



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



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ABSTRACT

This study evaluated a 90-min single session school-based body image intervention (*Dove Confident Me: Single Session*), and investigated if delivery could be task-shifted to teachers. British adolescents ($N = 1707$; 11–13 years; 50.83% girls) participated in a cluster randomised controlled trial [lessons as usual control; intervention teacher-led (TL); intervention researcher-led (RL)]. Body image, risk factors, and psychosocial and disordered eating outcomes were assessed 1-week pre-intervention, immediate post-intervention, and 4–9.5 weeks follow-up. Multilevel mixed-models showed post-intervention improvements for intervention students relative to control in body esteem (TL; girls only), negative affect (TL), dietary restraint (TL; girls only), eating disorder symptoms (TL), and life engagement (TL; RL). Awareness of sociocultural pressures increased at post-intervention (TL). Effects were small-medium in size (d s 0.19–0.76) and were not maintained at follow-up. There were no significant differences between conditions at post or follow-up on body satisfaction, appearance comparisons, teasing, appearance conversations and self-esteem. The intervention had short-term benefits for girls' body image and dietary restraint, and for eating disorder symptoms and some psychosocial outcomes among girls and boys. A multi-session version of the intervention is likely to be necessary for sustained improvements. Teachers can deliver this intervention effectively with minimal training, indicating broader scale dissemination is feasible.

Trial registration: ISRCTN16782819.

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

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

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

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A recent systematic review of controlled studies identified three multi-session classroom-based body image interventions that significantly improved body image among early adolescents at follow-up (Yager, Diedrichs, Ricciardelli, & Halliwell, 2013). Interventions included *Happy Being Me* delivered to girls only (3 sessions, improved girls' body image at 3-month follow-up; Richardson & Paxton, 2010), *Media Smart* delivered to girls and boys (8 sessions, improved boys' body image at 6-month follow-up, prevented body image concerns among girls at 30-month follow-up; Wilksch & Wade, 2009), and *Dove BodyThink* delivered to girls and boys (4 sessions, improved boys' body image at 3-month follow-up; Richardson, Paxton, & Thomson, 2009). *Happy Being Me* and *Media Smart* targeted empirically established risk factors for poor body image and *Dove BodyThink* focused on self-esteem. Although promising, these interventions have been evaluated predominantly in efficacy trials involving external expert providers (e.g., psychologists, postgraduate students, researchers). Of these interventions, to date only *Media Smart* has been piloted with teacher-led delivery (Wilksch, 2015). The sample size in this study was small ($n = 51$) and there were no significant benefits for body image, perhaps due to lack of statistical power. Currently there is limited evidence to suggest that these interventions can be delivered sustainably at scale by less expert providers.

Since the Yager et al. (2013) systematic review, Sharpe, Schober, Treasure, and Schmidt (2013) evaluated a 6-session body image intervention (*Me, You & Us*) delivered to classes of early adolescent girls by their usual teachers. The intervention produced sustained improvements in girls' body image relative to control at 3-months follow-up, suggesting that body image interventions can potentially be task-shifted to teachers. Because most schools are co-educational, however, the uptake and scalability of classroom-based interventions developed specifically for girls, such as this, may be restricted as it can be difficult for schools with limited time and classroom space to segregate classes by gender.

Good progress has been made in the development of effective classroom-based body image interventions for early adolescents. To date, however, only *Happy Being Me* has been evaluated by an independent research team, albeit in a small efficacy trial with a co-educational adaptation of the intervention among girls and boys in their final year of primary school (Bird, Halliwell, Diedrichs, & Harcourt, 2013). Further, the acceptability of multi-session programs in schools is problematic due to over-crowded curriculums and heavy staff workloads, consequently limiting uptake and scalability (Patel et al., 2013). Encouragingly, there is some evidence to suggest that single session interventions can produce body image improvements. For example, Matussek, Wendt, and Wiseman (2004) observed improvements in body image among undergraduate university women four weeks after a 2-hour single session intervention. Additionally, a meta-analysis of eating disorder prevention programs by Stice, Shaw, and Marti (2007) found that although multi-session programs produced stronger effects in relation to dieting outcomes, there was little evidence to suggest that single session programs produced weaker effects on body dissatisfaction-related outcomes. Consequently, in order to better address the needs of schools and reduce barriers to the dissemination of evidence-based body image interventions, further investigation of single session body image interventions is warranted.

The first aim of this study was to investigate whether the delivery of a brief single session evidence-informed body image intervention could improve early adolescents' body image and related outcomes. The second aim was to establish if the intervention could be successfully task-shifted to teachers. Specifically, we evaluated the effectiveness of the *Dove Confident Me: Single Session* workshop for body confidence when delivered by external expert providers or by trained teachers. Workshop content was

derived from the key concepts and activities covered in *Happy Being Me* (Richardson & Paxton, 2010; Bird et al., 2013). We hypothesised that relative to the control group, adolescents receiving the intervention would report significantly improved body image, reduced severity of risk factors associated with poor body image, and improvements on related psychosocial and disordered eating outcomes. Consistent with previous research (Stice et al., 2007), we also hypothesised that intervention effects would be stronger when delivered by external expert providers.

1. Methods

1.1. Trial design

We conducted a parallel 3-arm cluster randomised controlled trial at six school sites with two schools in each condition (lessons as usual assessment only control; intervention researcher-led; intervention teacher-led). The trial was approved by the university ethics review board and was registered (ISRCTN16782819).

1.2. Participants

Schools in southwest England were invited via email and teacher training events to participate in a body image study. We used a computer generated block randomization list to sequentially allocate eligible schools that expressed interest in blocks of six and three into one of the three conditions. Blinding was not possible due to the nature of the intervention. Eligible schools were (a) co-educational; (b) ≥ 5 classes of enrolled students per year level, (c) available to include all year 7 and 8 classes in the study; and (d) had an average or below national average proportion of students with special educational needs.

Recruitment concluded when two schools had consented to take part in each condition. Assuming a small effect size of Cohen's $d = 0.2$, a correlation between repeated measures of 0.5, and setting power at 0.80, 294 participants were required in each condition (Twisk, 2006). Participating schools received a £600 honorarium.

1.3. Intervention

Dove Confident Me: Single Session consisted of a 90-min interactive classroom-based body image lesson with one provider for approximately 25–30 students. The lesson took an etiological approach targeting risk factors for poor body image. It addressed the nature and source of societal appearance ideals, media literacy, appearance-related social comparisons, and body activism. Skills-based learning was facilitated through class discussion, small group activities, and video stimuli. Materials included a detailed lesson plan for the provider, PowerPoint slides, two video clips, and student activity sheets.

Intervention content was derived from a selection of the key concepts and activities in *Happy Being Me* (Bird et al., 2013; Richardson & Paxton, 2010). Through collaboration between the original *Happy Being Me* authors, education and teaching experts, the *Dove Self-Esteem Project* (the social impact agenda for the multinational brand *Dove*), and the authors of this study, core content from *Happy Being Me* was selected for adaptation. In order to fit the content within a single 90-min session, the current intervention focused specifically on addressing the unrealistic nature of societal appearance ideals, media literacy and appearance comparisons; while *Happy Being Me* additionally addresses the topics of appearance conversations and appearance-related teasing. The topics covered in the current intervention were selected as they formed a cohesive session, and the program creators' prior experience suggested that adolescents find media literacy-based

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