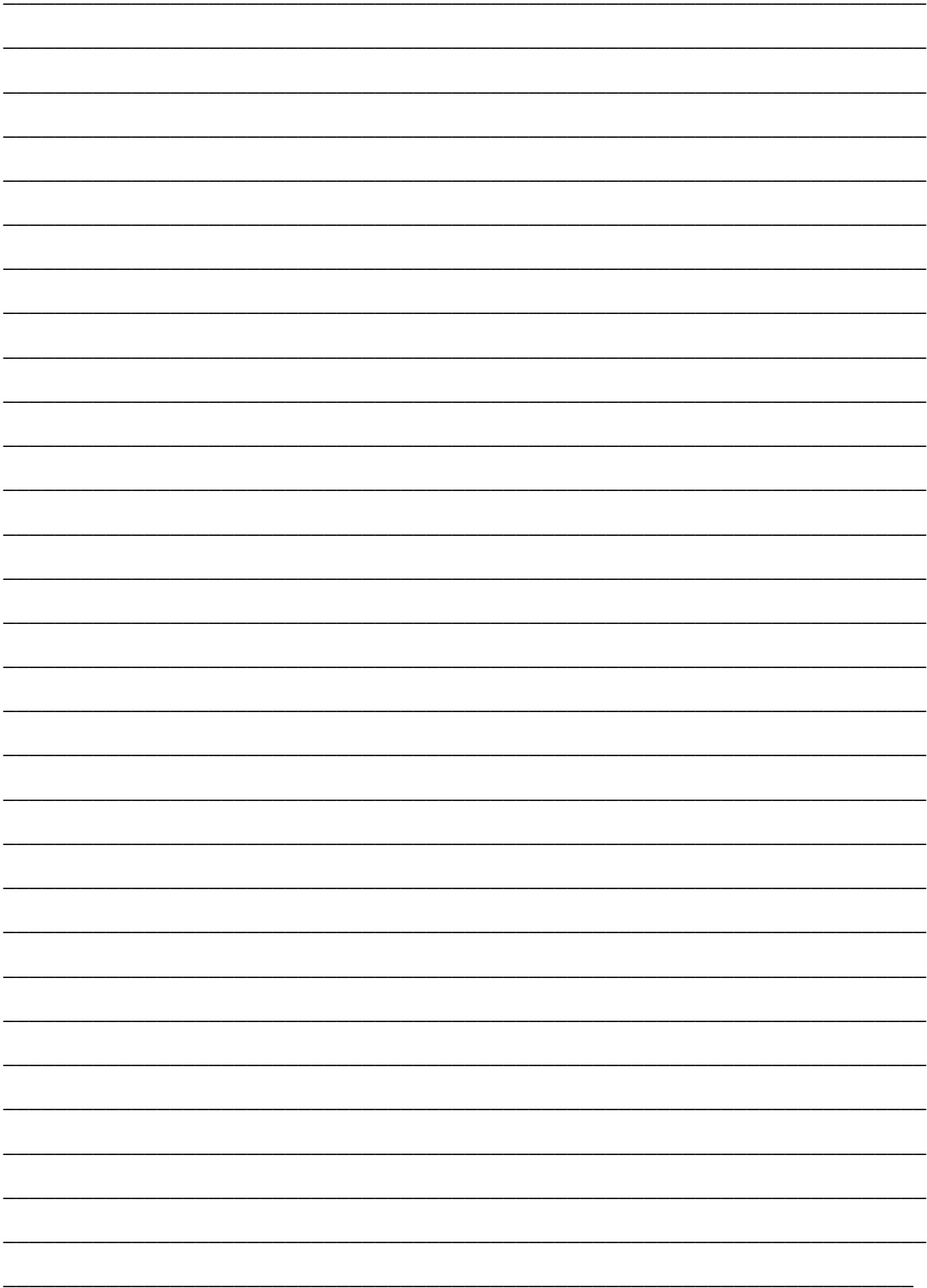
Healthy lunch options:

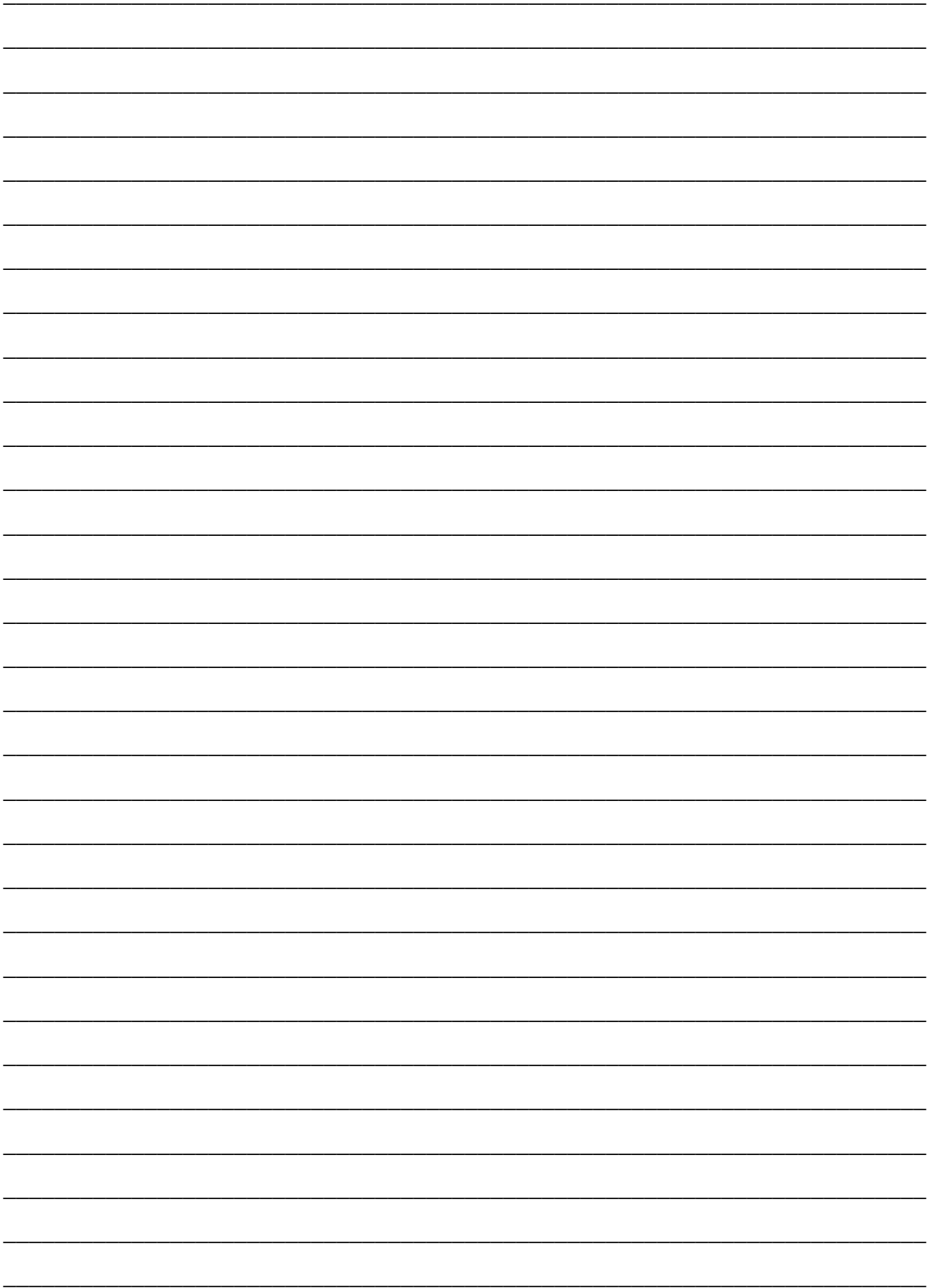
Healthy dinner options:

Disordered Eating Behavior Change Tracking Form

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 S2 to S3	Week from S3 to S4	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.)						
5.)						
6.)						





