PERFECTIONISM IN EATING DISORDERS:
A GROUP TREATMENT MANUAL FOR ADOLESCENT FEMALES

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Dedication

To my husband, Michael, who has loved me, supported me, and tolerated me throughout this process, I am both proud and honoured to be your wife and feel truly blessed to have you in my life. To my parents, Andrew and Aileen, who have taught me to always be proud of who I am and where I come from, I am truly grateful for the sacrifices you have made, without which none of this would be possible. To my sister, Stephanie, you are my inspiration and my guiding light; you have brought joy and meaning to my life and I often marvel at the young woman you have become. To my friends, thank you for standing beside me and encouraging me to take this road; I admire each of you for your individual strength. Finally, I would like to dedicate this project to my father-in-law Dennis and mother-in-law Ardelle, who have taught me the importance of strength and courage when faced with adversity; your influence on my life is greater than you could imagine. Without the love and support of a truly amazing group of friends and family, I would not be where I am today.

Abstract

The purpose of this project was to create a group treatment manual for adolescent girls diagnosed with an eating disorder, who were concurrently displaying characteristics of perfectionistic thinking. In order to create the manual, an extensive literature review was conducted in the areas of eating disorders, perfectionism, and group therapy with adolescents. Further, an examination of the literature available on the relationship between the prevalence of eating disorders and perfectionism was carried out. The result is a manual consisting of 10 detailed sessions, including pre/post group sessions, complete with handouts and facilitator guidelines for working with this population.

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Chapter 1: Introduction

The incidence and prevalence of eating disorders among adolescent girls is on the rise in cultures across the world, forcing itself into the lives and experiences of families struggling to make sense of this deadly disease (Becker, Grinspoon, Klibanski, & Herzog, 1999; Botta, 1999; Costin, 2007). Despite the efforts of the current healthcare system, disordered eating patterns, unhealthy weight ranges, and physiological health concerns continue to grow and circumvent the systems put in place to address the issue. The high relapse rate for eating disordered clients suggests that current programs are unable to address some of the key issues underlying this problem and highlights the importance of looking for alternative approaches (Bastiani, Rao, Weltzin, & Kaye, 1995).

Researchers suggest that a relationship exists between perfectionism and eating disorders, yet little current material is available on the successful treatment of an individual experiencing the effects of this relationship (Frost, Marten, Lahart, & Rosenblate, 1990; Holston & Cashwell, 2000; Lilenfeld, Stein, Bulik, Strober, Plotnicov, Pollice et al. 2000). Adolescent girls are disproportionately subject to unrealistic expectations within popular culture that encourages them to strive for perfection in every aspect of their lives, including relationships, grades, and physical appearance (Harrison & Cantor, 1997; Noordenbos, Oldenhave, Muschter, & Terpstra, 2002). This immense pressure from the media consequently increases their risk for eating disordered behaviour (Andersen & DiDomenico, 1992; Stice, 1994). From a perfectionistic worldview, adolescent girls discern that success is equated with high personal standards in all areas of development and strive to achieve this (Ramsey & Ramsey, 2002). Further, industrialized cultures promote competition and rationalize this with a "there's not

enough for everyone" mentality (Rice & Preusser, 2002). Young girls place importance on being the best, the prettiest, the smartest, and the thinnest, but at what price? In the quest for social approval and self-worth, girls aim for perfection and often end up dissatisfied and dejected (Thompson & Stice, 2001).

In 2000, The American Psychiatric Association Work Group on Eating Disorders estimated that approximately 8% of women were living with an eating disorder, while the American Psychiatric Association (2000) stated that 0.5% of females will experience anorexia nervosa, and 1% to 3% of females will experience bulimia nervosa over the lifetime, typically originating during adolescence. However, underreporting, multiple diagnostic criteria, and the shame often associated with eating disorders make it difficult to accurately approximate the scope of the issue (Costin, 2007). While considerable gains have been made with the eating disordered population, few interventions have attempted to address the damaging effects of perfectionism in maintaining or creating the eating disorder. In response to an attempt by the media to promote beauty and success, girls are struggling with low self-esteem, poor health, and the inability to form trusting or rewarding relationships with other girls (Andersen & DiDomenico, 1992; Costin; Stice, 1994). Our best efforts are needed to address the underlying issues that cause eating disorders, but in addition to prevention, a large-scale effort is required to help young women who are currently facing an uncertain future and bring them back to a place of security, safety, and strength.

Purpose and Procedures

The purpose of this project is to provide a comprehensive group treatment manual for counselling professionals currently working with adolescents aged 12 to 17 diagnosed

with eating disorders, in order to assist them in understanding and altering the role

perfectionism plays. Literature on eating disorders, perfectionism, and group therapy will

be reviewed as part of an examination of the theoretical foundations of the project. Using

Academic Search Premier, EBSCOhost, psycINFO, and relevant books, the keywords

perfectionism, eating disorders, group treatment, adolescent health issues, body image,

and beauty in the media were used to attain a base understanding of the concepts and

relationships involved. The focus has primarily been on literature written after 1990 that

subscribes to a multidimensional perspective on perfectionism, with an emphasis on

research conducted with a female population aged 12 to 17. This literature review was

compiled, analyzed, and synthesized into a document that serves as the theoretical basis

for this project. The group manual has been written from a cognitive-behavioural therapy

(CBT), solution-focused therapy (SFT), and narrative therapy (NT) framework, and a

discussion of the strengths, limitations, and future directions for research is included.

Combining the knowledge of these topics, a manual was created to allow the

facilitation of a group that both addresses the eating disorder symptomatology and speaks

to the perfectionistic symptoms that maintain the eating disorder. This manual is intended

for counselling professionals with prior experience in working with issues of this nature.

The manual provides a treatment plan in a session-by-session format, complete with

handouts and materials required for facilitation. Each session is designed to take two

hours and is presented in a psychoeducational format with cultural diversity

considerations. The treatment manual is intended to be used as a stand-alone document,

complete with guidelines for group membership screening and assessment. The

foundation for this manual was intensive graduate-level training in the stages of group

development, necessary counsellor skills, and group structure. With an understanding of the foundations of group treatment, the manual was created to provide comprehensive treatment to adolescent girls with eating disorders and perfectionistic symptomology.

The group format provides a place to work through the cognitive distortions and beliefs regarding success and perfection while rebuilding relationships and creating a trusting climate for change (Sarafino, 2006; Winslade & Monk, 2007). Examining the need to feel perfect within a community of peers will allow girls to appreciate individuality as well as connect through commonalities in shared experiences (Costin, 2007). A group treatment plan for those adolescent girls faced with an eating disorder suggests that a number of youth could be targeted at one time while drawing on the benefits of a group environment to promote sharing and understanding (Barrow & Moore, 1983; Chen, Touyz, Beumont, Fairburn, Griffiths, Butown et al., 2002; Franzen, Backmund, & Gerlinghoff, 2004). Further, by addressing the perfectionistic behaviours in addition to the eating disorder symptoms, a more comprehensive treatment plan could be implemented, with a decreased chance of relapse following treatment (Bastiani et al., 1995).

Chapter 2: Theoretical Foundations

Eating Disorders

Within the Diagnostic and Statistical Manual of Mental Disorders (American

Psychiatric Association, 2000) eating disorders are delineated into three classifications,

each with its own set of diagnostic criteria. A brief review of each is outlined below to

provide the contextual framework on which this project is founded. However, it is

important to note that this is merely a synopsis and any further clarification required

should be directed towards the DSM-IV-TR (APA).

Anorexia nervosa. Anorexia nervosa (AN) is characterized by a refusal to

maintain a minimally normal body weight for the appropriate age and height category (at

least 15% below normal), an intense fear of weight gain, the exhibition of a significant

disturbance in the perception of the shape and size of one's body, and amenorrhea in

postmenarcheal females. For these individuals, "weight loss is viewed as an impressive

achievement and a sign of extraordinary self-discipline, whereas weight gain is perceived

as an unacceptable failure of self-control" (APA, 2000, p. 584).

Bulimia nervosa. Bulimia nervosa (BN) is characterized by recurrent binge eating

episodes (at least twice weekly over a period of three consecutive months); recurrent

inappropriate compensatory behaviours such as purging by self-induced vomiting

through the use of laxatives or diuretics, or through means such as excessive exercise or

dietary restraint in order to prevent weight gain; and negative self-evaluation based solely

on the perception of weight, shape, and size. A binge is described as eating, in a discrete

period of two hours or less, an amount of food definitely larger than most individuals

would consume in similar circumstances and in which there is a perceived lack of control over the binge episode (APA, 2000).

Eating disorder not otherwise specified. For individuals who display disordered eating patterns that do not specifically meet the criteria for AN or BN, a diagnosis of Eating Disorder Not Otherwise Specified (EDNOS) may be warranted. Eating disorders rarely begin before puberty, are noted to be more prevalent in industrialized cultures in which there is an abundance of food and in which thinness is equated with attractiveness, and occur 90% of the time in females (APA, 2000; Costin, 2007).

Implications of eating disorders. Eating disorders are a multifaceted group of behaviours that have several serious implications and consequences. Physically, the list of complications is long and arduous. Congestive heart failure (Kumar, Abbas, & Fausto, 2005; Simon, Schmidt, & Pilling, 2005; Strumia, 2005), chest pains (Sundararaghavan, Pitts, Suarez, & Johnstone, 2005), renal failure, gastrointestinal problems, and osteoporosis are all likely outcomes (Simon et al., 2005). Changes in hair and nail growth, abnormal menstruation, growth delays, and nutritional deficiencies further complicate health and self-esteem (Grabowski, 2003; Reinking & Alexander, 2005; Simon et al.; Strumia). Working memory and mental performance become impaired (Green & Rogers, 1998), dental and oesophageal complications arise due to continuous vomiting, and intolerance to temperature changes are all results of eating disordered behaviour (Kumar et al., 2005; Simon et al.). This degree of strain on the body and its organs depletes the immune system and increases the likelihood of sudden death (Grabowski, 2003).

While treatment programs are often designed for each diagnosis specifically, the group treatment manual created for the purpose of this project involves a heterogeneous population and will be broadly defined based upon the criteria in the DSM-IV-TR (APA, 2000). The diagnoses will be referred to as a group of eating disorders rather than focusing on one specifically. Therefore, an eating disorder is a mental illness with emotional, behavioural, and psychological symptoms that affect one's eating behaviour and body image and may include AN, BN, EDNOS, or a combination of the above (APA).

Perfectionism

Numerous definitions of perfectionism were identified throughout the literature review, ranging from unidimensional to multidimensional conceptualizations of the term; however, given the scope of this paper a comprehensive review has not been included. Within this context, perfectionism will be defined based on the work of Hewitt and Flett (1990, 1991) as a multidimensional construct involving both intrapersonal and interpersonal components within three categories: self-oriented, other-oriented, and socially prescribed. Self-oriented perfectionism reflects an individual's need or desire to attain perfection in their life. This may be demonstrated by their actions, irrational thought patterns, and excessively high personal standards. Other-oriented perfectionism is an interpersonal concept in which the individual holds exceptionally high standards for those around them and requires that others be perfect, often resulting in criticism and frustration when standards are not met. Finally, socially prescribed perfectionism alludes to a faulty belief that others (i.e., family, friends, and community members) will value individuals only if they are perfect, thereby suggesting conditional acceptance. In this

case, the cognitive distortions of the individual provoke anxiety and perfectionism; it is not an accurate representation of actual expectations from others.

These irrational beliefs are thought by some to be caused by early perceptions of standards that are either implicit or explicit in the home, in the media, and in society through modeling (Bandura, 1997; Flett, Hewitt, Oliver, & MacDonald, 2002), harsh criticism (Frost, Lahart, & Rosenblate, 1991), or lack of predictability and expectations (Flett et al., 2002; Hamachek, 1978). This is an important issue because perfectionism has been labelled a risk factor for the development of several clinically significant issues, including eating disorders, anxiety, and depression (Condon, 2004; Frost et al., 1990; Grabowski, 2003; Holston & Cashwell, 2000; Lilenfeld et al., 2000; McVey, Pepler, Davis, Flett, & Addolell, 2002; Simon et al., 2005).

Assessment of perfectionism. There are two industry standards in the assessment of perfectionism: boasting high validity and reliability (Enns & Cox, 2002). The Multidimensional Perfectionism Scale (F-MPS) was created by Frost and colleagues (1990) and is used to assess high personal standards, doubts about actions, concern over mistakes, organization, high parental expectations, and parental criticism. Concurrently, Hewitt and Flett (1990) created their own version of the Multidimensional Perfectionism Scale (HF-MPS), which is used to measure the aforementioned subscales of perfectionism while focusing predominantly on the maladaptive characteristics of perfectionism. Each assessment addresses interpersonal and intrapersonal components of perfectionism and provides a solid framework from which to work.

Adaptive vs. maladaptive perfectionism. Perfectionism can be described as both normal or adaptive as a motivating factor for success and neurotic or maladaptive in that

it hinders healthy development by isolating unattainable goals and perpetuating a fear of failure (Gilman & Ashby, 2003; Hamachek, 1978; Maslow, 1970). Adaptive forms of perfectionism are characterized by an internal desire to succeed and the motivation to work hard towards a realistic and achievable goal while leaving room for error (Rice & Preusser, 2002). These individuals have experienced encouragement, have good work habits, and sense that others also have confidence in their abilities, thereby moving healthily from an extrinsic motivating force to an intrinsic one (Blatt, 1995). This form of perfectionism is met by a sense of pride and accomplishment; a positive sense of achievement for the efforts put forth (Rice & Mirzadeh, 2000). Within adaptive perfectionism, personal and environmental limitations are respected or understood (Blatt), and an individual's concept of self-worth is not directly related to perceived achievement or success (Ramsey & Ramsey, 2002).

In contrast, maladaptive perfectionism contains unattainable goals and an intense fear of mistakes or judgement from others, leaving individuals feeling unsatisfied or never good enough (Hamachek, 1978; Rice & Preusser, 2002). The anxiety of not measuring up can cause an overwhelming obsession with working harder, trying again, and moving beyond imposed limitations (Gilman & Ashby, 2003). When we discuss perfectionism in terms of its contribution to eating disorders, we are focusing specifically on maladaptive perfectionism, but it is worthwhile mentioning that retaining some aspects of adaptive perfectionism could be beneficial for the client. For example, if good work habits, a sense of pride in a job well done, and an intrinsic motivation to succeed can be cultivated in a way that employs healthy self-esteem and a positive self-image, some individuals may learn to use previously maladaptive characteristics to their benefit.

It is important to note that retaining a form of adaptive perfectionism is not a goal of this program; however, it is not the purpose of this paper to condemn perfectionism in all forms. This example merely serves to highlight the theoretical duality of the concept.

Characteristics of perfectionism. While there are a number of ways to classify the pathology of perfectionism, four characteristics seem to remain constant across all definitions: extremely high standards of performance, excessively critical evaluation of behaviour, concern over mistakes, and a negative impact on interpersonal and intrapersonal functioning (Anthony & Swinson, 1998; Flett, Greene, & Hewitt, 2004). According to Costin (2007), typical characteristics of perfectionistic thinking include dichotomous thinking, rigid goal-setting, a perfectionistic filter to ignore accomplishments and scrutinize flaws, telescoping or magnification of unmet goals, and compulsivity. It is easy to see how this repertoire of attributes can become a breeding ground for pathological behaviour, and how targeting the perfectionism would be an appropriate way to challenge the thoughts maintaining the behaviour.

Shafran, Cooper, and Fairburn (2002) explained perfectionism in terms of a feedback loop in which cognitions (fear of failure) impact beliefs (I must be perfect), and trigger feelings (i.e., depression, anxiety, shame, guilt) that alter behaviour (i.e., procrastination, checking, monitoring) which further affects cognitions. Using Ellis' cognitive analysis system (Ellis & Harper, 1975), this phenomenon can be explained in relation to an eating disorder in a linear fashion with a situation (A) triggering perfectionistic thinking (B) and resulting in unwanted behaviour such as anxiety, guilt, binging, or purging (C). In order to reduce the behaviour occurring at point C, the beliefs at point B need to be altered, and the trigger at point A needs to be desensitized.

The immense desire to be perfect enables individuals to believe that if they work hard enough or sacrifice enough they might meet their goals (Shafran et al., 2002). Unfortunately, the thought patterns fuelling this feedback loop are logical to the individual. However, the thoughts are not rational and perpetuate negative thinking, thereby contributing to negative emotional experiences. This concept of irrational thinking was identified by Beck, Rush, Shaw, and Emery (1979) as a cognitive distortion and is often evident in clients with eating disorders.

Influences of Perfectionism on Eating Disorders

Perfectionism as a personality construct predisposes, precipitates, and prolongs the effect of eating disorders (Frost et al., 1990; Holston & Cashwell, 2000; Lilenfeld et al., 2000; McVey et al., 2002; Sherry, Hewitt, Flett, & Harvey, 2003) in addition to acting as a robust characteristic in the acute phase of the disorder (Halmi et al., 2000; Lilenfeld et al.). While medical interventions and nutritional programs have had some success in altering the weight of an eating disordered patient, the relapse rate suggests that the psychological symptoms remain long after treatment has ended (Bastiani et al., 1995). Perfectionistic characteristics tend to persist even after successful recovery and increase the likelihood of both relapse and maintenance of the eating disorder in the individual (Bastiani, et al; Fairburn, Shafran, & Cooper, 1999; Slade, Phil, & Dewey, 1986; Srinivasagam et al., 1995; Sutandar-Pinnock, Woodside, Carter, Olmsted, & Kaplan, 2003).

However, perfectionism is rarely the presenting problem when a young girl enlists the assistance of a counsellor, making it difficult to adequately address the underlying issues and more likely that symptom reduction will take place (Halgin & Leahy, 1989).

Therefore, it is imperative that counsellors skilled in working with eating disorders are aware of the likelihood that perfectionism exists and are able to tease out the cognitive constructs and core beliefs that harbour the eating disorder (Costin, 2007). Examining the purpose or need that the eating disorder fulfills will ultimately bring attention to the fundamental perfectionistic beliefs to which the individual subscribes.

Etiology of eating disorders. While researching the etiology of eating disorders, the analogy of Cynthia Bulik continued to surface, who acknowledged a higher risk for those girls who have a first-degree relative living with an eating disorder (APA, 2000), but also recognized the importance of the environment in the creation and sustenance of the disorder (as cited in Costin, 2007). Bulik described the situation as one in which "genes load the gun and the environment pulls the trigger" (Costin, p. 59). In other words, genetic composition determines the extent to which we are likely to develop an eating disorder within the cultural reality of our lives.

Evidence for the cultural or media impact on eating disorders is convincing as portrayed in a study cited in Costin (2007) originally conducted by Anne Becker on eating disorders in Fiji. When Becker first examined the situation in Fiji, she concluded that there was no evidence of eating disorders and that beauty was synonymous with health, while thinness was viewed as an illness. However, when television was introduced in 1995, everything changed; by 1998, 80% of girls studied were interested in weight loss and 11.3% had begun purging in an attempt to lose weight. Becker concluded that during those three years the girls "did not develop new genes, but developed a desire to fit into new jeans" (Costin, p. 68).

We live in a social world in which people desire connectedness and relationships with others (Sarafino, 2006). This need for interdependence can be both fulfilling and isolating and requires that the status quo be followed in order to ensure acceptance. The concentration of cosmetic ads, television shows, movies, and sales pitches for women to aspire to be thin, in control, and successful (Harrison & Cantor, 1997; Hutchinson, 1994) demonstrates the undercurrent value system of our society and accounts for the billions of dollars spent on photo retouching, surgical enhancement, and weight loss promotion (Costin, 2007; Harrison & Cantor; Kilbourne, 1999; Lelwica, 1999). However, while females in the media have become thinner (Wiseman, Gray, Mosimann, & Ahrens, 1992), the average female has actually become heavier (Alberta Fitness Leadership Certification Association [AFLCA], 2000; Kalodner & DeLucia, 1990; Spitzer, Henderson, & Zivian, 1999), yet these women believe that they are abnormal and strive to meet society's expectations of beauty. The main goal of advertising is to appeal to inner feelings of insecurity, anxiety, and the desire to be "good enough" by projecting images of girls who suggest that they live glamorous and fulfilling lives because of their perfection (Kilbourne; Stice & Shaw, 1994; Wolf, 1990). In order to guarantee the approval of peers, girls continue to work towards being the perfect weight, the perfect student, and the perfect person. The difficulty is that the standards promoted in Western society are often unrealistic and unattainable, leaving adolescents unfulfilled and unsatisfied (Stice & Shaw; Wolf).

Social comparison theory (Festinger, 1954) suggests that when girls view images in the media, they use them as a baseline with which to compare themselves. Upon dissatisfaction with the comparison, they are motivated to achieve what they believe to be

a realistic and attainable goal. Marketing companies rely on consumers' feelings that if they try hard enough they can reach any goal they set for themselves, as this falls directly in line with our drive for success mentality (Botta, 1999). Unfortunately, if adolescent girls fail to reach the goal, they begin to internalize feelings of shame, inferiority, worthlessness, and inadequacy, and these messages have been identified as precursors to eating disordered behaviour (Barrow & Moore, 1983; Currie, 1997; Harrison, 2003; Holston & Cashwell, 2000; Lilenfeld et al., 2000; Moradi, Dirks, & Matteson, 2005; Piran, Levine, & Irving, 2000; Stice, 2001). The biological need to compete in conjunction with the societal pressure to be thin has resulted in restrictive dieting, excessive exercise, and surgical procedures, all with the aim of bringing us closer to the ever-elusive goal of being perfect.

Eating disorders and perfectionism can be extremely debilitating and isolating physically, socially, and emotionally. Physical and emotional impairments make it difficult to maintain focus in school, interact with peer groups and family members, hold down a part-time job, and communicate effectively with others (Holston & Cashwell, 2000; Sarafino, 2006). Preoccupation with weight consumes the hours of the day, family and friends become frustrated and overwhelmed, and individuals find they no longer have the energy to maintain relationships. Withdrawal and isolation further increase depression and low self-esteem, thereby impairing the ability to function, resulting in a vicious cycle of distress requiring treatment.

Chapter 3: Group Therapy

Over the years, several treatment strategies have been used in working with eating

disordered youth, including individual counselling, inpatient care, outpatient treatment,

family counselling, and pharmacological treatment with varied rates of success (Costin,

2007). In working with adolescents it is important to remember that this can be a difficult

and confusing time during which self-perception and identity formation are based upon

validation by others and feelings of acceptance (Corey & Corey, 2006; Winslade &

Monk, 2007). Based on the importance of peer interactions, group counselling is a

favourable method of treatment for adolescents in which teens can identify feelings,

questions values, learn effective communication, and experiment with new behaviours

(Corey & Corey; Hoag & Burlingame, 1997; Schectman, 2004). The cost-effectiveness of

treating several girls at one time is a definite strength of this approach. It reduces the

number of professionals and the number of hours necessary to have the same impact as in

a one-on-one format (Corey & Corey). Creating a sense of community and experiencing a

sense of universality in a place where experiences can be shared and learned from could

be beneficial to this group, which is in the prime age category for building self-esteem

and close relationships (Chen et al., 2002; Corey & Corey; Franzen et al., 2004; Gibson

& Mitchell, 2003; Yalom, 2002). Group dynamics themselves can be therapeutic because

how people behave in the group is often a direct representation of how they behave in

life, thereby providing an accurate microcosm of the outside world from which to

practice necessary skills (Costin, 2007; Winslade & Monk, 2007). If a warm and

supportive environment is created, youth may find hope or inspiration in the shared

experiences, providing a catalyst for change and a place for social needs to be met

(Gibson & Mitchell; Yalom).

A structured environment also provides a safe place for participants by providing

predictability, necessary boundaries, and a sense of control while allowing thoughts to be

challenged and new behaviours tried out within a somewhat spontaneous environment

(Chen et al., 2002; Corey & Corey, 2006; Franzen et al., 2004; Winslade & Monk, 2007).

Group work provides opportunities for discussion, reframing, imitation, and the practice

of acquired skills, while educating and demystifying the experiences group members face

(Costin, 2007; Gibson & Mitchell, 2003). Learning to bear witness, give feedback, and

empathize with others are just a few of the skills gleaned from potential group

assignments in addition to the therapeutic value of participating in and witnessing the

interaction (Costin). Finally, group counselling allows unlikely leaders to emerge with a

piece of advice or encouragement for another member, thereby satisfying a need to

contribute and have an impact on others (Yalom, 2002).

In order for group work to be most effective, a few considerations must be made.

With the adolescent population and sensitive nature of the material, same-sex groups

have shown to be more effective due to shared beliefs, values, and commonalities

(Broderick & Blewitt, 2006), yet homogeneous groups are not necessary as eating

disorders are more similar than dissimilar and a mixed group allows clients to see and

appreciate that it is what is underneath that counts (Costin, 2007). Similarly, girls from

various cultural backgrounds provide richness to the group from which learning,

comparison, and commonalities can arise (Corey & Corey, 2006). It will be important for

the facilitator to attend to cultural differences and model appropriate communication

skills in order to be respectful of different beliefs and values.

Despite the numerous benefits to group treatment for adolescent girls with eating

disorders, there are some potential setbacks to be aware of. It is important to avoid

specific discussion of negative topics such as binging, purging, fasting, and so on in order

to avoid triggering others or reinforcing negative competition (Barrow & Moore, 1983

Costin, 2007). Group facilitators must also be aware of the potentiality to normalize or

glamorize eating disorders or to reinforce perfectionistic thinking patterns by suggesting

there is a right or wrong way to work through therapy (Costin).

