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Janine Ruth Stickney

Brigham Young University - Provo

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A Qualitative Analysis of a Junior High School Eating Disorder Prevention Program

Janine R. Stickney

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Education Specialist

Lane Fischer, Chair

P. Scott Richard

Dianne L. Nielsen

Department of Counseling Psychology and Special Education

Brigham Young University

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ABSTRACT

A Qualitative Analysis of a Junior High School Eating Disorder Prevention Program

Janine R. Stickney
Department of Counseling Psychology and Special Education, BYU
Education Specialist

Past research conducted in the areas of diagnosis and treatment of eating disorders have provided information in regards to understanding the epidemiology, base rates, damages and longitudinal course of eating disorders. Few studies, however, have focused on prevention, especially in adolescents. In this particular study, students in a Utah junior high school health class received preventative curriculum called, *Eating Disorders: Physical, Social, and Emotional Consequences*. Ten, female participants were then interviewed to explore their thoughts and feelings about their experiences and to qualitatively ascertain the success of the prevention program.

Keywords: eating disorders, adolescents, prevention

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Introduction

The adolescent years are often highly volatile. Teens worry about how they look, how they act, what others think of them, how they fit into the hierarchy of the school and other issues. Parents fret over having to discuss with their teens such subjects as grades, college, drugs, alcohol and sex. It would seem as though every possible concern is addressed; however, one area in need of improvement, and the focus of this research, is providing appropriate education to adolescents regarding eating disorders. Specifically, it was the intent of this study to test the effectiveness of a program created by the Center for Change (2001) called *Eating Disorders: Physical, Social, and Emotional Consequences, A High School Curriculum about Anorexia, Bulimia, and Compulsive Eating* (EDPSEC) and to see if attitudes changed as a result of receiving this curriculum.

What this study was not designed to do is to discount any of the other issues that teens face, but rather to bring greater awareness to the fact that eating disorders must be addressed before they become intervention issues. Just as children are inoculated when they are young with immunizations to protect them from the full effects of such diseases as measles, mumps and rubella, it is also suggested that this type of approach may be beneficial in the prevention of eating disorders (Kauffman, 1999). The curriculum developed by the Foundation for Change is designed to reshape attitudes by being the theoretical booster shot, which is meant to give enough protection to avoid danger without overwhelming the system.

The intent of this research was meant to qualitatively ascertain how successful a prevention program would be in the school setting. Specifically, it was meant to explore the experience of subjects after the implementation of *Eating Disorders: Physical, Social, and Emotional Consequences* via personal interviews with students.

Review of Literature

While some studies chose to focus on the diagnosis and treatment of eating disorders, the purpose of this study was concentrated on the prevention of eating disorders. In order to better understand prevention it was important to examine previous research on the base rate, epidemiology, damages and longitudinal course of eating disorders. It was also necessary to examine previous studies involving preventative methods and the specific populations that were targeted in the research.

The Nature of Eating Disorders

Before delving into greater detail, an important concept to begin with when discussing the nature of eating disorders is that they are considered to be a form of mental illness. In addition, reported cases of this type of mental illness occur in both males and females, although more cases are found in the female population. Knowing this, further discussion related to the base rate and epidemiology of this classification of mental disorders may be beneficial in understanding the need for intervention and prevention. This will then be followed by an explanation of the damages, longitudinal course and prevention of eating disorders.

Base rate/epidemiology of eating disorders. Estimating the number of individuals affected by an eating disorder is a difficult task, but Becker, Grinspoon, Klibanski, and Herzog (1999) suggested that at the time of their study there were around 5 million cases in the United States. More recent statistics released by the National Eating Disorders Association (NEDA) in 2008 showed that individuals in the United States of America, men and women, with anorexia nervosa or bulimia nervosa numbered closer to 11 million. Unfortunately, this information is limited and does not include the full spectrum of eating disorders. What this means is that there are a great deal more people affected by eating disorders than are actually reported.

One of the major issues with determining the number of cases that are in the population is the diagnostic criteria. Some of the information is known by the general public, but most is limited to those in the medical field. This constricts the number of reportable cases because people typically only go to a doctor when they believe that there is something wrong with their health, not when they think that life is going well. In addition, Becker et al. (1999) also suggested that “eating disorders may go unrecognized in clinical settings in up to 50 percent of cases.” (p. 1092). This number alone would be staggering among the general population, but this is in reference to all those who have the diagnostic criteria readily accessible to them.

In order to understand why there is confusion Becker et al. (1999) provided the diagnostic definitions as classified by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. (p. 1095). See Table 1 for the specified criteria.

Table 1

Eating Disorder Criteria

Disorder	Description
Anorexia nervosa	Body weight <85% of expected weight (or body-mass index <17.5) Intense fear of weight gain Inaccurate perception of own body size, weight, or shape Amenorrhea (in girls and women after menarche)
Bulimia nervosa	Recurrent binge eating (at least two times per week for three months) Recurrent purging, excessive exercise, or fasting (at least two times per week for three months) Excessive concern about body weight or shape Absence of anorexia nervosa
Binge-eating disorder	Recurrent binge eating (at least two days per week for six months) Marked distress with at least three of the following: Eating very rapidly Eating until uncomfortably full Eating when not hungry Eating alone Feeling disgusted or guilty after a binge No recurrent purging, excessive exercise, or fasting Absence of anorexia nervosa
Other (atypical) eating disorders	Clinically important disordered eating, inappropriate weight control, or excessive concern about body weight or shape that does not meet all the criteria for anorexia nervosa, bulimia nervosa, or binge-eating disorder

One issue with defining anorexia nervosa is that one of the criteria is an “inaccurate perception of [one’s] own body size, weight or shape” (Becker et al., 1999, p. 1095). If not taken into the correct context, this would implicate that many more people would be listed as having anorexia nervosa because “it has been shown that 80% of American women are dissatisfied with their appearance.” (NEDA, 2008). In addition, Skemp-Arlt (2006) cited research in which “Wood, Becker, and Thompson (1996) surveyed 200 children between the ages of eight to 10 years old and revealed that 55 percent of girls and 35 percent of boys were dissatisfied with their

weight” (p.45). Thus, much of the population appears to meet at least one of the diagnostic criteria.

Another issue is that those suffering with an eating disorder in the earlier stages are hard to detect because they can deflect comments about their weight by saying that they are dieting, a socially acceptable practice in the United States. Skemp-Arlt (2006) reported that dieting has even been shown to be acceptable by pre-pubescent children as young as eight years old, some of whom are on diets themselves. Thus, because losing weight has become so much of a social norm, by the time significant others in a person’s life notice that there is a problem, the person with the eating disorder has become embedded in their behaviors and their mental state has changed to reflect acceptance of their actions.

There are significant consequences to ignoring the problem until it is severe or denying what is occurring. Eating disorders not only negatively impact the overall quality of life mentally, physically, emotionally and socially, but they can also be fatal. According to Becker et al. (1999) “the mortality rate associated with anorexia nervosa alone, at 0.56 percent per year, is more than 12 times as high as the mortality rate among young women in the general population” (p. 1092). This percentage may seem small but, when the comparison is made, this number becomes highly significant and the damages that eating disorders incur become more evident.

Damages. The effects of an eating disorder are not limited to one aspect of an individual’s life. However, much of the general population and research focuses on the physical damages that occur over the course of an eating disorder. Becker et al. (1999) articulated a large list of consequences that included medical problems such as constipation, amenorrhea, osteoporosis, infertility and anemia. While it is important to recognize the physical issues at

hand, it is also necessary to consider other damages. These disorders also impact an individual's mental health, relationships, career, school life and even finances.