Name:
Signature:

Session 5, In-Session Writing Exercise #2: Top-10 List Form

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:

- Write a letter to fashion magazine editor encouraging a variety of body sizes in models.
- Put a few buckets 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)

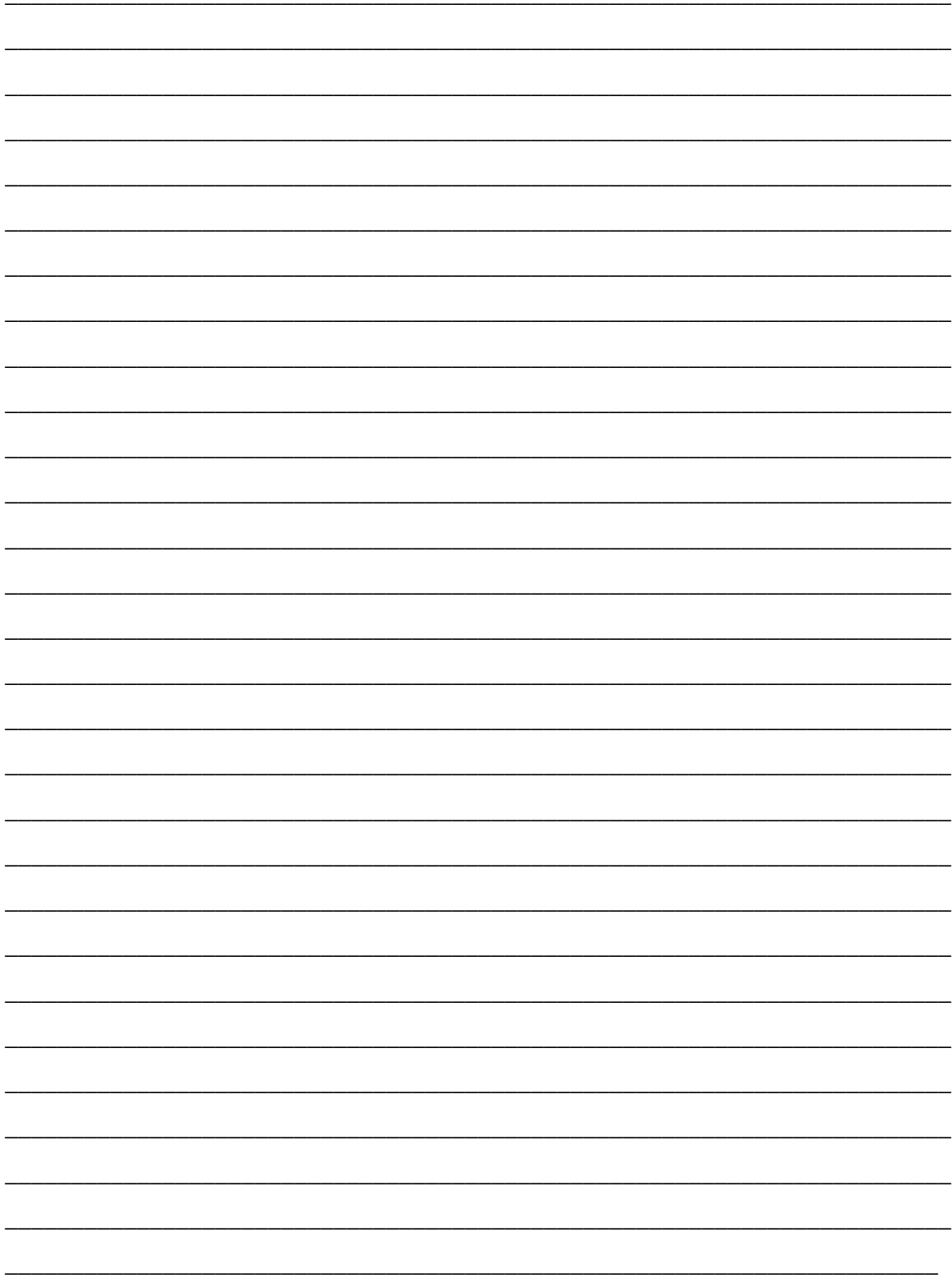
6)

7)

8)

9)

10)