Theories Contributing to Group Treatment Manual

Current research suggests that working from a SFT (Costin, 2007), (NT)

(Winslade & Monk, 2007), and CBT (Chen et al., 2002; Leung, Waller, & Thomas, 1999;

Wiseman, Sunday, Klapper, Klein, & Halmi, 2002) perspective would be effective within

the group treatment format. This particular combination of theories is based on the

premise that when working with eating disordered clients it is important to challenge

thoughts and beliefs, externalize the problem to gain control, and limit the focus given to

the problem itself to eliminate persistent negative thoughts (Dallos, 2004; Jacob, 2001;

Wiseman et al., 2002). The intent is to eliminate negative cognitive patterns that

perpetuate the eating disorder while increasing self-esteem and promoting positive body

image.

Cognitive-behavioural therapy. CBT has been deemed the most successful

treatment plan for those clients suffering from BN and has recently gained more attention

in working with AN clients (Chen et al., 2002; Leung et al., 1999; Wiseman et al., 2002).

CBT works by challenging the thoughts, feelings, and behaviours that maintain the eating disorder (Chen et al.; Sarafino, 2006) and replacing them with healthy and realistic behaviours (Costin, 2007). Within this project, facilitators will be targeting the irrational perfectionist thoughts, the resulting feelings of inadequacy, and the distorted eating patterns resulting from those feelings. This is done through various exercises, including keeping a food journal, a diary of eating episodes, thought-stopping, problem solving, and relaxation exercises (Costin).

The sessions in the manual will be based on the model proposed by Fairburn, Marcus, and Wilson (1993) in which three stages of therapy are used. The first stage will involve exploring the perfectionistic thoughts that maintain the eating disorder and the implementation of behavioural strategies to replace unhealthy eating patterns. During this initial phase, participants will receive an orientation to the group, rapport will be built, client history will be taken, rationale for group practices will be given, and homework assignments and information will be explained. The second phase involves further exploration of the thoughts, beliefs, and values maintaining the behaviour, lessons on problem solving skills, a review of homework tasks, and work on perfectionistic cognitive distortions. Finally, in the third phase, facilitators will work on preparing the group for termination, maintenance of success, and prevention of relapse (Fairburn et al., 1993).

This method is based upon the theory by Beck and his colleagues (1979) that individuals need to identify irrational thoughts, test them, and correct any distorted perceptions. By targeting the perfectionistic thoughts that affect the feelings and ultimately the behaviour of eating disordered clients, counsellors can assist clients in

making more healthy choices. Using this form of CBT treatment and including the techniques of solution-focused and narrative therapies should create an effective treatment program for clients with eating disorders.

Solution-focused therapy. While treatment for eating disorders is often quite extensive, the purpose of this solution-focused group program is to focus on client strengths and promote behaviours that reduce the urge or desire to engage in eating disordered behaviour (Jacob, 2001). Therefore, the group will be limited to 10 sessions in which participants will focus on exceptions to the problem, times when they are already doing things well, and discovering ways to continue making those exceptions (Selekman, 1993; Walter & Peller, 1992). By reducing the time spent discussing the specific problematic behaviours there is less risk of other groups members using that knowledge to perpetuate their own issues (Costin, 2007). Competition occurs in all group settings and it is the responsibility of the facilitator to reduce unhealthy competition and redirect group discussion towards solutions rather than allowing repetition of the problem story (Corey & Corey, 2006). It is expected that further one-on-one treatment will be required for some group members to fully treat the problem, as not all issues can be discussed within the group setting.

Narrative therapy. Techniques derived from a narrative approach facilitate clients' learning to externalize the problem, deconstruct negative internal stories, and create a support team that can assist in restorying life circumstances while eliminating the totalizing and pathologizing language of labels (Dallos, 2004; Winslade & Monk, 2007). Using a strength-based approach, narrative therapists rely on the client's knowledge and take a position of not knowing, thereby putting the client back in a position of control

(Winslade & Monk). Externalizing the concepts of eating disorder and perfectionism allows clients to step back and disown the blame, shame, and guilt they may experience when the problem is viewed as an internal part of the client. Acknowledging that "the problem is the problem; the person is not the problem" (Winslade & Monk, p. 2) reframes the issue as one that can be worked on and resolved.

Media influences, in conjunction with personal and family beliefs about weight and appearance, often create a script or life story that youth feel compelled to follow (Carr, 1998; Winslade & Monk, 2007). These stories are then internalized and become part of how the youth self-identifies. The internal frustration of failing to meet standards of perfection takes a toll both physically and mentally on the individual. NT aims to dismantle these beliefs and stories about perfection and weight and reconstruct healthy stories that allow the youth to feel good about attaining more realistic goals (Carr; Dallos, 2004; O'Connor, Meakes, Pickering, & Schuman, 1997).

"We live our lives according to the stories we tell ourselves and the stories that others tell about us" (Winslade & Monk, 2007, p. 2). These narratives and the discourse that runs beneath them are part of our culture and contribute to the way we understand problems and, more importantly, how we solve them. Reclaiming the role of storyteller and recreating the events of our lives in order to set the stage for the life we want to live requires a sense of hope that things can be different, the acknowledgement that there are exceptions occurring now, and a social system that will accept and embrace the new story (Winslade & Monk). Group therapy provides the initial cheering section required to acknowledge personal change and provides opportunities to externalize, find exceptions,

and restory meaningful events before taking them back into the real world (Winslade &

Monk).

Chapter 4: Synthesis and Implications

Currently, researchers suggest that the incidence of eating disorders among adolescent girls will continue to rise based on the evolving nature of society's value of thinness and beauty (Becker et al., 1999; Botta, 1999; Costin, 2007). The media has followed a trend in which models consistently become significantly thinner than the average woman (Wiseman et al., 1992), sending strong messages to our youth about value and self-worth (Barrow & Moore, 1983; Costin). Should the obsession to be thin not be adequately addressed, we run the risk of losing countless young women to eating disorders and early death. Therefore, it is imperative that counselling programs target this age group and provide alternatives to perfectionistic cognitive distortions and eating disordered behaviour by teaching young girls to find fulfilment and body image satisfaction through healthy means.

This project has several implications for both counsellors and clients. The synthesis of literature on perfectionism and eating disorders allows mental health professionals to enhance their learning and working knowledge on the relationship between maladaptive perfectionistic thinking and the maintenance of an eating disorder. This knowledge may guide counsellors in their current work with eating disordered clients and may encourage them to look for perfectionistic beliefs that are currently inhibiting their treatment plan.

Further, the manual will provide a convenient resource from which counsellors can treat several individuals at one time and draw upon the group counselling experience to foster self-esteem and symptom improvement. Clients will benefit from the inclusive nature of the treatment program. By acknowledging the role of perfectionism in eating

disorders, it is more likely that a long-lasting treatment plan can be devised. Finally, this project will provide the basis for further research on the efficacy of group treatment for perfectionistic individuals suffering from eating disorders.

Strengths

The project has several strengths that should be noted. The extensive literature review on perfectionism, eating disorders, and the relationship between the two provides practitioners with valuable information regarding the psychological factors embedded within the presenting problems of eating disordered clients. Further, by highlighting the effect perfectionism has in predisposing, precipitating, and prolonging eating disorders (Frost et al., 1990; Holston & Cashwell, 2000; Lilenfeld et al., 2000; McVey et al., 2002; Sherry et al., 2003), counsellors are in a position to assess for the presence of perfectionistic symptomology prior to suggesting a treatment plan (Halgin & Leahy, 1989).

The group treatment manual is a viable and resourceful treatment companion when working within the adolescent population. Complete with lesson plans, handouts, and additional resource references, this guide provides the information necessary for a qualified counsellor to engage in group treatment with minimal advance preparation.

With knowledge regarding group structure and stages of therapy, I believe that this manual could be successfully adapted to work with a younger or older population of women. In addition, the manual's format allows for adequate processing time, depending on the characteristics of the group. This ensures that each group can work through the activities and assignments in a timeframe that is suitable for the stage of the group under the direction of an experienced counsellor.

Finally, group treatment has proven to be a cost-effective way to provide counselling to a number of individuals at one time, reducing the number of professional hours required to have the same impact in an individual format (Corey & Corey, 2006).

Limitations

In any endeavour, there is room for improvement and advancement, and this project is no different. As research continues in the area of perfectionism and eating disorders, new information may come to light that will impact the material or presentation of material in this manual.

It is important to mention that group treatment for eating disorders will not suit every client and will not be successful in all cases (Chen et al., 2002; Leung et al., 1999). Yet, based upon the current literature on the causes, consequences, and health implications of eating disorders, it appears to be a valid and viable option for a number of youth (Chen et al.; Costin, 2007). For adolescents who require further one-on-one counselling or do not meet the requirements of the screening process, alternative measures would be necessary.

This manual is intended for use with adolescent girls, yet a number of boys experience difficulties with eating disorders and perfectionism as well (Costin, 2007; Winslade & Monk, 2007). However, given the scope of this paper it was not feasible to include the male population, as several other significant factors would pertain. Further research in this area is warranted.

As current research is limited and this project has not yet undergone assessment, I would recommend that a study be conducted using this group treatment manual with the intended population. A comparative study with individual counselling and group CBT

would be beneficial in determining the effectiveness of incorporating narrative and solution-focused practices. Results gathered during the study, at program completion, and at various follow-up points would provide the information necessary to determine the value of this treatment program.

Finally, it is important to note that while treatment for eating disorders and perfectionism can be successful for individual clients, societal change is necessary if we are to truly have an impact on the beliefs, perceptions, and values of adolescent girls (Broderick & Blewitt, 2006; Costin, 2007). This change in value system would, in turn, promote better health and increased self-esteem while reducing body dissatisfaction, depression, and anxiety. By increasing positive self-image and decreasing negative self-talk, overall health is likely to improve, decreasing the demands put on our current health care system (Sarafino, 2006). Educational programming on healthy eating, moderate exercise, and biological reasons for weight gain could allow women to become more comfortable with the bodies they are given and to respect and take care of them. Promoting early understanding of the abnormality and unrealistic nature of the images they currently see might prevent unhealthy comparisons and unrewarded efforts (Sarafino). In order to reduce the occurrence of eating disorders, professionals in the health psychology field need to convey the importance of this issue to society and make physical appearance less a priority while focusing attention on self-esteem programs such as the Dove Beauty Campaign (Unilever Canada, 2007). Healthy self-perception and increased self-esteem need to become a societal goal in order to impact adolescent girls on a global scale.

Conclusion

According to Carolyn Costin (2007), an eating disorder "serves to cope with feelings of meaninglessness; low self-esteem; failure; dissatisfaction; the need to be unique; and the desire to be special, successful, and in control" (p. 9). This explanation views eating disorders as a coping tool for other difficulties the individual is experiencing in life and suggests that if we can resolve some of these issues, the eating disorder might be rectifiable (Gerlinghoff, Gross, & Backmund, 2003). Eating disorders have become a major concern in Western society, both medically and psychologically. As adolescents experience pressure to be thin, poor self-esteem and anxiety set in, urging them to take control of their lives. Fear of being ostracized and unaccepted by peers, many teens turn to drastic measures of weight control, often harming themselves in the process. North America values hard work and determination, even perfectionism. Adolescents struggling to be perfect find that one of the few things in their lives that can be controlled is food and weight. However, despite their best efforts, the ideal body image is rarely achieved or maintained, causing further distress and dissatisfaction.

The overwhelming physical, psychological, and social consequences take a toll on the young body and mind. Family, friends, and teachers often become concerned, yet feel limited in what they can do to help. Immediate medical attention is crucial to a healthy recovery, but as researchers have found, treatment without counselling is often not successful over the long term. Many of the issues that preceded the eating disorder resurface and manifest in other unhealthy ways or the eating disorder returns. Therefore, in order to effectively treat an eating disorder, psychological treatment is required.

Group counselling from a NT, SFT, and CBT perspective would be beneficial by targeting the irrational thoughts, negative feelings, and dysfunctional behaviour of an eating disorder. By focusing on solutions, reducing the pathologizing language, and restorying a more positive identity, girls are able to find exceptions to the current behaviour and find ways to increase those exceptions. The group environment creates a stable social circle in which youth can identify, build relationships, and learn from the experiences of others. While the attached group treatment manual would not be suitable for all clients, there is a large proportion of youth that could benefit from the educational and supportive nature of the program. Through careful screening, selection, and session conduct, a number of young girls could find a voice with which to share their experiences and engage in a socially connected path to healing.

Successful treatment for eating disorders creates the possibility for a healthy lifestyle for many youth who are experiencing poor health. Medical treatment, counselling, and client support are each important aspects of this process and should be carried out with the utmost care and respect for the client. Educational programming for the general population is also an important facet of the prevention of eating disorders. This comprehensive approach could have dramatic effects on a disease that is currently disabling many of our youth and requires our society to take an active approach with this issue.

Chapter 5: Group Treatment Manual

Introduction

The current literature on group treatment for eating disorders is relatively new and suggests that the group environment may be more beneficial to some clients than others (Chen et al., 2002; Leung et al., 1999). Clients with eating disorders who are typically more easily motivated, draw strength from the support of peers, and are able to draw on the experiences of others in order to improve their own health are likely more adaptable to a group treatment format (Chen et al.). However, eating disordered clients who tend to be more resistant to treatment, lack internal motivation, have difficulty setting goals and establishing rapport with other group members, are highly impulsive or extroverted, and consider their experience to be too personal to share experience less success in this environment (Franzen et al., 2004; Leung et al., 1999; Waller, 1997). It may be more feasible to treat these clients individually, both for their sake and for the productivity of the group.

Careful group member screening and selection is necessary to ensure safety, well-being, and maximum benefit for all participants (Corey & Corey, 2006). If this is not carried out properly, there is a high risk that members will drop out prematurely due to the stress of the group resulting from issues such as asking participants to confront the underlying issues of their problems (Franzen et al., 2004). Some factors to consider during group selection are the age of participants, personality type of the individual, and the presenting eating disorder (Corey & Corey). Each group member brings something unique to the group and this can be a positive learning experience; however, it is important for facilitators to be aware of potential complications in order to plan sessions

accordingly. Given the age group, it is important to remember that youth are often more difficult to motivate, so it is beneficial to provide a motivational pre-group meeting for participants in which expectations and ground rules are explained and group cohesiveness is encouraged (Wiseman et al., 2002).

In order to qualify for this group, participants must be female and between the ages of 12 and 17, with parent or guardian consent. Consideration will only be given to participants referred from a current counsellor or therapist working with the adolescent on eating disorder issues, who believes that the adolescent has stabilized enough to benefit from group work. The criteria for stabilization would include outpatient status and limited occurrence of eating disordered behaviour. In order for admission to the group to occur, administration of the Eating Disorder Inventory-3 (EDI-3) (Gardner, 2004) will be required, as it provides a comprehensive assessment of several psychological traits that are clinically relevant in the treatment planning for individuals with eating disorders with particular attention to items suggesting perfectionistic tendencies. Eligibility in the group will be based upon the confirmation of a diagnosed eating disorder with elevated incidence of perfectionistic thinking using this assessment measure. This assessment tool will be purchased from Psycan Educational and Clinical Resources; group facilitators will be required to purchase the assessment kit from the distributor before administering it. In addition, the Group Selection Questionnaire and the Group Therapy Questionnaire suggested by the American Group Psychotherapy Association (AGPA, 2006) could be used to assist in the selection of participants who may make positive contributions to the group atmosphere and identify those who would not be suitable for the group process. These assessments can be purchased from AGPA (2006) and due to copyright issues

cannot be included as an appendix item; however, ordering information will be included with the manual should facilitators choose to administer the questionnaires. Administration of the aforementioned assessment tool requires Masters level qualifications and significant experience in interpreting the results of such assessment tools (AGPA; Gardner). These assessments would be administered during the screening and eligibility interview stage of the program.

Structure and Organization of the Group

The structure and organization of the group is paramount to the success and cohesion of the group (Corey & Corey, 2006). Several factors must be taken into consideration in order to increase the likelihood of success for the group.

Length. The group shall run for a period of two hours once per week for a series of 10 weeks (including pre-group and post-group meetings). The initial interviews should take place approximately one week before the pre-group meeting occurs. Two weeks following the pre-group meeting the sessions should commence, with a post-group meeting occurring three weeks after the cessation of the group to allow an appropriate amount of time for reflection. In order to accommodate the school day, it is suggested that the group take place in the evening at a time that allows for homework completion and adequate rest.

Location. To ensure privacy and client comfort, the group meetings should be held in a quiet, private location within reasonable proximity to a bus stop and with adequate parking for parents. The building should be handicap accessible and it would be beneficial for the meeting room to be large enough for clients to move around and have comfortable seating.

Facilitators. This group requires one or two facilitators who are qualified as registered psychologists with group counselling experience. The facilitators must have extensive knowledge regarding eating disorders and have training and experience with female adolescent issues. Supervision is suggested during group member selection, twice throughout the group process, and following the post-group meeting through discussion, direct/indirect observation, and client evaluation. Supervision should be provided by an individual with a doctorate in counselling psychology.

Group characteristics. The group will be comprised of six to eight girls, aged 12 to 17, of any cultural background. This shall be a closed group in which members have undergone an initial screening process, an individual interview, and a pre-group meeting before beginning the first session. Clients will have been referred from a current psychologist, membership will be voluntary, and parental permission will be required to receive services.

Ground rules. The following list of ground rules will be provided to all participants:

1. Confidentiality is to be honoured at all times except for the purposes of ethical or legal issues.
2. Clients are expected to attend all sessions and be on time because their absence affects the entire group.
3. Clients are expected to be respectful of others and to share their feelings, thoughts, and reactions in an appropriate and sensitive way to create an environment of trust in which work can take place.
4. Clients must refrain from using drugs and alcohol during meeting times.

5. Clients are expected to participate to the extent that they feel comfortable and safe in doing so.

6. Clients are expected to engage in journaling during and between sessions.

7. Parental consent is required for participation in the group.

Assessment of client satisfaction. Client satisfaction is crucial if adolescents are expected to return each week and share their experiences with others. They must find groups to be relevant and useful in order to motivate themselves and participate (Corey & Corey, 2006). Therefore, it is important to continuously assess each participant's level of satisfaction, as not all members will voice their opinions. The Session and Group Evaluation forms attached in appendices A and B respectively, demonstrate the way in which this group will collect between-session data from which further discussion may emerge. These assessments are designed to give the youth an opportunity to voice concerns, to reflect on the session, and to encourage thinking about future sessions. These should take approximately five minutes to complete.

Client notes. Following each session, case notes will be written for each client. The purpose of this is to reflect on changes to client goals, to note key events during the group process, to track homework activities, and to promote thinking about future sessions. The facilitator will spend approximately 10 minutes per client summarizing the highlights of the group, items for future discussion, and important observations of the client's progress. Case notes will be reviewed before the next session to stimulate contemplation of where clients left off in the previous session and to examine emerging themes. Please refer to Appendix C for a sample Case Note form.

Group Marketing

Given that this program is designed for youth currently in individual counselling, the preferred form of entry will be through a professional referral. Clients are intended to be attending counselling for an eating disorder and have reached a place in their therapy in which their physical and emotional health are strong enough to engage in group discussions without negatively impacting their recovery (Corey & Corey, 2006). Significantly reduced incidences of disordered eating, a willingness to relate to others, and the ability to self-monitor are important characteristics for entering group treatment (Costin, 2007). Yalom (as cited in Corey & Corey, 2006) stated that "group counselling is contraindicated for individuals who are suicidal, extremely fragmented or acutely psychotic, sociopathic, facing extreme crises, highly paranoid, or excessively self-centered" (p. 114). Therefore, a client experiencing any of the above in individual counselling would not be ready for group therapy.

However, posters will be created in order to provide youth and their parents with an opportunity to approach the counsellor and discuss a potential referral (see Appendix D for a sample Marketing Poster). Posters may be placed in a variety of locations, including counselling offices throughout the community, within the hospital, and within the schools. In order to ensure that appropriate referrals are made, group facilitators should be available to meet with community counsellors and therapists to explain the program and provide the necessary contact information.

Ethical Considerations

While there are numerous legal and ethical considerations when working with groups, the three most pertinent to this particular setting are informed consent,

confidentiality, and counsellor competence. They will be addressed briefly below and must be discussed in depth with participants and their parents/guardians.

Informed consent. It is crucial for clients to be aware of the potential risks and benefits of counselling in addition to the expectations of the facilitator (AGPA, 2006; Association for Specialists in Group Work [ASGW], 1991, 1998; Canadian Counselling Association [CCA], 1999; Corey & Corey, 2006; Sinclair & Pettifor, 2001). Participants will be advised of both the rights and responsibilities of being a group member during the initial interview and again at the pre-group meeting. During the initial interview participants will be asked to sign the consent form (see Appendix E for the Adolescent Consent for Group Participation Form). Group members must feel they have enough information during these initial meetings to determine if they would like to continue with the group.

Further, parents must be informed of the risks and benefits to which their child may be exposed during this experience and of the importance and limitations of confidentiality (AGPA, 2006; ASGW, 1991, 1998; CCA, 1999; Corey & Corey, 2006; Sinclair & Pettifor, 2001). For the purpose of this group, parents will be asked to sign a waiver acknowledging that information shared within the group will remain confidential unless law or ethics require otherwise (see Appendix F for the Parental Consent for Group Participation Form).

Confidentiality. Confidentiality is one of the cornerstones of counselling in that it implies a sense of confidence and trust between client and counsellor, which are paramount to the working alliance and counselling relationship (Hiebert, 2001). Clients must believe that confidentiality will be respected before they will open up and begin

working towards their goals. Therefore, it is important for the group facilitators to make the expectations around confidentiality clear during the first meeting and remind participants throughout the group that they are expected to honour this code. Furthermore, in dealing with adolescents it is important to have clear and ethical parameters established for the practice of sharing information with parents or guardians (CCA, 1999; Sinclair & Pettifor, 2001). In order to establish trust and allow adolescents to discuss sensitive issues, it is important that they believe their disclosures will be kept in confidence. Therefore, it is necessary to discuss the purpose of the group and the importance of confidentiality with parents before they sign the informed consent form at the start of the group (Corey & Corey, 2006). Any discussion with parents regarding their child's progress in the group should be done with careful consideration for confidentiality, and may be more beneficial if held in the presence of the adolescent (Corey & Corey).

However, there are certain instances in which confidentiality becomes an ethical dilemma, and clients must be aware of these exceptions before counselling begins (AGPA, 2006; ASGW, 1991, 1998; CCA, 1999; Corey & Corey, 2006; Sinclair & Pettifor, 2001). Exceptions to confidentiality include situations such as when group members are at risk of hurting themselves or others, when abuse of children or the elderly is suspected, or when the court orders that information is shared (CCA; Sinclair & Pettifor). It is important to note that when confidentiality must be broken for legal or ethical reasons, it should be discussed with the youth prior to the release of information (Corey & Corey). Clients may also give written permission for information to be shared and must be aware that information will be shared with the facilitator's supervisor in

order to provide competent services. These issues are addressed within the consent forms provided in Appendix E and Appendix F.

Counsellor competence. The important consideration is "who is qualified to lead this type of group with this type of population" (Corey & Corey, 2006, p. 85). As mentioned previously, it is necessary for the facilitator of this group to have extensive experience with eating disorders, be comfortable working with youth, and have a background in female issues. In order to ensure that ethical standards of competence are met, the facilitator must be a member in good standing with a logical regulating body. Stringent standards in competence ensure that group activities are purposeful and meaningful to clients while maintaining the emotional safety and integrity of the group (AGPA, 2006; ASGW, 1991, 1998; CCA, 1999; Corey & Corey; Sinclair & Pettifor, 2001). Therefore, group facilitators must have adequate knowledge, skills, and specialized experience before taking on this type of work.

In order to maintain accountability, all group participants and their parents/guardians will be provided with information regarding the mandatory ethical guidelines adhered to by facilitators (see Appendix G for Ethical Guidelines for Group Psychotherapy Practice handout). This information will be discussed at the initial interview as well as at the pre-group meeting, but will be open for discussion for the duration of the group term.

Summary

Several considerations must be made when working with the adolescent population. In order to create an environment in which growth can occur, the group leader must spend time creating an atmosphere of trust within which the youth feels

comfortable sharing (Corey & Corey, 2006). At a time when peer pressure and peer opinions are highly influential, it is important for the group to feel connected and safe before moving into the working stage. This can be done through appropriate leader disclosure, experiential exercises, and activity-based sessions (Corey & Corey; Winslade & Monk, 2007). In order to keep momentum and increase motivation, groups should be time-limited and provide tools and information that can be easily transferred to real-life situations (Corey & Corey; Schectman, 2004). Finally, group leaders must be sensitive to the developmental stage of the group members in order to attend to the necessary process for work to occur (Broderick & Blewitt, 2006). Acknowledging client needs and areas of discomfort assists the leader in ensuring a sense of safety and trust during the sessions.

PERFECTIONISM IN EATING DISORDERS:

A GROUP TREATMENT MANUAL FOR

ADOLESCENT FEMALES

Pre-Group Session

Eating Disorders:
Group Therapy with Adolescent Females

<table>
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Objectives

1. Create ground rules and review confidentiality.
2. All members get to know one another.
3. Provide an overview of what can be expected over the remaining sessions.
4. Explain group process and uncover member expectations.

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Advance Preparation

- Review all the information for this lesson.
- Set out Kleenex.
- Set up activities.
- Prepare the room and the refreshments.
- Photocopy any materials.

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Diversity Considerations

- Invite group members to share culturally relevant information when introducing themselves.
- When creating ground rules keep culture in mind and teach girls how to be respectful of beliefs different than their own.
- Be respectful of personal space issues when the girls are encouraged to interact.
- Be aware of any physical limitations and accommodate accordingly.