Eating disorders are considered to be mental illnesses as classified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. In addition to the medical community's recognition that it is a mental health issue, eating disorders do not always exist in isolation of other psychological disturbances. According to Calderon, Vander Stoep, Collett, Garrison, and Toth (2007) "depression and anxiety are particularly common comorbidities for anorexia and bulimia nervosa" (p. 623). In addition, "substance abuse, self-injurious behavior, and Cluster B personality disorder diagnoses [and]...obsessive-compulsive disorder (OCD)" (p. 623) have been found to co-occur in reported cases of eating disorders.

Another key area in which an individual suffering from an eating disorder will have issues is in their school life. According to Harper, Ford, Berrett, Hardman, and Richards (2001) children will experience an "inability to successfully engage in school work. ...Their ability to think and concentrate on school subjects is decreased, distorted, and sometimes completely destroyed as a result of their eating disorders" (p. 95). This inability to focus on their work increases the problems that children face at school and has the potential to impact their self-esteem negatively.

One concern that is not mentioned as much in the literature, but still plays a significant role in the collateral damage of an eating disorder, is the financial aspect. Calderon et al. (2007) collected data from 32 hospitals and expressed how potentially expensive treatment can be for the average person with an eating disorder. The researchers stated that a typical "hospital stay, paid for by private insurance, is just over 2 weeks in length" (p. 626) and that the individual can expect to receive an average of "six medications, including one psychotropic medication." (p.

626). As expensive as this treatment may be to an insured patient, it is an even greater burden to those who are uninsured. When this information is taken into account, it is little wonder that many cases go unreported and untreated.

Longitudinal course. Despite the less than adequate diagnostic and detection processes, there is some hope in understanding the longitudinal course that eating disorders take.

According to Duncan (2005), the launching point of a steep increase in the development of eating disorders occurs between the ages of 14 and 16 years of age. This would mean that despite all of the influences that affect the adolescent prior to their ninth grade year in high school, it is the traditional freshman year that proves to be the initial point of escalation of risk.

As high school continues, the number of new incidences increases. This trend continues until what would be considered to be the freshman year of college, before the prevalence rate begins to decrease (Gochnour, 2006; Winters, 2005). This is not to say that new cases of eating disorders cannot or do not exist prior to high school or after the college years. Becker et al. (1999) recognized that disordered eating “can occur after the age of 40 years and are increasingly seen in young children” (p. 1092), however, the amount of new incidences are not as pronounced as they are during the adolescent years.

Prevention. Research conducted on teenagers between the ages of 14 and 17 in Utah and Nevada showed that the risk of eating disorders increased according to age (Duncan, 2005). Winters (2005) explained that the risk of eating disorders begins to decrease after freshman year in college. This would suggest that the pivotal moment of prevention is not shortly before the transition to university studies, but rather when adolescence's are entering the traditional freshman, or ninth grade, year in high school. If a prevention program is infused into the school

curriculum shortly before true escalation occurs, it may lower the steady rise that would normally take place throughout the following four years.

Evidence to support such timing in prevention can be found in the literature of Chally (1998) in which eating disorder symptomology and recognition techniques were taught to school staff in Florida. The adults that received instruction on eating disorders were more effective than the control group in identifying students at risk of developing an eating disorder.

Additional support is found in Favaro et al. (2005) in which research was conducted specifically on students between the ages of 16 and 18. In the study, researchers introduced prevention curriculum to an experimental group after collecting preliminary information through interviews and the EAT-40. A year after the implementation of the program, the participants were interviewed again to determine if the curriculum had been effective. The study concluded that there were more new incidences of bulimia nervosa in the control group than in the experimental group.

Summary and Purpose of the Study

In the past, research has mainly focused on factors such as base rate, epidemiology, longitudinal course and the damages that occur as a result of eating disorders. Research related to these components has contributed much to the process of indentifying and treating eating disorders. While these aspects are important, a gap remains in the area of prevention. Particularly, there has been a significant gap in research related to prevention among the age groups leading up to and including those who are most at-risk.

The purpose of this study was to contribute to the previous research conducted in the prevention of eating disorders. This research focuses primarily on a population considered to be teetering at a pivotal point in the prevention of the development of an eating disorder.

Specifically, this research is meant to investigate the changes in attitudes and beliefs among ninth grade females in relation to their experiences with an eating disorder prevention curriculum.

Method

Participants

The curriculum was taught to ninth grade students during their seventh period health class at a local junior high school in Utah. The class consisted of nineteen females and eight males. Of the nineteen females that received the curriculum, ten females participated in the qualitative interviews. Demographics in relation to race were not collected at the time. All were asked to participate on a voluntary basis and to meet with the researchers after school for the allotted interview session. Those that chose to take part were offered movie passes to a local theater as a token of appreciation.

Instruments

In order to measure the results, students were asked to participate in qualitative interviews with a graduate level researcher. The interviews included open-ended questions about their experiences with the curriculum. Of particular interest to this study were the participants' feelings and thoughts about how the program affected their views and beliefs about eating disorders. In order to understand what the participants' experiences were like with the program, it was determined that the interviews would be semi-structured. This would allow the researcher to bring some structure to the interviews while still allowing for further exploration, depending on the responses of the participants. The following questions were asked of all participants:

1. What was your experience like with the program?
2. What were your thoughts and feelings about eating disorders before you had the curriculum?
3. What are your thoughts and feelings about eating disorders now that you have had the program?

4. How beneficial do you think it was to have this program as part of your school curriculum?

Procedures

The curriculum material, “Eating Disorders: Physical, Social, and Emotional Consequences”, that was presented to the experimental group, allowed for multiple teaching options. The preferable course included five sessions, which were 75 minutes in length. Due to the structure of the school day, this option did not fit well for this particular school and a second option was considered. The adapted curriculum provided the same information, but spread the material out over nine class periods 45 minutes in length.

In order to be in compliance with ethical standards, the students were asked for their assent while their parents or guardians needed to provide their consent in order for the adolescents to participate. Once consent and assent were obtained and the course was completed, volunteers were interviewed to discuss what their experience was like with the program. Participants received movie tickets upon completion of the interview.

The interviews were audio recorded and were transcribed at a later time for analysis. The written copy was retained on a secured computer and was accessed by only the researchers and the supervising faculty member. Once the interviews were completely transcribed and it was determined that there was no further need to review the audio information, the digital audio material was deleted from the secured computer.

Data Analysis

Participant responses were color coded and grouped according to commonalities. Once the responses were grouped, the primary researcher extracted the themes. Themes were then submitted to peer and expert auditors for feedback and approval. There were initially five themes identified. Based on feedback from the auditors, it was determined that two of the themes were very similar and should be collapsed into one theme. Adjustments were made and the adjusted four themes were shown to the auditors for a second round of inspection. Upon review of the themes, both the peer and expert auditor provided final approval.

Results

Ten female participants responded to a series of open-ended questions. Their responses were analyzed in order to determine whether or not similarities could be found in order to establish themes.

Identified Themes

As interviews were analyzed and compared, similarities and commonalities between respondents were discovered. Based on these similarities, it was determined that there were several themes that could be extracted from the data. The following themes were determined to be the most pronounced and prevalent in the respondents' interviews and will be discussed individually in turn. Themes included the following:

1. Prior to receiving the curriculum participants had a range of perceptions about eating disorders and individuals with eating disorders.

