BRIEF REPORT

Participant Feedback from Peer-Led, Clinician-Led, and Internet-Delivered Eating Disorder Prevention Interventions

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ABSTRACT

Objective: This article examines qualitative participant feedback to clinician-delivered groups, peer-delivered groups, and an Internet version of a dissonance-based eating disorder prevention program from a controlled trial. These data have not been systematically examined and can inform the refinement and implementation of eating disorder prevention programs.

Method: Feedback was collected from body dissatisfied young women ($N = 680$; M age $= 22.2$, SD $= 7.1$) randomized to a clinician-led group, peer-led group, Internet version of this prevention program or to an educational video.

Results: Clinician and peer-led group participants reported the group setting, feeling that they were not alone, and the letter exercise as most valuable; the most common response of what was less valuable was "none." Many participants of the Internet version suggested increasing community support.

Conclusions: Findings suggest the importance of considering the therapeutic value of group membership, and that online prevention programs could be enhanced by providing a mechanism for community support, such as an online forum. Results also inform selective prevention and suggest that screening potential participants to determine which delivery method best suits them should be considered. © 2016 Wiley Periodicals, Inc.

Keywords: eating disorder prevention

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Introduction

Approximately 13% of women experience eating disorders by age 20[1] but only 3–20% of them receive treatment.[2] The *Body Project* is an evidence-based eating disorder prevention program where body dissatisfied young women critique the thin ideal. It is one of only two interventions to reduce eating disorder onset,[3,4] has been independently replicated[5, 6] and is efficacious.[7,8] However, locating clinicians to implement *Body Project* groups can be challenging, prompting task-shifting to peer educators, who produce comparable effects (e.g., Refs. 4 and 9–12). An Internet-delivered version also was developed to facilitate dissemination; randomized trials suggest that the *eBody Project* significantly reduces eating disorder risk factors and symptoms relative to alternative interventions and assessment controls.[4,13,14]

Results from the first randomized controlled trial comparing clinician-led groups, peer-led groups, and the *eBody Project* to an educational video control indicate that all three produced greater post-test reductions in eating disorder risk factors symptoms compared to control, and were strongest for clinician-led groups, followed by peer-led groups.[4] This report examines qualitative participant feedback to increase acceptability of the three prevention programs. It is the first trial to obtain participant feedback from all three variants and, to our knowledge, the first qualitative analysis of participant responses to any online eating disorder prevention intervention.

Method

Recruitment and Descriptive Information

Seventeen peer leaders (94% female) were recruited from peer leader programs and 19 clinicians (95% female) were recruited from college mental health clinics. Facilitator training involved reading the manual and a training workshop for clinicians (4 h) and peer educators (8 h).

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680 young women were recruited using emails and fliers (M age = 22.2, SD = 7.1; M BMI [kg/m^2] = 25.5, SD = 5.6). The sample was 60% European American, 17% Latina, 14% Asian, 5% African American, 3% American Indian/Alaska Native, and 1% Native Hawaiian/Pacific Islander. Interested women were directed to a webpage that confirmed that they had body dissatisfaction and administered the Eating Disorder Diagnostic Scale[15]; those with probable DSM-IV eating disorder were excluded (n = 56). Participants were randomized to clinician-led groups (n = 173), peer-led groups (n = 162), the *eBody Project* (n = 184), or video condition (n = 161). Study details can be found in Stice et al.[4]

Interventions

The *Body Project* includes 4 weekly 1-h scripted sessions with 5–9 participants. In session 1 the thin ideal is defined, its costs discussed, and homework assigned (a letter to a teenage girl regarding costs of pursuing the thin ideal; stand in front of a mirror and list positive qualities). In session 2 homework is discussed, role-plays conducted, and homework assigned (write a letter to someone who pressured them to be thin; generate a top-10 list of resisting the thin ideal). In session 3 homework is discussed, role-plays conducted, body image concerns discussed, and homework assigned (body activism; behavioral challenges addressing body image concerns; a letter to younger self describing how to avoid body image concerns). In session 4 homework and group benefits are discussed, and exit exercises assigned (self-affirmation; encourage three friends to sign up for the *Body Project*; group body activism). Sessions were videorecorded to increase accountability and for supervision.

eBody Project participants completed six 30–40 min modules where participants critique the thin-ideal. It was designed to match the group in duration and content, and included short videogames designed to increase engagement.

Educational video control participants viewed *Dying to Be Thin*,[16] a 55-min documentary on eating disorders and body acceptance.

Measures

Participants completed written exit surveys (90% of group participants and 98% of *eBody Project*) with four open-ended questions addressing: (a) aspects of the program they found most valuable; (b) aspects of the program they found less valuable; (b) aspects of the program that made it work either better or worse; and (c) making the program more interesting and enjoyable for future participants.