Facilitator Notes:

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale

30 min	WELCOME & CHECK-IN	• Introduce yourself, welcome participants, and discuss the focus of the group today.
		  • Share your background, your strengths, something funny, etc., to give them a better sense of who you are. Discuss the plan for the day and welcome them to the group: "The purpose of tonight's meeting is for each of you to get to know one another and for us to discuss the plan for the next 10 weeks. We will go over some basic rules and expectations, introductions, and you will have the chance to ask any questions you have thought of since the interviews we did a few weeks ago."
		• Create ground rules and review confidentiality information on flip chart while addressing how to avoid comparisons within the group:
		  • "Each of you brings strengths to this group and you are here to learn from one another and hopefully support each other in this journey over the next several weeks. However, groups can also become places where unhealthy information is shared and competition arises. It is important that this doesn't happen in our group because these kinds of behaviours make it difficult to trust each other or to get better. For this reason we will not talk about weight, calories, bingeing, purging, or dieting. By avoiding this it is easier to focus on being the healthiest person you can be without comparing yourselves to each other. Lets look at our ground rules and then you will have a chance to add some of your own."
		  • Provide a list of essential ground rules and encourage the group to brainstorm any
			• The introduction allows group members to gather important information they need to develop a sense of trust in the facilitator. It is important that this trust is developed for work to take place in future sessions.
			• Introductions also allow group members to see the facilitator modeling appropriate sharing and disclosure.
			• Acknowledging confidentiality assists in creating a safe and trusting climate in which group members can begin to take risks.
			• Allowing the members to contribute to this process fosters a sense of ownership in the group and makes rules more meaningful.
			• This type of activity also provides a starting place for open discussion among group members and gives the facilitator the opportunity to model positive feedback and acceptance as this will be the first time the girls volunteer information within the group. By setting specific parameters around what is acceptable in the group, the facilitator is in a better position to limit competition and unhealthy interactions between group members.

		additional rules required to make the girls feel safe and supported in the group. Write them on the flip chart and once the group is satisfied with the list, use group members' signatures as a way of pledging agreement to abide by the rules. • Review the confidentiality agreement each girl signed at the interview visually and verbally, and answer emerging questions. Keep this on the wall along with the ground rules for future reference. ✓ Supplies: Flip chart, Markers, "Ground Rules" handout	

30 min	ICEBREAKER	• Engage the girls in an icebreaker activity to facilitate relationship building and increase comfort among members (choose from the attached Icebreaker Activity List).
		• Process the activity after completion using questions such as:
		  • How did it feel to share information about yourself?
		  • Do you feel you know anyone a little better?
		  • What did you learn about yourself or others during this activity?
		✓ Supplies: "Icebreakers Activity List"
			• Icebreakers often create laughter and energy from which bonding over similarities and accepting differences can begin. The relationships that begin here are the foundation for work to take place in future sessions.
			• Processing the activity allows time for reflection and at this point in the group requires minimal participation but establishes the norm of sharing.

15 min	BREAK	Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.	
30 min	GROUP PROCESS AND MEMBER EXPECTATIONS	• Describe how group therapy can be beneficial for group members: • "Group therapy has many advantages for girls your age. Meeting here each week provides a place for new relationships or friendships to be made, and gives us a place to learn from the experiences of those around us. Even though all of you have an eating disorder, each of your experiences is unique. Some of your experiences might be similar and you will be able to relate to each other. For some	• The purpose of discussing the group process and the roles of the participants and the facilitator is to provide enough information for group members to make an informed decision about coming back to the group. This allows them to address whether this group will meet their needs, or whether they believe they can commit to the expectations presented to them. In this respect, all girls begin with the same knowledge base and an environment of sharing and shared

		of you, your experiences will be very different and you will get to experience what others are going through. In either event, you will be able to support each other, and grow with each other while we try out new behaviours in our own small community before taking them out into the real world."
		
		• Give some tips on how members can get the most out of this group:
		   • "Group is something we all need to work at for it to be really beneficial and there are a few things that each of you need to do in order to have the best group experience possible. It is important that we are all honest and direct with each other; that we are supportive and caring; that we focus on the experience in the here-and-now; that we be active participants and not observers; that we express our feelings; and that we give caring feedback to each other. By doing each of these things we give ourselves and each other the best possible chance of growth and success."
		
		• Discuss group member expectations:
		   • "In order for us to have a positive experience here, I need to know what your expectations are. What are you hoping to get out of this experience? What are your goals while you are here? What beliefs do you hold about groups? We need to first examine the expectations you bring with you before we can move forward in our learning."
		
		• Explain the role of the facilitator:
		   • "We each have different roles within this group, and it is the combination of roles that makes this type of counselling most effective. My role as the facilitator is to guide you through the process and assist you in getting the most out of this group. Over the next 10
			understanding emerges as the framework for a cohesive group, while reducing anxiety over what can be expected. This is a time when group members can ask questions and clarify their understanding of what the next 10 weeks will entail.
			
			• Using reflection exercises gives group members the opportunity to reinforce and extend their learning between sessions. It assists clients in making broader generalizations with new knowledge. It is important that group members understand the purpose of each reflection assignment in order to make it more meaningful.

		weeks I will support you, listen to you, confront you, and model for you the ways in which you can be most helpful to each other. There might be times when I will push you a little to improve your experience, but I will always respect you and be authentic with you." • Discuss reflections, self-reporting, etc. • "A lot of work takes place during our sessions together, but some of the real work happens in between sessions when you have a chance to process and practice what we've discussed. Because of this, I will be providing you with a variety of reflection exercises to assist you in applying important concepts in your everyday life. These exercises are designed to maximize your learning and reinforce what you've learned." • Ask if there are any questions within the material you have shared.	
15 min	WRAP-UP	• Have participants complete Session Evaluation (approx. 5 min) • Address any questions or comments. • Check-out by having members answer "What are you most looking forward to in this group?" • Explain the purpose of journals and provide each girl with one: • "Over the next 10 weeks you will be expected to keep a journal between sessions. This journal will be private for the most part, but there may be times when a reflection assignment will be given for your to journal about and bring back to the group. The journal is also a place for you to write thoughts about the session, questions you would like answered, how you are	• The session evaluation provides an opportunity for self-reflection and also creates a link between sessions by having group members start thinking about the next session. Reflection on the material of the day assists in the consolidation of their learning and gives a moment for them to consider questions or concerns to bring up in the next session. The evaluation also provides valuable information about the overall feelings of the group that can be useful in planning for the next session. • Writing in a journal can provide a place for self-reflection and also allows clients to write what they were not comfortable saying. Additionally, when clients write down their thoughts and feelings, they are more likely in the future to verbalize ideas.

		feeling about your recovery, important information you want to refer back to, etc. This journal provides you with a place to share those things you don't feel comfortable sharing in the group or that come up between sessions. You are welcome to bring your journals to the class and you may share from them if you wish". ✓ Supplies: Session Evaluations & Journals	

References for this week's material:

American Group Psychotherapy Association (2006). *AGPA and NRCGP Guidelines for Ethics*. Retrieved May 23, 2007, from
http://www.groupsinc.org/group/ethicalguide.html

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Ground Rules

1. What happens in the group stays in the group.

2. Be on time.

3. Attend every group.

4. Be respectful of each other's feelings.

5. Each group member is unique so avoid comparing yourselves to each other.

6. Each group member has their own struggles, but group is not a place to discuss food or weight issues.

7. Group is a place to learn new skills, not a place to share old habits.

8. You always have the right to not participate in an activity if you don't feel comfortable; group is a place for encouragement not harassment.

9. Use of drugs and alcohol during group time is strictly prohibited. Please come to group with your mind clear and ready to learn.

10. Verbal or physical aggression will not be tolerated. No harassment, name-calling, or bullying.

11.

12.

13.

14.

15.

Icebreaker Activity List

Game #1:

A good game for small groups who need to know a little bit more about each other.

Split the group into pairs. Each pair has to come up with words that describe the person using the letters in their first name. The phrase is then shared with the group.

As an example, Claire could stand for "Cute, Loving, Animated, Intelligent, Reserved, Excited".

Game #2:

Ideal for a quick energy boost and finding out a little more about your group.

Have your group ready to form a line in order of....

- Height, from smallest to tallest
- Birth months, from Jan through to December
- Letters their name starts with from A-Z.
- Anything else you think up!

Game #3:

A fun icebreaker game to encourage creativity.

Ask each person to say what they would be and why, if they were a...

- A piece of fruit
- A kitchen utensil
- An animal
- A cartoon character

Examples:

I would be a pineapple as I am exotic, sweet and zingy.
I would be a whisk as I like to stir things up.
I would be Taz as I rush around like a crazy creature.

Session 1: Living Without Labels

Eating Disorders:
Group Therapy with Adolescent Females

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<u>Objectives</u>
1. Develop cohesion among group members.
2. Create group and personal goals for the remaining sessions.
3. Identify labels that can hold us back from succeeding.

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<u>Advance Preparation</u>
- Review all the information for this lesson.
- Set out Kleenex.
- Set up activities.
- Prepare the room and the refreshments.
- Photocopy any materials.

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<u>Diversity Considerations</u>
- Acknowledge that myths and labels regarding ED and perfectionism might be different in various cultures. If these do not seem to fit, ask for input from the group to make it culturally relevant.
- Be aware of perfectionistic tendencies that may arise during the art activity.
- Use a variety of cultural representations in the "How Do You Feel Today" handout.
- Be respectful of personal space issues when the girls are encouraged to interact.
- Be aware of any physical limitations and accommodate accordingly.

<u>Facilitator Notes:</u>

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale
30 min	WELCOME & CHECK-IN	• Welcome participants and discuss the focus of the group: • "I am so glad that each of you decided to come to group this evening. It is a big decision to try something new and to meet new people and I applaud each of you for taking this first step. Over the next 9 weeks we will share many experiences and try many new things together, and I'm sure that each of you will walk away with something. People come together in groups for a variety of reasons, but this particular group has its own purpose. You are here together to learn from each other and support each other as you learn about yourselves and begin to identify and repair the way you think about being "perfect" as you move along the road of recovery from an eating disorder. This group will provide you with a safe place to check out some of those feelings or thoughts you have and experiment with new ones that make you stronger and happier. This group is a place for growth and understanding." • Review ground rules and confidentiality information from the pre-group meeting on flip chart. • Have each member introduce herself and complete the phrase, "When I think about being in this group for the next 8 weeks, I feel...." • Address any questions that arise. ✓ Supplies: Flip chart & Markers	• Discussing the focus of the group provides members with an idea to ground themselves in; a starting place to work from. It is important that this introduction be positive and hopeful to give group members a sense that while it may sometimes be difficult, it will be beneficial and it will be worthwhile. This type of introduction appropriately sets the stage for the work of the group. • Reviewing the rules serves as a reminder of the commitments group members made to each other and sets a safe tone for the group. • The check-in activity requires minimal sharing but gets each member participating and provides a theme to the session. Identifying the connection between thoughts and feelings is important for later group work.
30 min	EDUCATION & PERSONAL GOALS	• Facilitate a discussion on some facts and myths about recovery from eating disorders based on Handout #1: Myths & Realities of ED. Process using questions such as: • What were you thinking about as we went through this information? • How does this material apply to you? • Did you learn anything you didn't know before? • Art activity to assist in creation of group and personal goals. Activity #1:	• The discussion of myths provides critical information to group members and also tests what they know about ED. It is important to ask questions about how group members feel about this information, how it applies in their lives, etc. to establish a baseline for their experiences. • The art activity provides a non-threatening way for group members to start thinking about goals. By allowing them to draw rather

		Crystal Ball
		 • Have each person draw where they would like to be at the end of the 8 sessions. If the group is having difficulty with this concept, try using a version of the miracle question to stimulate thought about their goals. Give directions provided on activity outline.
		 • Have each participant share artwork with the large group if they are comfortable.
		    • When the group returns to share their creation, invite others to ask questions to help clarify what the group member sees for herself (model support and respect).
		    • Using the flipchart, as each girl shares the meaning of their drawing, write down key words such as happy, in control, relaxed. Use these words to help the group define a common goal to work towards. Post this with the ground rules to look at during each session. Then help the girls create one or two personal goals and have them document this in their journal.
		 ✓ Supplies: Flip chart & Markers
			than verbalize group members have the freedom to be more expressive and reflective without worrying about finding the right words.
			 • It is important to address group members' anxiety about doing this activity perfectly. In addition to the disclaimer in the directions, address any other observable signs that the girls are nervous about the activity.
			 • Sharing the activity takes this exercise to the next level by encouraging group members to move slightly out of their comfort zone to promote sharing which is critical for cohesion to occur during the initial stages of group. Sharing your artwork first provides an opportunity for modeling.

15 min	BREAK		Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.
30 min	LIMITING LABELS	• Brainstorm and identify labels that are commonly placed on individuals with eating disorders and write them down. Start by giving an example such as "too skinny". • Address how these labels make group members feel. Provide handouts with a list of feelings on them and invite the girls to add their own if need be. Go around the room and invite each girl to identify a feeling. If they are not comfortable, ask them to comment on the feeling of someone else, or have them choose someone they can relate to. • Use the "Mind-Body Connection" handout to help group members understand that the labels and resulting thoughts lead to the negative feelings and ultimately to the negative coping strategies they might use. Explain that by decreasing the use of limiting	• Brainstorming ideas creates a cognitive space for group members to verbalize their thoughts and past experiences. Recognizing shared experiences and being able to relate to others in the group is beneficial for developing relationships and building empathy. • As a group, it feels safer to experience the feelings that accompany the labels and reject them or refute them, than doing so alone. Identifying feelings can be difficult and it may be helpful to have a list of feeling words ready if group members cannot articulate them such as angry, sad, afraid, lonely, etc. • Identifying the feelings that

		labels the girls can have a positive effect on their thoughts and feelings, allowing them to access more positive coping skills. Ask the girls to provide information to assist in working through a few examples together. • Create a contract together to affirm that the group no longer accepts the negative labels and chooses to remove them from the group. Have all the girls sign it and keep it at the front of the room. ✓ Supplies: Flip Chart, Markers, Paper, Pens, Tape, Scissors, "How Do You Feel Today?" handout, "Mind-Body Connection" handout	these labels create is an important connection as it allows group members to view their behaviour as a reaction or coping strategy for the feelings they are experiencing. This activity assists in creating a mind-body connection. The girls should begin to understand after leaving this lesson that what we believe affects how we feel and further, how we act. Using the diagrams provided the facilitator can walk through several group-generated examples of this cycle. • The contract is an activity that brings group members together in an effort to refute labels and creates a sense of purpose and direction for the group.
15 min	WRAP-UP	• Have participants complete Session Evaluation (5 min.) • Address any questions or comments. • Check-out by having members answer "What was it like for you to participate in this group tonight?" • Reflection exercise: Write in your journals about the experience of creating a piece of artwork without focusing on being perfect. What did you have to say to yourselves in order to be able to share your art with the group? ✓ Supplies: Session Evaluation	• The check-out activity provides the opportunity for reflection on the events of the evening and gives the girls a chance to use some of the feeling words they identified earlier to describe their experience. Verbalizing their experience assists in creating meaning for tonight's events. • The purpose of the reflection assignment is to encourage the girls to reflect privately on how they were feeling about the group tonight and to have them start putting some thought into what strengths they drew from to complete the activity. This sets the stage for later work on finding personal strengths. The assignment is also ambiguous enough that if the girls are not yet comfortable exploring their feelings they could focus on the cognitive processes involved in the activity.

References for this week's material:

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Costin, C. (2007). *The eating disorders sourcebook.* Chicago: Lowell House.

Dallos, R. (2004) Attachment narrative therapy: Integrating ideas from narrative and attachment theory in systemic family therapy with eating disorders. *Journal of Family Therapy, 26,* 40-65.

Eating Disorder Center of Denver (2006). *Myths and facts about eating disorders.* Retrieved

Teacher's Paradise (2007). *How do you feel today?* Retrieved November 17, 2007, from http://www.teachersparadise.com/c/images/prods/1mhcp/0768213762

Winslade, J., & Monk, G. (2007). *Narrative counseling in schools: Powerful and brief* (2nd ed). Thousand Oaks, CA: Sage Publications.

Recovering from ED:

Myths & Realities

MYTH: Once you have an eating disorder you will always have an eating disorder. The process of recovery lasts a lifetime and is filled with struggle.

REALITY: While food and weight loss may still come to mind for those who have recovered from an eating disorder, it is possible to live a life without the obsessive thoughts, feelings, and behaviours that accompany this disorder. Maintenance of a healthy weight and continued support are beneficial in this process.

MYTH: You are powerless over your life and your eating disorder, so treatment is futile.

REALITY: Although you might feel helpless, powerless, and unworthy, you are not. With the right tools, the right people, and the right attitude you have the ability to feel good about yourself again. Seeking treatment was the first step on a long journey towards finding you again. You can learn to control this disorder and take back control of your life.

MYTH: Eating disorders are only a phase. Therefore, treatment is not necessary, you'll grow out of it.

REALITY: Without treatment, eating disorders have the highest mortality rate of any mental illness. Many women struggle with eating disorders they acquired in their teens if they do not have access to adequate resources. However, the mortality rate is significantly reduced through multimodal treatment that addresses both the behaviour and the underlying thoughts and feelings.

MYTH: Eating disorders are about food, so if you can mend your relationship with food, all will be well.

REALITY: An eating disorder is a complex mental illness with biological, psychological, and sociological components. Simply "eating right" ignores the underlying issues of an eating disorder. Effective treatment of an eating disorder takes a multimodal approach to identify and work through the core struggles.

Costin, C. (2007). *The eating disorders sourcebook.* Chicago: Lowell House.

Eating Disorder Center of Denver (2006). *Myths and facts about eating disorders.* Retrieved

Crystal Ball

I want you to imagine that you have a crystal ball and are able to see into the future. Take a deep breath, relax, and look 8 weeks ahead to the end of this group. Imagine yourself leaving the group and picture how you might be feeling, what you might be thinking, and what you might be doing next.

Now, keep those thoughts and feelings with you as you use the materials in front of you to share that image with us. Use colours, shapes, and drawings to communicate those feelings, thoughts, and actions. This picture doesn't have to be perfect and it will not be judged on artistic ability. In fact, the "less perfect" the creation is, the more authentic it is. This art activity is about the "real you" and not the "perfect you". The purpose is to create a snapshot of what you see for yourself at the end of group. For example, in my picture I've drawn a smiley face because I see myself feeling happy at the end of group. I've also drawn some blue waves that make me feel relaxed and peaceful. The police officer I've drawn represents me being in control of my own thoughts and feelings, and the apple represents healthy eating. Each of these items means something to me. The colours remind me of feelings and the drawings and symbols tell you about what I'm thinking and doing.

Once we have completed this activity we will be taking turns and sharing our pictures with the group. If you are uncomfortable doing so you may ask to "pass" but I'd encourage each of you to share something with the group.

How Do You Feel Today?
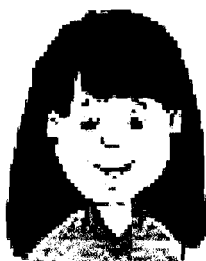
Happy	Sad	Shy	Excited
Sorry	Proud	Embarrassed	Angry
Guilty	Surprised	Afraid	Impatient
Jealous	Hopeful	Hurt	Loved

Teacher's Paradise (2007). *How do you feel today?* Retrieved November 17, 2007, from http://www.teachersparadise.com/c/images/prods/1mhcp/0768213762

Mind-Body Connection

NEGATIVE
FEELINGS

LIMITING
LABELS

NEGATIVE
THOUGHTS

NEGATIVE
COPING SKILLS

Mind-Body Connection

POSITIVE
COPING SKILLS

POSITIVE
AFFIRMATIONS

POSITIVE
FEELINGS

POSITIVE
THOUGHTS
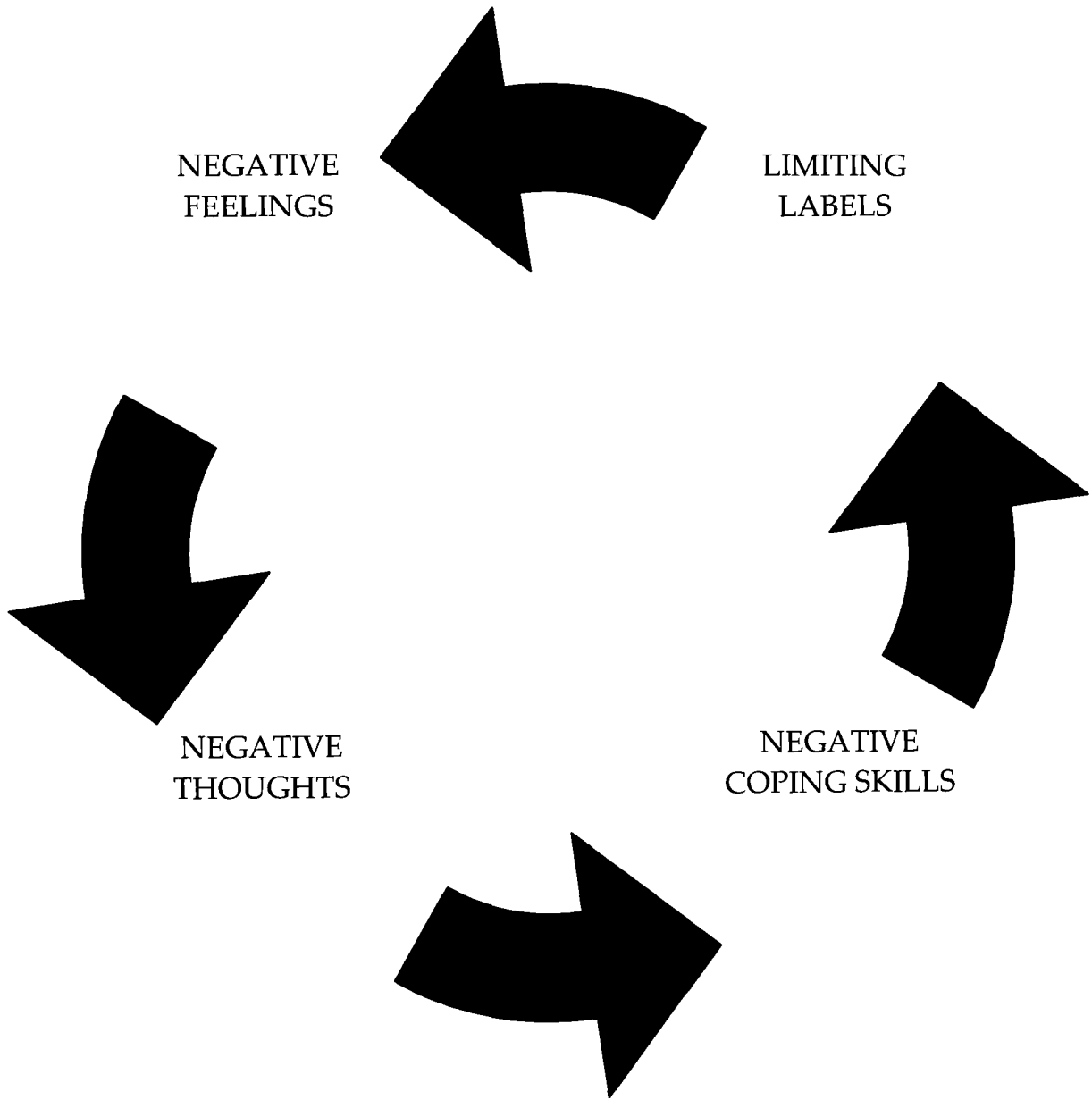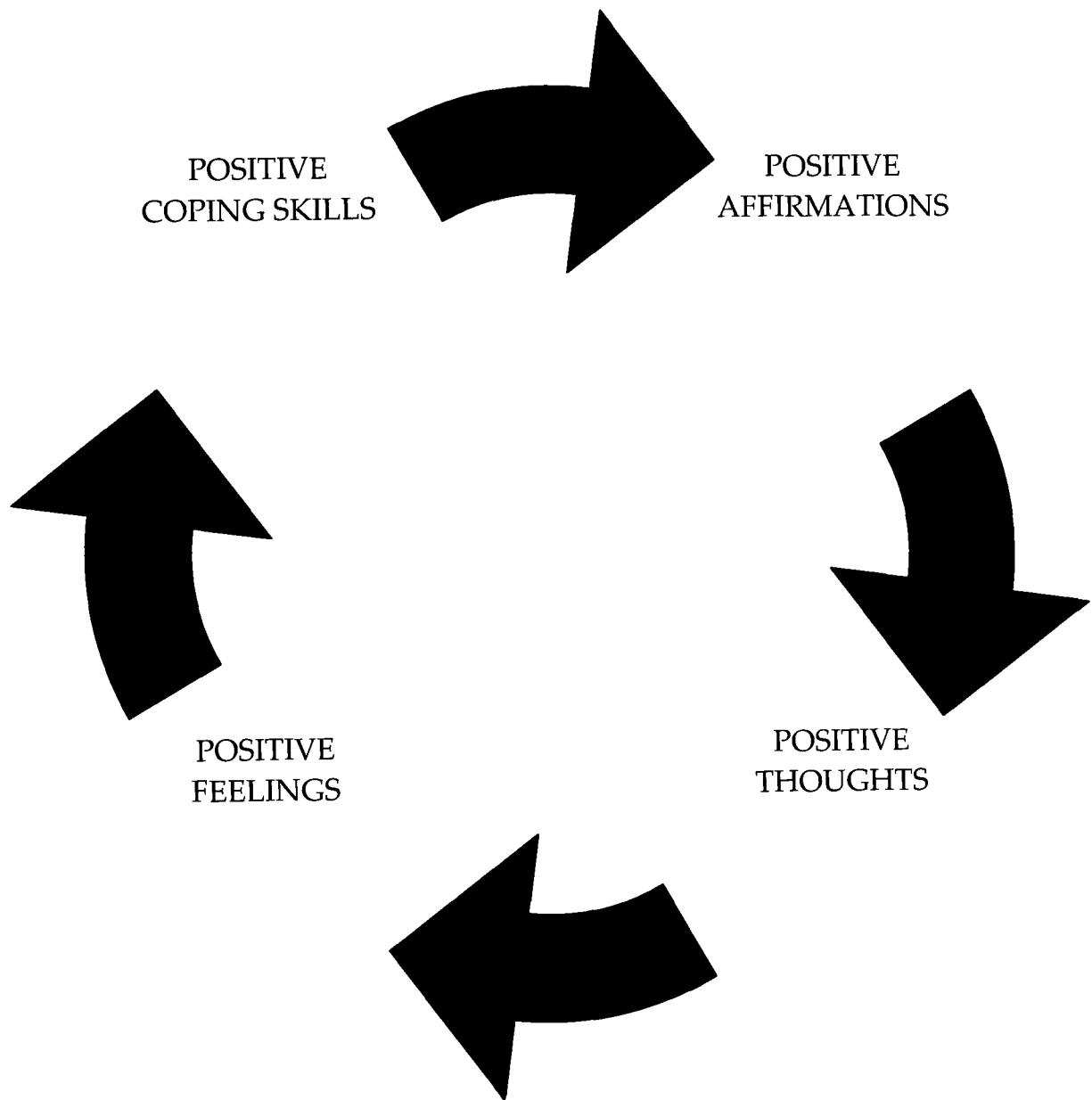
Session 2: Naming the Problem

Eating Disorders:
Group Therapy with Adolescent Females

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Objectives
1. Be able to identify and name the problem.
2. Learn about body image and the connection to our thoughts and feelings.

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Advance Preparation
- Review all the information for this lesson.
- Set out Kleenex.
- Set up activities.
- Prepare the room and the refreshments.
- Photocopy any materials.

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Diversity Considerations

- Story telling and giving the problem a name may have a variety of cultural meanings for participants. Be aware of the age of group members to avoid making it too juvenile.
- Be aware of different cultural messages around beauty and perfection. Help the girls to share their own cultural standards to make the lesson more relevant and meaningful to them.
- Be respectful of personal space issues when the girls are encouraged to interact.
- Be aware of any physical limitations and accommodate accordingly.

Facilitator Notes:

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale
20 min	WELCOME & CHECK-IN	• Welcome participants and provide a brief overview of the ground to be covered in the session, leaving it flexible for any issues that arise: • "Good evening girls, glad to have you back in group tonight. I hope you were able to limit the labels in your life over the last week. Tonight is all about "the problem". We're going to identify some problems, name them, talk about them in relation to our life, and see how we feel about them. But before we get into that, we'll take some time to discuss something really important to all young women – body image, and how it relates to eating disorders and our self-esteem, or how we feel about ourselves." • Brief review of ground rules and confidentiality agreement on flip chart. • "Does everyone remember the rules we created in our pre-group meeting? Let's review them together before we continue…can you think of anymore we should add?" • Have each member complete the phrase "I am feeling _____ about being here tonight". ✓ Supplies: Flip chart, Markers, "How Are You Feeling?" handout	• The purpose of the welcome and brief overview each week is to set the tone of the group, connect group members after being away for a week, and provide structure to the group. The amount of structure necessary will decrease as the group progresses, but it is important to highlight the expectations and goals for the evening. However, the plan for the evening must always be tentative enough to allow for any issues that arise in the group needing attention. Ignoring conflict or limiting process to focus solely on content can create an impasse in the group and may limit the trust required to move forward. Therefore, it is important to deal with issues as they arise and this may mean altering the content of the group. • During the first few sessions it is useful to review the rules as it takes a few sessions before they become norms. This also provides the opportunity for new rules to be added as needed. Eventually this will be phased out and reminders will only be given when necessary to avoid redundancy. • The check-in activity builds on last week's lesson on identifying feelings, and provides the facilitator with a quick overview of the mood of the group.
		n dyads, have participants discuss one thought or feeling that came up after the first session related to labels and inform the group that they will be returning to the large group to share their ideas. • Assign groups to avoid anyone feeling left out. Make groups different than last week.	• By having group members discuss material from the previous week they have a chance to verbalize what emerged for them after leaving the group, and it also provides a link between last week's material and this week.

		• Give approx. 5 minutes for discussion before returning to the large group for open discussion. • Return to the large group and share a theme that emerged in the dyad discussions. As always the girls are free to pass if they are not comfortable sharing. • Answer any questions that arise. • Review reflection assignment. • If group is bonding well, have clients discuss the journaling activity in the large group. If they are having difficulty opening up, use dyads to discuss the assignment before bringing it back to the group, but inform the girls that they will be returning to the large group to share some information. The focus of this review is not to share deeply personal or private journal material but to reflect on the process of journaling itself. Some disclosure may be appropriate but needs to be monitored.	• By providing the topic they have enough structure to carry on a conversation with a partner without becoming overwhelmed by the task. • By pairing them up the facilitator has some control over the pairings to put a talkative member with a quiet member and can avoid early alliances that may rupture the group. • Returning to the large group allows the facilitator to create connections between members and illustrate shared experiences. • Based on the characteristics of the group, the facilitator can decide whether to keep the group members in pairs or review the reflection exercise as a large group. It is important to focus more on the process of journaling and not the content until the girls become more comfortable and have had the opportunity to witness appropriate modeling.
25 min	BODY IMAGE	• Work through the material in the handout on "Body Image", answering questions that arise. • Provide examples where necessary. • Show the video clip from the Dove Campaign For Real Beauty site • http://www.campaignforrealbe auty.com/dsef07/t5.aspx?id=7 373 ✓ Supplies: "Body Image" handout & Dove video clip	• Information on body image is important for the girls as it provides a basic understanding of the impact our values and beliefs have on how we feel about ourselves. This handout allows the girls to explore some of the messages they have received about their bodies, examine how they have internalized these messages, and discuss positive ways to improve their body image. • The video clip provides some strong images that young girls can relate to from the media. This clip consolidates the many messages young girls are overwhelmed with and allows group members to analyze and respond to those messages. However, should the facilitator feel that the images in this video are inappropriate for the group members; this can be removed from the session.

15 min	BREAK	Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.	
25 min	NAMING THE PROBLEM	• Introduce the lesson on "Naming the Problem": • "I'd like you to think back to the reason you've joined this group and consider the problem in your life right now. We've been talking about these problems in an abstract way over the last two weeks without really identifying what they are, and so I'd like to take some time to do that now. It's difficult to talk about a problem and come up with solutions if we aren't really clear what we're talking about. This is why it is important for us to name the problem and say it aloud. Giving our problem a name lets us talk about it in a different way than we have before. Lets start with an activity that will help us get in the right frame of mind by giving the problem a name. There are no right or wrong answers here, only our perception of the problem." • Guided art activity to name the problem. • Read directions and give the group approximately 3 minutes to complete each step. Recommend they draw the first thing that comes to mind and not to worry about neatness or clarity. • Work through the following stages with the girls: • "Look at the feelings you've selected and the colours you used to select them. Now lets look back at the drawings of your family, yourself, and the problem to see if you've used those same colours and in what way." • Help the girls make connections between colours, feelings, and the art activity. • "Now using your drawing, the colours you've used, and the feelings you've identified, lets think of a name for the problems you've identified. For example, if the problem was "the bathroom scale" and you used red to select the feeling word "scared" and	• Introducing the lesson in this way lets group members know that they are about to try something that might feel a little uncomfortable at first because it is new. However, at this point it is best to provide minimal information to avoid excessive thinking and anxiety over getting it right, and focus more on the task of naming the problem. A brief introduction is all that is necessary for the art activity. • This activity uses a series of steps provided for the facilitator that guides group members through a sequence of detecting the problem, identifying feelings that correspond, and making a physiological connection. This activity limits the need to verbalize during the experience but provides a place for discussion afterwards. • It is important to focus on staying in the moment and drawing what comes to mind first to avoid anxiety over drawing things perfectly. • This activity also requires the ability to reflect on many pieces of information to be able to tie them all together with a name. • By the sharing stage, encourage group members to use feeling words when describing their activity rather than staying with safer thoughts. You might ask the girls to refer back to their feelings list from last week for ideas. The group will likely still be in the initial stages of group formation and risk-taking will be limited. However, it is important to begin the process of moving from cognitive work towards affective work as the group

		drew it on your gingerbread man around the heart to show that it makes your heart pound really fast, we might call it the "scary scale". I'll give you some time to think of your own."
		• Taking turns, ask each group member to share the name of the problem and provide 2 details they are comfortable sharing.
		• Encourage feedback between group members and model positive support.
		• Process the activity by asking questions such as:
		    • Were you surprised by the problem that came up? Why or why not?
		    • What was it like for you to give the problem a name?
		    • How does your eating disorder relate to the problem?
		    • Is there a group member in the room whose problem you can relate to?
		✓ Supplies: Paper, Pencils, Crayons, Markers, "Naming the Problem" activity
			progresses.
			• Remember to focus on the effort that went into the activity and not the product to avoid competition and anxiety.
			• The purpose of the processing questions is to further self-reflection and bridges a connection between group members. A specific questions about eating disorders is asked because the girls may choose to identify a problem that is directly or indirectly related to the ED and it is important to know and understand that relationship and how they perceive it.
			• It is important at this stage of the group to validate and acknowledge the pain and discomfort that the problem has caused in their lives. Later sessions will revolve around analyzing the problem and eventually resolving it, but for now the group should focus on identifying the issue and expressing it.

15 min	WRAP-UP	• Have participants complete Session Evaluation (5 min.) • Address any questions or comments. • Check-out by having members answer "How do you feel the group is progressing so far and what, if anything, would you change for next week?" • Reflection #2: Girls to keep track of times "the problem" is an issue and the thoughts and feelings that they are aware of. ✓ Supplies: Session Evaluation & Reflection Week 2	• The check-out activity for this session provides the group members with a space to think about how they are feeling in the group, if their needs are being met, and allows them to suggest changes that might make the group more valuable. • The reflection assignment is an extension of today's work on naming the problem and asks them to identify the thoughts and feelings the problem creates. By learning to identify the problem, the thoughts, and the feelings, group members begin to see the cycle they are engaged in that often perpetuates the problem. The purpose is to increase awareness before moving on to analyzing the problem and taking action.

References for this week's material:

Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy*, *20*(4), 485-503.

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Dove Campaign for Real Beauty (2007). *Onslaught.* Retrieved November 1, 2007, from http://www.campaignforrealbeauty.ca/flat2.asp?id=6960

Morgan, A. (2002). Beginning to use a narrative approach in therapy. *International Journal of Narrative Therapy and Community Work, 1*, 85-90.

Winslade, J., & Monk, G. (2007). *Narrative counseling in schools: Powerful and brief* (2nd ed). Thousand Oaks, CA: Sage Publications.

Body Image

What is Body Image?
- The picture of our body that we hold in our mind
- What we think about our bodies
- How we feel about our bodies
- Changes as we go through life and have new experiences
- Influenced by our family, friends, the media, and our community

Body Image, Self-esteem, and Eating Disorders
- Body image helps to form our self-esteem because we have learned that how we look defines who we are
- Many cultures send us messages that we need to be perfect to have worth and being perfect means being thin
- So, the worse we feel about our bodies, the worse we feel about ourselves
- When we feel bad about our bodies and ourselves we are tempted to use our unhealthy coping strategies (bingeing, purging, exercising, starving ourselves, etc.)

What Contributes to Negative Body Image?
- The messages from the media. What messages do you see in magazines, on television, and in music about young women?
- The messages from our friends, family, and community. What messages have you received from those around you about what is expected or what gives you worth?
- The messages we tell ourselves: What are some examples of the thoughts you have about yourself, your body, and your values?

Developing a Healthy Body Image
- Listen to your body, learn how to tell when you are hungry
- Be realistic about size, appearance – likely to be based on genetic and environmental history
- Exercise regularly and safely in an enjoyable way, regardless of size
- Expect normal weekly and monthly changes in weight and shape
- Work towards self acceptance and self forgiveness – be gentle with yourself
- Ask for support and encouragement from friends, family, other when life is stressful

Decide how you wish to spend your energy – pursuing the "perfect body image" or enjoying family, friends, school, LIFE!

Naming the Problem

1. Use the colours available to you to create any design you like.
2. Draw your family.
3. Draw yourself.
4. Draw "the problem".
5. Draw "the problem" all fixed.
6. Add 3 feelings that you don't see listed to the bottom of the Feelings Word List.
7. Use colours to symbolize any 6 feelings you have experienced in the past 2 weeks from the Feelings Word List. You may circle them, underline them, or use another method of your choice to select them. For example, you may circle the word "happy" in yellow because yellow feels like a happy colour to you or because yellow reminds you of the sun shining, which makes you happy.
8. Transfer those 6 feelings on to the gingerbread man to identify where you feel them on your body. Use the same colours from step #7 to draw on the gingerbread man. For example, I might colour the mouth of my gingerbread man yellow to represent "happy".

Feelings Word List

Scared	Sad	Grossed-out
Brave	Unloved	Jealous
Lonely	Ignored	Ashamed
Confused	Angry	Embarrassed
Proud	Smart	Frustrated
Loved	Excited	Disappointed
Ripped-Off	Bored	Guilty
Unhappy	Special	Happy
Furious	Worried	
Hurt	Important	_____
Nervous	Bad	_____
		_____
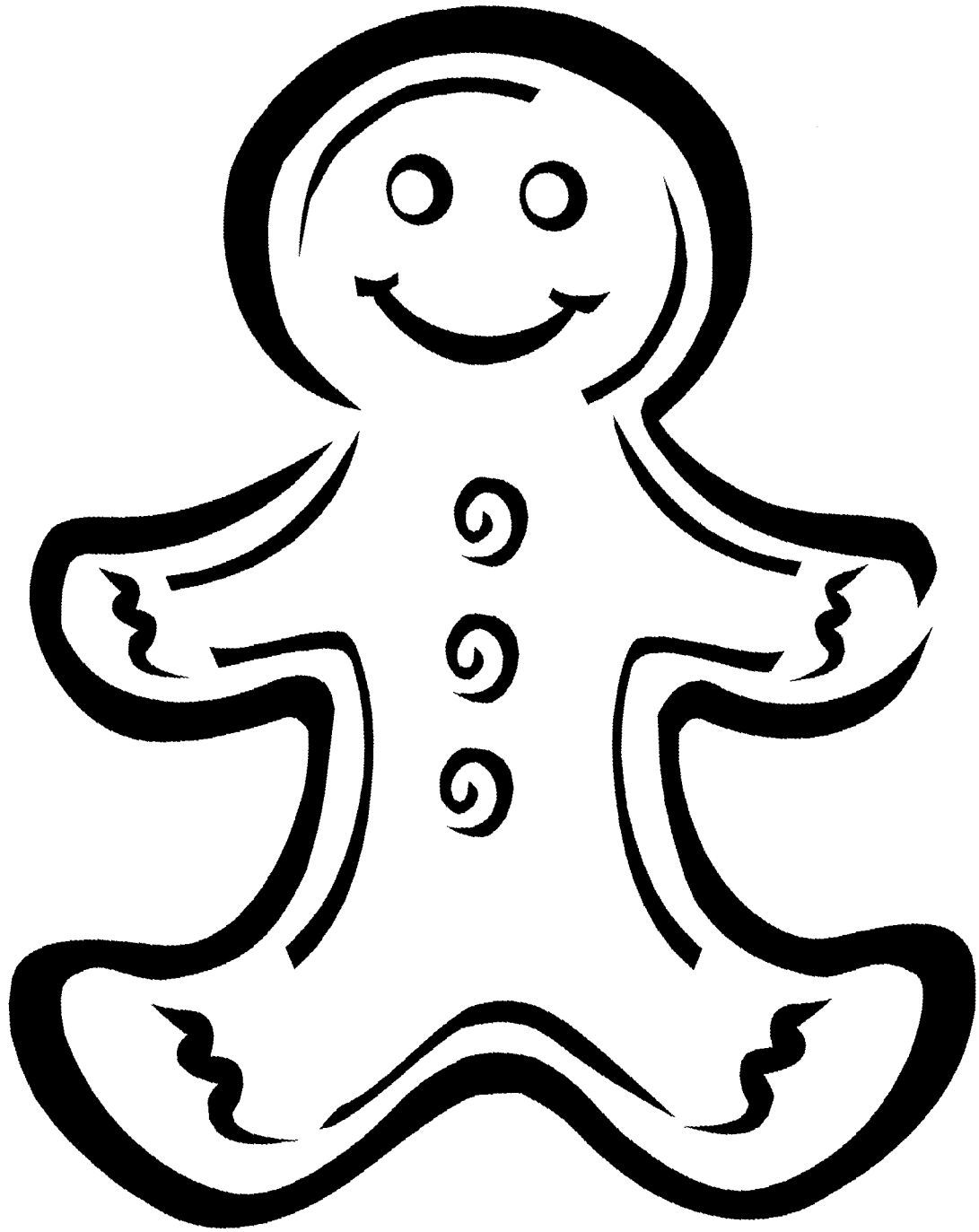
Reflection Week 2

This week, I want you to monitor "the problem" by writing down when it is an issue and the thoughts and feelings surrounding it. Include the following information: where were you, what were you doing, who else was there. Try to explain in a few words what you were thinking about before, during, and after the problem occurred. Write down as many feeling words as you can to describe what it felt like to experience the problem. Be as detailed as possible; this will be useful to you later.

Problem Name: _____

Date	What Happened	What were you thinking	How were you feeling?
		Before: During: After:	
		Before: During: After:	
		Before: During: After:	
		Before: During: After:	
		Before: During: After:	

Session 3: Externalizing the Problem

Eating Disorders:
Group Therapy with Adolescent Females

<u>Objectives</u>
1. Begin examining the problem as an external factor that can be addressed.
2. Target perfectionistic thoughts with CBT.

<u>Advance Preparation</u>
- Review all the information for this lesson.
- Set out Kleenex.
- Set up activities.
- Prepare the room and the refreshments.
- Photocopy any materials.

<u>Diversity Considerations</u>
- In some cultures, externalizing the problem may feel like "blaming". You may need to reframe this discussion for those who believe it is appropriate to internalize messages from others.
- Perfection and beauty ideals may also be embedded in cultural messages. Pay attention to cultural values and belief systems when addressing these thought patterns.
- Be respectful of personal space issues when the girls are encouraged to interact.
- Be aware of any physical limitations and accommodate accordingly.

<u>Facilitator Notes:</u>

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale
15 min	WELCOME & CHECK-IN	• Welcome participants and provide a brief overview of the ground to be covered in the session, leaving it flexible for any issues that arise: 　• "Good evening everyone, it's so nice to see you all here tonight. I hope you all had a healthy and peaceful week. Tonight we're going to be talking about some of the problems we experience in our lives, but we're going to be discussing them in a different way. We're going to start by building on the problem each of you named last week and how that problem is affecting your lives. While we go through the material and exercises for the evening, you'll notice that we're going to use different language and look at things in a very unique way. It might seem unusual or silly at first, but I'm hoping you'll give it a try and we'll see where that takes us. We're also going to do some work around perfection tonight. We'll be looking at our belief system, our behaviours, and the consequences of trying to be perfect." • Have each group member check-in by selecting one feeling from the "How Are You Feeling?" sheet used last week to describe themselves this evening. ✓ Supplies: Flip chart, Markers, "How Are You Feeling?" handout	• The purpose of the welcome and brief overview each week is to set the tone of the group, connect group members after being away for a week, and provides structure to the group. The amount of structure necessary will decrease as the group progresses, but it is important to highlight the expectations and goals for the evening. However, the plan for the evening must always be tentative enough to allow for any issues that arise in the group needing attention. As we enter the "storming" stage ignoring conflict or limiting process to focus solely on content can create an impasse in the group and may limit the trust required to move forward. Therefore, it is important to deal with issues as they arise and this may mean altering the content of the group and allowing additional time to process each segment. • At this point in the group it should no longer be necessary to review the rules at the beginning of each session, however should the facilitator feel that it would be beneficial it is okay to do so. • The purpose of the check-in is to have the girls continually moving towards more affective discussion and to create a bridge between what they learned last week and what they will learn this week.
15 min	REVIEW OF SESSION #2	• As a large group process any thoughts or feelings that came up after the last session. You might need to use sentence starters such as: 　• One thing I have been thinking about since last session is… 　• A feeling that stayed with me is… 　• One question I had after our last session is…	• By having group members discuss material from the previous week they have a chance to verbalize what came up for them after leaving the group, and it also provides a link between last week's material and this week.

		- A positive change I've noticed in my life is… - One thought I have about the group is… - Answer any questions that arise. - Review homework assignment. - Have the girls reflect on what it was like to chart the problem over the last week and anything they learned from this exercise. Encourage discussion between the girls and try to bridge between members as often as possible to develop cohesion and encourage interaction.	- Using sentence starters provides some structure and limits the scope of the conversation. - Reviewing the homework assignment in this fashion allows the girls to connect with one another and work towards more group interaction and less facilitator direction. - Discussing the assignment also brings the material from last week into consciousness, thereby bridging concepts from one week to the next.
30 min	NOBODY'S PERFECT	- Engage the girls in a discussion about the logistics of being perfect and where they acquired their beliefs around perfectionism by using the activity entitled "Nobody's Perfect" to illustrate the consequences of perfectionism and then work to recreate more appropriate thoughts, feelings, and actions around these beliefs. - Process this exercise as a group. Use questions such as: - What did you learn about yourself from this activity? - What did you learn from others in the group? - How does it feel to share this experience with others? - What impact does perfectionism have on your eating disorder?	- Perfection is often an implied belief or value that we hold; yet it is rarely discussed. It has been correlated with eating disorders due to the pressure to be thin, maintain unrealistic beauty ideals, and attain a sense of control over one's life. It is important to discuss perfectionism and cognitively deconstruct what it means, what the consequences are, and make a decision about continuing to invest in this belief. Examining where these beliefs came from and testing out group member's beliefs is a cognitive-behavioural way of altering thoughts and beliefs. If the girls are able to identify that perfectionism does not meet a need in their life and compare the benefits or drawbacks, they will have more information to make changes. - It is important to spend time working through the cognitive processes of perfectionism before linking it to eating disorders so the girls don't become overwhelmed with the information. Once the girls have a good grasp of perfectionism and how it

			might be affecting them in other areas of their life, assist the girls in making the connection. • Processing this activity provides the opportunity for group members to consolidate their thinking on this topic by reflecting on their feelings and verbalizing their insights. This is a good time to encourage the girls to do some further work.
15 min	BREAK	Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.	
30 min	EXTERNAL TALK	• Group leader will facilitate a discussion on the purpose of externalizing the problem: • "Sometimes when we have problems we start to carry them around with us – like carrying a big weight everywhere we go. Our problems can make us feel heavy, like it is hard to move or hard to breathe. Has anyone ever experienced this? What other ways do you experience the problem? One way to get rid of this heavy feeling is to put the problem down for a while and stop taking "ownership" of the problem. Does anyone have an idea about what I might mean by "ownership"? (*Work towards helping the girls describe "ownership" in a way that is meaningful to them. Help girls to understand "internalization". Use examples as needed*). Putting the problem down for a while so that we don't feel so connected to it is what we call "externalizing the problem". Externalizing is another way to say "outside" or "separate". Think about walking around with your backpack on, it's tied to your back, and someone keeps putting bricks into it. Eventually when it gets too heavy you'll fall over and get stuck. Now, think of those bricks as the problems. You need to get that backpack off first before you	• Externalizing the problem is based on the idea that problems originate in the discourses around us and the story of our lives. By dismantling that discourse and putting the problem outside of ourselves we become more empowered to resolve it and make change because we are no longer restricted by the weight of the problem. This idea is based on the work of Michael White and David Epston (Carr, 1998; Winslade & Monk, 2007). • This activity allows the group members to practice externalizing in a safe environment where they can experiment with the language. • Allowing the girls to choose their own partners is beneficial as the group becomes more cohesive and gives the girls the opportunity to make some choices. However, if the group characteristics suggest that this might not be advisable, pair the girls up instead. • The processing questions require group members to conceptualize the problem in a different way than before

		can start taking the bricks out. It's the same with our problems; we need to take them off before we can deal with them. If we're glued to them or if they are "internalized", we'll just fall over and get stuck. Does that make sense to everyone?" • Invite members to ask questions, express feelings or thoughts regarding the information being shared. • Ask the girls to find a partner and proceed to walk through the instructions on the "External Talk" handouts. Advise the girls that they should each take approximately 5 minutes to interview each other before switching. • Process the activity using questions such as: • What was one thing you learned about the problem's impact on your life? • What are you beginning to notice about the problem that you didn't before? • How were you feeling as you were describing the problem to someone else? ✓ Supplies: "External Talk" handout	which provides opportunity for new insights.
15 min	WRAP-UP	• Have participants complete Session Evaluation (5 min.) • Address any questions or comments. • Check-out by having members complete the phrase: "If we were only to focus on (the problem's name), one thing you wouldn't notice about me is…" • For the reflection assignment ask the girls to journal the following topic: • In what ways have you resisted the influence of (the problem's name) and what did you have to do for this to happen? ✓ Supplies: Session Evaluation	• Check-out activity is designed to reinforce the externalization of the problem by reminding group members that they are not defined solely by the problem. • The purpose of the reflection assignment is to start having the girls think about ways in which they have control over the problem and begin looking for exceptions to times the problem is not occurring. Using it as a journaling assignment it gives the girls time to think and also provides some positive feedback after a session where we discussed the negative influence of the problem.

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References for this week's material:

Beckham, E., & Beckham, C. (2004). Coping with perfectionism. In *A personal guide to coping*   (chap. 16). Retrieved July 10, 2007, from
    http://www.drbeckham.com/handouts/CHAP16_COPING_WITH_PERFECTI ONISM.pdf

Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy,*
    20(4), 485-503.

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove,
   CA: Thomson.

Dallos, R. (2004) Attachment narrative therapy: Integrating ideas from narrative and
    attachment theory in systemic family therapy with eating disorders. *Journal of
    Family Therapy, 26,* 40-65.

Teacher's Paradise (2007). *How do you feel today?* Retrieved November 17, 2007,
    from http://www.teachersparadise.com/c/images/prods/1mhcp/0768213762

Winslade, J. (2006, July). *Narrative counselling in schools.* Paper presented at a
    professional development workshop with John Winslade, PhD., Calgary, AB.

Winslade, J., & Monk, G. (2007). *Narrative counseling in schools: Powerful and brief*
    (2nd ed). Thousand Oaks, CA: Sage Publications.

How Do You Feel Today?
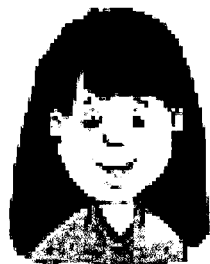
Happy   Sad   Shy   Excited

Sorry   Proud   Embarrassed   Angry

Guilty   Surprised   Afraid   Impatient

Jealous   Hopeful   Hurt   Loved

Teacher's Paradise (2007). *How do you feel today?* Retrieved November 17, 2007, from
http://www.teachersparadise.com/c/images/prods/1mhcp/0768213762

Nobody's Perfect

Examine where your perfectionist beliefs came from:

- The idea that you needed to be perfect had to come from somewhere. Did you decide upon it yourself, or did someone tell you that you had to be perfect?

- What does perfection mean to you? What needs to be perfect in your life?

- How does being a perfectionist affect your body image? How does your desire to be perfect affect your eating disorder?

Is it logical to be a perfectionist? Ask yourself the following questions:

- Is it possible to be perfect?

- Have you ever been able to achieve perfection? How did it feel when you achieved or didn't achieve it?

- Does it benefit me to try to be perfect?

- What are the consequences of trying to be perfect? Lets work through a few examples:

Objective Situation (The "Event")	Automatic Negative Thoughts	Negative Consequences	Realistic, Logical Thoughts
Ex. School Dance	*I'm not pretty enough. Nobody will want to dance with me.*	*Might not go at all and miss out on any fun. Might avoid talking to people because I'm too nervous. Might get so nervous I use my unhealthy coping skills (binge, purge, avoid, exercise, etc.).*	*I am pretty I have many friends I may or may not get asked to dance, but I will be okay.*

Beckham, E., & Beckham, C. (2004). Coping with perfectionism. In *A personal guide to coping* (chap. 16). Retrieved July 10, 2007, from http://www.drbeckham.com/handouts/CHAP16_COPING_WITH_PERFECTIONISM.pdf

External Talk

Take the problem we discussed last week and discuss it with a partner. Remember to use your problem's name. Have a conversation using the list of questions below to guide you. Talk about how the problem has influenced your life, when it started, etc. Take turns, each of you interviewing the other and helping to clarify and get more information. Take about 5 minutes each and then switch. We'll come back to the large group to discuss the activity.

- What is the problem's name (X)?

- Tell me a story about X.

- How did X first enter your life?

- When was this? How long has X been around?

- What effect has X had on you?

- How has X affected your relationship with others? Tell a story to illustrate this.

- What influence has X had on your feelings about yourself? Your body?

- What sort of life does X want you to have?

- Any other information we might need to know about X to understand it better.

Winslade, J. (2006, July). *Narrative counselling in schools.* Paper presented at a professional development workshop with John Winslade, PhD., Calgary, AB.

Session 4: Recognizing Strengths

Eating Disorders:
Group Therapy with Adolescent Females

Objectives
1. Be able to recognize and list personal strengths.
2. Learn how self-esteem is related to perfectionism and eating disorders.

Advance Preparation
- Review all the information for this lesson.
- Set out Kleenex.
- Set up activities.
- Prepare the room and the refreshments.
- Photocopy any materials.

Diversity Considerations
- The "Who Am I" activity provides an excellent opportunity for the girls to demonstrate cultural differences if there is a trusting and safe environment. Encourage exploration of this kind.
- Be respectful of personal space issues when the girls are encouraged to interact.
- Be aware of any physical limitations and accommodate accordingly.

Facilitator Notes:

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale
20 min	WELCOME & CHECK-IN	• Welcome participants and provide a brief overview of the ground to be covered in the session, leaving it flexible for any issues that arise: • "Hello ladies, glad to see you all here tonight. I hope you all had a restful week with little interference from "the problem". Tonight we're going to be talking about the strengths we are discovering in ourselves and each other. Each of us has our own special strengths but sometimes we forget what those are. It is often easier to identify the strengths of others, but it is really important that we begin to recognize them in ourselves. We're going to start by identifying what our strengths are and the positive effects they have already have and will continue to have in our lives. Throughout the evening you will have an opportunity to learn about the other group members, but best of all you'll be learning about yourself." • Have each member complete the phrase "I am strong because…" ✓ Supplies: Flip chart, Markers, "How Are You Feeling?" handout	• The purpose of the welcome and brief overview each week is to set the tone of the group, connect group members after being away for a week, and provides structure to the group. The amount of structure necessary will decrease as the group progresses, but it is important to highlight the expectations and goals for the evening. However, the plan for the evening must always be tentative enough to allow for any issues that arise in the group needing attention. At this session of the group, it is important that group members have adequate time to process conflict and establish their opinions and feelings in a safe way. This is the time when modeling disagreement is important as the girls need to learn how to assert themselves in an appropriate way and group should be a safe place to try this. • At this point in the group it should no longer be necessary to review the rules at the beginning of each session, however should the facilitator feel that it would be beneficial it is okay to do so. • The check-in activity sets the stage for tonight's session by asking the group members to identify a strength at the beginning of the session. Now that the girls have been together for a few sessions it is okay to expect a little more disclosure. Recognize that identifying positives may be difficult for them to do in front of their peers but hopefully the previous lessons will have highlighted some information for them to draw from. If there are girls who are unable to identify

			personal strengths, normalize their experience and adapt the question to allow them to contribute. A sentence starter such as, "I would like to be stronger by..." might be appropriate.

20 min	REVIEW OF SESSION #3	• As a large group process any thoughts or feelings that came up after the last session. Use questions such as:
		  • How were you feeling when you left the last session?
		  • How are other girls in the group affecting your experience here?
		  • How does it feel to share things about your eating disorder within the group?
		  • What do you feel you need from the group this week?
		  • Is there anything you think you still need to work on that the group can help you with this week?
		• Answer any questions that arise.
		• Review reflection assignment using questions such as:
		  • How difficult was it for you to remember a time when you resisted the problem?
		  • How did it feel to remember that time?
		  • If you could not find a time, could you identify a time when you were close to resisting it?
			• By having group members discuss material from the previous week they have a chance to verbalize what came up for them after leaving the group, and it also provides a link between last week's material and this week. Some extra time has been allotted to the review this week to accommodate additional processing time.
			• Using sentence starters provides some structure and limits the scope of the conversation.
			• Reviewing the homework assignment provides an opportunity for the facilitator to check in and acknowledge that the girls kept their commitments from the previous session. Ideally the comfort level in the group will be quite high by now and the girls will require minimal prompting to share or disclose.
			• This particular reflection builds on the externalization of the problem and begins the process of finding exceptions which will be covered in depth next week. This gets the girls thinking about things they are already doing well as we move into a discussion on strengths. If the girls were unable to come up with something, help them to see any positives or steps in the right direction and normalize this experience to avoid anxiety over "not getting it right".

20 min	SELF-ESTEEM	• Group leader will facilitate a discussion on self-esteem and how it relates to eating disorders and perfectionism based on the "Self-Esteem" handout. • Invite members to ask questions,	• Self-esteem is an important concept and has the most impact during adolescence. Addressing the pressures to be perfect and the self-worth

		express feelings or thoughts regarding the info being shared. Address how perfectionism affects self-esteem using questions such as: • How do you feel about yourself when things aren't perfect? • True or False: Will people love me more if I am perfect? • What do I say to myself when I look in the mirror? • What kind of positive messages would be helpful in improving self-esteem? ✓ Supplies: Flip chart, Markers, "Self Esteem" handout	resulting from this is an important eye-opener for young girls to see how their thoughts impact their beliefs about themselves. Unfortunately, self-esteem is a term that is overused and many young girls do not have a solid understanding of this concept. Before they can begin to improve self-esteem they must first discover its importance.
15 min	BREAK	Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.	
30 min	WHO AM I?	• Exercise to discover individual characteristics. "Who Am I?" activity. 　• "For most of us we have many different sides to our selves. There is you that goes to school, you that is part of a family, and maybe a different you when you are all alone. Just like in a play, a character may wear a mask or costume to identify who they are; sometimes we wear masks in different settings, with different people, in different comfort levels. Today we are going to explore some aspects of these various selves. Each of you is going to create a collage to illustrate the public side of you that you show to people at school and in the community and the private side of you that only your closest friends and family see. You can use pictures, words or a combination of the two. This creation does not have to be perfect and won't be judged on artistic ability. The purpose of this is to have you depict your unique qualities." • Share the activity in small groups: 　• "Completing this activity might have been a little difficult because it forces us to look inside and see who we really are. I am proud of each of you for looking and putting what you saw down on paper. Now we're going to take this a step further and share what we saw within our small groups. Remember that this is an	• This exercise is designed to have the girls reflect on multiple aspects of their personalities by thinking about the self they show to the world, and the self that remains private. It requires that some trust has been established in the group for this level of sharing to occur, but can be therapeutic by allowing other group members to take a closer look at who they are. Be attentive to any anxiety the group may experience regarding perfection in completing the assignment. • Sharing the activity in small groups encourages the girls to share and disclose personal information without the pressure of the entire group. A reminder of the group rules is necessary here to increase comfort level and reduce anxiety about sharing material that might be quite personal. Having the girls pass the collages to the left reduces any initial anxiety about sharing deeply personal material but still allows the girls to reflect and share. • If the conversation in the small groups becomes focused on negative attributes allow the girls to be authentic

		environment of support and that it is important to be respectful of each other as we share things that are personal." • Create small groups and have all the girls pass the collage to the left: • "Using your neighbour's collage, identify one strength you see on the collage in front of you that you can relate to." (This will be useful in creating commonalities and in encouraging the girls to dig deeper). Again, focus on effort on collage and not the product. ✓ Supplies: "Who Am I?" activity, Magazines, Glue, Paper, Scissors	and process what it can be like to learn about yourself. Normalize and validate their feelings and experiences. It will be helpful for other girls to see this.
15 min	WRAP-UP	• Have participants complete Session Evaluation (5 min.) • Address any questions or comments. • Check-out by having members discuss one thing they are willing to do outside of group this week to meet their goals. • For the reflection exercise ask the girls to journal about how they are feeling now that we are half way through the group. ✓ Supplies: Session Evaluation	• Check-out activity is designed to have group members make a commitment to carry out their learning over the next week. By contracting out loud to work towards a goal, group members are more likely to follow through. • The reflection exercise this week serves as a reminder that the group has reached the mid-point and asks the girls to contemplate what it means to have completed half of the sessions. For some this might bring a sense of relief that they have made it this far, and for others this might be a source of anxiety that the group will be ending soon. This is a good time to get a glimpse into how the girls deal with transitions and endings and allows them to begin the mental preparation process.

References for this week's material:

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Teacher's Paradise (2007). *How do you feel today?* Retrieved November 17, 2007, from http://www.teachersparadise.com/c/images/prods/1mhcp/0768213762

University of Houston, Clear Lake, Counselling Services. (2006, January). *Self-esteem resources.* Retrieved July 2, 2007, from http://prtl.uhcl.edu/portal/page?_pageid=543,461111&_dad=portal&_schema=PORTALP

Walter, J., & Peller, J. (1992). *Becoming solution-focused in brief therapy.* New York: Bruner-Mazel.

Winslade, J., & Monk, G. (2007). *Narrative counseling in schools: Powerful and brief* (2nd ed). Thousand Oaks, CA: Sage Publications.

Self-Esteem

Self-esteem is the opinion you have of yourself. It is what you say to yourself in the morning when you look in the mirror. It is based on the beliefs you hold about yourself, including:

- Your sense of how valuable you are
- Your ability to love others, love yourself, and be loved
- Your ability to be successful
- Your strengths and weaknesses
- Your confidence in yourself and your abilities
- Your feelings about your body
- Your ability to stand up for yourself
- Your ability to make your own decisions
- Your ability to relate to others
- Your ability to take care of your body
- You ability to give yourself permission to NOT be perfect

When we feel good about ourselves we have high self-esteem. We are confident and able to be ourselves.

When we feel bad about ourselves we have low self-esteem.

- We begin to feel out of control and use unhealthy coping skills like eating disordered behaviour.
- Low self-esteem is one of the things that maintains an eating disorder because when we buy into the messages around us that we need to be thin and perfect to be beautiful, we begin to internalize (or fill our backpacks) with negative messages and we cope in unhealthy ways (bingeing, purging, exercising, avoiding, etc.).
- When we believe we need to be perfect we become stressed when we can't reach our goals and this lowers our self-esteem.
- When we have a poor body-image we begin to feel bad about ourselves, we use unhealthy coping (bingeing, purging, exercising, avoiding, etc.) and lower our self-esteem.

Most people have self-esteem somewhere in the middle. They have their ups and down like a yo-yo, with good and bad days but generally come out okay.

10 Tips for Improving Self-Esteem

1. **Become aware of and change the negative messages you send yourself**. Listen for the tape recorder in your mind that plays negative messages over and over again. Replace those messages with positive, reassuring statements about yourself. Stop telling yourself "I should....(e.g.,. lose weight)" or "I must...(e.g., be perfect)". Find your positive qualities and remind yourself of them every day.

2. **Stop comparing yourself to others**. There will always be people who are smarter, taller, shorter, thinner, heavier, richer, make better grades, . . . have more of whatever than you do. If you play the comparison game, you're sure to feel bad about yourself because you will always find people who *seem* better than you. So stop comparing yourself to others – it only hurts you. Comparing yourself to the airbrushed supermodel on TV is unrealistic and unhealthy.

3. **Make decisions that agree with what you believe in**. When our actions are opposite to our beliefs we begin to feel bad about ourselves. Know what is important to you and honour those principles, regardless of what the crowd does. Be your own person and do what is right for you. You don't need to follow the fashion trends in the magazines or see that new movie your classmates are raving about if they just aren't for you. Do what is comfortable and makes you feel good about yourself.

4. **Focus on your strengths**. Make a list of at least 10 of your positive qualities or things you like about yourself and read your list often. Are you honest? Kind? Giving? Helpful? Creative? Funny? Focusing on the good things about yourself and not on what you "aren't" or what you "don't have" is what will make you feel better and give you the energy and encouragement to keep going on a rough day.

5. **Start your day on a positive note**. Ask yourself how you want your day to go before you get out of bed. Imagine it happening that way and be joyful that you will be able to create your day the way you want. Eat healthy and take care of your body and your mind so that you can have a good day.

6. **Practice being thankful**. Ask yourself "What am I happy about in my life?" "What am I proud of?" What am I thankful for?" "What is happening in my life right now that is good?" The answers to these questions can be the simple things in life: a sunny day, healthy food to eat, the love of your parents, the fun times with friends, a good class or great teacher at school, the loyalty of a pet, the comfort of your bed. There are millions of small things to be grateful for and remembering to recognize these will

change the way you see yourself and your life. Stop focusing on what you don't have or what isn't perfect and look for the positives.

7. **Make a list of your past accomplishments or successes**. These don't have to be huge; they can be anything you are proud of, like always being on time, receiving an award, doing well on a test, getting a part in the play, etc. Read your list often and try to remember the happiness and satisfaction that you experienced when it happened. Reliving these positive moments make it less likely that you will feel the need to use your unhealthy coping skills to feel in control.

8. **Take good care of yourself**. On a physical level, this means eating healthily, exercising, getting plenty of sleep, learning to relax, and not using eating disordered behaviour. On an emotional level, it might mean avoiding negative people and giving yourself the encouragement and support you need.

9. **Be sociable**. When we are alone or isolated we begin to feel lonely and sad, so make an effort to include other people in your life. Invite friends out or to your home– don't wait for them to call you. Volunteer at an animal shelter or hospital because giving to others always takes our minds off ourselves. Surround yourself with positive, healthy friends who support and encourage you. These kinds of friends make you feel good about yourself, make you laugh, and never point out your flaws.

10. **Don't take life so seriously**. It is important to have fun in life. We all need to get things done (e.g., going to school, chores, work) but if we can make these activities more enjoyable by including our friends, listening to music, or making a game out of it then we can have fun at the same time. Life is too short to focus only on the serious stuff.

University of Houston, Clear Lake, Counselling Services. (2006, January). *Self-esteem resources*. Retrieved July 2, 2007, from http://prtl.uhcl.edu/portal/page?_pageid=543,461111&_dad=portal&_schema=PO RTALP

Who Am I?

Consider the following questions and write your answers in the columns:
- If I were a colour, I would be.... Others might say that I am more like ...colour.
- If I were music, I would be.... Others might say that I am more like... music.
- If I were an animal, I would be.... Others might say that I am more like... animal.
- If I were a texture, I would be.... Others might say that I am more like the texture of....
- If I were a tree, I would be.... Others might say that I am more like a ...tree.
- If I were a food, I would be.... Others might say that I am more like...food.

Use your imagination and make up more comparisons between your private self and public self.

The Private Me That Only I See	The Public Me That Others See

Create a "Me Collage" that expresses the two images of who you are—the private and public images. Use such things as:
- shapes, colours, textures
- words, favourite expressions, nicknames
- pictures of places, animals, famous people, family and friends
- small treasures or mementos
- other items that you wish to include.

Eating Disorders:
Group Therapy with Adolescent Females

Objectives
1. To identify key people for support and encouragement.
2. To become aware of the role these individuals will play in their life.
3. To identify a healthy relationship.

Advance Preparation
- Review all the information for this lesson.
- Set out Kleenex.
- Set up activities.
- Prepare the room and the refreshments.
- Photocopy any materials.

Diversity Considerations
- Prepare for this session by becoming familiar with the family circumstances of the group members. It is important to be respectful of the healthy relationships they currently have, the resources that are available to them, and the people in their lives that might be unhealthy.
- Be respectful of personal space issues when the girls are encouraged to interact.
- Be aware of any physical limitations and accommodate accordingly.

Facilitator Notes:

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale
15 min	WELCOME & CHECK-IN	• Welcome participants and provide a brief overview of the ground to be covered in the session, leaving it flexible for any issues that arise: 　• "Hello girls, it's great to see you here tonight, we've made it past the half way mark now. 10 weeks is a long time to commit to and I want you to give yourselves a pat on the back for sticking with it. Tonight's session is all about relationships and how to tell if they are healthy. We will be looking at some of the people in your life to develop a healthy support system. We all need support in our lives; people to cheer us on when we are having success and people to pick us up when we are struggling. Unfortunately, sometimes we rely on the wrong people in our times of need and we end up feeling let down and disappointed. Part of avoiding this is learning to judge character and part of it is learning how to behave in these relationships for everyone to get the most out of them. This session will focus on the relationships we build before moving onto communication in the next session." • Check-in by asking: 　• "Who are you most aware of in the room right now and why?" ✓ Supplies: Flip chart & Markers	• The purpose of the welcome and brief overview each week is to set the tone of the group, connect group members after being away for a week, and provides structure to the group. The amount of structure necessary will decrease as the group progresses, but it is important to highlight the expectations and goals for the evening. However, the plan for the evening must always be tentative enough to allow for any issues that arise in the group needing attention. • At this point in the group it should no longer be necessary to review the rules at the beginning of each session, however should the facilitator feel that it would be beneficial it is okay to do so. • It is important that during the working stage of the group that members be comfortable enough to address each other freely and are capable of giving and receiving feedback from others as it has been modeled by the facilitator. This check-in question provides the facilitator with valuable information about the relationships forming in the group. It also allows members to practice their skills of relating to one another and sets the tone for a discussion on relationships.
20 min	REVIEW OF SESSION #4	• As a large group process any thoughts or feelings that came up after the last session. • Answer any questions that arise. • Discuss with group members any strengths they have been able to identify since last week that they would like to add to the list: 　• "As I mentioned earlier, it takes commitment to come to this group every week; it also takes strength to share yourselves, your pain, and	• In this session, do not provide sentence starters as the group should require less structure by now. If the group has difficulty getting themselves started, take a moment to gauge the comfort level in the room. If they do not proceed after a short silence, provide a broad topic such as "thoughts on perfection", but be sure to address with the group your

		your successes. It is important that we don't lose sight of this accomplishment as you work through these issues. Over the past few weeks I've been asking you to identify your strengths, and tonight is no different. I'd like to take a few minutes to discuss the strengths you've discovered in yourself and others over the last week. "*name*", why don't you start..."	feelings on the high level of structure still required and get member reactions. • The group should be in a place where you can call on particular members to share because trust has been built and cohesion developed. However, if this group is having difficulty forming or progressing, feel free to allow members to volunteer for this role.
25 min	HEALTHY RELATION-SHIPS	• Group leader will facilitate a large group discussion in which the girls brainstorm words, feelings, thoughts that describe healthy relationships: • "Relationships are important because they provide us with comfort, affection, support, and encouragement. We live in a world surrounded by other people and it is relationships with those people that make life meaningful. I'm sure you can all think of positive and negative relationships you've had and we're going to talk about those in a minute. But first I wanted to point out the effect relationships have when we are dealing with problems. Unhealthy relationships cause stress and can make us feel bad about ourselves. Healthy relationships build us up and help us find solutions when we can no longer see any. The eating disorder that each of you lives with can make it really difficult to have healthy relationships. Spending so much time thinking about food and weight makes it difficult to pay attention to other people in our life and eventually they become more distant and you may find yourself feeling alone. Eating disorders get in the way of having healthy relationships because they isolate you and keep you busy. Learning how to have healthy relationships again is important when fighting an eating disorder. These relationships provide you with the support and encouragement you need to keep fighting and to be yourself. Sometimes we get confused along the way and think that the eating disorder is our friend, but tonight we're going to learn the difference	• The purpose of this exercise is for the group to come up with a reference guide upon which they can judge relationships. Often an unhealthy relationship can appear healthy due to a lack of comparison criteria. Having this information in a visual format makes it easier to distinguish healthy from unhealthy. Provide praise and encouragement to the girls for their suggestions and urge them to dig deeper for examples to further their learning.

		between good friends and harmful friends so that you know the difference."
		 • "I'd like you to think of an example of a healthy relationship you've witnessed. It might be a romantic relationship, a friendship, or even a teacher/student relationship. Once you had one in mind give me some words that describe that relationship."
		 • If possible have the girls identify what has been healthy about the relationships they've formed in group:
		   • "Now, think about the relationships you've formed here in the group. Do they fit the criteria for a healthy relationship? Are there are characteristics we haven't put on the list yet?"
		 • Identify signs of unhealthy relationships:
		   • "Now, think of an unhealthy relationship. Again, it could be romantic, a friendship, even the relationship between you and food. Give me some words that describe these relationships."
		 • Post these lists on the wall for future reflection.
		 ✓ Supplies: Flip chart & Markers	

15 min	BREAK	Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.	

30 min	BUILD YOUR NETWORK	• Identify 3 key people for recovery in the "Support Network" activity:
		   • "Using the list of qualities for healthy relationships, suggest people who might fit the role of a supporter."
		   • "Narrow down the list to 3 people whom you believe you can ask for support and count on".
		   • "Why did you choose these 3 people?"
		 ✓ Supplies: "Support Network" activity & Pens
			• If necessary, split the girls into groups to discuss this before coming back to the large group. However, if possible, have the girls discuss this in an open format
			 • New stories can only become active and ingrained if there is an audience to appreciate them. In order for changes to be long-term, others must recognize them and support the individual in their new lifestyle. However, it is important to remind group members that not everyone will be ready for change, and so they must choose their support team wisely.

| 15 min | WRAP-UP | • Have participants complete Session Evaluation (5 min.)
• Address any questions or comments.
• Check-out by having members answer "What characteristics do you have that you feel makes you a good friend or a good support?"
• "Journal about how perfectionism and/or eating disorders have prevented you in the past from having healthy relationships as well as some times that you have formed healthy relationships in spite of these problems".
• Remind girls to bring pillows next week.
✓ Supplies: Session Evaluation | • The purpose of the check-out question is to assist group members in identifying another personal strength while ending the day on a positive note. It is important to not only judge the qualities of others in relationships, but also to assess our own skills of providing support.
• The journal exercise for the week focuses on establishing connections between the material they have learned in group and their past life experiences. Being able to relate this information to past relationships makes their learning more tangible. |

References for this week's material:

Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy*, *20*(4), 485-503.

Children's Hospital Boston, Centre for Young Women's Health (2007). *Health information for teen girls around the world*. Retrieved November 1, 2007 from http://www.youngwomenshealth.org/healthy_relat.html

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Winslade, J., & Monk, G. (2007). *Narrative counseling in schools: Powerful and brief* (2nd ed). Thousand Oaks, CA: Sage Publications.

Support Network

Using yourself as the center point, choose three people to be in your support network. Place each persons name in a different circle, putting the most important person closest to you and so on. Inside their circle list three reasons why you have chosen this person.