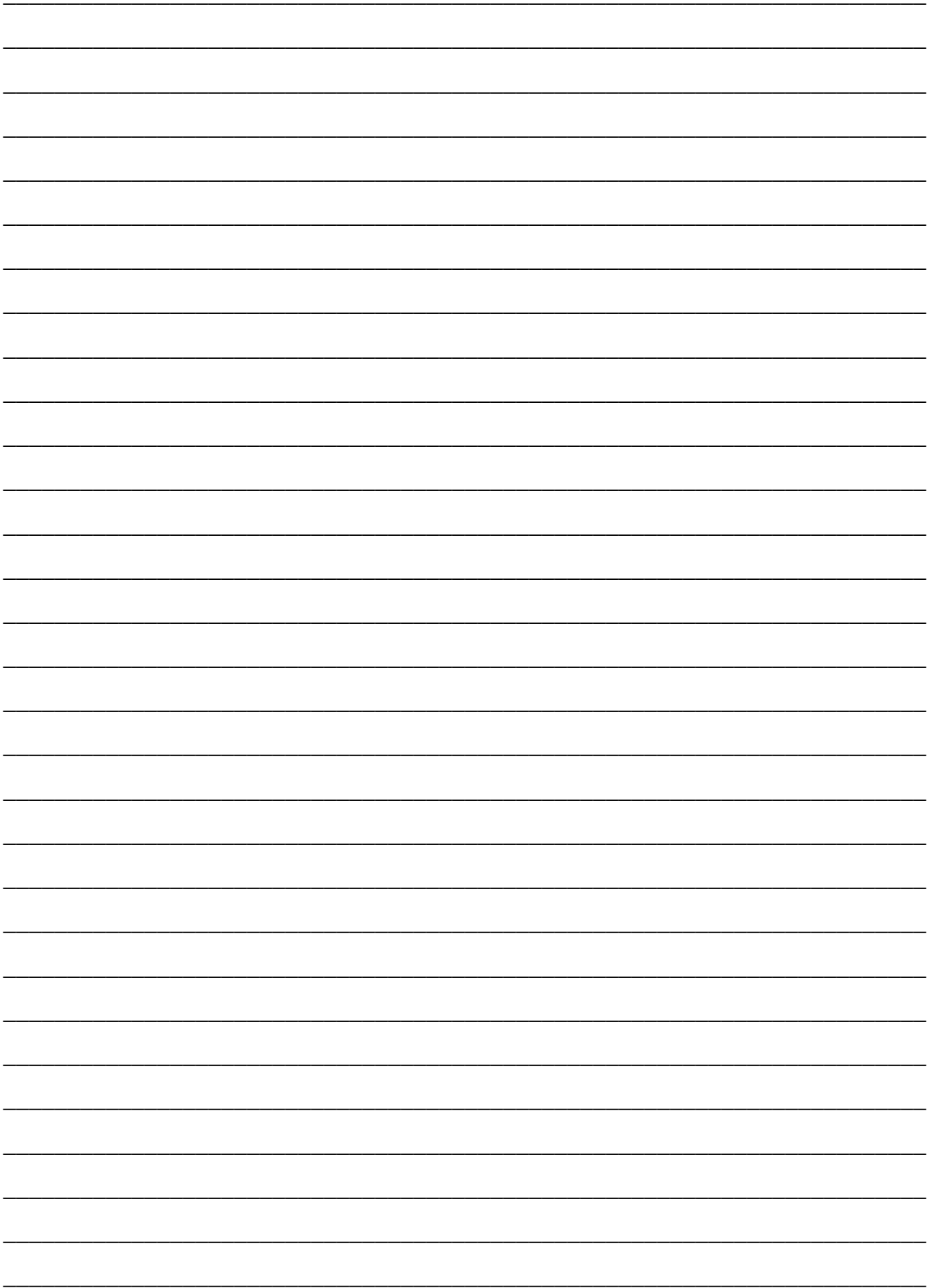
Name:

Signature:

Session 6, Home Exercise #8: 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.”

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. Please also describe how the behavioral challenges went so you can share with the group.



Name:

Signature:

Session 8, In-Session Writing Exercise #4: Testimonial

Please write a brief testimonial describing how this group has been beneficial to you personally? We like to post these on the Internet to encourage other women struggling with eating disorders to take this important step to address this significant health problem.).

Name:

Signature:

Session 8, Exit Exercise #10: Self-Affirmation Exercise Form

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 compliments 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 #11: Positive Gains and Maintenance Letter

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 for sanity preservation:

Costs of reverting to old unhealthy eating behaviors:

