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Original article

Eating disorder prevention on college campuses: Recruitment challenges[☆]



La prévention des troubles des conduites alimentaires dans le contexte universitaire : les défis du recrutement

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ABSTRACT

Introduction. – Universities are believed to present rich opportunities for eating disorder prevention research. However, the widespread recruitment from psychology subject pools and the attractive compensation offered widens the gap between efficacy trials and effectiveness studies, and raises concerns about the possibility of wide-scale dissemination.

Objective. – To encourage thinking about how to disseminate prevention programs broadly.

Method. – We provide a real-world example of the implementation of two prevention programs.

Results. – This paper illustrates the difficulties of recruiting for a disordered eating prevention intervention when offering minimal compensation despite the use of comprehensive and creative advertising.

Conclusions. – These difficulties speak to the challenges in conducting widespread eating disorder prevention in university settings and highlight the need to develop strategies to help overcome challenges in prevention research and dissemination.

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R É S U M É

Introduction. – Le cadre universitaire présente de nombreuses possibilités de recherche pour la prévention des troubles des conduites alimentaires. Cependant, les modalités de recrutement des étudiants en psychologie dans le cadre de leur formation de recherche, notamment les compensations financières qui accompagnent fréquemment la participation aux recherches, contribuent à faire obstacle à l'évaluation de l'efficacité de ces programmes, et remettent en question leur développement.

Objectif. – Encourager la réflexion sur la manière de développer des programmes de prévention.

Méthode. – Nous présentons deux programmes de prévention des troubles alimentaires pour illustrer les difficultés rencontrées.

Résultats. – Nos résultats montrent les difficultés liées au recrutement pour les programmes de prévention des troubles des conduites alimentaires dans le cas où la compensation est minimale, malgré des techniques de recrutement variées et innovantes.

Conclusion. – Ces difficultés mettent en avant les obstacles à franchir dans l'implémentation des programmes de prévention des troubles des conduites alimentaires dans le cadre universitaire et le besoin de développer des stratégies pour promouvoir l'évaluation et le développement de ce type d'interventions.

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1. Introduction

Dieting, body dissatisfaction, and eating disorders are highly prevalent among university students (Hill, 2002). In view of this, much attention has been paid to the prevention of body image concerns and disordered eating within university settings. Furthermore, universities are believed to be an ideal setting for the implementation and evaluation of programs targeting body image dissatisfaction and disordered eating due to the concentration of students, the age of onset of eating disorders, and the possibilities of including activities in class settings and coursework (Yager & O'Dea, 2008). A large proportion of university prevention programs, however, are tested with psychology undergraduate subject pools for whom research participation is mandated as a course requirement, while others often offer significant compensation (Yager & O'Dea, 2008). Furthermore, studies offering subject pool credits have been found to have higher rates of participation compared to other incentives (Sharp, Pelletier, & Lévesque, 2006). While this method of recruitment is convenient and has been shown to result in high participation rates, psychological research conducted in this manner has often been criticized for its lack of external validity, as well as possible biases, including self-selecting procedures, effects of timing during the semester and time-slot choice procedures, in addition to the undermining effect of rewards on motivation (Jackson, Procidano, & Cohen, 1989; Sharp et al., 2006).

Our review of the literature, when designing this study, identified 39 studies (see Further reading) evaluating existing eating disorder prevention interventions in university settings and revealed that 28% ($n = 11$) [6, 8, 13, 19, 22, 24, 26, 28, 29, 30, 39] of these provided extra credit in a psychology course for participation, 33% ($n = 13$) provided financial compensation (average \$28) [9, 10, 11, 12, 14, 15, 17, 19, 21, 31, 32, 34, 39], 10% ($n = 4$) held raffles for monetary prizes or gift certificates [23, 33, 37, 38], 10% ($n = 4$) conducted a semi-mandatory program [3, 4, 5, 7], while 15% ($n = 6$) made no mention of potential compensation [16, 18, 25, 27, 35, 36]. Furthermore, of these 39 studies, 36% ($n = 14$) recruited participants from psychology or health sciences subject pools and classes [7, 8, 12, 13, 20, 22, 24, 25, 26, 28, 30, 33, 34, 39]. An important point of note is that the overwhelming majority of these studies were conducted in Western English-speaking countries, mainly in the US. Student expectations in terms of compensation for study participation, as well as ethical guidelines associated with the protection of participants from coercion may lead to cultural disparities in terms of participant compensation. For example, studies conducted in Europe and Australia may include students from universities that do not possess a subject pool or who maintain a low threshold for financial compensation in return for time spent participating in research. A recent Australian study explored barriers for participation in a potential eating disorder prevention study and identified time as the main deterrent (Atkinson & Wade, 2013). One of their recommendations for increasing participation included the use of incentives in the form of compensation or course credit (neither of which were offered in their hypothetical study). Furthermore, the authors highlighted potential cultural differences, particularly in terms of compensation, and the need to explore recruitment issues within different settings.

Within prevention research, these issues are particularly relevant. On a general level, prevention research aims to develop programs that are successful in decreasing risk for disorders that can be widely used to promote public health (Marchand, Stice, Rohde, & Becker, 2011). The development of such programs and determination of their usefulness calls for several steps. Initially, programs are tested in the context of efficacy trials, that is, studies that are designed to assess whether interventions are successful under tightly controlled and optimal conditions (supervision, delivery, participant characteristics), and evaluated in terms of their

capacity to produce greater effects than a control condition. Programs are then further evaluated in effectiveness trials, that is, studies that examine the usefulness of interventions under real-world and generally suboptimal conditions (Marchand et al., 2011). Such pragmatic trials typically involve a more heterogeneous sample in less strictly controlled conditions. Programs that are shown to possess good efficacy and effectiveness are then disseminated, that is, transmitted and communicated to their target audience to be conducted by clinicians or other providers. It has been noted that much efficacy and effectiveness prevention research is conducted in very controlled settings and there has been a call for trials that achieve more balance between internal and external validity so as to facilitate the translation process of successful interventions from researchers to practitioners (Marchand et al., 2011). Unfortunately, the use of participants primarily from psychology subject pools widens the gap between efficacy trials and effectiveness studies and raises issues about reach and the possibility of wide-scale dissemination.

Recently, disordered eating prevention programs based on the principles of cognitive dissonance have been shown to be successful in decreasing levels of body dissatisfaction, disordered eating and risk factors for eating disorders (Becker, Smith, & Ciao, 2006; Stice, Shaw, Becker, & Rohde, 2008). Based on the theories of Festinger (Festinger, 1957) and sociocultural theories of disordered eating which highlight the role of the socially promoted thin-ideal, these programs aim to produce attitudinal changes by encouraging the expression of opinions or behaviors which go against the pursuit of the thin-ideal. Because the theory of cognitive dissonance also predicts that attitudinal change will be most likely to occur when participants perceive themselves to be free to change their opinions, the anticipation of external rewards, such as monetary compensation or research credits may decrease attitudinal change (Beauvois & Joule, 1999). This suggests that for best results, dissonance-based interventions (DBI) should aim to keep external motivators to a minimum. In line with this, one study reporting on the effects of a successful DBI program to decrease disordered eating informed their participants they would receive compensation only after the end of the study (Matusek, Wendt, & Wiseman, 2004). Largely however, compensation is advertised during recruitment and is an essential incentive for participation as well as for preventing drop-out (Beintner, Jacobi, & Taylor, 2012).

All together, these arguments promote the use of heterogeneous samples (i.e., not just psychology students) in prevention research, recruited with the promise of only minimal compensation. These conditions, however, are least favorable to high participation rates, which potentially limits the feasibility of such recruitment methods and perhaps the wide-scale implementation of prevention efforts. The aim of the present study was therefore to examine and report on recruitment challenges in real-life settings (as opposed to experimental studies such as that conducted by Atkinson & Wade, 2013), on a US campus. In order to examine these issues, this paper describes the recruitment process and rates for two DBI programs: one tailored to target disordered eating among Latina students and a second to examine the effects of conducting a modified DBI program with undergraduate women. The aim was to encourage thinking about how to disseminate programs broadly, by providing a real-world example of the implementation of two prevention programs.

2. Methods

2.1. Study 1

2.1.1. Study description

The study was an adaptation of the DBI developed by Stice, Chase, Stormer, & Appel, 2001, and subsequently widely

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