Person #3

Person #2

Person #1

ME
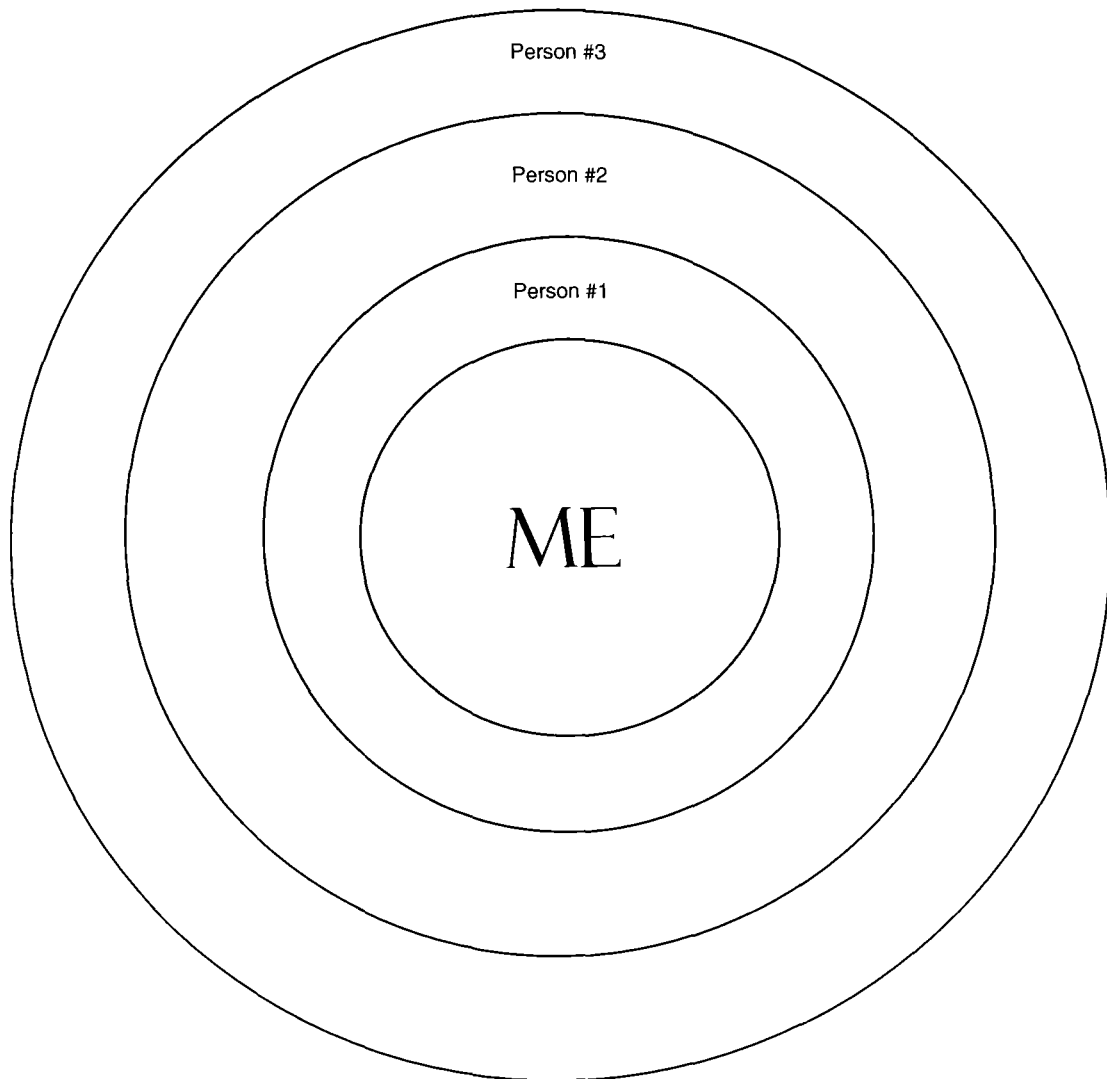
Healthy Relationships: A Guide for Teens

Healthy relationships are fun and make you feel good about yourself. You can have a healthy relationship with anyone in your life, including your family, friends and dating partners. Relationships take time, energy, and care to make them healthy. The relationships that you make in your teen years will be a special part of your life and will teach you some of the most important lessons about who you are.

What makes a relationship *healthy*?

Communication & Sharing: The most important part of any healthy relationship between two people is being able to talk and listen to one another. You and the other person can figure out what your common interests are. You can share your feelings with the other person and trust that they will be there to listen and support you. In healthy relationships, people don't lie. Communication is based on honesty and trust. By listening carefully and sharing your thoughts and feelings with another person, you show them that they are an important part of your life.

Respect and Trust: In healthy relationships, you learn to respect and trust important people in your life. Disagreements may still happen, but you learn to stay calm and talk about how you feel. Talking calmly helps you to understand the real reason for not getting along, and it's much easier to figure out how to fix it. In healthy relationships, working through disagreements often makes the relationship stronger. In healthy relationships, people respect each other for who they are. This includes respecting and listening to yourself and your feelings so you can set boundaries and feel comfortable. You will find that you learn to understand experiences and feelings of others as well as having them understand your experiences and feelings.

How do I know that I have a healthy relationship with someone?

- You know that you are in a healthy relationship with someone because you feel good about yourself when you are around that person. Unhealthy relationships can make you feel sad, angry, scared, or worried.
- Healthy peer relationships involve an equal amount of give and take in the relationship. In unhealthy relationships, there is an unfair balance. You may feel that most of the time you are giving the other person more attention than they give to you.
- You should feel safe around the other person and feel that you can trust him/her with your secrets. In a healthy relationship, you *like* to spend time with the other person, instead of feeling like you're pressured into spending time with them. Unhealthy relationships do not include trust and respect, which are very important parts of a family relationship, good friendship, or dating relationship. No one deserves to be in an unhealthy relationship.

Children's Hospital Boston, Centre for Young Women's Health (2007). *Health information for teen girls around the world.* Retrieved November 1, 2007 from http://www.youngwomenshealth.org/healthy_relat.html

Session 6: Relaxation

Eating Disorders:
Group Therapy with Adolescent Females

Objectives
1. Identify alternative solutions to the problem.
2. Identify times when the problem does not exist or does not have the usual effect.
3. Stimulate thinking around how these exceptions can be increased.
4. Use relaxations strategies to assist in this integration process.

Advance Preparation
- Review all the information for this lesson.
- Set out Kleenex.
- Set up activities.
- Prepare the room and the refreshments.
- Photocopy any materials.

Diversity Considerations

- Be aware of any discomfort the girls may have with having their eyes closed for the relaxation segment. Assure them that although it is optimal for the experience, it is entirely optional and they should do whatever makes them most comfortable.
- Assess comfort with dimming the lights. Turning the lights off is not advised in case of previous traumatic experiences that make this uncomfortable. Get permission before dimming the lights.
- Be respectful of personal space issues when the girls are encouraged to interact.
- Be aware of any physical limitations and accommodate accordingly.

Facilitator Notes:

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale
20 min	WELCOME & CHECK-IN	• Welcome participants and provide a brief overview of the ground to be covered in the session, leaving it flexible for any issues that arise: 　• "Good evening girls, it's great to see you all here this week. I hope you found time to rest and recharge since our last session. This week we're going to be talking about stress and relaxation. We will be learning about the effects of stress on our bodies, our minds, and our behaviour. Then we will be learning some techniques to reduce our stress and help us think more clearly about solutions to the problem or to find times when the problem doesn't get the best of us. There are some times when the problem is lurking around the corner just waiting to ruin our day, but somehow we manage to avoid it or defeat it and carry on. It is important that we recognize those times and figure out what we did to make it do that way. This goes back to some of the strengths we've been working on identifying in ourselves and we might need to use some of that information today. " • Check-in by saying: "Something I find relaxing is...." ✓ Supplies: Flip chart & Markers	• The purpose of the welcome and brief overview each week is to set the tone of the group, connect group members after being away for a week, and provides structure to the group. The amount of structure necessary will decrease as the group progresses, but it is important to highlight the expectations and goals for the evening. However, the plan for the evening must always be tentative enough to allow for any issues that arise in the group needing attention. • At this point in the group it should no longer be necessary to review the rules at the beginning of each session, however should the facilitator feel that it would be beneficial it is okay to do so. • The purpose of the check-in activity is to set the stage for the relaxation activity. This will assist the girls in identifying alternative ways to reach a relaxed state for later use.
25 min	REVIEW OF SESSION #4	• As a large group process thoughts or feelings that came up after the last session such as: 　• How did it feel to talk about your strengths with the group? 　• Were you able to find more or less strengths than you thought? 　• What did you learn about yourself in the last session? Answer any questions that arise.	• The purpose of this segment is to bridge concepts by bringing the content from one week into group members' consciousness so the girls can access their strengths when talking about healthy relationships. • This segment allows a lot of processing time as the group has passed the half way mark and the facilitator should anticipate the need for less structure and increased sharing at this point. Group norms have been established and the majority of the "storming" behaviour should be over, leaving room for

			more work to be done. Allow the girls to take a little more control of the group and be more flexible.
15 min	BREAK	Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.	
45 min	RELAXATIO N EXERCISE	• Introduce relaxation segment: 　• "We all have stress in our lives and this is normal. Does everyone know what stress is? (*Work with the girls to create a definition of stress that is meaningful to them using examples from their own lives*). It's not so much the stress that is the problem, but our reaction to the stress. Being stressed can make us tired, make us grumpy or resentful, it can make us want to eat, and it can make us feel sick to our stomachs. Each of us has different responses to the stresses in our life, some more healthy than others. Stress affects how we think by making it difficult to concentrate or make decisions. It affects our bodies by making our heart race, our breathing gets faster, and our muscles become tense. But most importantly, stress affects our behaviour. We might become really impatient or more agitated and we begin to look for a way to cope. Unfortunately, our unhealthy coping skills (bingeing, purging, exercising, avoiding, etc.) are often easier to access and may temporarily decrease that feeling of stress. But soon the stress returns and so we need to learn healthier ways to cope with stress in order to be the healthiest we can be. Controlling stress involves learning new skills and we are going to do that today. We are going to learn some basic relaxation skills. These skills take some practice but after awhile can feel really natural and are very effective in reducing stress. However, in order for them to work best we need to ensure we are taking care of our bodies already by getting enough sleep,	• Both eating disorders and perfectionism have a high correlation with anxiety or stress and by teaching the girls to engage in relaxation or meditation, they can learn to self-soothe when they are experiencing anxiety. • Relaxation activities also provide a calm and quiet space for processing thoughts that may not come to us readily. By quieting the mind we can further examine how we feel and what we think in order to find more solutions to the problem without the anxiety of finding the right answer. • Dimming the lights and setting the mood are important because it is difficult to relax in a stressful, bright, noisy environment. However, check for perceived safety first. Any music and the facilitator's tone of voice need to remain calming. • When administering the guided meditation it is helpful to practice it first to become comfortable with the language. • Processing using questions such as the ones listed keep the focus on the mind-body connection and ask the girls to pay attention to how they are feeling.

		eating healthy, and getting regular exercise. Relaxation activities are a great way for us to work through issues like perfectionism and eating disorders because it focuses on physical, mental, and emotional health. When we are in a relaxed state our breathing and heart rate slows down, we are able to think more clearly, and we can make better decisions for ourselves. When we learn to control our own stress level we are less likely to become overwhelmed and are able to talk our way through situations in the past that have made you pull out those unhealthy coping skills. What we're going to do today is called guided imagery. I will be reading a story to you and all I ask is that you keep your mind open and allow yourself to relax. I'd like you each to find a spot on the floor and get comfortable. I'm going to be dimming the lights so that you can focus on the sound of my voice and your own breathing without distractions from other things. Does anyone have any questions?"
		• Come back to the large group to process what that experience was like for the girls. Identify how it could be useful in daily life. Use questions such as:
		   • What were you aware of in your body as you went through that exercise?
		   • Were you able to identify any solutions that you hadn't thought of before?
		   • As you completed the exercise were you able to think of any times you are already practicing the solution you thought of?
		   • How are you feeling now?
		✓ Supplies: "Guided Imagery" & Pillows	

		Have participants complete Session Evaluation (5 min.) Address any questions or comments. • Check-out by having members share one thought about the relaxation exercise tonight. • Assign the reflection exercise: • "In our exercise tonight you were asked to think about solutions to	• Check-out activity is designed to have group members give feedback on tonight's activity. • Finding exceptions is a solution-focused technique that allows group members to recognize that the problem is not there or not

		the problem and I suggested to you that you already had the knowledge and strength inside you to defeat the problem. Between now and the next session I'd like you to think of a time when the problem you were thinking about didn't have it's usual affect on you, or a time that you were able to stand up to the problem. These times are called exceptions and we all have them, but sometimes we need to be like detectives and look for clues to find them. Finding exceptions is important because they give us hope, it identifies our strengths, and once we find them we can make more of them. Write down one or two times that you were able to stand up to the problem. Write down what you were thinking and feeling when the problem was occurring and what you were thinking and feeling after you'd defeated it. Take note of what it was you did or said to yourself to defeat the problem and bring this with you to the next session and we'll talk about it in the large group." ✓ Supplies: Session Evaluation & "Finding Exceptions" activity	effective all of the time; there are exceptions to the problem. The purpose of the reflection exercise is to identify those exceptions and discover ways to continue making those exceptions, thereby increasing incidences of success.

References for this week's material:

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Hiebert, B. (n.d.). *Relaxation scripts.*Retrieved November 1, 2007, from Campus Alberta Graduate Program Web site: http://library.athabascau.ca/caap615/Relaxation%20Scripts.doc

University of Houston, Clear Lake, Counselling Services. (2006, January). *Self-esteem resources.* Retrieved July 2, 2007, from http://prtl.uhcl.edu/portal/page?_pageid=543,461111&_dad=portal&_schema=P ORTALP

Walter, J., & Peller, J. (1992). *Becoming solution-focused in brief therapy.* New York: Bruner-Mazel.

Winslade, J., & Monk, G. (2007). *Narrative counseling in schools: Powerful and brief* (2nd ed). Thousand Oaks, CA: Sage Publications.

Guided Imagery Exercise

This program takes you on an imaginary walk to help you relax. Begin by making yourself comfortable, loosening any articles of tight clothing and getting ready to relax.

Close your eyes and imagine yourself going on a leisurely afternoon walk, a pleasant stroll through a peaceful green forest ... It is a beautiful afternoon, the sun is shining, it's warm but not too hot ... You start off strolling down a shady path ... a nice wide path, with layers of pine needles under your feet ... The ground is soft and gentle beneath the touch of your foot ... The sun is filtering down through the trees ... little patches of sunlight are dancing here and there on the path ... It is a warm and pleasant day ... Your whole body feels warm and alive, and peaceful.

As you stroll along the path, you begin to unwind and feel more relaxed ... Your hands and arms are swinging loosely by your side ... They're feeling pleasantly warm and relaxed ... It's a peaceful, warm, and relaxed feeling ... Continuing to walk along the path, you find yourself relaxing more and more, as you stroll further and further down the path ... The smells in the forest are refreshing ... You can smell the fresh green smell ... The pine trees and the fir trees give a fresh green forest smell and you become more and more aware of it as you walk further along the path ... Its seems somehow fresh and peaceful and relaxing... As you walk along the pathway you feel yourself beginning to relax more and more ... more and more deeply as you stroll along the pathway ... The sunlight is dancing on the path, the fresh green smells, and the cool pleasant shade are giving your body that just-right feeling of peaceful warmth ... not to warm, and not too cool, just comfortably relaxed.

You continue to stroll along the path, not looking at anything in particular, but just enjoying the pleasant, relaxing experience ... Your hands and arms and shoulders are hanging peacefully by your sides ... In fact, you notice that a relaxed feeling is becoming quite profound all the way down from your shoulders ... to your arms ... and your hands ... they are swinging peacefully beside you as you walk ... The muscles in your neck are starting to smooth out and relax ... The muscles in your head and face are also feeling more relaxed ... And the feelings of relaxation are becoming more noticeable in your chest and stomach ... even the muscles in your back are starting to loosen up and relax ... All of the tension is draining away as you walk further and further along the path ... deeper and deeper into the peaceful forest.

You notice a bend in the pathway ahead and, as you stroll around the bend in the pathway, you see the path beginning to climb ... It is an ever so gentle climb ... But as you continue to climb up the path, you feel yourself slowing down ... and as you slow down you feel yourself relaxing even more ... As you go deeper and deeper along the pathway ... slowly climbing through the forest ... you are slowing down, becoming more and more relaxed.

As you continue to stroll along the path, further and further into the forest you realize that this is the magical forest where the wise elder lives ... A wise hermit living in a cave ... a wise old elder that people have come to for years and years to ask for advice to help solve their problems ... It is the magical forest where the wise old elder lives ... The wise old elder who answers your questions and helps you solve your problems.

As you stroll further and further along the path, deeper and deeper into the forest ... you begin to realize that you would like to visit the wise old elder in the cave on the hill ... and talk about that special problem you have ... the issue you have been trying to sort out ... the matter you have been searching for a creative solution to ... And so you continue on along the path ... deeper and deeper into the forest ... slowly ascending the hill to the cave of the wise old elder from the forest who helps people bring their creative energies to their problems, issues, and concerns ... You feel good ... anticipating the possibility of seeing the wise old elder.

Now you are coming out of the trees and into a sunny clearing on the side of the hill ... The sunlight feels warm and relaxing ... You can feel the relaxation through your head and face ... Your shoulders, arms, and hands feel relaxed ... You feel the relaxation in your chest, stomach, and all along the muscles in your back ... Even your legs, your ankles, and your feet seem peaceful and relaxed ... Your whole body feels peaceful and calm ... You feel positive and confident, anticipating your discussion with the wise old elder.

Up ahead you notice the cave of the wise old elder ... and lining the pathway towards the cave you see 10 large boulders bordering the path ... As you get closer you notice that each boulder has a number inscribed on it ... You continue to walk along the pathway towards the cave, and as you pass by the **first** boulder you feel yourself becoming even more peaceful ... and more calm ... You continue down the pathway, passing the **second** boulder and notice that you become yet more peaceful and more calm ... somehow even more relaxed than you were before ... As you pass by the **third** boulder, the peaceful feeling becomes even more profound ... your arms and your shoulders are still swinging loosely by your side ... The muscles in your legs are relaxing, so they seem to move all by themselves, without any effort from you ... You continue on and pass by the **fourth** boulder ... and that profound feeling of deep calm spreads through your body and becomes even more pleasant and more deep ... You continue along, passing by the **fifth** boulder on the way to the cave ... feeling more and more relaxed ... more and more peaceful ... You feel even more calm as you pass by the **sixth** boulder ... And as you pass by boulder number **seven** ... you somehow sense your mind clearing ... all interfering thoughts are draining away ... and you begin to sense that you know why this is called the magical cave of the wise old elder ... And you pass by number **eight**, your body is remaining peaceful, calm, and relaxed, ... your mind is remaining clear and alert ... You are now starting to think casually about the matter you are going to discuss with the wise old elder ... and as you pass by number **nine** you begin slowly mulling that matter over and over in your mind ... the thoughts seem to just come and go by themselves, with no effort on your part ... But as the thoughts slowly mull around in your mind, you become aware of one or two alternatives that seem particularly attractive ... some different ways

of approaching the situation that you were not aware of before ... for this is a magical forest where people's creative energies are enhanced ... And as you pass by the **tenth** boulder you become even more relaxed ... your mind is becoming even more alert ... you are feeling certain that the matter you have been thinking about is on the verge of resolution.

You reach the cave and you look inside to find it empty ... you are the only one there ... For some reason the wise old elder is away ... But somehow just being in that cave, being where the presence of the wise old elder is so strong ... helps you begin to resolve the matter that you have been mulling over ... It is almost as if the essence of the wise old elder is still there even though the physical presence is not ... As you linger there in the mouth of the cave you feel the alternatives sorting themselves out ... different options that you may not have formerly been aware of present themselves and begin to sort themselves out ... You begin to feel that you have a more clear idea of what you want to do ... In fact, you sense a feeling of more assurance that the thing you want to do is the most appropriate thing to do in that situation ... You begin to feel more and more that if you take that course of action, things will work out as well as they possibly can ... and you feel good ... You realize that you have done it yourself ... for the wise old elder was not even there ... Somehow, just by being peaceful and calm ... by just letting yourself go ... and letting your mind clear ... you were able to help yourself become more aware of different alternatives and get a sense of which one you wanted to take ... It feels good because you have done it yourself.

You slowly leave the cave ... lingering on the pathway ... You feel calm and at peace with yourself ... thinking to yourself how calm and relaxed you are ... and how you could recapture that feeling just by thinking the word *calm* to yourself ... Thinking the word *calm* to yourself will be a reminder of how you felt while visiting the cave of the wise old elder ... Just thinking the word *calm* will help you recapture the feeling of peaceful relaxation, ... the creative state of mind ... Just thinking the word *calm* will help you become more relaxed, even more relaxed than you are now ... even more clear-thinking than you were in the cave ... an effortless kind of thinking where the thoughts come and go ... where the matter seems to just work itself out ... where you stop trying and just let it happen ... When you think the word *calm* ... you will return to the same state that you were in when you were at the entrance of the cave ... Your body will be relaxed ... and your mind, all by itself, without any effort from you at all, will begin turning over alternatives and coming up with the best possible course of action.

Now you begin to leave the cave behind you, walking down the path ... past those same numbered boulders ... And while you walk down past those boulders you feel yourself starting to wake up ... starting to become more alert, ... You walk past number five and on past number four ... and you fell your body returning to its normal state ... You pass by three and feel yourself waking up ... You pass by two, your eyes start to open ... and one. You feel alert and wide awake, descending down along the pathway through the forest and out into the open where you began.

Hiebert, B. (n.d.). *Relaxation scripts.*Retrieved November 1, 2007, from Campus Alberta Graduate
        Program Web site: http://library.athabascau.ca/caap615/Relaxation%20Scripts.doc

Finding Exceptions

Using the chart below, write down when "the problem" occurs the most. In the next column, make a list of the thoughts and feelings you experience when this happens. In the third column, list all the situations "the problem" DOES NOT occur in, and place your thoughts and feelings in the next column. Finally, take a moment to think about what you did differently to make this happen. What did you have to say to yourself to defeat the problem? What action did you take?

Problem Name: _____

When it occurs	Thoughts & Feelings	When it doesn't happen	Thoughts & Feelings	What you did differently

Eating Disorders:
Group Therapy with Adolescent Females

Objectives	Advance Preparation
Objectives 1. To learn ways to communicate their needs. 2. Increase trust in the group and with others. 3. Preparing for termination.	Advance Preparation • Review all the information for this lesson. • Set out Kleenex. • Set up activities. • Prepare the room and the refreshments. • Photocopy any materials.

Diversity Considerations
• Be aware of any physical impairment before starting the Navigation Course. For those members who are unable to participate physically, give them another role such as observer, note taker, or direction provider.
• Also be sensitive to the fear of wearing a blindfold. Adapt the exercise as necessary.
• Be respectful of personal space issues when the girls are encouraged to interact.
• Be aware of any physical limitations and accommodate accordingly.

Facilitator Notes:

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale

15 min	WELCOME & CHECK-IN	• Welcome participants and provide a brief overview of the ground to be covered in the session, leaving it flexible for any issues that arise:
		  • "Hello girls, here we are in session 7. I hope you've all had an energizing week and are ready to get back to work in our second last session. Over the last several weeks we have been working on identifying problems, externalizing them so that we can work on them, exploring our support systems, and learning about eating disorders, perfectionism, and self-esteem. Tonight we are going to pull together some of these things and work together to navigate our way through a group problem. I believe we've established a sense of trust in our group and many of you have come to rely on your group members for support and encouragement. These are the skills we need to transfer into your daily lives in order for you to continue defeating your eating disorder. Sometimes it is helpful to practice problem-solving before we try it out in the real world and so tonight I've created an obstacle course that you will be working through. We're going to pretend as though this obstacle course represents the problems you brought with you to group. You're going to need to rely on the relationships you've developed in the group, you'll need to use your problem-solving skills, and you'll need to ask for help. This activity requires patience, encouragements, and positive communication skills. If the activity becomes overwhelming or frustrating, try using some relaxation skills such as deep breathing until you are ready to continue. After tonight's break we will begin talking about our final session and planning some activities for group termination."
		• Check-in by asking:
		  • "How are you feeling in the second last session and what is one thing you haven't worked on yet that you
			• The purpose of the welcome and brief overview each week is to set the tone of the group, connect group members after being away for a week, and provides structure to the group. The amount of structure necessary has decreased as the group progressed, but it is still important to highlight the expectations and goals for the evening. However, the plan for the evening must always be tentative enough to allow for any issues that arise in the group needing attention.
			• At this point in the group it should no longer be necessary to review the rules at the beginning of each session, however should the facilitator feel that it would be beneficial it is okay to do so.
			• Group members may be feeling anxious about not having met their goals as the group comes to a close. This check-in activity gives them a chance to verbalize that anxiety and make any last commitments to do work before the group ends. It provides the material they need to be thinking about before we discuss termination.

		want to?" ✓ Supplies: Flip chart & Markers	

15 min	REVIEW OF SESSION #6	• As a large group process any thoughts or feelings that came up after the last session.
		 • Answer any questions that arise.
		 • Process this experience by using questions such as:
		  • What was it like for you when I didn't give you a topic to discuss tonight?
		  • How do you feel the group handled the lack of structure that has been evolving over the last few weeks?
		  • At this point in the group, what do you feel you need from the facilitator?
			• Again, in this session do not provide sentence starters as the group should require less structure by now. If the group has difficulty getting themselves started, take a moment to gauge the comfort level in the room. If they do not proceed after a short silence, provide a broad topic such as "thoughts on stress", but be sure to address with the group your feelings on the high level of structure still required and get member reactions.
			 • Monitor the content of the group discussion and assist in redirecting if necessary, but more importantly pay attention to the process they are using.

30 min	TRUST	• Facilitator will lead a brief group discussion about the importance of trust in relationships and communication, how trust is demonstrated, earned, and lost: • "Trust is the glue that holds relationships together. It can be a thought, a feeling, or a full body reaction; sometimes we just know in our gut that we can't trust someone. It is difficult to have a relationship in which there is no trust because we cannot be at ease with each other, we cannot be genuine, and we cannot grow in an atmosphere of distrust. You have learned to trust each other within this group, and I have asked you to identify support people in your life that you feel you can trust. But more importantly we need to be able to trust ourselves. When we have taken part in some unhealthy behaviours like with your eating disorders, sometimes we begin to believe we can't trust ourselves around food or eating and other begin to feel as though they can't trust us either. Unfortunately, when we feel other people don't trust us, we begin to act differently and might experience stress like we	• This experiential activity allows the group members to put their lessons into practice. The group is now well established with a high level of trust and therefore the girls are at a point where they can take some big risks and experiment with their new skills in an anxiety provoking environment. Having the girls go one pair at a time leaves the rest of the girls to provide support and encouragement which is theoretically similar to the support system they've identified for themselves. This allows the observers to practice their support skills and also places them in a leadership role where they can provide some direction. For those going through the course, they are able to practice their communication skills in an unknown environment, with the knowledge that they have a group of people behind them cheering them on. This activity is meant to be fun yet challenging.

		talked about last week. As our stress increases we lose faith in ourselves and this affects our self-esteem. It is important to find ways to earn trust back from the important people in our lives, but it is more important to learn to trust ourselves again. Building trust takes time and patience, and tonight we're going to do a few exercises to learn about trust. What does it really mean to trust and how does communication play a role in our level of trust? It is important when we are communicating our needs to someone else that we use positive communication strategies such as making eye contact, being aware of body language, using "I" statements, and being honest. Before we go onto our activity I want you to think about a few questions and we'll discuss them as we process the navigation course": • How important is trust to you in your relationships with food? • How can you demonstrate that you trust yourself? • How does someone earn your trust? • How does someone lose your trust? • What would it take for you to trust yourself around food, eating, or weight? • Trust Game. Activity #13: Navigation Course • "This next activity is all about trust. You are going to be going through a navigation course blindfolded with a partner. The reason for the blindfold is to put you in a position where you can't peek and rely on yourself to get through the course. It is a sign to your partner that you trust them and it forces you to rely on them. You will need to rely on your communication skills to get through the course and you will need to use your support skills to earn each others trust. If anyone is uncomfortable wearing a blindfold let me know and we can adapt the game or find you a more suitable role. Those of you not participating at the time will be observers. Your role is to model the support people we've identified a few weeks ago	• The processing questions relate the activity to experiences they bring with them from their own life. They can choose to answer them in relation to the game they played, or can take it a little further and share information from their lives regarding trust. These questions therefore allow the group members to choose their comfort level when responding.

		and assist the pair in getting through the course by providing encouragement, support, and guidance. We rarely get through any tough times in our lives without the support of others. As you work through your eating disorders you will need other people to guide you and support you; this is a way to practice accepting and giving that support." ✓ Supplies: Flip Chart, Markers, "Navigation Course" activity (rope, balls, blindfolds, other soft objects, timer, etc.)	
15 min	BREAK	Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.	
30 min	PREPARING FOR TERMINA-TION	• Discuss what good-byes have looked like for the girls in the past. Facilitate a discussion around endings, new beginnings, and have the girls share experiences about positive and negative endings in the past: • "Saying good-bye can be difficult but it also signals the start of a new beginning and can be exciting. We have spent several weeks getting to know each other and some of you may continue to be friends and others may not see each other for a while. Good-byes bring closure but do not have to be final. Sometimes we say "good-bye" and other times we say "see you later" and this may suggest how final things are. As we talk about good-byes tonight I'd like you to think about the time you've spent with your eating disorder. It is likely that you've been in that relationship for awhile and as we've moved through the last several weeks we have learned that this relationship is unhealthy and is holding you back from a more productive, healthy life. Perhaps it is time to say good-bye to your eating disorder as well. We are coming to the end of our time together and it's important that we take some time tonight to reflect on our experiences and what saying good-bye means for each of us. We're going to spend the next half an hour discussing our own experiences of good-byes and how we are feeling as we come to the	• As members near the end of a group it is important that they have the opportunity to address their feelings and reactions to the pending separation. This is a time when group members must come to understand that they have learned a great deal and that although the security of the group will not go with them, the skills they have learned will. This is a time for unresolved issues to be discussed and for final things to be said. It is also important that as a facilitator you deal with your own feelings about the group ending. Group members need to find positive ways to say good-bye to each other and facilitators cannot assume that the girls have had similar experiences with endings. Separation anxiety might be high and this should be dealt with before the final session. • It is at this point in the group that learning is consolidated and the method for termination can have a dramatic effect on the group members' ability to transfer their knowledge to outside experiences. This is one of the final chances the group will get to practice communication and express

		end of our time together."
		• What does good-bye mean to you?
		• What are you feeling as we get closer to our last session?
		• What needs to happen between now and the end of the next session for you to feel okay about this ending?
		• How do you feel about saying good-bye to your eating disorder?
		• What would it take for you to say goodbye to your eating disorder?
		• Plan the termination activities:
		  • "I think it's important that as we end our time together that we take part in our own special activities that symbolize our time together and our future experiences. Good-byes look different for different people and there are a variety of ways that we can say good-bye to each other, to the people we were before the group, and to the eating disorder. That's why it is important that our special activities are as unique as our group is. Let's take a few moments to discuss what next week will look like."
		  • Termination activities could include:
		    • Releasing balloons with messages of good-bye
		    • Handprints for healing activity with messages for good-bye
		    • Planting a tree
		    • Creating a quilt with each girl contributing a square
		    • Music
		    • Letters to future group members
			their feelings within this community and so much attention should be paid to doing it on a safe and supportive way.
			• Allow the girls to have a say in the termination activities in order to make the experience meaningful for them. Each group takes on a life of its own and the final activity should reflect the group's personality.

15 min	WRAP-UP	• Have participants complete Session Evaluation (5 min.) • Address any questions or comments. • Check-out by having members: • "Commit to one need you intend on communicating to a designated support person before next week." Journal about how the girls are feeling about termination between sessions or journal a response to the song "That I Would Be Good" by Alanis Morissette (provide CD) or another song of their choice. Invite group members to bring music that has been particularly influential as they go through treatment for an eating disorder to share with the	• The purpose of the check-out activity is to engage them in an activity between sessions that encompasses the learning done over the last 3 weeks. This is likely the last commitment they will make to the group and this gives them a chance to complete a task and come back to the group to discuss it before termination. • This week give an option of two journal topics. Provide the music and lyrics to the Alanis Morissette song for them to listen to and respond

		rest of the group. ✓ Supplies: Session Evaluation & CD	or have them journal about their feelings towards termination. Either of these topics could be emotionally charged but giving the girls the freedom to choose their topic and the type of response they provide gives them the opportunity to do some reflecting over the next week and bring back with them something meaningful to share.

References for this week's material:

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Gibson, R. L., Mitchell, M. H. (2003). *Introduction to Counseling and Guidance* (6th ed.).
Upper Saddle River, NJ: Pearson Education.

Morissette, A. (1999). That I would be good. On *Alanis Unplugged* [CD]. New York: Maverick Records.

Navigation Course

- A popular and engaging game involving communication and trust. The task is very flexible, works for groups of various types and sizes, and can be adapted to youth, adults, corporate, etc.
- Select an appropriate area. Go outside, if possible. Can be done inside, even in rooms with fixed furniture (which can become objects to be avoided).
- Distribute "mines" e.g., balls or other objects such as bowling pins, cones, foam noodles, etc.
- Establish a concentrating and caring tone for this activity. Trust exercises require a serious atmosphere to help develop a genuine sense of trust and safety.
- Participants operate in pairs. Consider how the pairs are formed - it's a chance to work on relationships. One person is blind-folded (or keeps eyes closed) and cannot talk (optional). The other person can see and talk, but cannot enter the field or touch the person.
- The challenge is for each blind-folded person to walk from one side of the field to the other, avoiding the "mines", by listening to the verbal instructions of their partners.
- Allow participants a short period (e.g., 3 minutes) of planning time to decide on their communication commands, then begin the activity.
- Be wary of blindfolded people bumping into each other. The instructor(s) can float around the playing area to help prevent collisions.
- Decide on the penalty for hitting a "mine". It could be a restart (serious consequence) or time penalty or simply a count of hits, but without penalty.
- It can help participants if you suggest that they each develop a unique communication system. When participants swap roles, give participants some review and planning time to refine their communication method.
- Allow participants to swap over and even have several attempts, until a real, satisfied sense of skill and competence in being able to guide a partner through the "minefield" develops.
- The activity can be conducted one pair at a time (e.g., in a therapeutic situation), or with all pairs at once (creates a more demanding exercise due to the extra noise/confusion).
- Can be conducted as a competitive task - e.g., which pair is the quickest or has the fewest hits?
- The facilitator plays an important role in creating an optimal level of challenge, e.g., consider introducing more items or removing items if it seems too easy or too hard. Also consider coaching participants with communication methods (e.g., for younger students, hint that they could benefit from coming up with clear commands for stop, forward, left, right, etc.).
- Be cautious about blind-folding people - it can provoke trust and care issues and trigger post-traumatic reactions. Minimize this risk by sequencing Mine Field within a longer program involving other get-to-know-you and trust building activities before Mine Field.

Wilderdom, (2007). *Trust building activities*. Retrieved on June 30, 2007, from
http://wilderdom.com/games/TrustActivities.html

Facilitator Self-Reflection

As the group winds down take some time to reflect on the journey that has taken place over the last 8 weeks. Pay attention to what you are thinking and how you are feeling as the group comes to and end. You will have been reflecting as the group has taken place, but now is a good time to process your feelings about the group ending and make note of any issues that you need to resolve before the end of next week. Ask yourself the following questions, paying attention to what your body is telling you as you work through them. If necessary consult with another psychologist or ask for more supervision if there are issues you need to discuss. Take care of yourself so that you can take care of those in your group.

- What does good-bye mean to you?
- What have good-byes looked like for you in the past?
- How are you feeling about saying good-bye to this group?
- What were you hoping to accomplish that you haven't so far and how could you address this next week?
- How are you feeling as you look ahead to the last session?
- What are you most aware of right now as you complete this exercise?
- How are you feeling about your success in running this group over the last several weeks?
- Are there any other issues that need to be resolved before the end of the group?
- Have you experienced enough supervision and consultation over the last several weeks.

Take care of yourself and be mindful over the next week as you head into your last session with the group. Allow yourself to experience whatever comes up for you and don't hesitate to seek consultation if you need to.

Session 8: Life After Group

Eating Disorders:
Group Therapy with Adolescent Females

Objectives

1. To understand triggers and current responses.
2. To prepare for real-life situations and setbacks.
3. Termination

Advance Preparation

- Review all the information for this lesson.
- Set out Kleenex.
- Set up activities.
- Prepare the room and the refreshments.
- Photocopy any materials.

Diversity Considerations

- Confrontation may be more difficult for some members than others. Be sensitive to abuse issues, cultural issues, etc. and adapt the exercises to assist the group members in asserting themselves while remaining respectful, safe, and culturally aware.
- Be respectful of personal space issues when the girls are encouraged to interact.
- Be aware of any physical limitations and accommodate accordingly.

Facilitator Notes:

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale
15 min	WELCOME & CHECK-IN	• Welcome participants and provide a brief overview of the ground to be covered in the session, leaving it flexible for any issues that arise: • "Well ladies, we made it to the final session. I'm very proud of each of you for the accomplishments you've made during our time together and you should each give yourselves a pat on the back. Tonight is about preparing you for life after group and about saying good-bye. We will be spending the first half of the evening talking about situations you might encounter when you leave this group and brainstorming how you might handle them. While you've each made significant advances in your battle with an eating disorder, there is much work ahead. You will need to use the skills you've learned in group to continue this journey long after the group ends. Many of you will continue counselling, but it is my hope that you take with you the knowledge, support, and skills from the past several weeks as you move on in your life. The second half of the evening will be about saying good-bye to good friends and good and bad experiences as we prepare to leave group." • Review the rules with the girls. • Check-in by asking: • "How are you feeling about the final session?" ✓ Supplies: Flip chart & Markers	• The purpose of the welcome and brief overview each week is to set the tone of the group, connect group members after being away for a week, and provides structure to the group. The amount of structure necessary has decreased as the group progressed, but it is still important to highlight the expectations and goals for the evening. Typically the sessions are structured in such a way that they can be altered to accommodate the girls needs. While this is still true it is crucial that enough time is left for the termination activity and to process the experience of group ending. If the girls become anxious about leaving group it might be easy to avoid this part of the evening by getting caught up in other activities. Yet, it is important to spend enough time on these rituals to properly close the group. • At this point in the group it would be beneficial to review the rules. It is important that as the group comes to an end, the girls remember the importance of confidentiality. • Be aware of how the girls are acting or presenting during this last session and be sure to leave ample time for processing this evening. • The check-in activity will set the tone for the evening, allowing the girls to address how they are feeling at the beginning of the session. Use this check-in as a gauge for how the evening might play out and ensure that each group member is supported in this final step of the journey.
15 min	REVIEW OF SESSION #7	• As a large group process any thoughts or feelings that came up after the last session by asking questions such as:	• Tonight's session may need slightly more structure than

		• How have you met your needs since the last session and how this has worked out for you? • What were you feeling as you write in your journal last week? • What were your thoughts on the navigation course? • Answer any questions that arise.	the previous 2 or 3 as the girls may be experiencing more emotion this evening. This is a time for wrapping things up and giving closure so provide more direct questions for the girls to think about. • Monitor the content of the group discussion and assist in redirecting if necessary, but more importantly pay attention to the process they are using.
20 min	TRIGGERS & RESPONSES	• Group leader will facilitate a large group discussion about potential triggers and how members will respond after the group ends: • "We all experience setbacks in our life and after group that will be no different. However, we can be prepared for these setbacks and work through them if we have the right information. Each of you needs to learn what triggers a setback; more specifically, what triggers the thoughts or feelings that cause you to engage in an eating disorder. These triggers can be a certain place, a smell, a sound, even a person. If we can identify what the trigger is we can prepare for it and change the outcome. We are going to go through a worksheet to identify what your triggers are and follow through the cycle of events to create a better alternative to the problem behaviour." • Complete handout on personal triggers, past responses, and future responses as a group. Each girl should identify five triggers. ✓ Supplies: Flip Chart, Markers, Handout #6 "Triggers & Responses"	• The purpose of this exercise is to prepare the girls for setbacks with their eating disorder recovery and provide enough information for them to work through it without being disappointed. Being prepared and having a plan make it easier for the girls to visualize themselves being successful without the group. It is important that they be aware that negative things will happen but that they have learned the skills to work through any setbacks. • The group will review this at the post-group meeting to discuss any setbacks the girls encounter in between. • As the group works through the handouts, remind them of prior learning and ask them to recall information on communication, healthy relationships, the emotional bank account, needs, trust, etc. to devise alternative behaviours. This is the time to bring all that learning together into something useful.
15 min	BREAK	Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.	
40 min	CLOSURE	• Discuss fears, anticipation, concerns, positives, etc. regarding the group coming to an end. Ensure all clients have the appropriate resources. Discuss the post-group meeting. Give adequate time for reflection, processing, and discussion to be led by girls: • "This part of the group is the symbol of an ending and a new	• This last phase is really about closure. It is about reflecting on the changes group members have made over the last several weeks. It is about new beginnings and possibilities, and it is about letting go of the past as we move on.

		beginning. You entered this group 8 weeks ago, weighed down by an eating disorder and the pressure to be perfect like having bricks in a backpack that you carry around with you. I am hoping that after our time together you have been able to reduce some of that weight and have learned the skills to deal with what's left in your backpack. I'd like to take some time to address how everyone is feeling at this point in the group. This is a time for reflection, thanks, and good-byes." • Use questions such as: • What effect has this group had on your life? • What have you learned about yourself over the last 8 weeks? • What effects do you think your participation in this group had on significant people in your life? • How might your life have been different if you had not been a part of this group? • Do you have anything to say to another group member as we say our good-byes? • Complete the activity agreed upon at the last session: • It might be helpful to initiate some form of ritual as a symbolic ending of the program, such as planting a tree, releasing balloons with farewell messages attached, etc.	• This is not a time to get caught up in new issues as there is not adequate time to deal with disclosures. This phase of the group is about rituals and processing the experience and is meant to put group members at ease as they walk away from each other. • Remind the girls of the services and resources available to them as they leave the group. • Give some basic info on the date and time of the post-group meeting. • The activity that was chosen by the group is often a symbolic gesture of closure or termination. Allow adequate time to complete this activity and do any necessary processing afterwards.
15 min	WRAP-UP	• Have participants complete Session Evaluation (5 min.) • Address any questions or comments. • Review "What Not To Forget" handout • Check-out by having members answer: • "What was the most useful thing you learned in this group and how will you use it in your life?" ✓ Supplies: Session Evaluation & "What Not To Forget" handout • ɔ • ɔ • ɔ • ɔ • ɔ	• At this point, do not enter into deep discussions, instead suggest that the girls continue using their journals and bring any burning questions back to the post-group meeting. Encourage them to use the resources they now have, and each other. The check-in is intended to be brief and positive. • After completing the case notes for each client in this session, it would be helpful to schedule any meetings with parents/counsellors before the post-group session to update on progress or highlight any concerns that have not been addressed since the start of the group.

References for this week's material:

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Franzen, U., Backmund, H., & Gerlinghoff, M. (2004). Day treatment group programme for eating disorders: Reasons for drop-out. *European Eating Disorders Review, 12,* 153-158.

Sarafino, E.P. (2006). *Health psychology: Biopsychosocial interactions.* (5th ed.). Hoboken, NJ: Wiley.
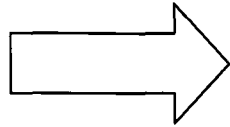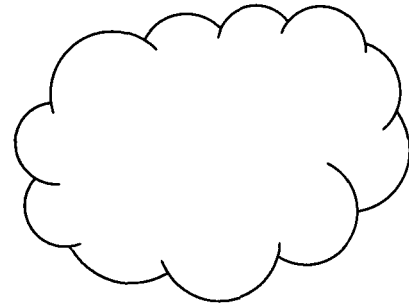
Winslade, J., & Monk, G. (2007). *Narrative counseling in schools: Powerful and brief* (2nd ed). Thousand Oaks, CA: Sage Publications.
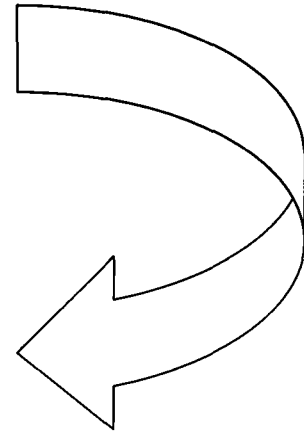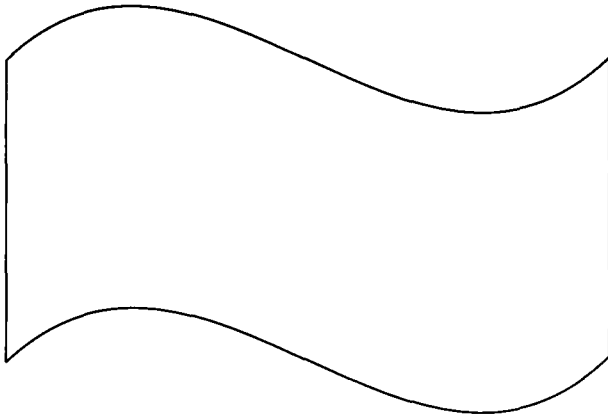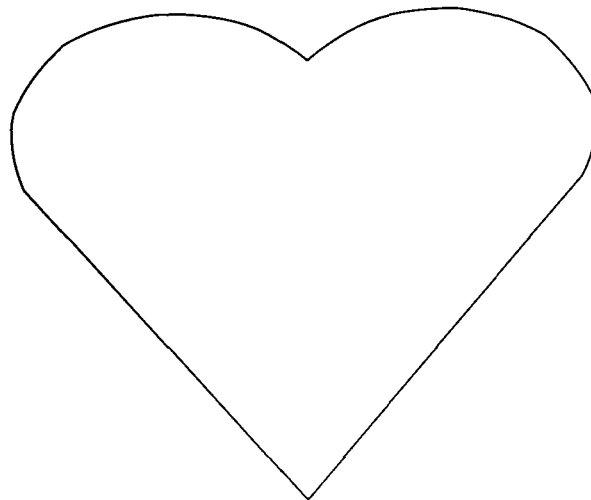
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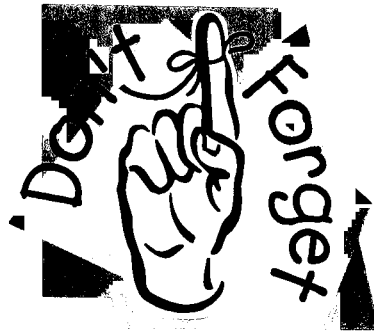
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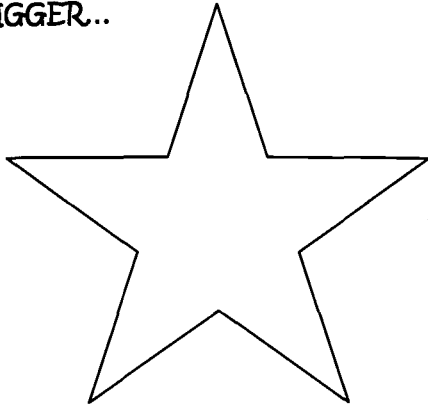
FEELINGS...

HOW I WOULD HAVE
REACTED BEFORE...

HOW I WOULD
REACT NOW...

What Not To Forget

You all learned a lot over the past several weeks and it can be difficult to remember everything. Take the time to reflect back on your journals from time to time; there is a wealth of knowledge and insight inside. Here are a few things you've learned along the way. Refer back to this sheet whenever you need a little reminder.

- Confidentiality; what happened in group stays in group.
- Nobody's perfect; learn to love yourself just as you are.
- Each of your experiences are unique to you; don't compare yourself to others.
- Journaling is a great way to express your thoughts and feelings.
- Labels are limiting; move past them and live up to your potential.
- Mind-Body Connection; how you think affects how you feel and how you act. Think positive and your outlook will change.
- You have control over your eating disorder and you are strong enough to resist it.
- Take off the backpack and deal with the issue; don't carry it around like a weight on your back.
- Don't buy into to the messages in the media about beauty and perfection; you are beautiful!
- Relax; learning to calm yourself improves your chances of resisting unhealthy behaviour.
- Use the support of healthy relationships in your life and communicate your needs to them.
- Limit the stress in your life and get rid of unhealthy relationships; they may be dragging you down.
- MOST IMPORTANTLY: eat healthy, exercise safely, and ask for help when you're struggling. This journey is not over and you need to rely on the support of friends, family, and counsellors to continue making progress.

WE ARE ALL A WORK IN PROGRESS

Post-Group Session

Eating Disorders:
Group Therapy with Adolescent Females

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Objectives
1. To determine the usefulness of the group in daily life.
2. To provide members with the opportunity to share accomplishments and struggles since the last session.
3. To encourage the continuation of work towards personal growth.

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Advance Preparation
- Review all the information for this lesson.
- Set out Kleenex.
- Set up activities.
- Prepare the room and the refreshments.
- Photocopy any materials.

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Diversity Considerations
- Be sensitive to any issues that might arise due to termination – abandonment, anxiety, cultural rituals, etc. Be open in your discussion with the girls regarding expectations, fears, etc. Provide a safe place for them to discuss cultural issues and how this group has impacted their experience of culture.
- Be respectful of personal space issues when the girls are encouraged to interact.
- Be aware of any physical limitations and accommodate accordingly.

Facilitator Notes:

Time	Session Theme	Activity Instructions/Notes	Purpose/Rationale
20 min	WELCOME & CHECK-IN	• Welcome back participants and provide a brief overview of the ground to be covered in the session, leaving it flexible for any issues that arise. • "Welcome back girls, I hope you have had a relaxing few weeks since I last saw you. It's so nice to see each of you back here. The purpose of meeting after the group has ended is for us to evaluate what you have learned and how that has impacted your life since leaving the group. This is a time for us to share successes and brainstorm about setbacks." • Brief review of ground rules and confidentiality agreement on flip chart: • Since we've been away for a while I think it's important that we review our ground rules..." • Perform a brief check-in with each group member: • Use one word to describe what the past three weeks has been like. • Comment on the stage of your eating disorder since the group ended using a thought, feeling, or behaviour word. ✓ Supplies: Flip chart & Markers	• The purpose of the welcome and brief overview each week is to set the tone of the group, connect group members after being away for 3 weeks, and provides structure to the group. • Because the girls have been away for 3 weeks it is important that you review the rules to ensure that the environment is supportive and caring. • Group members may be feeling anxious about participating after being away. This check-in activity gives them a chance to jump into the conversation and sum up their experience in a few words. How they describe the last 3 weeks will be the starting place for this meeting. • In general, the purpose of tonight's meeting is to see what the girls have accomplished since leaving group and to re-evaluate any setbacks they may have had, to provide support, and to provide any additional information required. It also provides a place for the girls to discuss any afterthoughts or feelings that came up after the group ended.
30 min	REVIEW OF SESSION #1-8	• As a large group process any thoughts or feelings that came up during the past 3 weeks regarding the group experience with questions such as: • Share an accomplishment or success from the past 3 weeks. • Share a struggle you have had in the past 3 weeks. • Talk about your support network? • Evaluate your communication skills since leaving group. • Comment on your relationships since the group ended. • List some exceptions to the problem you've noticed in the last 3 weeks.	• Provide some direction at first, but as they become comfortable again, let them take the lead. Interject with opportunities for them to support one another, offer feedback, etc. • This is a chance to revisit the lessons that were taught, reinforce the concepts, and evaluate how group member's have been using them outside of group. • Processing the journaling experience gives the girls the

		• Process the journaling experience:
		  • What was a benefit of journaling for you?
		  • Would you continue to journal outside of group?
		  • What did you learn about yourself through journaling?
		 • Answer any questions that arise.
			opportunity to see value in continual self-reflection and also provides feedback to the facilitator about this aspect of the program for future groups.

