Does Practical Body Image with mirror exposure improve body image and increase acceptance of a healthy weight in adolescents with an eating disorder?

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Overview

• Body Image Research

• Practical Body Image (PBI)

• Preliminary Data
  - Outcome measures
  - Feedback
  - Limitations

• Pilot Study

• Implications
Body Image Research

- Strong predictor of onset, maintenance and relapse of eating disorders (ED)\(^1-3\)

- Substantial support for the effectiveness of cognitive behavioural body image therapies and mirror exposure techniques\(^4-9\)

- Majority of research has involved adult groups\(^4-7\) or non-clinical adult samples\(^8,9\)

- Limited research testing the effectiveness of individual treatments for children and adolescents with ED
Practical Body Image (PBI)

• Bespoke 1:1, manualised body image treatment

• 14 sessions (10 weeks)

• Weight restoration and maintenance

• Cognitive behavioural techniques
  - perception, avoidance, negative beliefs

• Mirror exposure (ME)
  - anxiety, avoidance
Preliminary Data

n=10, female, age 13-17 (M=14.7), anorexia nervosa (AN)
Eating Disorder Examination Questionnaire (EDE-Q)\textsuperscript{10}

### Weight and Shape Concern

<table>
<thead>
<tr>
<th></th>
<th>Before PBI</th>
<th>After PBI</th>
<th>Norm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight concern</td>
<td>2.74</td>
<td>1.78</td>
<td>1.8</td>
</tr>
<tr>
<td>Shape concern</td>
<td>3.45</td>
<td>2.5</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Non-significant decrease in weight concern

\((t(9)=1.68, p=0.128)\)

Non-significant decrease in shape concern

\((t(9)=1.61, p=0.141)\)
Non-significant decrease in trait anxiety 

\( z = -0.97, p = 0.333 \)
Body Image Avoidance Questionnaire (BIAQ)\textsuperscript{12}

Body Image Avoidance

<table>
<thead>
<tr>
<th>Avoidance</th>
<th>Before PBI</th>
<th>After PBI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothing Avoidance</td>
<td>1.56</td>
<td>1.12</td>
</tr>
<tr>
<td>Social Avoidance</td>
<td>1.25</td>
<td>0.38</td>
</tr>
</tbody>
</table>

Non-significant decrease in clothes avoidance

(z=-1.43, p=0.153)

Significant decrease in social avoidance

(z=-2.21, p=0.027)
Healthy Weight Body Acceptance Scale (HWBAS)

Acceptance of a Healthy Weight Body

- Before PBI: 4.6
- After PBI: 6.6

Non-significant increase in acceptance of a healthy weight body

(t(9)=1.98, p=0.079)
Rosenberg Self-esteem Scale (RSE)$^{13}$

**Significant** improvement in self-esteem

$(t(9)=-2.61, p=0.028)$
Feedback

“What I thought was helpful the most was probably getting evidence about my beliefs”

“It helped me to understand that how I perceive my body is different to what other people will think”

• Positive feedback with reports that it has been helpful in supporting body image concerns

• Sessions exploring errors in perception and negative beliefs reported as most useful

• Mirror exposure least liked part of the programme, but rated as helpful in tackling anxiety

“I found mirror exposure really helpful and I can see a difference in how I feel about my body, weight and shape”

“It helped me a lot as I can now wear clothes that I couldn’t wear before easily”
Limitations

- Limited data
- Only females
- Additional psychological therapies (CBT-E or psycho-dynamic therapy)
- No standard treatment comparison group
- No validated acceptance measure
Pilot Study

Aim: evaluate the effectiveness of PBI and add to the evidence base for the treatment of body image in children and adolescents with ED

Questions:

1. Does PBI with ME improve body image and increase acceptance of a healthy weight in adolescents with an ED?

2. Is there an additional effect of ME on body image and acceptance?

3. What is the impact of treatment on self-esteem, anxiety and depression?
Pilot Study

**Hypothesis:**

1. PBI with ME will improve body image and lead to increased acceptance of a healthy weight in adolescents with ED

2. ME will lead to further improvement of body image and acceptance of a healthy weight in this sample

3. Treatment will improve self-esteem and reduce anxiety and depression
Pilot Study

**Design:**

- **Full programme**
  - 7 sessions
  - 7 weeks
  - 6 x ME
  - T0 → T1 → T2
  - Ending

- **Without ME**
  - 7 sessions
  - 7 weeks
  - No ME
  - T0 → T1 → T2
  - Ending

- **Treatment as Standard**
  - 7 sessions
  - 7 weeks
  - T0 → T1 → T2
  - 3 weeks

- Body Image Acceptance and Action Questionnaire (BI-AAQ)\textsuperscript{14}, Hospital Anxiety and Depression Scale (HADS)\textsuperscript{15}
Implications

• Provide an effective manualised individual body image treatment for young people

• Prevent long-term illness and reduce the risk of severe and enduring ED

• Reduce the risk of relapse and readmission
Acknowledgements

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Questions

1. Is PBI suitable for males?
Yes, the programme is mostly gender neutral and where necessary includes specific materials for both males and females. We have also completed PBI with a male prior to the introduction of outcome measures.

2. Is PBI suitable for adults?
Although PBI has not been directly tested with adults, there is no reason to believe that it would not be appropriate for this cohort as no part of the programme is age specific and adults also present with body avoidance, anxiety and misperception.

3. Why is PBI delivered 1:1 and not in a group format?
Although we accept the evidence with adult groups, a lot of what we do is personal and intensive and experience has shown that it is hard enough for young people to complete parts of the programme on their own. Also as PBI has specific weight criteria, it is not possible to have a group of individuals who weight restore at the same rate to complete the programme together.
Questions

4. How do you maintain consistency among different therapists?
The delivery of PBI is highly consistent between therapists as it is a manualised treatment with clear guidelines on the content and structure of sessions. Furthermore therapists meet weekly to review protocol adherence.

5. Is the HADS appropriate for use with young people?

6. Is the BI-AAQ appropriate for use with young people?
References


References


