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Body Positivity: A School Counseling Group for Adolescents

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*Body Positivity: A School Counseling Group
for Adolescents*

A Project Presented to
The Graduate Faculty of
Minnesota State University Moorhead

By

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Requirements for the Degree of
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Abstract

An eating disorder is a mental illness characterized by severe, unhealthy changes in appetite and dysphoric body image. One main indicator that an eating disorder is likely to occur is the person having a perfectionistic personality type. Another major factor is having an intense consciousness of body image, often with this being very skewed and negative. Both, when brought to extremes, have dangerous consequences for the person's mental and physical health. Eating disorders typically first appear in adolescence or young adulthood, most markedly for females; thus, it is pertinent that school counselors are aware of the signs of an eating disorder. Additionally, the access to sufficient treatment and care, including the incompetence of school counselors to care for or treat adolescents with eating disorders, is few and far between. This literature review investigates eating disorders and their connections with the personality trait of perfectionism, and body image, with special attention to the concepts of top performance and the thin ideal. Furthermore, it discusses the competence of school counselors in relation to this mental illness and proffers certain treatments school counselors can implement for these students. Overall, this literature review looks into eating disorders and their connection to perfectionism and body image. It then goes into some of the research and common findings between these topics, with an addition to why it is important for school counselors to have this knowledge and the implications this has. It also addresses current issues regarding school counselors providing care for eating disorders and provides suggestions of treatment options. Finally, it briefly mentions the diversity gap in eating disorder research and the implications this has for school counselors. With all of this in mind, it offers a potential school counseling group that school counselors can implement, based off of the body positivity movement.

Keywords: Eating disorders, perfectionism, body image, school counseling

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Introduction

There are various forms of eating disorders, with many of them co-occurring with other mental illnesses, and having some degree of chronicity (Griffiths et al., 2018; McLean et al., 2020; Rikani et al., 2013). They are characterized by disturbed eating behaviors or patterns that cause crucial impairments in physical and psychosocial health (APA, 2013). The three most common eating disorders are bulimia nervosa (BN), anorexia nervosa (AN), and binge-eating disorder (BED) (Rikani et al., 2013). They most often affect female adolescents or young adults, with females having prevalence rates three times higher than males (Rikani et al., 2013).

Bulimia nervosa has 5 main diagnostic criteria. It manifests itself through recurrent periods of binge eating followed by behaviors that compensate for these periods, such as laxative use, purging, or exercising heavily (American Psychiatric Association, 2022). These two things must happen at least one time a week for three, consistent months. It ranges on a scale from Mild to Extreme, based on the number of compensatory episodes (American Psychiatric Association, 2022). It usually begins in adolescence, after puberty. People who internalize the thin ideal have shown to be at increased risk to develop BN (American Psychiatric Association, 2022).

As for anorexia nervosa, it has three main diagnostic features. One is restricting caloric intake, which leads to a dramatic decline in weight. Another factor is having a massive fear of weight gain or being fat. Finally, there is also a major disturbance in the way a person views their body weight or shape (American Psychiatric Association, 2022). This illness also ranges from Mild to Extreme, but it is based on body mass index (BMI) (American Psychiatric Association, 2022). AN also affects mainly adolescents. Anorexia nervosa specifically has one of the highest mortality rates of any mental illness (Rikani et al., 2013). Again, it manifests itself in cultures that have high beliefs in a thin ideal (American Psychiatric Association, 2022).

The third common diagnosis, Binge-eating disorder (BED), has five diagnostic criteria. There must be recurrent binge eating periods that are related to at least three out of five certain eating behaviors. Distress occurs after a binge, with the binge happening at least one time a week for three months. Finally, the binge cannot be associated with any behaviors that would indicate bulimia nervosa (i.e., purging, exercise, etc.) (American Psychiatric Association, 2022). BED ranges from Mild to Extreme, based on the number of binge episodes per week (American Psychiatric Association, 2022).

Despite high mortality rates and the affect these disorders have on the adolescent population, treatment options are few and far between due to a large treatment gap composed of both personal and systemic factors (Griffiths et al., 2018). One major factor in terms of counseling is that many counselors are not qualified to treat eating disorders (Griffiths et al., 2018; McLean et al., 2020). Thus, it is essential that counselors advocate for and prepare themselves with the necessary training to provide the care that this population needs. To do so, it is important that they have in-depth knowledge about the potential risk factors of eating disorders. Two of the most common risk factors and/or signs is (1) having the personality trait of perfectionism and (2) negative or overconcern with body image. Due to perfectionism and body image being so closely connected with eating disorders, this literature review focuses on their connections to eating disorders, while highlighting the implications these findings have for the school counseling profession.

Perfectionism

Perfectionism is a personality trait that is complex and multifaceted. It can be seen as a need to appear to be flawless, having too high of standards in terms of achievement, and being overly self-critical (Stoeber, 2014). The definition of perfectionism has changed throughout the

years. For example, in the 1990s, it was seen to be six dimensional, with four subscales related to eating disorders (Petersson et al., 2017). However, in the early 2000s, Hewitt and Flett (1991) revised perfectionism to be three dimensional, with the dimensions being defined as Self-Oriented Perfectionism (SOP), Socially Prescribed Perfectionism (SPP) and Other Oriented Perfectionism (OOP) (Bouguettaya et al., 2019; Petersson et al., 2017). Self-Oriented Perfectionism and Socially Prescribed Perfectionism have been highly correlated with eating disorders (Bouguettaya et al., 2019; Petersson et al., 2017). Furthermore, perfectionism can be described as either positive/adaptive or negative/maladaptive (Ashby et al., 1998).

Self-Oriented Perfectionism and Socially Prescribed Perfectionism

Self-oriented perfectionism and socially prescribed perfectionism are most closely related to eating disorders (Bouguettaya et al., 2019; Petersson et al., 2017; Stoeber, 2014). Self-oriented perfectionism can be described as intrinsic, with a feeling as if it is necessary to be “perfect.” People high in this form of perfectionism are very critical of themselves and set high personal standards (Petersson et al., 2017; Stoeber, 2014). This is compared to socially prescribed perfectionism, which is external, and is a belief that others expect perfection from them. People high in this type of perfectionism believe that they must be “perfect” for others to like or accept them (Stoeber, 2014). Frequently, studies involving perfectionism and eating disorders focus on self-prescribed perfectionism, with little attention to the socially constructed aspect of it. Thus, Bouguettaya and colleagues (2019) set out to fill this gap with a study looking into perfectionism’s relation to group identity. To do so, the authors used a Social Identity Approach (SIA) which states that a person’s self-concept depends on the social environment they are in (Bouguettaya et al., 2019). Thus, this study set out to reveal how those with an eating disorder view their perfectionism considering their social identity (Bouguettaya et al., 2019). The

researchers recruited ten women, all diagnosed with a type of eating disorder but in recovery, for a final sample size. The participants engaged in a semi-structured interview, with open-ended questions based off the SIA. Interpretive Phenomenological Analysis was used to analyze the results. The researchers found that self-oriented perfectionism, or intrinsic perfectionism, grew out of familial connections (Bouguettaya et al, 2019; Petersson et al., 2017). Socially prescribed perfectionism, or the perfectionism most closely related to the social self, grew out of social norms that are within a person's social group (Bouguettaya et al., 2019). These results are realistic, because many aspects of a person's personal identity are formed in childhood when they are surrounded the most by their family. However, a person's social identity is shaped heavily by their friend group or other social groups.

These findings have great implications for the counseling community. First and foremost, this shows that school counselors should pay closer attention to the social aspect of perfectionism in terms of eating disorders, rather than taking sole consideration of the personal aspect. Thus, it is important for these counselors to be knowledgeable about the domains of perfectionism and how they may relate to their students, both socially and personally. This can also help school counselors guide their work when caring for these students in a direction that integrates both domains of perfectionism. Furthermore, if available, school counselors can refer their students to outpatient group cognitive behavioral therapy, as this has shown to be effective in altering social norms and changing social perfectionism ideals regarding group identity (Bouguettaya et al., 2019).

Maladaptive and Adaptive Perfectionism

Maladaptive perfectionism can be characterized as the negative dimensions of perfectionism (Ashby et al., 1998). Some examples of this would be an overconcern with making

a mistake, doubting one's actions, anxiety over performing/having to be the top performer. Adaptive perfectionism is described as the more positive aspects of perfectionism (Ashby et al., 1998). Some examples of this would be setting realistic personal standards and being organized. To study these two dimensions of perfectionism, Ashby and colleagues (1998) conducted research using a group of those with an eating disorder and those without (i.e., a control group). All participants completed the Almost Perfect Scale-Revised (APSR) and the Multidimensional Perfectionism Scale (MPS). The eating disorder group also completed the Eating Disorder Inventory (EDI) (Ashby et al., 1998). They found that there was a significant statistical difference between the group with an eating disorder and the comparison group in terms of Maladaptive Perfectionism, with $p < 0.001$ (Ashby et al., 1998). However, there was no significant difference in the two groups in Adaptive Perfectionism (Ashby et al., 1998). These results indicate that people with an eating disorder are more likely to be perfectionists in maladaptive ways than those without an eating disorder.

This study has important implications for school counselors and how they care for students with an eating disorder. These findings highlight that counselors should focus on reducing maladaptive perfectionistic tendencies, such as being the "best" at the task at hand or being too preoccupied with doing something wrong. Therefore, school counselors should work with their students and have them set goals that highlight adaptive perfectionism, such as having high, but realistic personal standards and being organized. Furthermore, it would be beneficial if the counselor provided and worked with the student to reduce any anxiety or doubts the student may have regarding things such as their performance or grades, as these are typically involving their perfectionistic tendencies.

Body Image

Body image in general terms is based upon subjective thoughts a person has, with these thoughts relating to how satisfied or dissatisfied they are with their body including but not limited to its shape, size, and appearance (Jarmon et al., 2021; Saloman & Brown, 2018). Two main factors come into play when discussing body image and eating disorders, which are body satisfaction and body appreciation and acceptance, respectively. Body satisfaction is a concept within body image and typically regards how happy or unhappy a person is regarding their body's appearance (Jarmon et al., 2021). Body appreciation and acceptance is (1) approval of the body, no matter its shape, size, and appearance, (2) being attuned to the body's wants and needs and attending to them in an appropriate manner, and (3) protecting the body against harmful or dangerous events and societal ideals (Webb et al., 2015).

Those with an eating disorder oftentimes have a maladaptive body image, leading to distorted thoughts about their body's size, shape, and appearance. Thus, their body satisfaction level is extremely low if present at all. Furthermore, they are unable to accept and appreciate their body for all that it can do, such as its ability to run, lift, or even breathe (Jarmon et al., 2021). For those with an eating disorder this lack of body appreciation then leads to improper care of the body and improper body regulation, such as restricting food intake, purging behaviors, or binge eating in secret (Webb et al., 2015).

Various things can impact body image, with social media being a major culprit for developing a negative body image (Jarmon et al., 2015; Salomon & Brown, 2018). This is especially true for adolescents, as 92 percent of them spend time online engaging in some form of social media (Salomon & Brown, 2018). Sites such as Twitter, Instagram, Snapchat, and Facebook create false ideals of what others' lives are like. This is especially true when it comes to appearance, such as what others' faces and bodies look like, because many people use editing

tools to diminish, erase, or alter their bodies to appear with perfect skin, or being thinner. Various studies done around the world have shown that those who consume more social media, especially in adolescence, are more at risk for low body satisfaction and a drive for thinness (Jarmon et al., 2021). Therefore, social media perpetuates impractical ideas of what a body should look like and those more at risk of an eating disorder may fall prey to these unrealistic ideas of what others truly look like. They then believe that they need to become thinner or prettier for people to accept them or for them to accept themselves.

Despite this, the up-and-coming “body positivity movement” has shown promise in combating such ideals and standards. This movement works to spread a message to reject these negative beliefs and encourages self-love and self-acceptance, while emphasizing body appreciation (Chiat, 2020). This movement does so by showcasing bodies of all shapes, sizes, and appearances. Additionally, it highlights the realities that all bodies are different and emphasizes that these differences be appreciated and celebrated (Chiat, 2020). All these aspects combine to prompt people to develop a positive body image. People with higher and more positive body image have shown to be less at risk for developing an eating disorder (Cohen et al., 2020; Petersson et al., 2017).

Common Findings

Despite the numerous studies and findings investigating both perfectionism and body image and their connection to eating disorders, there remains a gap between what exactly perfectionism looks like and what it means. Petersson et al. (2017), aimed to bridge this gap by interviewing people with an eating disorder to determine what their definitions of perfectionism are and their experiences with it. They also wanted to examine whether definitions of perfectionism would differ between those considered to be high and low in perfectionism,

respectively. The authors utilized 15 female patients from the AnorexiBulimi Center, a specialized eating disorder clinic in Sweden (Petersson et al., 2017). Each participant completed the Eating Disorder Inventory-3 (EDI-3), which has a subscale that measures perfectionism. The EDI-3 has been found to be a reliable and valid testing tool worldwide (Petersson et al., 2017). Specifically, the perfectionism subscale has very high internal consistency and test-retest reliability (Petersson et al., 2017). Along with this quantitative measure, the authors conducted semi-structured interviews using open-ended questions. They began with broad questions regarding perfectionism, then worked their way towards more personal questions specific to the individual and perfectionism (Petersson et al., 2017). To analyze the results, the researchers created two groups, those high in perfectionism and those low in perfectionism, based on the participants' scores on the EDI-3-P. Thematic Analysis was then used, with seven main themes emerging; the origins of perfectionism, top performance, order and self-control, a perfect body, looking good in the eyes of others, a double-edged coping strategy, and a Sisyphean task (Petersson et al., 2017). All themes besides "looking good in the eyes of others" and "a perfect body" were detected in all 15 participants, though they had scores of 12 and 8, respectively (Petersson et al., 2017). These findings indicate that these aspects are core features in the connection between perfectionism and eating disorders. Therefore, this study has various implications for counselors.

Due to this study being conducted with eating disorder patients, it provides a deeper understanding of perfectionism in terms of how this population perceives perfectionism and its associations with eating disorders. School counselors can gain an awareness of how their students may see perfectionism and be better equipped to meet them where they are at. Though, it is important that counselors do not assume these themes relate to every person with an eating

disorder. Thus, keeping these themes in mind, they can conduct a similar interview in a session when working with a student with an eating disorder.

Overall, this study used reliable and valid measurement tools, along with efficient qualitative measures to provide useful information regarding perfectionism and what it means to those with an eating disorder. Specifically, the findings of Top Performance and the Thin Ideal appear to be a recurring theme in various studies (Arthur-Cameselle et al., 2016; Bouguettaya et al., 2019; Bratland-Sanda & Sundgot-Borgen, 2013; El Ghoch et al., 2013; Nilsson et al., 2007; Petersson et al., 2017).

Top Performance

Top performance in terms of perfectionism can take various forms and can be seen in all areas of life (i.e., familial, social, personal) (Bouguettaya et al., 2019; Petersson et al., 2017). In terms of eating disorders, many studies indicate that top performance entails an overconcern with making a mistake, anxiety over performing flawlessly, and going to great lengths to achieve academically (Bouguettaya et al., 2019; Nilsson et al., 2007; Petersson et al., 2017). One specific population where the concept of top performance is often taken to an extreme and results in an eating disorder is with athletes (Arthur-Cameselle et al., 2016; Bratland-Sanda & Sundgot-Borgen, 2013; Coelho et al., 2014; El Ghoch et al., 2013).

Bratland-Sanda and Sungot-Borgen (2013) conducted a qualitative study to compare female athletes with an eating disorder to non-athlete females with an eating disorder in terms of why they believed they developed an eating disorder. To do so, they utilized a semi-structured interview and followed an interview guide. All interviews began with participants describing themselves in terms of experiences in childhood, social life, and sport life. Then, each subject was asked, “What factors do you think contributed to the onset of your eating disorder?”. The

data was then analyzed to find common themes. Four domains were identified: psychological, environmental, physical/behavioral, and relationships. Within these, sub-categories were also identified.

The results showed that psychological factors, specifically low self-worth, and poor body image, were most common. Participants described that these aspects led them to make comparisons between themselves and their peers (Bratland-Sanda & Sungot-Borgen, 2013). Important to athletes only in terms of physical factors was the risk of illness or injury. When prevented from engaging in their sport due to an illness or injury, athletes with an eating disorder admitted to more restricting and dieting behaviors (Bratland-Sanda & Sungot-Borgen, 2013).

Also, an especially important finding came from the environmental factor domain, as 67% of the athlete group determined that the pressure, they felt from others to perform their sport satisfactorily was the main reason they developed an eating disorder (Bratland-Sanda & Sungot-Borgen, 2013). Thus, these findings highlight that oftentimes, athletes who have experienced an eating disorder and who seek perfection when it comes to their sport performance believe that their preoccupation with being ‘perfect’ in their sport led to their eating disorder. These findings also indicate that both socially prescribed perfectionism and self-oriented perfectionism were involved in the etiology of their eating disorder.

Moreover, it is important to note the impact that a full-blown eating disorder has on an athlete and their ability to perform. Once an eating disorder is severe enough, it typically leads to heightened depression or anxiety, which can negatively affect an athlete’s motivation and performance. Also, their eating restrictions lead to lower weight, lower strength, and more health complications, which also greatly affect an athlete’s ability to perform. These factors combine and lead to a lower performance level or complete inability to perform, which increases the

athlete's desire to better their performance and increase their control over their weight (El Ghoch et al., 2013). All these findings, along with previous research in terms of top performance, whether it is in sports or just in general, have great implications for the counseling community.

Counseling Implications

When considering top performance specifically in athletes, it is important to note the higher risk for them to develop an eating disorder. This is especially pertinent for school counselors. These counselors are oftentimes the ones that most directly deal with student athletes in terms of their struggles, such as dealing with an eating disorder. Thus, school counselors should have proper training to be equipped to care for and aid a student that comes to them with an eating disorder. School counselors should be aware of the increased risk that athletes, especially females in sports such as figure skating, gymnastics, or cheerleading, face when it comes to eating disorders (Arthur-Cameselle et al., 2016; Coelho et al., 2014; El Ghoch et al., 2016).

These sports put emphasis on an athlete's weight and looks, making the athletes at even higher risk for developing an eating disorder. If counselors are more knowledgeable about these factors, they will be better prepared to help these students. It will also aid in the prevention of eating disorders. For example, school counselors with expertise and awareness of the link between eating disorders and athletics, specifically performance, can create helpful prevention programs. Furthermore, Coelho et al. (2014) suggest that educated health professionals implement sport-specific programs to prevent these ideals that typically lead athletes to develop an eating disorder. They also suggest that teachers in the school be educated on the subject, so the counselor has more opportunities for consultation and the students have more support. Overall, awareness and knowledge of top performance in sports and the increased risk it has on

students to develop an eating disorder can greatly help school counselors in terms of their competence and advocacy.

As for top performance in general, those with an eating disorder often strive for perfection in all they do (Nilsson et al., 2007; Petersson et al., 2017). One very common area is academics. Students that strive for perfectionism when it comes to grades, GPA, or school-related aspects are at higher risk for an eating disorder (Nilsson et al., 2007; Petersson et al., 2017). Much of this has to do with the high demands and expectations they put on themselves to be the “perfect student”. Therefore, it is crucial that school counselors are conscious of this. If so, they can pay closer attention to such students and create possible prevention programs, such as a group for learning to accept failures. Then, they can educate the student body using these types of programs.

The Thin Ideal

The idea of the thin ideal in terms of eating disorders has been linked to the strive for perfectionism in previous research (Nilsson et al., 2007; Petersson et al., 2017; (Rikani et al., 2013) The thin ideal is related to self-esteem, self-worth, and body image satisfaction and is based on culture (Rikani et al., 2013). Typically, the thin ideal means a small waist, lower weight, and flat stomach. People compare their own bodies to this thin ideal and, if their bodies do not fit the mold, they usually have low body satisfaction, low self-esteem, and low self-worth. According to a literature review regarding possible etiologies of eating disorders, Rikani et al. (2013) found a study involving female college freshmen that indicated that their body dissatisfaction and self-consciousness were associated with eating disorder symptoms. Additionally, a qualitative study from Nilsson et al. (2007) utilizing adolescents with anorexia nervosa investigated participants’ perceived reasons for why their eating disorder began and

found that body dissatisfaction, related to the thin ideal, was a common reason. To find this result, the researchers conducted semi-structured interviews with the participants eight and sixteen years after their first admission to a treatment facility. All of them were asked, “What do you think today about the reasons why you got anorexia nervosa?”, along with other open-ended questions. All answers were then coded by each researcher, with interrater reliability at 0.96.

They determined three categories, along with eleven subcategories. Two of the subcategories were body dissatisfaction and ideals. In terms of body dissatisfaction, almost all participants had mentioned that they thought they were too heavy or fat before their eating disorder (Nilsson et al., 2007). This can be attributed to them comparing themselves to what they believe is the ideal weight or body type based on what society has conditioned young females to think. As for ideals, this is in direct relation to the thin ideal that society holds for females’ bodies. Multiple participants in the study claimed that they were influenced to look a certain way because of mass media (Nilsson et al., 2007). These findings support previous research in that the thin ideal, closely related to body satisfaction or dissatisfaction, is a main contributor as to why people develop an eating disorder, according to the lived experiences of people that have had or do have an eating disorder.

Furthermore, in the study previously mentioned conducted by Petersson et al. (2017), they found that eight out of fifteen participants identified that having a “perfect body” was a major reason for their eating disorder. They believed that the pressures the mass media put on them to have a body that meets the thin ideal led them to their disordered eating and dieting. Many of the participants noted Victoria’s Secret models as representing the thin ideal. Furthermore, they thought that those models had self-confidence because of their looks, and if they (the participant) had such a body, they too, would have that level of self-confidence

(Petersson et al., 2017). When looking at a Victoria's Secret supermodel, a female body is not meant to look that way and that those models must have strict, unrealistic diets and physical regimens to have their bodies look that way. Many of those models have shared how impractical and unhealthy it is to have such a body and lifestyle, and it is all to look the way that they are required to look to be a model. Yet, the media continues to perpetuate the thin ideal.

Counseling Implications

These findings are especially important for school counselors. With the knowledge of the thin ideal and what that looks like in various cultures, school counselors will be more capable to work with their students with an eating disorder or body image issues. These findings are especially useful for school counselors for various reasons. First, eating disorders are most common in adolescence, which is the population that school counselors work with directly (Arthur-Cameselle et al., 2016; Bouguettaya et al., 2018; Nilsson et al., 2007). Also, when a school counselor is aware of body satisfaction/dissatisfaction and the thin ideal and specifically how they are risk factors for eating disorders, they can work to implement prevention programs aimed at combating such falsities. Furthermore, with the information of the connection between these two concepts and perfectionism, school counselors are more efficient at detecting which students may be at higher risk to fall prey to these ideas. Thus, the counselor can hopefully pay closer attention to these students or work with them by implementing a prevention program such as a body positivity or body acceptance group.

Current Issues

Competence

One major issue regarding this topic is the lack of competence of mental health professionals, school counselors included, have, or feel they have when it comes to eating disorders. Some reasons for this are inefficient skills, knowledge, education, or training on the part of the professional in eating disorders (Hurst et al., 2020). Another reason is that there is not a certain credential or license that certifies when a professional is competent enough to treat an eating disorder.

Recently, the Australia & New Zealand Academy for Eating Disorders (ANZAED) has recommended practice guidelines and standards for mental health professionals to adhere to in hopes that the professionals will reach a level of competence that allows them to treat clients with eating disorders and improve treatment access (Hurst et al., 2020). In the future, ANZAED hopes to put a credentialing system for eating disorder treatment into place, as it would bridge the treatment accessibility gap by increasing the capable workforce (McLean et al., 2020). If the United States and other countries around the world followed Australia and New Zealand's actions, more mental health professionals, including school counselors, would feel and eventually become competent enough to provide the proper care and treatment. This is especially pertinent for school counselors because they are the ones that are most capable of detecting or preventing a full-blown eating disorder; therefore, it is crucial that they have the tools and knowledge to be competent enough to work with, care for, and possibly treat students with an eating disorder.

To address this problem, there are multiple programs that school counselors can implement within the school setting. These programs are often focused more on prevention and early intervention. Thus, these programs encourage and promote overall wellness, information on

nutrition, positive body image and body acceptance, self-esteem, social media use and consumption, and more (Maskell Carney & Lewy Scott, 2012). Furthermore, it is important for school counselors to have a strong knowledge base of the current Diagnostic Statistical Manual, so they can easily identify the signs of a presenting eating disorder in their students.

A specific treatment program that school counselors, particularly at the high school level, can implement is REbeL. This program is focused on eradicating the thin ideal, while also increasing self-esteem and body image (Briethaupt et al., 2019). To do this, the school counselor would create an open group, with students coming and going throughout it. The group would tackle the social and societal pressures surrounding the thin ideal; provide psychoeducation and promote peer education regarding disordered eating, body image, and self-esteem; and work with the group to foster a welcoming and all-accepting community within the school (Briethaupt et al., 2019). Some of the activities that the group engages in throughout its school-year run is peer education presentations. They do so at surrounding schools and host advocacy and awareness events.

This group would also meet each week to discuss one of six topics: 1) Body Image, 2) eating disorders, 3) Mindful Eating and Exercise, 4) Self-Worth and Self-Esteem, 5) Weight Bias, Bullying, and Appreciation of Others, and 6) Media Messages and Media Literacy (Briethaupt et al., 2019). Overall, the school counselor would be the leader of the group; however, they would also let the students take leadership roles when appropriate.

Yet another group the school counselor could implement is simply a body positivity group. While little research has been done on these types of groups, there has been some studies done and they have shown to increase participants' body image (Cohen et al., 2020). Despite this, the "body positivity movement" and these types of groups have also shown that participants'

objectify themselves more. This may lead to disordered eating, poor self-esteem, or unrealistic appearance expectations (Cohen et al., 2020). Thus, more research should be done regarding these groups and school counselors should implement them in a thoughtful, conscious, and responsible way if they choose to do so.

Multicultural Considerations/Population

When reviewing all the literature on this topic, there seems to be a consistent theme regarding the population used. That is, almost all studies that have been conducted only utilize white, adolescent females. While this is the population that is most often affected with eating disorders, that is not a reason as to why other populations should be ignored (Arthur-Cameselle et al., 2016; Bouguettaya et al., 2018; Nilsson et al., 2007). A major reason this is an important gap in the research is that it is not representative of the general population; thus, it decreases the external validity of the results. For example, when all the research revolves around the white, female population, it is difficult to generalize the results to groups such as males or other ethnicities. Gwira et al. (2021) wanted to bridge this gap, so they conducted a study with women of color (WOC).

Specifically, they wanted to investigate the role of self-compassion as a moderator for the relationship between perfectionism and disordered eating. Their study included ethnicities of African American, Asian, Latin, Native American, and Multiracial. All participants completed the Frost Multidimensional Perfectionism Scale, Self-Compassion Scale, and the Mizes Anorectic Cognitions Questionnaire-Revised. They found that the relationship between perfectionism and disordered eating was much lower when participants scored high on self-compassion. These results indicate that other ethnicities have similar results in terms of the relationships between perfectionism and disordered eating, or eating disorders (Gwira et al.,

2021); however, other studies are required to support these findings. Thus, it is crucial that future research includes such diverse populations.

This is particularly important for school counseling, as it is fundamental for school counselors to keep these findings in mind when they read all this information as they work to educate themselves on this topic to gain competence. Furthermore, this research gap shows school counselors that people of color or of diverse cultural backgrounds are just as much at risk than those of the white culture; thus, they should not hold any biases of what students are more at risk for an eating disorder based on their ethnicity or culture.

Overall, due to eating disorders occurring most often in adolescence, it is fundamental that school counselors are aware of the signs, symptoms, and personality traits that put their students more at risk for eating disorders. Therefore, they should be aware that there are two main risk factors to consider when it comes to eating disorders. These two things are body image and perfectionism. A skewed or negative body image, and a perfectionistic personality put adolescence more at risk for developing an eating disorder. Within these, it is especially important to pay attention to the concepts of the thin ideal and top performance. It is also crucial to be knowledgeable about the role social media plays and its impact on these various domains. When school counselors are equipped with this information, they can then efficiently and productively lead a body positivity group for students within their school. These groups offer students the psychoeducation, coping skills, and techniques that will lower their chances of falling prey to society's ideals and avoiding developing an eating disorder.

Group Overview

Type of Group: This group has roots in cognitive behavioral therapy and person-centered therapy approaches. It is designed to help adolescents/teenagers struggling with being body positive.

Purpose of this group: This group strives for young adults to become more body positive (Cornell Health, 2023). In doing so, it pays special attention to the related issues of eating disorders and perfectionism, along with the various topics that fall into these domains, such as but not limited to body image, body appreciation, the thin ideal, and top performance (Ashby et al., 1998; Bouguettaya et al. 2019; Jarman et al., 2021; Petersson et al., 2017).

Group Facilitator: The group facilitator should have a solid background in topics such as eating disorders, perfectionism, and body image. Furthermore, it is expected that the group facilitator have an undergraduate degree in psychology or a related field, and a master's degree in counseling or a related field.

Format and Procedures of Group: This group is meant to be semi-structured with students taking much of a leading role (Cornell Health, 2023). However, the group facilitator will provide psychoeducation regarding these topics and there will be interactive activities/handouts in much of the sessions. Furthermore, group members are expected and encouraged to participate in both small and large group discussions (Corey, 2016).

Screening and Membership: This group's membership will be based on a referral process. Referrals will be made by administration, teachers, parents, or the school counselor. The counselor will then briefly meet with each student to determine if the student could benefit from the group and are a suitable choice (Corey, 2016). The school counselor will also distribute needs assessments, and based on that data, determine potential members (Corey, 2016).

Group Norms and Guidelines: All group members are expected to actively participate in group. This means engaging in small and large group discussions, sharing their viewpoints and opinions, and providing any personal experiences that they are comfortable telling the group. Members shall remain respectful and always conduct themselves in a friendly manner. If or when confrontation is necessary, it will be done in a positive and constructive way. Furthermore, participants will complete all activities that the group facilitator provides, unless otherwise told by the group facilitator (Corey, 2016).

Length, Frequency, and Duration of Group: This group will meet on Mondays, starting on September 11th, and end on Monday, December 18th. This group will meet 13 Mondays out of those 15 weeks. Each session will last around one hour and begin at 3:30 P.M. (Cornell Health, 2023).

Size and Type of Group: This group will consist of twelve members (Cornell Health, 2023). The twelve members will be selected and notified prior to the start of the group. There will be no more than twelve members, but there will be no less than six people (Cornell Health, 2023). If six people cannot be found to participate, the group's start date will be pushed to a later date; however, if two weeks pass from the original start date and there are still not six members deemed fit for the group, the group will not proceed for that semester. Once all members are found and the group is solidified, the group will be closed, meaning that after the first meeting, no new members will be allowed to join during the fifteen weeks the group meets (Cornell Health, 2023).

Goals of the Group: The main objectives of this group are to increase members' body positivity by working on having healthier body image and self-esteem; learning to go against western society's thin ideal; and reducing maladaptive perfectionistic tendencies (Ashby et al., 1998;

Bouguettaya et al. 2019; Jarman et al., 2021; Petersson et al., 2017). The group also aims to create a safe, caring, and supportive environment that fosters the advancement of every member's personal goals, along with the overall group goals. The improvement of well-being and having positive thinking are other important objectives of this group. Some of the general process goals of this group are being open and honest, and applying the skills and knowledge from the group to the real-world (Corey, 2016).

ASCA Standards: There are multiple American School Counseling Association standards that this group pertains to. In terms of the mindset standards, these are the standards this group pertains to:

- M 1: Belief in development of whole self-including a healthy balance of mental, social/emotional and physical well-being
- M 2: Self-confidence in ability to succeed
- M 3: Sense of belonging in the school environment
- M 5: Belief in using abilities to their fullest to achieve high-quality results and outcomes
- M 6: Positive attitude toward work and learning

Overall, this group encourages students to believe that they can become healthier people both physically and mentally. It also promotes students to have a more positive mindset and outlook regarding aspects of themselves and life. Thus, enabling them to become productive and successful members of the school and society.

As for the behavior standards, these are the ones this group pertains to:

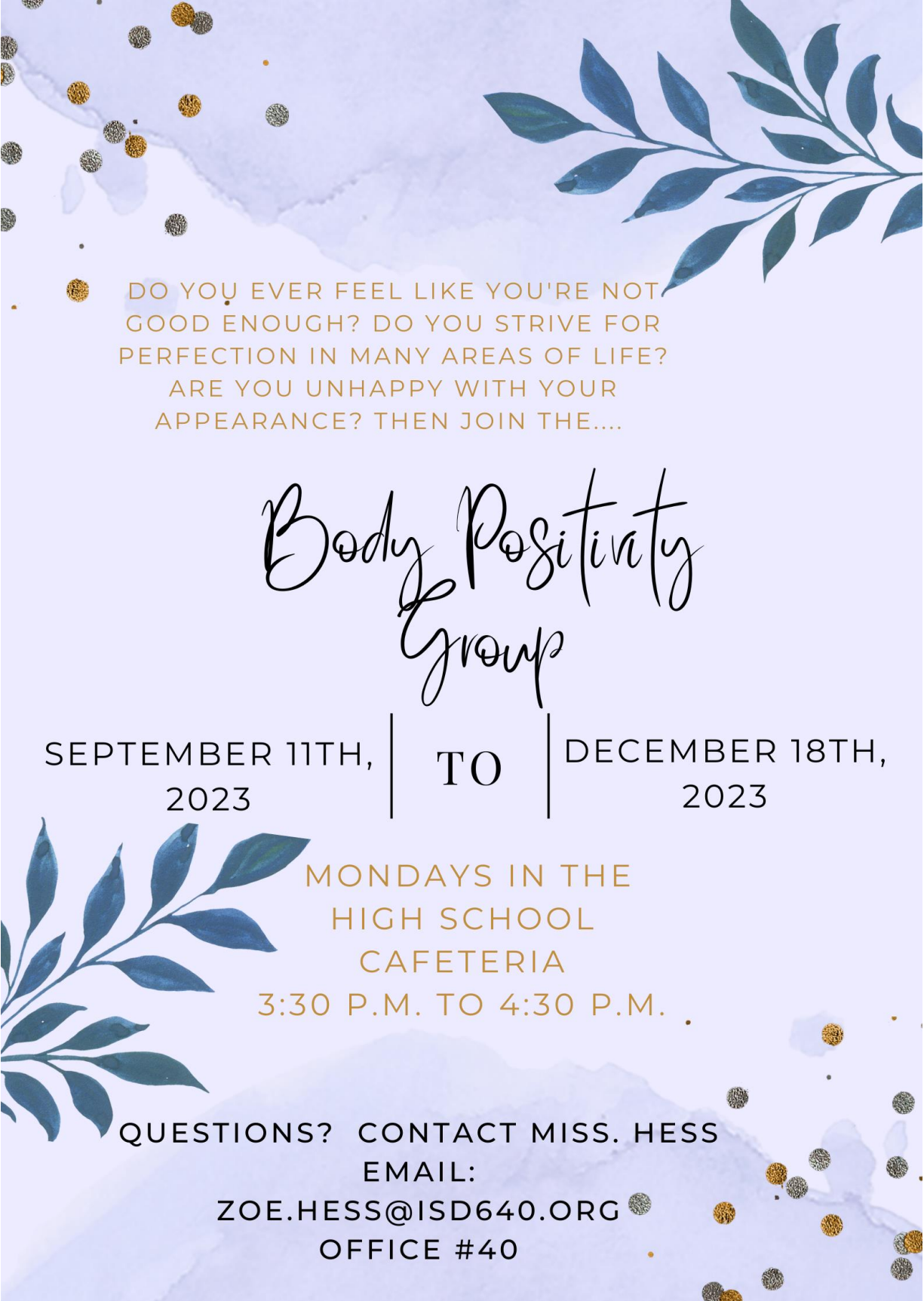
- B-LS 4: Apply self-motivation and self-direction to learning
- B-LS 10: Participate in enrichment and extracurricular activities
- B-SMS 1: Demonstrate ability to assume responsibility
- B-SMS 5: Demonstrate perseverance to achieve long- and short-term goals

- B-SS 1: Use effective oral and written communication skills and listening skills
- B-SS 2: Create positive and supportive relationships with other students
- B-SS 3: Create relationships with adults that support success
- B-SS 4: Demonstrate empathy
- B-SS 5: Demonstrate ethical decision-making social responsibility
- B-SS 6: Use effective collaboration and cooperation skills
- B-SS 8 Demonstrate advocacy skills and ability to assert self, when necessary
- B-SS 9 Demonstrate social maturity and behaviors appropriate to the situation and environment

Overall, this group fosters students to act in respectful, positive, and age-appropriate ways. It will equip them with a multitude of healthy coping strategies, communication skills, and other positive behavioral techniques. Additionally, this group allows students to develop and maintain these behaviors in school and in the community, which will better their overall well-being.

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DO YOU EVER FEEL LIKE YOU'RE NOT
GOOD ENOUGH? DO YOU STRIVE FOR
PERFECTION IN MANY AREAS OF LIFE?
ARE YOU UNHAPPY WITH YOUR
APPEARANCE? THEN JOIN THE....

Body Positivity Group

SEPTEMBER 11TH,
2023

TO

DECEMBER 18TH,
2023

MONDAYS IN THE
HIGH SCHOOL
CAFETERIA
3:30 P.M. TO 4:30 P.M.

QUESTIONS? CONTACT MISS. HESS
EMAIL:
ZOE.HESS@ISD640.ORG
OFFICE #40

Professional Disclosure and Informed Consent

Professional Background and Intent of Services:

Hello parents, guardians, and students! Welcome! Your child, or you (if you are over 18), have indicated interest in our new Body Positivity group! This group is designed to benefit 9-12 grade students who are struggling with topics such as body image, self-esteem, and perfectionism. This group aims to challenge concepts such as the thin ideal, social media perceptions, and the need to be “perfect” in certain domains of life. I, Miss Hess, will be the leader of this group; however, students are highly encouraged to take on leadership roles throughout the course of this group. I am currently working towards my Masters in School Counseling at Minnesota State University Moorhead and will graduate in December of 2023. Thus, I am receiving the proper training to provide both individual and group counseling for students of all ages.

My theoretical orientation is quite eclectic; however, it is mainly a mixture of cognitive-behavioral therapy and person-centered. The atmosphere and group leadership role will rely more heavily on person-centered, as I essentially am the leader, with students taking leadership roles when appropriate. The weekly techniques and discussions will be founded on evidenced-based cognitive behavioral therapy most of the time. This simply means that much of the strategies and techniques I will be utilizing are proven to be effective. They will focus on changing our negative thoughts and thinking patterns, which in turn will change our actions! The most important thing is the student and what they get out of this group! Therefore, the focus of this group is to advance prevention strategies that students can use when they are struggling. To do so, I will be providing psychoeducation and tips and techniques that are useful to eradicate maladaptive thinking. Furthermore, I will strive to provide a nurturing environment and safe

space for all students that wish to participate. When everyone works together, I believe that every student is capable of bettering their health, knowledge, and relationships.

While this group will not eradicate all negative thoughts and feelings, I am confident that students will take away strategies that will at least help them cope with any future concerns regarding these topics. Overall, the main goal of this group is to help students manage and deal with unhealthy body image, low self-esteem, and perfectionistic tendencies so that they can live a full, and happy life!

Although much of the evidence supports that many, if not most, people do improve when they participate in groups such as these, some do not. Please keep in mind that I am not a trained clinical therapist, psychologist, or psychiatrist. Therefore, if I feel it is more appropriate for a student to have a more qualified and versed professional, I will make referrals to local mental health centers. In this case, I will contact parents if the student is under the age of 18. Despite this circumstance, the student will be more than welcome to continue to attend and participate in this group.

It is also important to keep in mind that the student only gets out what they put into group. Therefore, I am not responsible for the effectiveness this group may or may not have on a student's progress. Consistent, and genuine group participation and attendance, while not mandatory, is highly encouraged.

Furthermore, similar to medications and their side effects, counseling may prompt distressing thoughts and emotions, or intense memories. This is especially true for the topics we are covering, as they are rooted in cynical thinking and behavioral patterns (Jarmon et al., 2021; Liss & Erchull, 2015). Despite this, there are numerous benefits a person can learn when participating in group counseling:

- Healthy coping techniques
- Solutions to specific problems concerning the need to be “perfect”
- New insights into one’s self
- Improved self-esteem and body image
- Support from others who are going through similar situations

Informed Consent

If you or your child participates in this group, the information listed below is to ensure that you understand your rights as a parent, guardian, or student. It is normal to have questions, so please feel free to reach out to me and ask for clarity before participating. Furthermore, I am requiring a signature at the end of this document to indicate that you are aware of all the information presented regarding this group, including but not limited to the risks, benefits, and logistics that come along with this group. Therefore, by signing this form, you are saying you or your child are in agreement with the procedures of this group.

Group Sessions:

This group will meet:

- TIME: Every Monday after school, 3:30-4:30 p.m. (if no school then there is no group)
- WHEN: September 11th 2023 to December 18th, 2023
- WHERE: Wabasso Public School Cafeteria
 - Parking is free

If you need to reach me, please email me at zoe.hess@isd640.org or call the school and ask to speak to Miss Hess. Please allow 24 hours for a response to emails. If you are experiencing a mental health crisis, please contact the regional crisis line at 1-800-223-4512.

Fees and No School Mondays:

Due to this being a group meant for any and all students, there are no weekly counseling fees. However, there will be weeks that we will travel to various schools or community centers to provide our knowledge and experiences to others in the community and surrounding communities. At that time, there may be a small fee for transportation, meals, snacks, etc. We will also have an end-of-group wrap-up party during the last session. You or your child will then be asked to contribute some type of food or beverage for everyone in attendance. More information will be available when this date gets closer. If you are not able to pay these fees, please let me know as soon as possible.

Additionally, if there is no school scheduled for a Monday, or school is cancelled due to weather, there will be no group. There are some Mondays that are predetermined to have no group. These dates are indicated in the weekly schedule.

Confidentiality:

Confidentiality is a fundamental part of the American School Counseling Association's ethical standards. Therefore, I respect your right to privacy, and anything shared in the group sessions will remain confidential. However, there are exceptions to confidentiality. Your information will not be shared with anyone without your **written** consent. Additionally, your information is also considered privileged, which means that I am free from the duty to speak in court about the things you say while in group, unless you, or your parent, waive that right or a judge orders it.

****Exceptions to Confidentiality: As a mental health professional and mandated reporter, I am ethically and legally bound to break confidentiality under the following circumstances:**

- When I have reason to believe a student has been, or is currently, being abused or involved in the abuse or neglect of another person
- If a student reports any sexual misconduct
- If I believe you are in serious danger of harming yourself or others
- If I receive a court-ordered release of information signed by a judge

If any of these situations exist, I will notify the appropriate people and agencies for your protection. Please understand that if any one of these topics and/or circumstances arise while you or your child are participating in the Body Positivity group, I will inform you or your parent/guardian if I deem it necessary and appropriate.

Additionally, please keep in mind that group counseling comes with risks regarding confidentiality. Although I ask that every group member respects other members' rights to confidentiality, I am not able to control each member's decisions regarding this. If, at any time, you become concerned with another group member's actions and behaviors surrounding confidentiality, please notify me right away and I will do my best to alleviate the problem or concern.

Finally, in accordance with the American School Counseling Association's professional ethics and standards, and as a counselor-in-training, I may consult with my counseling faculty supervisors, site supervisor, and peers within the counseling community. I only do so to enhance my skills, education, and professional development. This ensures that you or your child is receiving the best possible care that I am capable to provide. With any information I share, I will do my best to protect the identity of that student; however, it is a very small community and,

again, I am not able to control others' actions. Despite this, our supervisors and peers are held to the same standards of confidentiality that I am. Other than the exceptions to confidentiality mentioned above and the necessary occasional consultation, you or your parent must provide **written and signed** permission for us to reveal any aspects of our counseling relationship to any outside party.

If you or your child have any grievances about me or, if we cannot resolve certain concerns together, please feel free to go to any of my supervisors. Their information will be given to you upon request.

We hope that the information outlined in this professional disclosure statement adequately meets your expectations about your rights and my obligations. Should any questions remain, I am happy to discuss further and offer clarification, if possible.

By signing this document, your child and/or you have read all of the information, fully understand the content, and agree to the terms of this group that have been presented to you.

Weekly Schedule

**This schedule and its lessons/materials can be edited or revised to fit your school/group's needs*

	Learning Objectives	Activities and Materials Needed	Discussion
<u><i>Week 1</i></u> <u><i>September 11th,</i></u> <u><i>2023</i></u>	<p>Members will meet and get to know one another</p> <p>Members will have a better understanding of the group and if they truly want to participate in it</p>	<p>Members will give introductions and play ice-breaker games</p> <p>Members will complete surveys regarding social media use, body satisfaction, the thin ideal, and perfectionism</p> <p>Materials Needed: Pencils *Surveys: Self-reports on Instagram, snapchat, tik tok, other social media platforms use on a 1-5 scale (Jarman et al., 2021), body satisfaction assessed using the Body Appreciation Scale (Webb et al., 2015), internalization of the thin ideal assessed using the thin/low body fat subscale of the Sociocultural Attitudes towards Appearance Questionnaire-4 (Jarman et al., 2021), perfectionism measured using the Multidimensional</p>	<p>Welcome students to the group and provide a brief overview of the group (Corey, 2016)</p> <p>Facilitate student introductions (Corey, 2016)</p> <p>Administer surveys to all students</p> <p>Provide students time to complete surveys and collect finished surveys</p> <p>Evaluate survey results and document data</p>

		Perfectionism Scale (Ashby et al., 1998).	
<u>Week 2</u> <u>September 18th,</u> <u>2023</u>	<p>Members will work together to set up group rules</p> <p>Members will share and discuss both individual and group goals, and the aspirations/skills they want to get out of group</p> <p>Members will receive and learn to interpret their baseline survey results</p> <p>Members will acquire knowledge of Cognitive Behavioral Therapy and discuss cognitive restructuring in depth (Corey, 2016)</p>	<p>Members will formulate individual and group goals (Corey, 2016)</p> <p>Socratic Questioning Worksheet (“<i>Cognitive restructuring: Socratic questions (worksheet)</i>”, n.d.)</p> <p>Materials Needed: Pencils Socratic Questioning Worksheets</p>	<p>Assist members to set up group goals (Corey, 2016)</p> <p>Discuss what skills members can acquire from group (Corey, 2016)</p> <p>Teach the skill of Cognitive Restructuring utilizing the worksheet (Corey, 2016; “<i>Cognitive restructuring: Socratic questions (worksheet)</i>”, n.d.)</p> <p>Pass out and facilitate members with the Socratic Questioning Worksheet (“<i>Cognitive restructuring: Socratic questions (worksheet)</i>”, n.d.)</p>
<u>Week 3</u> <u>September 27th,</u> <u>2023</u>	<p>Members will learn about body image and body appreciation (Webb et al., 2015)</p> <p>Members will discuss the tripartite model of appearance ideals- media, parents, peers (Donovan et al., 2020; Jarmon et al., 2021)</p>	<p>Members will practice having self-compassion and being body positive by telling themselves/the group things like “My thighs may be bigger than I’d like, but they help me walk and move” (Donovan et al., 2020)</p>	<p>Introduce and explain the tripartite model of appearance ideals using the journal articles <i>Strong is the new skinny, but is it ideal?: A test of the tripartite influence model using a new measure of fit-ideal internalization and Social Media, body satisfaction and</i></p>

	<p>Members will understand the importance of having self-compassion and how this can help to have body-positive thoughts (Liss & Erchull, 2015)</p>	<p>Members will be given the Tripartite Model handout and discuss it in depth (Donovan et al., 2020)</p> <p>Materials Needed: Pencils Journal articles Copies of the Tripartite Model Handout</p>	<p><i>well-being among adolescents: A mediation model of appearance-ideal internalization</i> and any other resources you may have or can find (Donovan et al., 2020; Jarman et al., 2021)</p> <p>Facilitate the discussion on the importance of having self-compassion and how this can help to have body-positive thoughts using the journal article <i>Not hating what you see: Self-compassion may protect against negative mental health variables connected to self-objectification in college women</i> (Liss & Erchull, 2015)</p>
<p><u>Week 4</u> <u>October 2nd, 2023</u></p>	<p>Members will review the concepts of CBT, body image and body appreciation (Corey, 2016; Jarmon et al., 2021; Liss & Erchull, 2015; Webb et al., 2015)</p>	<p>Members will practice cognitive restructuring using their own real-life examples (Corey, 2016)</p> <p>Members will practice body appreciation by repeating to themselves and other group members sayings such as “My body may not be perfect or look like I</p>	<p>Facilitate the review discussions on CBT, body image and body appreciation using the journal articles <i>Social Media, body satisfaction and well-being among adolescents: A mediation model of appearance-ideal internalization and comparison</i> and <i>Not hating what you see: Self-compassion may</i></p>

		<p>want it to, but it is perfect in its own way” or “my body allows me to breathe, walk, and survive. I am thankful for all it is capable of.” (Jarman et al., 2021; Liss & Erchull, 2015; Webb et al., 2015)</p> <p>Members will play a jeopardy review game</p> <p>Materials Needed: Journal articles Jeopardy Game Marker/whiteboard (or your preferred way to keep score)</p>	<p><i>protect against negative mental health variables connected to self-objectification in college women and Assessing positive body image: Contemporary approaches and future directions</i> (Corey, 2016; Jarman et al., 2021; Liss & Erchull, 2015; Webb et al., 2015)</p> <p>Host the jeopardy game to review main concepts</p>
<p><u>Week 5</u> <u>October 9th, 2023</u></p>	<p>Members will learn about perfectionism- what it means, different types, what it might look like/manifest (Ashby et al., 1998; Bouguettaya et al., 2019; Petersson et al., 2017)</p> <p>Members will be introduced to and learn about the connection between perfectionism and top performance (Bouguettaya et al., 2019; Petersson et al., 2017)</p>	<p>Group members will identify and provide examples of how they exhibit each perfectionism type (social vs. self-oriented; maladaptive vs. adaptive)</p> <p>Materials Needed: Journal articles</p>	<p>Explain the concepts of perfectionism and top performance using the journal articles</p> <p><i>Perfectionism and eating disorders reconsidered and Perfectionism as a social identity in eating disorders: A qualitative investigation of identity navigation and Experiences of perfectionism in patients with eating disorders</i> and other resources you may have or can find (Ashby et al., 1998; Bouguettaya et al.,</p>

			2019; Petersson et al., 2017)
<u>Week 6</u> <u>October 16th, 2023</u>	<p>Members will learn more in-depth about the idea of top performance and how it relates to perfectionism and their everyday life, such as in athletics and academics (Ashby et al., 1998; Petersson et al., 2017)</p> <p>Members will work on the skill of accepting failures and not being “perfect” (Burnett et al., 2023)</p>	<p>Learning to accept failures- Failure Log Worksheet (Burnett et al., 2023)</p> <p>Materials Needed: Pencils Failure Log Worksheets Journal articles</p>	<p>Explain the connection of top performance and perfectionism further using the journal articles <i>Perfectionism and eating disorders reconsidered</i> and <i>Experiences of perfectionism in patients with eating disorders</i> journal articles and any resources you may have or can find (Ashby et al., 1998; Petersson et al., 2017)</p> <p>Facilitate members’ completion of the Failure Log Worksheet (Burnett et al., 2023)</p>
<u>Week 7</u> <u>October 23rd, 2023</u>	<p>Members will learn about the thin ideal and how it relates to perfectionism (Bouguettaya et al., 2019; Petersson et al., 2017)</p>	<p>Members will discuss cultural thin ideals and how that impacts our views on what our view of the ‘perfect body’ is and our body positivity (Bouguettaya et al., 2019; Petersson et al., 2017)</p> <p>Materials Needed: Journal articles</p>	<p>Explain the concept of the thin ideal and how it relates to perfectionism using the journal articles <i>Perfectionism as a social identity in eating disorders: A qualitative investigation of identity navigation</i> and <i>Experiences of perfectionism in patients with eating disorders</i> and any other resources you may have or can find</p>