2. Participants developed an increased recognition that those with an eating disorder need help.

3. Participants viewed the eating disorder prevention curriculum as being a beneficial part of their school curriculum.

4. Participants acknowledged that memorable portions of the curriculum included the video segments.

Theme #1: Prior to receiving the curriculum, participants had a range of perceptions about eating disorders and individuals with eating disorders. When participants were asked to provide information pertaining to their thoughts and feelings about eating disorders before experiencing the curriculum, it was found that some participants expressed that they had more clearly uncomfortable or unfavorable opinions of eating disorders, while others had more reserved responses. Four of the participants used negative wording such as “weird”, “stupid” and “messed up” to express their opinions while one indicated that she had originally thought that eating disorders were “okay”. Three participants indicated that they “didn’t really know” about eating disorders. Some had a mix of perceptions. One participant stated,

Well, um, I didn’t really know that like it was something that the people couldn’t control like I thought that they just like did it so that they could be thin, but some of them some do it like as like comfort more then like being thin so yeah... Well, I just kind of thought like oh that girl just wants to be thin and like she’s just being stupid you know, but they just can’t help it.

According to the response from this participant, it appears that there were some unfavorable opinions of those with eating disorders, while still offering some degree of empathy for the situation and an understanding that there were some misconceptions prior to receiving the curriculum.

Some participants indicated that they didn't know about eating disorders and as a result, they didn't have clear opinions about eating disorders prior to the curriculum. One participant responded that before receiving the curriculum, she wasn't, "fully aware of 'em and stuff, so like... they were just really not a big deal you know so I was like whoa." While another respondent indicated that

I mean I've never really had like actual experience with like like um, I've never actually met a girl with any eating disorders... I didn't really know about it. It wasn't really like anything I was really aware of.

One of the participants addressed some of the more negative perceptions of those that were interviewed when she stated, "[I] don't agree with it...like if you have a problem with your weight...you should get a personal trainer." Another participant mentioned that eating disorders are "scary and weird". While both of these statements reflect the belief that eating disorders are bad or wrong, they also indicate an overall feeling of misunderstanding. For instance, the participant who made a comment about seeking out a personal trainer is more focused on the belief that eating disorders happen strictly because someone wants to lose weight. The other participant's response indicating that eating disorders are "scary and weird" reflects much of the

reasoning for the secretive nature of eating disorders as well as some of the resulting misunderstanding of society when it comes to learning about eating disorders.

Even among those who had friends or family members that have suffered from an eating disorder there was a range of perceptions. One individual stated that the reason she knew about eating disorders and some of the damages that could occur were because a relative that had one. She also admitted that she didn't really know how she felt about them other than that it was "sad to learn about" eating disorders. Another participant stated that she "didn't really think about it much, like I didn't realize that lots of people had it...well my aunt, when I was really little, died from an eating disorder, but I didn't really know her very well." Another participant stated that she had multiple friends with either anorexia or bulimia and that she "just thought it was messed up."

In one of the interviews a participant stated that she had had to deal with her own eating disorders in the past and that she "thought like well it's okay. I wanna look good you know, I wanna look thin, I wanna look happy you know? But like it never really helps you, it just makes you unhappy." This statement acknowledged her own misperceptions as she was struggling with her eating disorders and shows understanding that these disorders lead to unhappiness.

Theme #2: Participants developed an increased recognition that those with an eating disorder need help. At a time in life when many adolescents are continuing to experience the dramatic shift of changing bodies and adjustments in hormones, junior high students may be accused of being overly ego-centric or self-centered. In this study, however, their sense of community and helping others was apparent. In varying language and degrees, ten of the ten

girls expressed that individuals with eating disorders need help or suggested the need to help in the area of prevention. One participant stated that she thought the curriculum was good because

A lot of people are getting eating disorders and like the numbers are getting way higher and so like ah, we all need to like know about it and learn about it so that we can like help others and stuff, so.... Some of them, they can't do it alone.

Based on this participant's response she not only addressed the fact that individuals with eating disorders need help, but that there was a need to do something about it. Another participant responded echoed a similar statement when she said,

Like, I wouldn't blame them [individuals with eating disorders], be like oh you're weird and crazy for doing this because like I dunno it's in your head just like any other mental disorder... it's a good benefit to like know about it 'cause then you can like share it with friends and tell them about it and then they can tell someone else about it. So, it kind of travels along and is very helpful for, it's spread around you know.

Another participant admitted that she learned that she needed to "help other people with it like too, like because like my friend she is anorexic too and so like maybe I should just talk to her about it. Just be like I'm anorexic too, so she would know." This interview also revealed an increase recognition that individuals that have an eating disorder need help, especially, in this case, from a friend.

While one participant's comments were not as direct in indicating that those suffering from an eating disorder need support from people in their lives, the underlying tone of the interview suggested her perceptions might be in the beginning stages of change. At first, the

participant had indicated that prior to receiving the curriculum she thought that eating disorders were “scary and weird”. When asked if her thoughts and feelings about those with eating disorders had changed since receiving the curriculum she stated, “Well, they still are, kind of scary, but...yeah, I have more of an understanding.” Due to the inflection in her voice suggesting that this statement was more of a question than a statement, the interviewer requested further elaboration, at which point the respondent added, “Like, I guess that I’m a bit more sympathetic because...I understand the, what’s behind...yeah.”

Theme # 3: Participants viewed the eating disorder prevention curriculum as being a beneficial part of their school curriculum. Often when research is being conducted there is a certain amount of buy-in that is necessary to the success of a study. In the case of adolescents, they are at the age in which they may begin questioning the validity of learning particular points of their curriculum. If they don’t think that it is important, they may choose to ignore the information in protest, or cram for a test only. As a result, they often don’t retain the information if they don’t care about it.

It was important to the researcher to determine the effectiveness of the program while determining how beneficial the students thought that the curriculum was to them. If they did not view it as a valuable part of their curriculum, it was possible that they might retain either none or very little of the information. However, if they believed that it was of value, they might retain more of the curriculum. This would potentially provide further validity on top of the content validity that was found with this curriculum.

One participant indicated that she viewed the program to be beneficial because “um, I think our teacher would have spent like half a day on it otherwise and so we learned a lot more about it. And so we can prevent it bit more.” According to this participant, she viewed the program to be valuable because it allowed more time to address the topic of eating disorders.

Other participants acknowledged, “it was very beneficial just ‘cause you need to know about it” and that it helped “a lot...so that people can know how to help other people.”

Additional support from another participant indicated,

Um, I think it’s a good benefit to like know about it ‘cause then you can like share it with friends and tell them about it and then they can tell someone else about it. So, it kind of travels along and is very helpful for...it’s spread around you know.

Ten of the ten participants acknowledged that the program was beneficial and that part of the reasoning behind its worth was because it increased recognition that those with eating disorders need help and that people need to be more aware of the related issues. As was stated by one respondent:

I think its actually good, ‘cause some girls in the school may have it, so its just like something you have to bring out and tell it, yes, its like a..... oh what’s it called.... Like a big thing, its not like something, oh keep it hidden its, ya know, has to be said.

Theme #4: Participants acknowledged that memorable portions of the curriculum included the video segments. As with most assessments of curriculum, it is important to determine what worked well and what did not. While not all of the students responded or shared what they liked about the curriculum specifically, six of participants made a comment about the

videos. Once participant suggested that she “liked everything mostly, like watching the videos like learning about what they feel and stuff.” Another indicated that the DVD segments were “pretty interesting”. Still, another added “um...mostly just like the movies...I’m more of a visual person so...It helps better...I understood a lot.”

On one occasion the teacher was absent and had requested that the substitute show a video that was not part of the curriculum and to have the students take notes as they watched it. This had an effect on the treatment integrity. However, a factor that may be important to consider in the future, and that is relevant to this theme, was discovered due to one participant’s response. She indicated that she

Thought that it was really interesting...[and] kept forgetting to write stuff down ‘cause I was like getting into it...It’s just ‘cause I have friends who are dancers and stuff and I guess I didn’t know what type of pressure they were under.

This response raises the point that retention and understanding, at least in multimedia content, occurs when the individuals learning the material can relate and identify with the information presented. In terms of the videos shown as part of the structured curriculum, the same participant said, “They had a lot of information in them. (Laughs)...I think that they were good” and “I thought the movies we watched were interesting.” While it may be potentially satisfying to hear the participant acknowledge that there was plenty of information and that it was good, the participant was more general and less specific about what she remembered in the curriculum’s material rather than the unscheduled addition of the video requested by the health teacher.

In addition to the participants who suggested that the movies were good, one participant mentioned that the “DVD’s were boring”. While the entertainment value of the video segments may not have been what this participant desired, she did acknowledge them and thus, it could be argued that they were memorable to some extent.

Teacher Feedback

In order to better assess the effectiveness of the curriculum and the feasibility of the implementation of the program, the instructor was also interviewed. Information from the teacher provided support as well as greater insight that interviews with the 10 participants alone did not provide. For instance, the teacher indicated that she “enjoyed teaching from it.” She also indicated that the students “like the idea that eating disorders stem back from a problem in their lives...that eating disorders just don’t pop out of the middle of nowhere. That they come from a real root problem in their lives...they like that.”

Overall, the teacher indicated that the students “enjoyed the first couple of lessons” and that one of the areas that appeared to be most useful to her students was the social/emotional aspects. She liked that it explained “what it actually does to a relationship with how it draws away the person with an eating disorder, away from friends and what it does to their family like and how they become their own little world with an eating disorder.” This statement adds support to what the interview participants told the researchers in that they are beginning to understand that they are part of a community.

One recommendation that the teacher made was to make the curriculum shorter because “it was definitely too long” and that in the future, it would be better to teach it over the course of three to four days instead. She also indicated that the videos and handouts were good and had “really good information”, but that “there’s too much material and too many handouts.” Overall,

however, she indicated that she “definitely [would] use this system again. I like the information, but definitely [would] take out some things.”

Discussion

As most people can attest, the adolescent years are full of changes and challenges. It is a transition that involves changing from the child that a person once was to the adult they wish to become. Some of these changes, such as the physical development of their bodies, are more apparent. Others, such as mental changes or changes in thoughts and beliefs, are not as noticeable until they choose to share them.

Knowing that these changes occur, the primary purpose of this study was to test the effectiveness of *Eating Disorders: Physical, Social, and Emotional Consequences, A High School Curriculum about Anorexia, Bulimia, and Compulsive Eating* (EDPSEC), an eating disorder prevention curriculum created by the Center for Change (2001) in a population of ninth grade students. Specifically, it was an attempt to determine, through qualitative interviews, whether or not the curriculum would result in changes in attitudes and beliefs in the ninth grade female participants.

Reflections on the Benefits of the Curriculum

Two key concepts were discovered as a result of the interviews and the analysis of the data regarding growth and development during the seemingly challenging adolescent years. This in turn led to reflecting upon the usefulness of this program with adolescents based on the insights of the participants. The two areas that will be addressed in greater detail include the participants challenging their pre-existing beliefs as well as the realization that other adolescents need help.

Challenging pre-existing beliefs. As a human begins to mature into adolescence, the basic belief that they have to fall in line with the expectations of trusted-others begins to blur.

They begin to test the theoretical waters and decide to disagree with the pre-established status quo by increments. Additionally, they begin to question their own beliefs and thoughts.

This developmental shift was apparent in the interviews for this study and led to the creation of the first theme, which focused on the range in perceptions that the participants had about individuals with eating disorders prior to receiving the curriculum. For instance, one participant commented that prior to receiving the curriculum, she thought that individuals with eating disorders “just want[ed] to be thin” and that they were “just being stupid.” Based on her experience with the curriculum, she expressed a developmental shift by indicating that she now knows that “they just can’t help it”. In this case, she permitted herself to challenge her previous belief and allowed for an evolution of thought. This participant’s insight also helped to lead the researcher to the beginning stages of the second theme, which focuses on the increased recognition that individuals with eating disorders need help.

Promoting a realization that other adolescents need help. The realization that those with eating disorders need help also falls in line with how adolescent females understand how they fit into the world. While there is a degree of ego-centrism, there is also a sense of community. Perhaps this awareness of others is due to their developing maternal nature or maybe even the result of an underlying fear that if they don’t notice someone else then that means that no one is noticing them. Whatever the reason, it appears that some of the participants in this study were beginning to understand that they are part of a community and that other people have problems too. It may even be possible that the way in which the curriculum is set-up catered to these developmental needs as it explained not only what an eating disorder is, but also how to identify individuals that have one and how to help them. Perhaps this is why most of the participants indicated that the curriculum was beneficial to them. As one participant stated,

“we all need to like know about it and learn about it so that we can like help others.”

Limitations

As with all research, there were some limitations that may have affected the results of this study and should be considered in future studies. One limitation was found in the presentation of the material. While the teacher at this particular school did well with adhering to the curriculum, there were times when the lessons were altered. In one instance, the teacher was absent and left an educational video about eating disorders with the substitute to show to the students, but it was not part of the curriculum program. Overall, however, the teacher provided 17 of 17 handouts, four of six video segments and two of four homework assignments. In future studies, it may be beneficial for the researchers to either provide more in depth, direct instruction to the teachers on how to implement the material or to request to present the instruction to the students in place of the teacher.

An additional limitation to this study is the sample size and demographics. While the 10 interviews provided valuable insight, in future studies, it may be more beneficial to increase the number of interviews. It may also be beneficial in future studies to seek after follow-up interviews with the participants and to see if their opinions changed over time. Unfortunately, the nature of a thesis limited the amount of time allowed for follow-up where as a dissertation or other research ventures would be more open-ended with a timeframe.

Also, while the researchers did not expect the participants to provide lengthy responses, the brevity of their actual responses was unexpected. A typical response ranged from one sentence to one paragraph. At times, the researcher would probe for more insight with a follow-up question and the participants would supply additional information. However, these responses were similarly brief. In future studies, researchers may want to consider using a focus group

style interview in order to extract additional information and insight from the participants that could potentially enhance results.

Conclusion

Based on interviews with the participants and feedback from the teacher, it would appear that overall, there were changes in the attitudes and beliefs of most participants. This is in line with the developmental shift that they experience as part of adolescence. The data also suggests that the program was considered to be a beneficial addition to the health class' curriculum. As with most curriculum programs that are still in the development and test phases, some tweaking may be necessary such as adjusting the length or making modifications to the supplemental materials. According to participant feedback, however, it appears that there may have been a positive impact on this population of students.

References

- American Association of Suicidology. (n.d.). *Translating research into practice: Suicide and eating disorders*. Washington, DC: Author. Retrieved from http://www.suicidology.org/c/document_library/get_file?folderId=235&name=DLFE-92.doc
- Becker, A., Grinspoon, S., Klibanski, A., & Herzog, D. (1999, April 8). Eating disorders. *The New England Journal Of Medicine*, 340(14), 1092-1098. Retrieved December 29, 2008, from MEDLINE database.
- Calderon, R., Vander Stoep, A., Collett, B., Garrison, M. M., & Toth, K. (2007). Inpatients with eating disorders: Demographic, diagnostic, and service characteristics from a nationwide pediatric sample. *The International Journal of Eating Disorders*, 40(7), 622-628. Retrieved from EBSCO December 29, 2008.
- Chally, P.S. (1998). An eating disorders prevention program. *Journal of Child and Adolescent Psychiatric Nursing*, 11(2), 51-60. Retrieved October 6, 2008, from Research Library database.
- DeAngelis, T. (2009). Psychologists are members of two groups that promise to make DSM-V eating-disorder classifications more accurate. *Monitor on Psychology*, 40(4), 45.
- Duncan, D. S. (2005). The eating survey: disordered eating and clinical cutoff score for adolescents ages 14-17. Unpublished master's thesis, Brigham Young University, Provo, Utah.
- Favaro, A., Zanetti, T., Huon, G., Santonastaso, P. (2005). Engaging teachers in an eating disorder preventive intervention. *International Journal of Eating Disorders*, 38(1), 73-77. Retrieved October 11, 2008, from Research Library database.
- Garner D. M., & Garfinkel, P. E. (1979). The eating attitudes test: An index of the symptoms of

- anorexia nervosa. *Psychological Medicine*, 9, 273-279.
- Gochnour, K. (2006). Eating disorder risk in subgroups of college freshman women. Unpublished master's thesis, Brigham Young University, Provo, Utah.
- Gustafsson, S.A., Edlund, B., Kjellin, L., and Norring, C. (2008). Personal standards, self-evaluation and perceived benefits of thinness in girls and young women with disturbed eating. *European Eating Disorders Review*, 16, 463-471. Retrieved from Proquest November 20, 2008.
- Harper, T.O.P., Ford, J., Berrett, M.E., Hardman, R.K., Richards, P.S. (2001). Eating disorders: Physical, social, & emotional consequences. (Available from the Center for Change, 1790 North State Street, Orem, Utah 84057).
- Kauffman, J.M. (1999). How we prevent the prevention of emotional and behavioral disorders. *Exceptional Children*, 65(4), 448-468.
- Miller, K.E. (2005). School-based intervention and eating disorders. *American Family Physician*, 72(11), 2342-2344. Retrieved November 20, 2008, from Proquest.
- National Eating Disorders Association. (2008). *Statistic: Eating disorders and the precursors*. Retrieved December 30, 2008, from http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=286&Profile_ID=41138
- Novotney, A. (2009). New solutions. *Monitor on Psychology*, 40(4), 47-51.
- O'Grady, K.A. (2006). The role of inspiration in scientific scholarship and discovery: Views of Theistic Scientists. Unpublished dissertation, Brigham Young University, Provo, Utah.
- Peterson, K.A., Paulson, S.E., & Williams, K.K. (2007). Relations of eating disorder symptomology with perceptions of pressures from mothers, peers, and media in adolescent girls and boys. Retrieved from Proquest 6 November 2008.

- Skemp-Arlt, K.M. (2006). Body image dissatisfaction and eating disturbances among children and adolescents. *Journal of Physical Education, Recreation and Dance*, 77(1), 45-51.
- Thompson, A., Smith, C., Hunt, B., & Sharp, C. (2006). Health teacher perceptions and teaching practices regarding disordered eating behaviors in high school students. *American Journal of Health Studies*, 21(3), 158-167. Retrieved from Proquest November 20, 2008.
- Winters, E.B. (2005). Longitudinal course of eating disorder risk among undergraduate females at Brigham Young University. Unpublished master's thesis, Brigham Young University, Provo, Utah.

Appendix

Interview Transcriptions

The following qualitative interviews were transcribed word-for-word from audio recordings of the interview sessions with the female participants. In order to provide greater perspective on their responses, it was determined to include every word and phrase including those commonly used by adolescents as space fillers such as “like” and “you know”. Occasional notations are also included to indicate when an individual replied with a head nod or laugh. “I” represents dialogue from the interviewer while “P” indicates responses from the participants.

Transcription # 1

I: Alright so the first question that we have for you is what was your experience like with the program?

P: Um...I liked it 'cause like, well, I'm... I have two um issues. I am anorexic and I'm bulimic so it's kind of bad.

I: Oh, ok...

P: But, yeah, so it kind of helped me like understand even more like that I should probably stop doing it even though it's really hard for me to.

I: Ok, have you talk to somebody about it before?

P: Yeah.

I: You have? (Nodded head) Ok...

P: I had to go to the hospital for it but...(starts laughing)

I: That's rough...Ok, um...what were your thoughts and feelings about eating disorders before you participated in the program?

P: Um, since I had already had them like I thought like well it's ok, I wanna look good you know, I wanna look thin, I wanna look happy you know? But like it never really helps you, it just makes you unhappy.

I: Yeah

P: So yeah, I thought like it was kind of stupid like to have to go over it, but then again like I thought well I really need help like even more then I have right now.

I: So you thought that it helped a little bit? Ok. Um...what are your thoughts and feelings about eating disorders now that you have completed the program?

P: Um...to stop doing what I'm doing...

I: Yeah, ok...

P: And to like help other people with it like too, like because like my friend she is anorexic too and so like maybe I should just talk to her about it. Just be like I'm anorexic too, so she would know.

I: Did you think that that part where we discussed how to talk to somebody and confront somebody about an eating disorder was helpful?

P: Yeah.

I: Ok, good. Alright...and I mean we kind of already talked about this but how beneficial do you think it was to have this program as part of your school curriculum?

P: Umm, I thought that it was good.

I: It's good.

P: Yeah 'cause I like health.

I: Ok

P: I want to be a nurse.

I: Oh cool. Now what did you think about the program length was too long? too short?

P: I thought it was just right...

I: Just right

P: Yeah 'cause I didn't want it to go overload like you guys can't do this and this and this and it's like ok, shut up.

I: Yeah.

P: But I, I just liked it because it was just right I thought.

I: You thought it was a good balance then?

P: Um hm.

I: Good. Ok. Alright...can you think of anything else that you thought about the program like good things, bad things about it, things you would take out, things you might want to add in?

P: umm well like when we went over it my friend **** who sits right next to me like she's just like oh my gosh this is just right for you because I usually lie a lot.

I: Um hm.

P: I lie about what I eat

I: Ok.

P: And so I like never really eat and when I do I throw it back up, but umm, I usually just like lie and she's like this is just like you. I'm like thank you *****, makes me feel good (sarcasm).

I: It's like thanks?

P: Mmm, yeah. Thanks, (nervous laugh). Yeah, I thought it was a good program.

I: Ok...

P: That it really helped.

I: OK. Anything else you want to say about it.

P: Nah.

I: Ok, awesome well, thank you so much for participating.

Transcription #2

I: So, I'm going to be asking you a few questions about the curriculum you just did um with the eating disorder surveys and all that other fun stuff. And first of all, what was your experience like with the program.

P: Mmm...well it was really good to learn more about how to be healthier and stuff.

I: Ok, um...what were your thoughts and feelings about eating disorders before you had the curriculum?

P: Well, before like I ate more junk food and things and now it's like I kind of watch what I'm eating now.

I: Ok, um did you think negatively or positively of people with eating disorders before what you learned in class about eating disorders?

P: Positively maybe.

I: Positively ok. And so what are your thoughts and feelings about people with eating disorders now that you've done the eating disorder program?

P: Well, to help 'em, it's kind of like sad, but to help 'em be healthier and stuff.

I: Ok, and how beneficial do you think it was to have this program as part of your school curriculum?

P: I think it's good actually. So we can learn more.

I: Ok, um, were there any parts of the program that you really liked that you can remember?

P: I liked everything mostly, like watching the videos like learning about what they feel and stuff.

I: Ok, was there anything that you didn't like about the program?

P: I liked everything.

I: Ok, did you think it was too long, too short, just the right length?

P: Too short.

I: Too short?

P: Yeah,

I: You think that we should have done more on it?

P: Yeah.

I: Ok. And do you have any other comments that you want to make about it?

P: No.

I: Ok. Excellent. Thank you so....

Transcription #3

I: Ok, the first question is what was your experience with the program like?

(Background noise is the PA system)

P: Um, It was pretty good. I learned a lot of stuff so, that I didn't know before.

I: Ok, like what did you learn that you didn't know before?

P: Well, like I learned that um, I learned more about like bulimia and stuff like when I think of eating disorders I just think of like Anorexia but I learned more like about how people like eat a ton and then they just go throw it up and I didn't really know about that before, but...

I: Okay. Can you think of anything else off the top of your head?

P: Oh, and I also learned about, like when they exercise like way too much um, I didn't know about that before either, so....

I: Perfect, Ok, um...what were your thoughts and feelings about eating disorders before you participated in the program?

P: Well, um, I didn't really know that like it was something that the people couldn't control like I thought that they just like did it so that they could be thin, but some of them some do it like as like comfort more then like being thin so yeah...

I: Ok, did you have any other thoughts or feelings about it before...

P: Um...

I: ...The program....

P: Well, I just kind of thought like oh that girl just wants to be thin and like she's just being stupid you know, but they just can't help it so,

I: Ok, and what are your thoughts and feelings about eating disorders now that you have completed the program?

P: Um I just kind of understand it more like, I understand that sometimes they just like can't stop the eating disorder like some people are like oh stop, you can stop doing this, but sometimes they can't. I understand that better now.

I: Ok, and how beneficial do you think it was to have this program as part of your school curriculum?

P: Um, I thought that it was pretty good because like a lot of people are getting eating disorders and like the numbers are getting way higher and so like ah, we all need to like know about it and learn about it so that we can like help others and stuff, so.

I: Ok. Were there any ah, parts of the program that you wish we had gone more in depth in or felt like we could have done better?

P: Um...not really, it seemed all pretty good.

I: Ok, did you have one part that stuck out to you with the curriculum that you thought was really

important or that you appreciated?

P: Just like, um, helping others because I think it's really important that um these people get help because...yeah, they need help. Some of them, they can't do it alone.

I: Ok. So, were there any parts that you didn't like in the program?

P: Mmmm....

I: You can say whatever you want, it's not a big deal...

(Both laugh).

P: Ah, there's not really anything that I like didn't really like, but...I don't know

Interrupted by PA system.

I: What did you think about the program length, was it too long, too short just right?

P: Hmm...it...I don't know it might have been a little bit too long, but I thought it was ok.

I: Ok.

P: So...

I: Do you have any other comments about the program itself or anything that you learned in general that you would like to say?

P: Um, no...(uncertainty)?

I: Ok, nothing wrong with that. Alright, thank you....

Transcription #4

I: So...the first question that we have is what was your experience like with the program?

P: Um...what program again?

I: The eating disorder program that we did.

P: Oh

I: The curriculum.

P: Oh, okay...um personally for me it was like interesting because this is the first time I've taken health really because I was home schooled.

I: Um hmm.

P: And I had never really heard about disorders and stuff. So it was very interesting for me because yeah lately I've been like oh, should I like just not eat sugar or something and...

I: Um hmm.

P: And yeah, it was like whoa...that's bad. Yeah, so it sort of like helped me a little bit.

I: So it made you more aware...

P: Yeah.

I: ...of what was going on?

P: Yeah...Um hmm

I: Ok, um, do you have any other thoughts about your experience with the program?

P: Mmm....

I: Or what it was like?

P: Mmm...nah.

I: Ok. Um, what were your thoughts and feelings about eating disorders before you participated in the program?

P: Didn't think that they were a big deal really...

I: Mmm hmm.

P: Didn't be like be fully aware of 'em and stuff, so like thought they were just really not a big deal you know so I was like whoa.

I: Now had you heard about what anorexia, bulimia and binge eating disorder were?

P: Mmm mmm (as in no she hadn't).

I: You didn't know what those were before?

P: Mmm mmm (confirming the no).

I: Ok. Um, what are your thoughts and feelings about eating disorders now that you have completed the program?

P: Well I think it's like something that you need to be careful about and like not to go on like diets and stuff and ya just eat healthy and do that and that you need to be careful with that kind of stuff and not play around with it and stuff like that.

I: Ok. Do you have any other thoughts about eating disorders other than that?

P: Um, that they, like if you have one you need help and stuff and that they're not something that you need to like hide or something really you need help like stuff like that.

I: Ok, and how beneficial do you think it was to have this program for eating disorders as part of your school curriculum?

P: I think that it's very beneficial considering I didn't really know anything about 'em and that um, that I'm glad that I know about it now really so...

I: Ok, and as far as the program is concerned did you feel that it was too long, too short, a good length for how many days it took to talk about the information?

P: Um hmm...I thought that it was like, I thought that it could be like a little bit longer, and like getting a little more details on stuff.

I: Ok.

P: Like, um, like most of it we like sort of zoomed through it, like most of it was just like watching a movie or something.

I: Ok.

P: If we more talked about it than, you know.

I: Did you like the movie clips that were shown?

P: Yeah.

I: Did you think that those were good?

P: Yeah, I thought that they were pretty interesting.

I: Nothing too cheesy?

P: No (laughing).

I: Ok, Um...What did you think of the classroom activities?

P: I thought they were fun.

I: Do you have a favorite that you liked out of all of them?

P: Um, no they were all about the same just, yeah I just like anything that's an activity and brings us into the, you know, makes it more interesting.

I: Ok. Were there parts of the curriculum that you didn't really like or you wish could have been better?

P: Um...mostly like that one movie where um we had to make the paper on.

I: Oh, the one "Dying to be Thin"?

P: Yeah.

I: When ***** was gone?

P: Yeah.

I: Sorry, I mean when Mrs. ***** was gone?

P: Yeah, because I wasn't there the first day and so it was like picking up and then um I had to like sort of make up the whole entire paper on half of it. So, that was a little confusing.

I: Did you like that movie or did you not like it?

P: I thought if we didn't watch so much of it, it would have been better because we watched like the same thing through the entire period it gets sort of boring.

I: Yeah?

P: Yeah.

I: Did you ever feel uncomfortable with the curriculum?

P: Mmm mmm (no).

I: Ok. Alright, did you have any other thoughts, concerns, feelings about anything that we haven't talked about so far?

P: No.

I: Ok. Cool. Well, thank you so much for your time.

Transcription #5

I: Oh, the first question that we have to ask is what was your experience like with the program for eating disorders?

P: Mmm...it's interesting learning about 'em.

I: Ok, can you tell me more like what was interesting about it?

P: Um, like, like I didn't know like some girls are like abuse exercising with it.

I: Ok.

P: Like, I had no idea.

I: So...Ok.

P: I guess I learned more things and it's helpful to know about it so that you don't go a little crazy with it.

I: Ok. What were your thoughts and feelings about eating disorders before you participated in the program?

P: Um, don't agree with it. Like if you have a problem with your weight I think you should like either talk to someone about it or get like a special trainer to help you out like if you don't really know what you're doing. And I think that it's really sad how girls or even guys they like in their head their like so set on going overweight you know...

I: Um hm.

P: It's sad.

I: Ok, what are your thoughts and feelings about eating disorders now that you have completed the program?

P: Um, pretty much the same, but I did learn a lot more about it.

I: Ok, do you think that you can understand people who have eating disorders more now that you've had the curriculum?

P: Oh yeah. Like, I wouldn't blame them, be like oh you're weird and crazy for doing this because like I dunno it's in your head just like any other mental disorder.

I: Ok.

P: So...(did not add additional information).

I: And how beneficial do you think it was to have this program as part of your school curriculum?

P: Um, I think it's a good benefit to like know about it 'cause then you can like share it with friends and tell them about it and then they can tell someone else about it. So, it kind of travels along and is very helpful for, it's spread around you know.

I: Ok, were there any particular parts of the activities that you liked? The DVD clips...anything in particular?

P: Um...mostly just like the movies.

I: The movies?

P: Yeah, it's, I'm more of a visual person so...

I: Ok.

P: It helps better.

I: Did you think that they were kind of cheesy or did you...

P: Eh, every school movie is cheesy.

I: ...or did you appreciate it? Ha ha ha

P: But they try.

I: So you at least got something out of it then?

P: Yeah, I understood a lot.

I: Was there something about the curriculum that you didn't like?

P: Mmm...not really.

I: Ok.

P: I enjoy learning about it.

I: Um, did you think that it was a good timeframe? Did you think it was too short, too long just right for the amount of class periods that we used?

P: Um...I think it's just right.

I: Ok.

P: So.

I: Um, had you had any previous experience with learning about eating disorders before this?

P: Yeah, I have.

I: You have?

P: Yeah, like in my previous health classes.

I: Ok.

P: And then I know a little bit on eating disorders like through you know myself. I've heard about it before, read about it.

I: So do you think that you learned quite a bit, not very much or a little bit...

P: A lot of it I already knew, but I did learn a few more things that I never knew.

I: Ok. Um...can you think of anything else about the program that you'd like to say?

P: Mmm...not really.

I: Not really?

P: No.

I: Ok. Alright. Well, thank you for participating in this study we really appreciated it.

P: Oh yeah. No problem.

I: And we will get...(tape ends)

Transcription #6

I: I'm just going to start asking you some questions about your experience with the program that we did with eating disorders. So the first question is what was your experience like with the curriculum or the program?

P: I thought that it was really interesting 'cause, it's, I guess it's sort of a topic people don't like to talk about because it's kind of uncomfortable.

I: Ok.

P: But, I thought it was really, really interesting.

I: What did you think was interesting about it?

P: That just how it happens to regular people I guess sort of the media sort of given this image that if you have an eating disorder it's 'cause your weird they're...regular people can't get eating disorders and so, but it's just regular people like our friends and stuff.

I: Ok. Um, what were your thoughts and feelings about eating disorders before you had this curriculum?

P: They're scary and weird.

I: Ok.

P: Well, they still are, kind of scary, but.

I: So have your thoughts and feelings changed since you've completed the program?

P: Yeah, I have more of an understanding. (Inflection almost a question).

I: Ok. Like, could you elaborate on that a little more?

P: Like, I guess that I'm a bit more sympathetic because...

I: Ok.

P: I understand the, what's behind...yeah.

I: Ok. Um, how beneficial do you think it was to have this program as part of your school curriculum?

P: Um, I think our teacher would have spent like half a day on it otherwise and so we learned a lot more about it. And so we can prevented it bit more.

I: Ok, um, were there certain things about the program that you really liked? Activities, DVD's, discussions in class?

P: I thought the movies we watched were interesting. The one where it talked about the dancers and stuff.

I: The "Dying to be Thin" one?

P: Yeah. Dying to be Thin.

I: The one that was really long?

P: Yeah.

I: Ok.

P: But I thought that it was really interesting. Kept forgetting to write stuff down 'cause I was like getting into it.

I: Ok. Did you...was there a certain part of that movie that you found really fascinating other than the dancers I mean?

(Both laugh a little)

P: Um, it's just 'cause I have friends who are dancers and stuff and I guess I didn't know what type of pressure they were under.

I: Ok. So it gave you more of an understanding?

P: Mmm hmm.

I: Ok. What about the other DVD segments that you saw? The shorter ones that were shown in class. Were those ok?

P: Yeah.

I: Or...

P: They had a lot of information in them (Laughs).

I: Did you feel overwhelmed by that or was it a good...

P: I think that they were good.

I: Ok. (Laughs) Alright. Um, were there certain aspects of it that you just didn't like as far as the curriculum is concerned?

P: I think...I don't really know if this is true or not, but it kind of focused a bit on the girls more than the guys and maybe it is more of a girl problem, but...

I: Ok.

P: I think that the guys were kind of getting a little board at some parts.

I: (Chuckles) Every now and then have their head down?

P: Yeah.

I: Do you think that, um, do you think that that helped to have it focus on the girls?

P: Yeah. 'Cause we listened.

I: Ok. Um, do you have any other comments about what you learned, how like your perspective has changed anything in general that you want to say?

P: No.

I: Um, but overall you said that it was a good experience?

P: Yeah. I really liked it.

I: Do you think that there was too many days that we worked on it or too short, just right?

P: I think it was just right.

I: Alright.

P: For what it is. And we're going into nutrition right now too...

I: Umm hmm.

P: So, it's kind of a good back-up I guess sort of.

I: Nice little introduction?

P: Different extremes and stuff.

I: Ok. Um, that's all the questions that I have for you unless you have anything else that you want to say.

P: I'm good.

I: Ok. Alright. Thank you so much.

Transcription #7

I: Okay, I have four or five questions. Just answer honestly.... Yah know... we won't tell ***** [teacher] if it's a bad thing. What was your experience with the program like? This was just the two weeks we had the eating disorder...

P: Um, well at first I thought it was really cool and then it kind of got boring. But it was still fun to learn about, I guess.

I: What were your thoughts and feelings about eating disorders before you participated in the program?

P: Um I don't really know, Well my cousin she is bulimic, so I kind of knew a little bit about it, how much damage it can do to you and everything, but I think its really sad to learn about it.

I: What are your thoughts and feelings now that you've completed the program?

P: Um I think they are the same, maybe like learning more about the other ones 'cause my cousin is bulimic.... Learning about the other ones, I don't know.

I: Um how beneficial do you think it was to have this program as part of your school curriculum?

P: Uh, I don't know like other people if they didn't know about it they might learn stuff about it.

I: Do you have anything...is it important to learn it or...?

P: I think its important to learn it because like then you know what your getting into then if you need help you can go get help.

I: Number five, my last question is: Do you have anything else you want to tell me about it? Like your experiences learning it or the class?

P: Not really

I: You got nothing else for me?

P: Nope (small laugh) not really

Transcription #8

I: Okay, I'm going to put it next to you so we can hear you... alright so first question. What was your experience with the program like?

P: Well, It was like a normal class just learning about it so it was good. Seemed Pretty normal

I: What were your thoughts and feelings about eating disorders before you participated in the program? So before you had the class what did you...

P: I didn't really think about it much, like I didn't realize that lots of people had it.

I: No experience with it?

P: Well my aunt, when I was really little, died from a eating disorder, but I didn't really know her very well.

I: Number three, What are your thoughts and feelings now that you've had the...

P: Uhhh.. kind of like know more and know that I should try to prevent friends from getting them and stuff.

I: How beneficial do you think it was to have this program as part of your school curriculum?

P: I think it was very beneficial just 'cause you need to know about it, and stuff.

I: Can you tell me more about that?

P: Uhhh,

I: What did you like about it? Did you like the DVDs or the handouts? Or?

P: I liked the ?? it was fun to learn about it and stuff.

I: Was there anything you want us to change or add or? Suggestions you might have?

P: Can't think of any

I: K and is there anything else you want to tell me about your experience?

P: I just thought it was good to learn about it.

Transcription #9

I: We will put it by you so we can hear you.... Okay, What was your experience with this program like?

P: What do you mean?

I: Like just open-ended, what was your experience with the eating disorder curriculum?

P: I don't really know, I didn't really care for it.

I: Okay, What were your thoughts and feelings about eating disorders before you had the curriculum?

P: I dunno, I just thought it was messed up (small laugh).

I: Did you know much about it, or...?

P: Yeah....yeah.... so this was just review.

I: Can I ask how you knew a lot about it?

P: Um because I had three friends that was anorexic and bulimic

I: Oh... okay, so um what are you thoughts and feelings now that you completed the program?

P: Nothing really, just the same

I: Same as before? 'Cause you already knew so much... How beneficial do you think it was to have the program as part of your school curriculum?

P: A lot... so people can know how to help other people.

I: Okay so maybe not just for you, but for other people?

P: (Nod).

I: Is there anything that you especially liked or disliked about it? Like the DVD segments or the handouts?

P: The DVDs were boring...

I: The DVDs were boring (laugh)

P: The handouts were okay.

I: Okay, was there anything you think we should change or try to had or something that you think there could be better?

P: No, it was a little confusing 'cause she (the teacher) didn't go into depth about each one, so a lot of people were confused about what was what

I: About which one was which... and is there anything else you want to tell me, anything else you want to tell me about....

P: No

I: No?

P: No, not really.

Transcription #10

I: What was your experience with the program like?

P: Um, it was like fun I guess, I mean I saw a lot of like stuff that was like scary like with the girls, and just ugh... just scary for me I guess.

I: That's understandable, uh what were your thoughts and feelings about eating disorders before you participated in the curriculum?

P: I mean I've never really had like actual experience with like like um, I've never actually met a girl with any eating disorders... I didn't really know about it. It wasn't really like anything I was really aware of... and now that I just really see it 'cause I never really got, it wasn't really taught in schools before so, now that I really like now it its kind of a shock, just to...it actually does that stuff to girls.

I: You can probably imagine my next question, but it is what are you thoughts and feelings now that you've had...

P: Its pretty shocking, and scary and like, I never even want to be near something like...Like it's just creepy for me.

I: How beneficial do you think it was to have this program as a part of your school curriculum?

P: I think its actually good, 'cause some girls in the school may have it, so its just like something you have to bring out and tell it, yes, its like a.... oh what's it called.... Like a big thing, its not like something, oh keep it hidden its, ya know, has to be said.

I: Is there anything else you want to tell me about your experience with learning about eating disorders?

P: Mmm, I just think its scary, and like I just see the girls that like, on the videos, the girls that like have that kind of stuff its just like scares me a lot 'cause like, I've never been near a person that has it, well I, yeah, I don't know if I have, no, but, yeah its scary.

Teacher Interview

I: Alright *****...here we go. Ok, first question is overall what is your opinion of the curriculum that you used?

P: It was good...I enjoyed teaching from it, but it was definitely too long.

I: Ok.

P: And the kids became uninterested after 3-4 days of it.

I: Ok. Um...So, what aspects of the curriculum did you not like other then it being too long?

P: Just too much information for 9th graders. And I think they like the idea that eating disorders stem back from a problem in their lives you know I think they like that concept that eating disorders just don't pop out of the middle of nowhere. That they come from a real root problem in their lives and I think they like that, but then after we beat on it after day after day about

consequences and then signs and symptoms and then myths you know just all of those different lesson plans that they were just kind of like alright let's move on. Like, we understand what they are and we know what they do to the body. One out of .1% of you know actually have them so, I don't know.

I: Ok, how long do you think would be a good amount of time...(PA system interruption)

P: For eating disorders lessons?

I: Yeah.

P: I would take about...next semester I did like teaching about 'em, so I think I'll take about three to five days teaching about them it depends on the class. At most...five.

I: Ok.

P: Maybe, no, I lied, maybe four at most. 'Cause it's just a lot of information.

I: Ok. Um, what aspects of the curriculum did you like?

P: I enjoyed like I said, I guess I mentioned earlier that it comes from a problem at home, or comes from some past experience that why they start from an eating disorder.

I: Do you like specifically like the like, did handouts work better, videos work.

P: Oh okay.

I: All the...

P: Um...the videos worked good. I think too much video.

I: Ok.

P: Um, I wish I would've maybe just shown all in one day instead of broken up in segments. But, it worked well. The handouts um they worked, they were good information. It's really good information, it's just I guess there's too much material and too many handouts I think.

I: Umm hmm.

P: Like 17 handouts for, I dunno like a nine-day period was a lot.

(Chuckling)

I: Yeah, synthesize it a little bit.

I: Yeah, Ok, Um, what were you already talked about this a little bit, but what were the

interactions with and the participation from the students like for you during the administration of the curriculum? (PA system/bell)

P: At first they, I thought they, it was ok and then by the end of the lesson I had girls come up to me after “when are we going to get this over with,” “this is boring,” “we thought this class was gonna to be better than this” and so that just kind of like oh that sucks but, no it was fine. Like the kids enjoyed it the first couple lessons and then it just kind of tapered off.

I: So they were more...did they participate more do you think at the beginning than at the end?

P: Um, they, I mean they participated throughout the entire like lesson just ‘cause they are good students, but like it was boring to them I think.

I: Ok. Um, let’s see here. Ah, was there a particular section in the curriculum that you found to be more useful for your students than other sections? Like physical, social, emotional?

P; I think maybe the social and emotional part of it. Like what it actual does to a relationship with how it draws away the person with an eating disorder, away from friends and what it does to their family life and how they become their own little world with an eating disorder.

I: Ok. Um...can you think of anything else?

I: Right, I’m tired. Um. Would you say that the girls and the boys in the class participated equally or was it heavier on one side?

P: Oh, definitely heavier on the girl’s...well, I had a few students, a few guys students that pipe up here and there like *****. He’d say a few comments here and there.

I: Umm hmm.

P: Um, **** would say some things. ***** would say some things, but most...actually, the students really didn’t say much. I don’t, I didn’t feel too much student involvement throughout the entire unit ‘cause I think some of them kept quiet and didn’t say much, but I think it’s pretty balanced. So I think that’s truth.

I: Ok.

P: Would you agree with me on that?

I: I would.

I: I would, yeah.

I: We just...you know.

I: Did you say that they participated less than they usually do in class?

P: Yes.

I: Ok. Do you think it was probably because we were in there watching them, or do you think it was the topic?

P: Both.

I: Ok.

P: To be honest. Both.

I: That's what we want is honesty. Um...hmmm...I swear I had another question, but now I can't think of it. Ha...oh well.

I: So, you said that you wanted to shorten it. If you were to shorten it, what parts would you include?

P: Um...I would consider the first lesson for sure. The root problem that I can do the signs and symptoms and then I'd go on to the consequences after that 'cause I didn't like how that order was in there. I wish they'd say signs and symptoms like what you see in somebody and then what it actually does to the body. And then I would probably finish up with how to help someone with an eating disorder.

I: Ok.

P: Maybe touch on some of the myths. Um, but that's probably about it.

I: Ok.

I: Great!

I: I think that's about it. Unless you have anything else that you wanna comment on.

P: No.

I: Ok.

I: Do you think that you would use this curriculum that we gave you again and just modify it?

P: Yes, definitely.

I: Or do you think that you'll come up with your own?

P: Definitely use this system again. I like the information, but definitely take out some things. For sure.

I: Perfect.

I: Oh, were the tests at the end helpful at all for you? At the end of the book, the option to have that?

P: Um...didn't use 'em.

I: You didn't use 'em?

P: Didn't use them.

I: Ok.

P: Nope.

I: Ok. Alright. I think that's it.

I: Unless you have something to tell us.

P: (Nothing).