Prevention of Eating Disorders: Using Intuitive Eating and Body Image Work for College Students

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Objectives
Attendees will gain an understanding of:

- Eating disorder prevalence and risk factors
- Evidence of Intuitive Eating as prevention and recovery tool
- The RDN’s role in promoting healthy body image
- Eating disorder prevention research
- Evidence-based tools for implementing prevention programs in schools
- A case study of programming at the university level

"Genetics loads the gun and the environment pulls the trigger."
- Jessica Setnick, MS, RDN, CEDRD

Hierarchy of Eating Disorders

Eating Disorders Statistics

- Anorexia is the 3rd most common chronic disease among young people, after asthma and type 1 diabetes.
- Young people between the ages of 15 and 24 with anorexia have 10 times the risk of dying compared to their same-aged peers.
- BED often begins in the late teens or early 20s, although it has been reported in both young children and older adults.
- Approximately 1.0% of young women and 0.1% of young men will meet diagnostic criteria for bulimia nervosa.
- BED is estimated 15-35% of college students have clinical eating disorders. Among student-athletes, 25-35% are estimated to have subclinical eating disorders.
- Subclinical eating disordered behaviors (including binge eating, purging, laxative abuse, and fasting for weight loss) are nearly as common among males as they are among females.

https://www.nationaleatingdisorders.org/statistics

Risk Factors

- RFs start in childhood: body dissatisfaction, subclinical ED behaviors, internalization of appearance ideal, negative affect, eating and exercise behavior
- In a large study of 14- and 15-year-olds, dieting was the most important predictor of a developing eating disorder. Those who dieted moderately were 5x more likely to develop an eating disorder, and those who practiced extreme restriction were 18x more likely to develop an eating disorder than those who did not diet.
- Youth Risk Behavior Survey (2009) revealed high school student dieting behaviors to lose weight or prevent weight gain:
  - 39.5% ate less food, fewer calories, or low-fat foods
  - 61.5% exercise for weight management
  - 10.6% did not eat for 24 or more hours
  - 5% took diet pills, powders, or liquids without a doctor’s advice
  - 4% vomited or took laxatives

- Traditional undergraduate years coincide with median age of onset for ED.
Intuitive Eating (IE)

- Flexible pattern of eating, largely in response to internal hunger and satiety cues rather than in response to emotional or situational cues
  - Freedom to choose foods based on appeal and value in meeting bodily needs rather than strict rules about “good” or “bad” foods.
- Negatively associated with disordered eating and dieting
- Positively associated with psychological and physical wellbeing, body image
- Research supports IE as effective intervention for reducing dieting attitudes and behaviors.
  - Educational approaches have been shown to reduce dieting behaviors and body image
  - Health at Every Size college course reduced dieting, and improved IE, body esteem, and fat phobia.

IE-based Curriculum as Intervention

- Study looking at a classroom approach to educate college students on:
  - Resisting media pressure for the thin ideal
  - Learning “hunger-based eating” vs restrictive dieting
  - Improving self esteem and body image
- Elective 3-credit 15 week course: Body Image, Self Esteem, and Healthy Weight Management
  - N=29, all female participants (no males enrolled in course)
  - Participants divided into: low dieting group and high dieting group
- Survey instruments: IES, CBDS, SES, BES, AFA
  - Discussion-based lessons, reading assignments, guided imagery, journaling, peer support sessions.

HAES Curriculum as Intervention

- Study of college course “Health at Every Size: A Non-diet Approach to Wellness”
  - Goal to assess changes in IE, hunger and satiety cues, body esteem, and attitudes toward body, dieting, and fat phobia.
- Intervention Group: HAES course (n=45)
- Comparison Group: Basic Nutrition with 3 non-diet approach to weight mgt lectures (n=66)
- Control group: Traditionally taught Basic Nutrition class (n=46)
- Survey instruments: IES-2, CBDS, BES, AFA
- HAES course had significant improvements in:
  - IE scores (based on IES-2)
  - unconditional permission to eat
  - relaxation on hunger
- 3 classes in comparison group sufficient to positively affect some components of IE, anti-fat bias, and reported dieting behavior, but not sufficient to influence body esteem, emotional eating, and may have worsened responsiveness to hunger cues
Intuitive Eating

- Opportunities for Intuitive Eating within college setting:
  - Classroom/education-based approach, with credits as incentive for participation.
  - Education on IE leads to reduction of risk factors, such as dieting.
  - IE can be used for developing programming.
  - In counseling can be the next step for students in recovery from ED to prevent recurrence of behaviors and symptoms (not presenting with active ED), who have a history of dieting, or want to learn more about balanced eating.
- Challenges of Intuitive Eating within college setting:
  - IE becoming a “diet”.
  - Success depends on interoceptive awareness.
  - IE not used as immediate intervention or dietary model for medical stabilization and weight restoration for students in recovery of ED.
  - Not intended to be a stand-alone treatment.
  - Educating stakeholders who may be unaware of the evidence supporting IE.