Thematic analysis[17] was used for open-ended questions and included data familiarization through repeated reading, generating theme codes, searching data for themes, and refining and naming themes. Dr. Shaw conducted the thematic analysis and the other authors reviewed summary codes.

Results

Group Participant Suggestions

The most frequently mentioned valuable aspect (noted by 34%) was the group setting, followed by feeling that they were not alone (19%), and the letters (17%; **Table 1**). Few aspects were found less valuable: 32% left this section blank and the most common response among responders was "None" (22%). The most frequently noted aspects rated as less valuable were the role-plays (12%), letters (10%), homework (8%), the body activism (6%), the small number of sessions (5%) and the programs' scripted nature (5%).

The most frequent response to what program aspects worked better was the group experience with similar others (39% of respondents to this section), followed by the letters (19%), homework (11%), facilitators (7%), and role-plays (5%). The most frequent response to what worked worse was the homework (15%), followed by the thin-ideal focus (12%).

The most frequent suggested change to make the intervention more enjoyable was None (15%), followed by increasing the number or duration of sessions (13%) and discussion (6%), including videos (6%), making it more engaging (5%) and less scripted (5%), and including more group activities (5%).

Internet Program Participant Suggestion

Table 2 shows the most common response to what was most valuable for *eBody Project* participants was letters (19%), learning about the thin ideal (12%), increased body image awareness (8%), the mirror exercise and role-plays (each 7%), the convenience (6%), its community nature, the photoshopping exercise, and the ability to reflect (5% each). Aspects found less valuable were the videogames (35%), followed by the information being repetitive (9%), the letters (8%), and "Nothing" (6%).

When asked what unique aspects made the *eBody Project* work better or worse for them, 92% reported aspects that made it work better for them and 28% reported aspects that made it worse. The most common helpful aspect was its online nature (18%), followed by letters (13%), and the videogames (7%). Factors mentioned to make the

TABLE 1. Qualitative feedback from group participants of the *Body Project* intervention

Response	Peer	Clinician	Total
What aspects of the program did you find most valuable?			
Group setting/support/sharing	47	56	103
Discussing issues w/similar people/knowing I'm not alone	30	26	56
Specific Exercises/Activities			
Letters—writing and sharing	23	27	50
Homework	12	11	23
Role-plays	6	9	15
Mirror exercise	8	4	12
Behavioral challenge	2	5	7
Body activism	4	1	5
Acknowledgement/awareness of thin-ideal	2	2	4
Other activities/aspects	16	11	27
Total Responses	150	152	302
What aspects of the program did you find less valuable?			
None—all valuable	20	25	45
Specific Exercises/Activities			
Role-plays/Quick Comebacks	7	17	24
Letters (writing and/or reading them)	10	11	21
Homework	9	8	17
Body activism	5	8	13
Throwing away pictures of models	1	2	3
Final project	1	2	3
Other activities	5	9	14
Procedural			
Intervention not long enough	5	5	10
Scripted nature of intervention	7	3	10
Facilitator issues	2	2	4
Didn't like being videotaped	2	1	3
Other procedural	13	4	17
Philosophical/focus didn't resonate	11	3	14
Total Responses	101	104	205
What aspects of the program made it work either better or worse for you personally?			
Aspects that worked *better*			
Enjoyed group/similar experiences	38	37	75
Letters	12	24	36
Homework/assignments	8	14	22
Facilitator(s)	9	4	13
Role-plays	5	4	9
Body activism	2	4	6
Size of group	4	2	6
Behavioral challenge	1	4	5
Other	11	10	21
-Neutral (neither positive or negative)	1	6	7
Total Responses	91	109	200
Aspects that worked *worse*			
Letters	4	0	4
Homework/assignments	3	3	6
Role-plays	1	1	2
Focus on thin-ideal	4	1	5
Too scripted/contrived	0	2	2
Other	11	10	21
Total Responses	23	17	40
How could we make the program more interesting and enjoyable for future participants?			
Response			
No suggestions for change	16	15	31
Longer sessions/intervention	14	12	26
More discussions/processing	4	9	13
Include a video(s)	7	5	12
More engaging/interactive	5	5	10
More group activities	2	8	10
Less scripted/reading from script	4	6	10
Less homework/assignments	2	7	9
Improve facilitators	5	3	8
More ice-breakers	1	4	5
More on healthy ideal/healthy lifestyle	1	4	5
Less emphasis on thin-ideal	1	3	4
Follow-up/contact after group ends	1	2	3
Introduce body activism earlier	0	2	2
Have larger groups	2	0	2
Other suggestions	36	30	66
Total Responses	101	106	207

TABLE 2. Qualitative feedback from participants of the *eBody Project* intervention