			<p>(Bouguettaya et al., 2019; Petersson et al., 2017)</p> <p>Facilitate discussion on various, cultural thin ideals and how they impact body image using the same two articles listed above (Bouguettaya et al., 2019; Petersson et al., 2017)</p>
<p><u>Week 8</u> <u>October 30th, 2023</u></p>	<p>Members will learn about the thin ideal further in-depth and how it relates to body image as well (Bouguettaya et al., 2019; Petersson et al., 2017)</p>	<p>Members will delve further into the internalization of the thin ideal by reviewing the tripartite model and discussing their real-life examples of how it has affected their body image (Bouguettaya et al., 2019; Petersson et al., 2017)</p> <p>Brief preview of next week’s lesson about social media and body positivity</p> <p>Materials Needed: Journal articles</p>	<p>Explain the connection between the thin ideal and body image using the journal articles <i>Perfectionism as a social identity in eating disorders: A qualitative investigation of identity navigation</i> and <i>Experiences of perfectionism in patients with eating disorders</i> and any other helpful resources you may have or can find (Bouguettaya et al., 2019; Petersson et al., 2017)</p> <p>Provide a preview of next week’s lesson on social media and body positivity by asking a ‘Thought for Next Week’ of “How has social media shaped your</p>

			view of what is beautiful or handsome?" (Jarman et al., 2021)
<u>Week 9</u> <u>November 6th, 2023</u>	<p>Members will learn about social media use and its impact on body positivity (Jarman et al., 2021)</p> <p>Members will be able to explain the impact that social media use can have or has had on their body satisfaction (Jarman et al., 2021)</p>	<p>Members will discuss how appearance-based social media use (Instagram, snapchat, etc) impacts their body satisfaction and body image (Jarman et al., 2021)</p> <p>Members will take a survey regarding their own use of Instagram, snapchat, twitter, Facebook, tik tok, and other platforms and discuss how their results may be impacting their body positivity and body image (Jarman et al., 2021)</p> <p>Materials Needed: Pencil Copies of Social Media Use survey (find one you feel best fits your students) Journal articles</p>	<p>Introduce a discussion on social media use and its impact on body positivity by asking, "What social media platforms do you use and how might they change the way you see yourself?" (Jarmon et al., 2021)</p> <p>Explain the impact that social media use can have on body satisfaction using the journal article <i>Social media, body satisfaction and well-being among adolescents: A mediation model of appearance-ideal internalization and comparison</i> (Jarman et al., 2021)</p> <p>Aid students in understanding their social media usage survey results (Jarman et al., 2021)</p>
<u>Week 10</u> <u>November 13th, 2023</u>	NO GROUP	NO GROUP	NO GROUP
<u>Week 11</u> <u>November 20th, 2023</u>	Members will review the concepts of perfectionism, the thin ideal, and social media's impact on body positivity	<p>Members will play jeopardy to review these main concepts</p> <p>Materials Needed: Jeopardy game</p>	Host the games of jeopardy to review perfectionism, the thin ideal, and social media's impact (Ashby et al., 1998;

	(Ashby et al., 1998; Bouguettaya et al., Jarman et al., 2021; 2019; Petersson et al., 2017)	Marker/Whiteboard (or your preferred way to keep score)	Bouguettaya et al. 2019; Jarman et al., 2021; Petersson et al., 2017)
<u>Week 12</u> <u>November 27th,</u> <u>2023</u>	NO GROUP	NO GROUP	NO GROUP
<u>Week 13</u> <u>December 4th, 2023</u>	Members will begin end-of-group processes and learn specific coping techniques- mindfulness and yoga (Atkinson & Wade, 2015; Taylor et al., 2018)	Members will watch and participate in videos on mindfulness and yoga (Atkinson & Wade, 2015; Taylor et al., 2018) Members will practice having self-compassion (Liss & Erchull, 2015) Members will take final surveys (all the same surveys they initially took in Week 1) Materials Needed: Copies of surveys Pencils Journal articles	Introduce the idea of group ending and provide general coping techniques- mindfulness and yoga *Referring to the journal articles <i>Mindfulness-based prevention for eating disorders: A school-based cluster randomized controlled study</i> and <i>Integrating yoga into a Comprehensive School Counseling Program: A qualitative approach</i> (Corey, 2016; Atkinson & Wade, 2015; Taylor et al., 2018) *Review self-compassion and how it can be used as a coping strategy- refer to the journal article <i>Not hating what you see: Self-compassion may protect against negative mental health variables connected to self-objectification in</i>

			<p><i>college women</i> (Liss & Erchull, 2015)</p> <p>Administer final surveys to all group members and collect them once students finish</p>
<p><u>Week 14</u> <u>December 11th,</u> <u>2023</u></p>	<p>Members will participate in an open Q and A session with the group facilitator</p> <p>Members will interpret and understand their final survey results and how they compare to baseline results</p> <p>Members will solidify the skills and concepts learned throughout group</p>	<p>Members will participate in a Q and A session by asking any questions they may have regarding the information and skills they have learned in group (Corey, 2016)</p> <p>Members will receive their final survey results and compare them to their baseline results</p> <p>Members will play a final review jeopardy game</p> <p>Materials Needed: Final survey results Jeopardy Game Marker/Whiteboard (or your preferred way to keep score)</p>	<p>Facilitate an end-of-group discussion, going over concepts such as what the end of group looks like, coping strategies, etc. (Corey, 2016)</p> <p>Provide time for an open Q and A for any remaining questions regarding group (Corey, 2016)</p> <p>Hand out final survey results and provide guidance in understanding students' results when comparing to baseline results</p> <p>Host an overall review game of jeopardy</p>
<p><u>Week 15</u> <u>December 18th,</u> <u>2023</u></p>	<p>WRAP-UP PARTY!!!!</p> <p>*Include a group satisfaction survey</p>	<p>WRAP-UP PARTY!!!!</p> <p>*Include a group satisfaction survey</p>	<p>WRAP-UP PARTY!!!!</p> <p>*Include a group satisfaction survey</p>

Critical Analysis

With any given group, there are limitations and perceived difficulties that may arise. However, this group does have various strengths that depict why it would benefit adolescents. One limitation of this particular group is that there is only one week of leeway that could be added to the schedule in case of a missed scheduled group session. This is also a perceived difficulty, as there is a lot of information to cover and, when working with students/adolescents, things often do not go as planned. Thus, this may hinder the group to proceed as it is planned as well.

Furthermore, due to the school environment/schedule, school may be cancelled due to weather or other events may arise, which could also derail the progress of the weekly scheduled sessions. Yet another thing to consider is that for students that are minors, parents may be upset and refuse to let their children participate in this group because it discusses some deep, emotional topics. However, on the opposite side, students themselves may be reluctant and not open to sharing their experiences, thoughts, or feelings out of fear of being judged or bullied at school. However, this will hopefully be combated by the kind and caring environment set forth by the counselor at the group's beginning.

As for strengths, the group having specific, and easy to follow lesson plans for each week makes it easy for other school counselors to implement. Furthermore, body positivity and its related elements are very relevant and fundamental topics for high schoolers to learn about, especially with the increasing amounts of adolescent social media use. Finally, much of the information and activities presented within this group are evidenced-based.

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