Body Image

- A complex, multidimensional construct that includes self-perceptions, thoughts, feelings, and behaviors regarding the body.

Body Image as a Spectrum

- Negative Body Image
  - Low body esteem, not enough fat or muscle, overfat or underfat
  - Fun avoids, not enough fat or muscle, underfat
  - Unacceptable
  - Body Image Spectrum

- Neutral Body Image
  - Feel comfortable in body
  - Can tolerate body, not simply embrace it
  - Body Image Spectrum

- Positive Body Image
  - Have accurate sense of self
  - Feel happy, comfortable, and at home in body
  - Body Image Spectrum

Impact of Social Media Use on Body Image

- 80% of adults aged 18-29 use at least one social media platform as of 2018.
- Association between media exposure, body dissatisfaction, and disordered eating among women and girls has been supported by research.
- Social Media factors impacting body image and disordered eating:
  - Overall time spent on sites
  - Number of “friends”
  - Involvement in self-grooming activities
  - Photo-based activities

Promoting Positive Body Image as RD

- Encourage health promoting self-care behaviors, self-compassion, gratitude, body acceptance/appreciation.
- Bring awareness to influences on body image (social and traditional media, friends, family, culture, trauma, perfectionism, etc).
- Suggest adaptive methods for stress relief.
- Suggest ways to cultivate a body-positive environment.
- Collaborate with therapists, or make recommendation for therapy.
- Utilize therapeutic approaches, such as MI, CBT, ACT, DBT, IFS, personal narratives, mindfulness.

ED Prevention

- Sociocultural, interpersonal, and personal factors that head off entirely the occurrence of a disorder or substantially delay its development.

<table>
<thead>
<tr>
<th>Universal</th>
<th>Selective</th>
<th>Indicated</th>
</tr>
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<tbody>
<tr>
<td>Change cultural attitudes &amp; practices, public institutions and social policies</td>
<td>For groups of at risk individuals, seek to change developmental elecologies</td>
<td>For high or very high-risk individuals, including those with disordered behaviors</td>
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Theory → Risk factors → Implications → Design → Efficacy & Effectiveness
Interactive, Target Established RFs

- Body dissatisfaction, negative affect, eating and exercise behavior, subclinical EDs, BMI >30
- Cognitive & behavioral interventions:
  - i.e. Body Project, Healthy Weight, Project Health, Student Bodies

Psychoeducation
- Defined in multiple ways
- Meta-analyses show it is not effective in preventing body dissatisfaction and eating problems in 12-17 yo individuals
- May be helpful for college students

Target Supposed RFs
- Self-esteem, negative effect of peers, resilience, sociocultural pressures
- Using media literacy (i.e. Media Smart)

Challenges & Limitations
- Developing short, engaging interventions that retain participants and produce long-term effects
- Length of follow up
- Effect size
- Adequate statistical power
- Generalizability of results
- Demonstrating effectiveness
- Scalability
- Considering needs of teachers, parents, schools
- Lack of research on factors that moderate response to programs

Opportunities & Future Directions
- Target younger individuals, men/boys, LGBTQ, ethnic minorities, younger girls, older women
- Utilize performing arts and other innovative methods
- Use the internet to increase access
- Screening followed by internet-based intervention
- Target other risk factors beyond body dissatisfaction
- Engage social system in which individuals are embedded (i.e. school)
- Target behavior change vs knowledge

Successful Prevention has 4 of 7 Cs.

Levine’s 7 Cs
- Critical Social Perspective
- Competency
- Connection
- Choices
- Change
- Confidence-building
- Courage

Integrating Prevention in the College Environment

• Let’s Talk Nutrition
• Nourish
• Programming
• IPF appointments
• Body Image & Nutrition Talks
• Balanced Plaint Model & BC Dining

UniSerSAL

Let's Talk Nutrition

Key Messages

1. Eat intuitively: Give yourself permission to eat any food when you're hungry.
2. Weight is Not Worth: Who you are isn't dedicated by your body size or shape.
3. Eat Whole and Fun Foods: Get a variety of foods ranging from veggies to dessert, each day.
4. Get enough fuel: This means 3 meals and 2-3 snacks for college students.

Body Project

- Cognitive-dissonance based model founded on dual-pathway theory
- 4 hour session provided by clinicians or trained peers to female-identified individuals
- Efficacy RCT showed women in BP group had greater decreases in body dissatisfaction at 2 year follow up and ED symptoms at 3 year follow up compared to controls
- BP reduced risk factors significantly relative to brochure controls through 2 and 3 year follow up, but not ED onset, when delivered by high school clinicians.
- Becker and colleagues scaled BP with sororities, and found using RCT methodology, that peer-led BP outperformed peer-led media advocacy in reducing dieting, thin-ideal internalization, and body dissatisfaction at 8 month follow up.
- Results replicated by independent researchers
Healthy Weight Intervention

- Developed as control for BP in efficacy research
- 3-4 hour program using cognitive dissonance for women with body image concerns
- Goals: Help women make small, permanent changes to dietary intake and exercise that support balance between eating and exercise, and reduce risk for eating pathology and weight changes from pathology
- Efficacy trial showed a significant 60% reduction in ED onset over 3 year follow up among people in the BP and HWI condition compared to controls
  - Additionally, participants in HWI had a 55% reduction in risk for obesity onset compared to assessment-only controls
- When nutrition science principles were added, as HW 2, benefits on continuous variables were not seen.
- Largest effects are seen in those with elevated BMI and ED symptoms at onset.