Responses	Total
What aspects of the program did you find most valuable?	
Letters/writing	34
Learning facts/information about thin-ideal, media, body image, etc.	22
Made me more aware of body image/how to improve/focus on positive	14
Mirror exercise (listing positive things about yourself)	12
Role-plays (combating/countering thin-ideal statements)	12
That it was online (made it convenient, flexible with schedule, etc.)	11
Community aspect (seeing others responses, etc.)	9
Photoshopping exercise	9
Gave me chance to reflect	9
Games	7
Body activism	5
Behavioral challenges	3
Interviews/speaking with study Research Assistants	3
Surveys	2
Other	29
Total Responses	181
What aspects of the program did you find less valuable?	
Games	53
Information repetitive/redundant	14
Letters	13
Nothing (all helped)	9
Seemed geared toward younger people	6
Already knew information	6
That it was online	5
Making lists	4
Too much emphasis on thin-ideal (should be more focus on health, etc.)	4
Role-plays (combating/countering thin-ideal statements)	4
Surveys	3
Making video/commercial	2
Other	30
Total Responses	153
What aspects of the program made it work either better or worse for you personally?	
Aspects that worked *better*	
That it was online (flexible time, etc.)	30
Letters/writing assignments	22
Games	11
Photoshop exercise	6
Liked seeing what others had to say, etc.	5
Role-plays (combating/countering thin-ideal statements)	4
Mirror exercise (listing positive things about myself)	3
Reading the facts/stats about eating disorders, etc.	2
Behavioral challenges	2
Other	31
Total Responses	166
Aspects that worked *worse*	
That it was online (would rather talk to real people, etc.): negative	14
Repetitiveness: negative	3
Games: negative	2
Letters/writing assignments: negative	1
Behavioral challenges: negative	1
Other: negative	29
Total Responses	50
How could we make the program more interesting and enjoyable for future participants?	
More community/support/ability to communicate with each other, etc.	29
Incorporating videos	18
More facts/stats about eating disorders, body image, etc.	9
Like it the way it is/Nothing	8
More interactive, engaging games, modules	7
Less repetitive	6
More mature, grown-up	6
Improve games	5
Eliminate games	5
Fewer lists	4
Testimonials/stories about real people and body image issues	2
More realistic scenarios	2
Other	43
Total Responses	144

program worse were that it was online (28% of those completing this section) and being repetitive (6%).

The majority (87%) reported ideas for making *eBody Project* more interesting and enjoyable, including having more support (20%), incorporating videos (13%), including more facts about eating disorders (6%) and having more engaging videogames and modules (5%).

Discussion

Participants reported that the most valuable aspect of the group programs was its format, followed by discussing issues with similar individuals, reinforcing that they are not alone in their body image concerns. Recognizing shared experiences, group cohesiveness, and developing hope from seeing others change are benefits of psychotherapeutic group interventions.[18] The *Body Project* likely represents the first time some individuals were encouraged to voice their body image concerns.

Of the specific exercises, the letters were most frequently mentioned as valuable. While role-plays were the third most frequently mentioned, they were also the most frequently mentioned as less valuable. These role-plays are designed for participants to state beliefs not normally endorsed and thus they may cause discomfort and cognitive dissonance.

The program's scripted nature was noted as less valuable and needing improvement, suggesting that training should emphasize the importance of learning the script well enough to present dynamically.

For *eBody Project* participants, letters were the most frequently mentioned as valuable, suggesting that even in an anonymous Internet format, letter-writing likely represents a powerful change mechanism. The most frequently mentioned as least valuable were videogames (35%), which were intended to be fun after "working" on the exercises. Either the games should be improved, omitted, or replaced with videos, as requested by many participants.

The *eBody Project's* online format was mentioned most frequently as working well. Participants liked the fact that it was flexible, unlike the group requirement to meet at specific times. The online nature of the *eBody Project* was also mentioned most frequently as working worse for them, as some wanted more personal interaction.

Having more support and communication with others was most frequently mentioned as how to improve the *eBody Project* (20%). Participants were randomized to condition but some might prefer the ease and flexibility of the *eBody Project*, whereas others value the social aspects of the *Body Project* group.

Study limitations should be acknowledged. First, we relied on questionnaires rather than interviews, which would have been more detailed. Second, clinician and peer-leaders were both highly trained and supervised which might account for the lack of provider-type differences. Third, program recipients were research participants who received compensation for assessments.

Results are encouraging and emphasize the value of this selective, interactive participant-driven prevention program. Group implementation can be challenging but appears to be beneficial. Results also emphasize perceived strengths and limitations of the *eBody Project*. Many *eBody Project* participants appreciated its ease and flexibility, whereas others felt isolated, indicating that perhaps they would be better suited to a group. These findings suggest that potential participants could be screened to permit delivery of their preferred intervention format.

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