Body Project Assessment

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<thead>
<tr>
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<th>Pre-intervention</th>
<th>Post-intervention</th>
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<tbody>
<tr>
<td>Appearance Ideal</td>
<td>Toned: 100% Agreed</td>
<td>Toned: 55% agreed, 33% neutral</td>
</tr>
<tr>
<td></td>
<td>Slim: 88% Agreed</td>
<td>Slim: 11% Agreed, 66% neutral</td>
</tr>
<tr>
<td>Body Satisfaction in last month</td>
<td>Weight: 50% mod satisfied, 0% satisfied</td>
<td>Weight: 11% mod dissatisfied, 44% satisfied</td>
</tr>
<tr>
<td>Behavioral Changes in last month</td>
<td>Avoid snacking bc watch weight: 22% never, 22% sometimes, 44% often, 11% always</td>
<td>Avoid snacking bc watch weight: 44% never, 44% sometimes, 0% often, 11% always</td>
</tr>
<tr>
<td>Feelings in past week</td>
<td>Guilt: 22% a lot, 11% moderately, 33% a little, 33% none</td>
<td>Guilt: 0% a lot, 11% moderately, 11% a little, 66% not at all</td>
</tr>
</tbody>
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Intuitive Eating Group Coaching

Share your story. What brings you into IE Group coaching today?

How has Dieting Interfered? Discuss: What about life do you put on hold before you lose weight?

What strength will you use? How confident are you?

EDUCATION & ENVISION

How Has Dieting Interfered? Discuss: What about life do you put on hold before you lose weight?

What strength will you use? How confident are you?

ENGAGE

Think of a time you did something intuitively. What was that, and what strength did you use?

EXPLORE

EXPERIMENT

Using IE worksheet, write down goal to Get Rid of Tools of Dieting.

EVOLVE

Mayo School of Health Sciences, 2013.

The biggest take-away from the body project was that I am not alone in my struggles. There are women all over campus who have similar thoughts and experiences as me. It is reassuring to know that I am not alone and that I can reach out for support to other women on campus to troubleshoot ideas to challenge negative body thoughts.

I've been listening to my body - eating what I want when I want and exercising the way I want to. I've also become more aware of the negative body talk that gets thrown around during everyday life. I think awareness is the first step toward change.

One of the biggest changes I have made is not letting a bad body image day sabotage the way I treat my body. Even if I don’t like my body, I still need to provide it with energy and cannot torture it with excessive exercise. I cannot sacrifice sleep, showering, or social time just because I am uncomfortable with my body. When I am having negative body thoughts, I try to think about what I would tell a younger girl, my sister, or a close friend who was having these thoughts.

n = 28

Intuitive Eating Group Coaching

- Nutrition Counseling
- The Body Project
Student Bodies™

- Original SB is a 6 week, 8 lesson online, structured cognitive-behavioral program that includes psychoeducation, CBT exercises, clinician moderated online forums and body image journaling.
- Goals: Reduce shape and weight concerns, improve body image, promote healthy weight regulation, reduce binge eating, increase knowledge of EDs.
- Found to decrease weight/shape concerns, global measures of DE, and ED risk factors at 1 year follow-up with moderate effect size.
  - Prevention effects for those with elevated BMI or more symptomatic at baseline.
- SB has been adapted to SB+ for women with subthreshold EDs by adding a weekly symptom checklist, body image exercises like mirror exposure, and some DBT elements.
  - A study in Germany comparing SB+ to waitlist control showed significant reductions in ED psychopathology, binge frequency and purging episodes at 6 months.
- Opportunity: Research ongoing using SB variations as part of universal screening in colleges and multi-country trial in HS students.
- Weakness: lack of replication by independent researchers.

Our Approach: Nutrition Counseling

- Make nutrition counseling accessible to all. Prevention is for all students.
- Assessment of eating and exercise behavior, and body image, is key.
- Tools: Balanced Plate Model @ BC, IE Workbook, Body Image Cards, Body Kindness®, Thomas Cash’s Workbook, supervision, etc.
- Utilize University-wide Guidelines for Students with Eating, Exercise and Body Image Concerns
- Provide referrals to on and off-campus resources including HLOC.
- Be a strong advocate on and off-campus for education and cultural change
  - Promote weight neutral messaging across campus.

Thank you!

Questions?