15 min	BREAK	Allow participants to take a break and have a snack. Invite them to go outside if appropriate, explain where washrooms are, and provide a time limit.	
30 min	HANDPRINTS FOR HEALING	• Spend the last 30 minutes with a closing activity that asks the girls to identify strengths in each other. • Self-esteem building activity "Handprints for Healing": Have each girl trace their hand on a piece of construction paper and tape it to their back. Have the other girls take turns writing a positive word that describes the girl on her back. Go around the room and have the girls process what it feels like to read these positive comments. ✓ Supplies: "Handprints for Healing" exercise	• The self-esteem building activity provides closure to this segment by reaffirming the positive attributes of group members and ends the group on a positive note. The girls can take these positive affirmations with them as they leave the group and can look back on them to remind themselves of what they've accomplished and the relationships they made in group.
20 min	WRAP-UP	• Have participants complete Group Evaluation (5 min.) • Address any questions or comments. • Check-out by having members answer "how might your life be different if you had not experienced this group?" • Ensure each member has the resources she needs, provide any necessary referrals after the meeting. End on a positive note, making sure all girls are feeling a sense of closure. ✓ Supplies: Group Evaluation	• In addition to receiving feedback throughout the group, it is useful for the facilitator to have all group members complete a group evaluation. This evaluation looks at the entire process of the group rather than content-specific sessions. This is important feedback for forming future groups. • This is the time for winding down, finding positives, and ensuring all girls are equipped to leave group. Should there be any concerns about group members, referrals should be made at this time or follow-up appointments made. • Remember to leave time for final good-byes.

References for this week's material:

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Handprints
For
Healing

Part I:

1. Using a piece of construction paper, trace your hand and cut it out.

2. Have another group member tape your handprint to your back.

3. Go around the room and write ONE positive comment on each person's handprint.

   NOTE: You may not comment on physical appearance or physical characteristics

                   Try to relate the comment to something you've learned during this group

                   Be Authentic

                   Be Honest

4. Once everyone has finished giving their positive comments, return to your seats for part II.

Part II:

Take the handprint off your back and reflect on the positive comments others have given you. Take a moment to contemplate the feelings you are experiencing. Be prepared to share those feelings with the group.

Final Reflection

Take some time this week to reflect on the positive comments you received from others in the group. Spend some time thinking about how this made you feel. What impact has this group had on your life with an eating disorder? I would encourage you to journal about this experience, as it might be beneficial to look back at this at a later date.

Please take the time to reflect on the past several weeks and list two additional positive comments about YOURSELF (ones that haven't already been mentioned). Think hard, look deep, and you'll find them.

Two things about myself that I LOVE are:

1._____

2._____

Group Evaluation

Date: _____

Using this scale of 1 to 5 take a moment to reflect on how you feel about the following statements after the group has ended:

1 = No way!
2 = Not really...
3 = Doesn't relate to me.
4 = Kind of...
5 = Totally!

I felt like I made some progress in this group.	1	2	3	4	5
I felt respected by others in the group.	1	2	3	4	5
I felt understood by the group leader.	1	2	3	4	5
I feel like I met my goals.	1	2	3	4	5
I felt comfortable sharing with the group.	1	2	3	4	5
I felt good about my group experience.	1	2	3	4	5
The homework assignments were meaningful.	1	2	3	4	5
I feel I benefited from participating.	1	2	3	4	5

One aspect of this program I would change for the future:

_____

_____

What was most useful to me in this group was:

_____

_____

. like to share:

_____

_____

_____

References

Alberta Fitness Leadership Certification Association. (2000). *Fitness theory manual.*

Edmonton, AB: Author.

American Group Psychotherapy Association (2006). *AGPA and NRCGP guidelines for*

ethics. Retrieved May 23, 2007, from

http://www.groupsinc.org/group/ethicalguide.html

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental*

disorders 4th ed.). Washington, DC: Author.

American Psychiatric Association Work Group on Eating Disorders. (2000). Practice

guideline for the treatment of patients with eating disorders (Rev.). *American*

Journal of Psychiatry, 157(1), 1-39.

Andersen, A. E., & DiDomenico, L. (1992). Diet vs. shape content of popular male and

female magazines: A dose-response relationship to the incidence of eating

disorders? *International Journal of Eating Disorders, 11,* 283-287.

Anthony, M. M., & Swinson, R. (1998). *When perfect isn't good enough: Strategies for*

coping with perfectionism. Oakland, CA: New Harbinger.

Association for Specialists in Group Work (1991). Professional standards for training of

group workers. *Together, 20,* 9-14.

Association for Specialists in Group Work. (1998). Guidelines for best practice. *Journal*

for Specialists in Group Work, 23, 237-244.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York: W. H. Freeman.

Barrow, J. C., & Moore, C. A. (1983). Group interventions with perfectionistic thinking.

The Personnel & Guidance Journal, 61(10), 612-615.

Bastiani, A., Rao, R., Weltzin, T., & Kaye, W. (1995). Perfectionism in anorexia nervosa. *International Journal of Eating Disorders, 17*(2), 147–154.

Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

Becker, A. E., Grinspoon, S. K., Klibanski, A., & Herzog, D. B. (1999). Eating disorders. *The New England Journal of Medicine, 340*, 1092-1098.

Blatt, S. J. (1995). The destructiveness of depression: Implications for the treatment of depression. *American Psychologist, 50*(12), 1003-1020.

Botta, R. A. (1999). Television images and adolescent girls' body image disturbance. *International Communication Association, 9*, 22-41.

Broderick, P. C., & Blewitt, P. (2006). *The life span: Human development for helping professionals* (2nd ed.). Upper Saddle River, NJ: Prentice Hall.

Canadian Counselling Association. (1999). *Code of ethics*. Ottawa: Author.

Carr, A. (1998). Michael White's narrative therapy. *Contemporary Family Therapy, 20*(4), 485-503.

Chen, E., Touyz, S., Beumont, P., Fairburn, C., Griffiths, R., Butown, P. et al. (2002). Comparison of group and individual cognitive-behavioral therapy for patients with bulimia nervosa. *International Journal of Eating Disorders, 33*, 241-254.

Children's Hospital Boston, Centre for Young Women's Health (2007). *Health information for teen girls around the world.* Retrieved November 1, 2007 from http://www.youngwomenshealth.org/healthy_relat.html

Condon, D. (2004). Perfectionism bad for health. Retrieved September 1, 2007, from http://www. irishhealth.com/index.html?level=4&id=6032

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Costin, C. (2007). *The eating disorder sourcebook: A comprehensive guide to the causes, treatments, and prevention of eating disorders* (3rd ed.). Chicago: Lowell House.

Currie, D. (1997). Decoding femininity: Advertisements and their teenage years. *Gender and Society, 11*, 453-477.

Dallos, R. (2004) Attachment narrative therapy: Integrating ideas from narrative and attachment theory in systemic family therapy with eating disorders. *Journal of Family Therapy, 26*, 40-65.

Dove Campaign for Real Beauty (2007). *Onslaught.* Retrieved November 1, 2007, from http://www.campaignforrealbeauty.ca/flat2.asp?id=6960

Eating Disorder Center of Denver (2006). *Myths and facts about eating disorders.* Retrieved July 1, 2007, from http://www.edcdenver.com/pdf/MythsandFactsaboutEatingDisorders.pdf

Ellis, A. E., & Harper, R. A. (1975). *A new guide to rational living.* Hollywood, CA: Wilshire.

Enns, M., & Cox, B. (2002). The nature and assessment of perfectionism: A critical analysis. In G. L. Flett & P. L. Hewitt (Eds.). *Theory, research, and treatment* (pp. 5-31). Washington, DC: American Psychological Association.

Fairburn, C., Marcus, M., & Wilson, G. (1993). Cognitive-behavioral therapy for binge eating and bulimia nervosa: A comprehensive treatment manual. In C. Fairburn & G. Wilson (Eds.), *Binge eating: Nature, assessment, and treatment* (pp. 361-404). New York: The Guilford Press.

Fairburn, G. C., Shafran, R., & Cooper, Z. (1999). A cognitive behavioural theory of anorexia nervosa. *Behaviour Research and Therapy, 37,* 1–13.

Festinger, L. (1954). A theory of social comparison processes. *Human Relations, 7,* 117-140.

Flett, G. L., Greene, A., & Hewitt, P. L. (2004). Dimensions of perfectionism and anxiety sensitivity. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 22*(1), 39-57.

Flett, G. L., Hewitt, P. L., Oliver, J. M., & Macdonald, S. (2002). Perfectionism in children and their parents: A developmental analysis. In G. Flett & P. Hewitt (Eds.), *Perfectionism: theory, research, and treatment* (1st ed., pp. 89-132). Washington, DC: American Psychological Association.

Franzen, U., Backmund, H., & Gerlinghoff, M. (2004). Day treatment group programme for eating disorders: Reasons for drop-out. *European Eating Disorders Review, 12,* 153-158.

Frost, R., Lahart, C., & Rosenblate, R. (1991). The development of perfectionism: A study of daughters and their parents. *Cognitive Therapy and Research, 15,* 469-489.

Frost, R., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research, 14*(5), 449–468.

Gardner, D. (2004*). Eating disorder inventory* (3rd ed.). Retrieved May 26, 2007, from http://www.psycan.com

Gerlinghoff, M., Gross, G., & Backmund, H. (2003). Eating disorder therapy concepts with a preventative goal. *European Child and Adolescent Psychiatry, 12*(1), 72-77.

Gibson, R. L., & Mitchell, M. H. (2003). *Introduction to Counseling and Guidance* (6th ed.). Upper Saddle River, NJ: Pearson Education.

Gilman, R., & Ashby, J. S. (2003). Multidimensional perfectionism in a sample of middle school students: An exploratory investigation. *Psychology in the School, 40*(6), 677-689.

Grabowski, T. (2003). *Principles of anatomy and physiology* (10th ed.). Hoboken, NJ: John Wiley & Sons.

Green, M., & Rogers, P. (1998). Impairments in working memory associated with spontaneous dieting behaviour. *Psychological Medicine, 28*, 1063-1070.

Halgin, R. P., & Leahy, P. M. (1989). Understanding and treating perfectionistic college students. *Journal of Counseling and Development, 68*, 222-225.

Halmi, K. A., Sunday, S. R., Strober, M., Kaplan, A., Woodside, D. B., Fichter, M. et al. (2000). Perfectionism in anorexia nervosa: Variation by clinical subtype, obsessionality, and pathological eating behavior. *American Journal of Psychiatry, 157*, 1799-1805.

Hamachek, D. E. (1978). Psychodynamics of normal and neurotic perfectionism. *Psychology, 15*, 27–33.

Harrison, K. (2003). Television viewers' ideal body proportions: The case of the curvaceously thin woman. *Sex Roles, 48*, 255-264.

Harrison, K., & Cantor, J. (1997). The relationship between media consumption and

eating disorders. *Journal of Communication, 47*(1), 40-67.

Hewitt, P. L., & Flett, G. L. (1990). Perfectionism and depression: A multidimensional

analysis. *Journal of Social Behavior and Personality, 5*, 423–438.

Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts:

Conceptualization, assessment and association with psychopathology. *Journal of*

Personality and Social Psychology, 60, 456–470.

Hiebert, B. (2001). *Creating a working alliance: Generic interpersonal skills and*

concepts. Calgary, AB: University of Calgary.

Hiebert, B. (n.d.). *Relaxation scripts.* Retrieved November 1, 2007, from Campus Alberta

Graduate Program Web site:

http://library.athabascau.ca/caap615/Relaxation%20Scripts.doc

Hoag, M., & Burlingame, G. (1997). Evaluating the effectiveness of child and adolescent

group treatment: A meta-analysis review. *Journal of Clinical Child Psychology,*

26, 234-246.

Holston, J. I., & Cashwell, C. S. (2000). Family functioning and eating disorders among

college women: A model of prediction. *Journal of College Counseling, 3*, 5–16.

Hutchinson, M. G. (1994). Imagining ourselves whole: A feminist approach to treating

body image disorders. In P. Fallon, M. A. Katzman, & S. C. Wooly (Eds.),

Feminist perspectives on eating disorders (pp. 152-168). New York: Guilford.

Jacob, F. (2001). *Solution focused recovery from eating disorders.* London: BT Press.

Kalodner, C., & DeLucia, J. (1990). Components of effective weight loss programs: Theory, research, and practice. *Journal of Counseling and Development, 68*, 427-433.

Kilbourne, J. (1999). *Deadly persuasion.* New York: The Free Press.

Kumar, V., Abbas, A., & Fausto, N. (2005). *Robbins and Cotran pathologic basis of disease* (7th ed.). Philadelphia: Elsevier Saunders.

Lelwica, M. M. (1999). *Starving for salvation.* New York: Oxford University Press.

Leung, N., Waller, G., & Thomas, G. (1999). Group cognitive-behavioural therapy for anorexia nervosa: A case for treatment? *European Eating Disorders Review, 7*, 351-361.

Lilenfeld, L. R., Stein, D., Bulik, C. M., Strober, M., Plotnicov, K., Pollice, C. et al. (2000). Personality traits among currently eating disordered, recovered and never ill first-degree female relatives of bulimic and control women. *Psychological Medicine, 30*(6), 1399–1410.

Maslow, A. (1970). *Motivation and personality.* New York: Harper and Row.

McVey, G. L., Pepler, D., Davis, R., Flett, G., & Abdolell, M. (2002). Risk and protective factors associated with disordered eating during early adolescence. *Journal of Early Adolescence, 22*, 76-96.

Moradi, B., Dirks, D., & Matteson, A. (2005). Roles of sexual objectification experiences and internalization of standards of beauty in eating disorder symptomatology: A test and extension of objectification theory. *Journal of Counselling Psychology, 52*, 420-428.

Morgan, A. (2002). Beginning to use a narrative approach in therapy. *International Journal of Narrative Therapy and Community Work, 1*, 85-90.

Morissette, A. (1999). That I would be good. On *Alanis Unplugged* [CD]. New York: Maverick Records.

Noordenbos, G., Oldenhave, A., Muschter, J., & Terpstra, N. (2002). Characteristics and treatment of patients with chronic eating disorders. *Eating Disorders, 10*, 15-29.

O'Connor, T., Meakes, E., Pickering, M., & Schuman, M. (1997). On the right track: Client experience of narrative therapy. *Contemporary Family Therapy, 19*(4), 479-495.

Piran, N., Levine, M. P., & Irving, L. M. (2000, Nov./Dec.). Media literacy, activism, and advocacy project. *Healthy Weight Journal*, 89-90.

Ramsey, D. C., & Ramsey, P. L. (2002). Reframing the perfectionist's catch-22 dilemma: A systems thinking approach. *Journal for the Education of the Gifted, 26*(2), 99-111.

Reinking, M., & Alexander, L. (2005). Prevalence of disordered-eating behaviours in undergraduate female collegiate athletes and nonathletes. *Journal of Athletic Training, 40*, 47-51.

Rice, K. G., & Mirzadeh, S. A. (2000). Perfectionism, attachment, and adjustment. *Journal of Counseling Pyschology, 47*(2), 238-250.

Rice, K. G., & Preusser, K. J. (2002). The Adaptive/Maladaptive Perfectionism Scale. *Measurement and Evaluation in Counseling and Development, 34*, 210-222.

Sarafino, E. P. (2006). *Health psychology: Biopsychosocial interactions* (5th ed.). Hoboken, NJ: Wiley.

Schectman, Z. (2004). Group counseling and psychotherapy with children and adolescents: Current practice and research. In J. L. DeLucia-Waack, D. Gerrity, C. R. Kalodner, & M. T. Riva (Eds.), *Handbook of group counseling and psychotherapy* (pp. 429-444). Thousand Oaks, CA: Sage.

Selekman, M. D. (1993). *Pathways to change: Brief therapy solutions with difficult adolescents*. New York: Guilford.

Shafran, R., Cooper, Z., & Fairburn, C. (2002). Clinical perfectionism: A cognitive-behavioural analysis. *Behaviour Research and Therapy, 40*(7), 773-791.

Sherry, S., Hewitt, P., Flett, G., & Harvey, M. (2003). Perfectionism dimensions, perfectionistic attitudes, dependent attitudes, and depression in psychiatric patients and university students. *Journal of Counseling Psychology, 50*(3), 373-386.

Simon, J., Schmidt, U., & Pilling, S. (2005). The health service use and cost of eating disorders. *Psychological Medicine, 35*, 1-9.

Sinclair, C., & Pettifor, J. (Eds.). (2001). *Companion manual to the Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON: Canadian Psychological Association.

Slade, P. D., Phil, M., & Dewey, M. E. (1986). Development and preliminary validation of SCANS: A screening instrument for identifying individuals at risk of developing anorexia and bulimia nervosa. *International Journal of Eating Disorders, 3*, 517–538.

Spitzer, B. L., Henderson, K. A., & Zivian, M. T. (1999). Gender differences in

population versus media body sizes: A comparison over four decades. *Sex Roles,*

40, 545-565.

Srinivasagam, M. N., Kaye, H. W., Plotnicov, H. K., Greeno, C., Weltzin, E. T., & Rao,

R. (1995). Persistent perfectionism, symmetry and exactness after longterm

recovery from anorexia nervosa. *American Journal of Psychiatry, 152,* 1630–

1634.

Stice, E. (1994). Review of the evidence for a sociocultural model of bulimia nervosa and

an exploration of the mechanisms of action. *Clinical Psychology Review, 14,* 633-

661.

Stice, E. (2001). A prospective test of the dual-pathway model of bulimic pathology:

Mediating effects of dieting and negative affect. *Journal of Abnormal Psychology,*

110, 1-12.

Stice, E., & Shaw, H. E. (1994). Adverse effects of the media portrayed thin-ideal on

women and linkages to bulimic symptomology. *Journal of Social and Clinical*

Psychology, 13, 288-308.

Strumia, R. (2005). Dermatologic signs in patients with eating disorders. *American*

Journal of Clinical Dermatology, 6, 165-173.

Sundararaghavan, S., Pitts, T., Suarez, W., & Johnstone, C. (2005). Chest pain among

adolescents with anorexia nervosa. *Pediatric Emergency Care, 21,* 603-605.

Sutandar-Pinnock, K., Woodside, B., Carter, J., Olmsted, M., & Kaplan, A. (2003).

Perfectionism in anorexia nervosa: A 6–24 month follow-up study. *International*

Journal of Eating Disorders, 33, 225–229.

Teacher's Paradise (2007). *How do you feel today?* Retrieved November 17, 2007, from

http://www.teachersparadise.com/c/images/prods/1mhcp/0768213762

Thompson, J., & Stice, E. (2001). Thin-ideal internalization: Mounting evidence for a

new risk factor for body-image disturbance and eating pathology. *Current*

Directions in Psychological Science, 10(5), 181-183.

Unilever Canada. (2007). *Campaign for real beauty.* Retrieved February 25, 2007, from

http://www.campaignforrealbeauty.com

Waller, G. (1997). Drop-out and failure to engage in individual outpatient cognitive

behaviour therapy for bulimic disorders. *International Journal of Eating*

Disorders, 22, 35-41.

Walter, J. L., & Peller, J. E. (1992). *Becoming solution-focused in brief therapy.* New

York: Bruner-Mazel.

Winslade, J. (2006, July). *Narrative counselling in schools.* Paper presented at a

professional development workshop with John Winslade, PhD., Calgary, AB.

Winslade, J., & Monk, G. (2007). *Narrative counseling in schools: Powerful and brief*

(2nd ed.). London: Corwin Press.

Wiseman, C. V., Sunday, S. R., Klapper, F., Klein, M., & Halmi, K. A. (2002). Short-

term group CBT versus psycho-education on an inpatient eating disorder unit.

Eating Disorders, 10(4), 313-320.

Wiseman, M. A., Gray, J. J., Mosimann, J. E., & Ahrens, A. H. (1992). Cultural

expectations of thinness in women: An update. *Journal of Eating Disorders, 11,*

85-89.

Wolf, N. (1990). *The beauty myth.* Toronto, ON: Random House.

Yalom, I. D. (2002). The gift of therapy: An open letter to a new generation of therapists

and their patients. New York: Harper Collins.

Appendix A

Session Evaluation

Session #: _____   Date: _____

Using this scale of 1 to 5 take a moment to reflect on how you feel about the following statements after today's session:

1 = No way!
2 = Not really...
3 = Doesn't relate to me.
4 = Kind of...
5 = Totally!

I felt like I made some progress today................ 1   2   3   4   5

I felt respected by others in the group. 1   2   3   4   5

I felt understood by the group leader. 1   2   3   4   5

I feel like my goals are attainable................. 1   2   3   4   5

I feel comfortable sharing with the group..............1   2   3   4   5

I felt good about my session today......................1   2   3   4   5

The homework assignment was meaningful...........1   2   3   4   5

I accomplished everything I wanted to today..........1   2   3   4   5

Something I'd like to talk more about next week is:

_____

_____

What was most useful to me today was:

_____

_____

Any other comments I'd like to share:

_____

_____

Appendix B

Group Evaluation

Date: _____

Using this scale of 1 to 5 take a moment to reflect on how you feel about the following statements after the group has ended:

1 = No way!
2 = Not really...
3 = Doesn't relate to me.
4 = Kind of...
5 = Totally!

I felt like I made some progress in this group.........1   2   3   4   5

I felt respected by others in the group.................1   2   3   4   5

I felt understood by the group leader. 1   2   3   4   5

I feel like I met my goals................................1   2   3   4   5

I felt comfortable sharing with the group.............. 1   2   3   4   5

I felt good about my group experience..................1   2   3   4   5

The homework assignments were meaningful.........1   2   3   4   5

I feel I benefited from participating.....................1   2   3   4   5

One aspect of this program I would change for the future:

_____

_____

What was most useful to me in this group was:

_____

_____

Any other comments I'd like to share:

_____

_____

_____

Appendix C

Case Notes

Client:_____ Date:_____ Session #_____

Outstanding issues from previous session: _____

_____

_____

Client goals for the session: _____

_____

_____

Observations from today's session: _____

_____

_____

_____

Emerging Themes: _____

_____

_____

_____

Homework given: _____

_____

Facilitator signature: _____

Appendix D

Marketing Poster

Inner Beauty:

Beyond Eating Disorders

Community Health Services Presents:

An 8-week group for girls ages 12-17 who have experienced an Eating Disorder

- ❑ **Learn communication skills**
- ❑ **Celebrate your strengths**
- ❑ **Boost self-esteem**
- ❑ **Build a support system**
- ❑ **And much more...**

Talk to your counsellor today about whether this group is right for you. Referrals can be made at any time by a qualified counsellor.

Group meets on Wednesday nights from 7-9pm
Next group begins August 1, 2008
Experienced group facilitators
No FEE to attend

Contact Info:
Community Health Services
123 4th St. SE, Medicine Hat, AB
(403) 555-1234

Appendix E

Adolescent Consent for Group Participation

I, _____, give my consent for participation and any necessary

assessment for membership in the _____ group beginning

_____.

I have been made aware of the purpose of the group as well as the potential risks and

benefits of my participation. The importance of confidentiality and its limits have been

discussed with me. I am aware that participation in this group is voluntary and that I have

the right to withdraw at any time. I further consent to the sharing of information between

the group facilitator and my counsellor, _____ for the purpose of

giving me the best possible care.

I agree to follow the guidelines and ground rules discussed with me during the pre-group

meeting, promise to respect others in their sharing, and work hard during and between

sessions on my counselling goals.

_____   _____

Participant Signature   Date

Appendix F

Parental Consent for Group Participation

I, _____**, being the parent/guardian of** _____**,**

give my consent for participation and any necessary assessment for membership in the

_____ group beginning _____.

I have been made aware of the purpose of the group as well as the potential risks and

benefits of my child's participation. The importance of confidentiality, and its limits have

been discussed with me. I am aware that participation in this group is voluntary and my

child has the right to withdraw at any time. I further consent to the sharing of information

between the group facilitator and the referring professional,

_____for the purposes of comprehensive and continuous care.

_____   _____

Parent/Guardian Signature   Date

Appendix G

Ethical Guidelines for Group Psychotherapy Practice

1. **Respect for the Rights and Dignity of Group Members**

   a. Group therapists shall provide counselling services while protecting the rights and therefore maintaining respect for the dignity of all group members.

   b. Group therapists must be aware of their own values and be cognizant of the impact this can have on group members.

   c. Group therapists must avoid imposing their values and beliefs on group members, while creating a place for values and beliefs to be examined and disclosed in a respectful environment.

2. **Screening of Group Members**

   a. Group therapists have the responsibility to screen all prospective group members in order to ensure that potential members could benefit from the group and to reduce the likelihood that potential group members may have a negative impact on the group.

3. **Group Therapist Competence**

   a. Group therapists shall be aware of their professional competencies and will refer to other professionals when the counselling needs of clients exceed their individual competence.

   b. Group therapists shall have sound knowledge of group process, group interaction, and group management as well as specific training and practice in the facilitation of group work.

c. Group therapists shall be able to identify the purpose and theoretical rationale for using an intervention technique within the group.

d. Group therapists shall pursue adequate supervision and/or consultation with respect to their group counselling practices.

4. Sensitivity to Diversity

a. Group therapists shall not practice or condone any form of discrimination within group member selection (i.e., race, colour, sexual orientation, religion, nationality, socioeconomic status, or physical handicap).

b. Group member selection on the basis of sex and age is appropriate only if it is in the best interest of the group (i.e., Group Treatment for Adolescent Girls with Eating Disorders).

5. Client's Rights and Informed Consent

a. Group therapists shall inform group members of the potential risks and benefits of participation by providing information regarding the purpose, goals, and techniques of the group as well as information regarding the rights of group members, confidentiality, and the right to leave counselling should the group no longer be meeting the member's needs.

6. Confidentiality

a. Group therapists shall take all necessary precautions to protect the confidentiality of group members, while making them aware of potential limitations or exceptions: group members are a danger to themselves or others, abuse of children or the elderly is suspected, a court order requires that

information be shared, or if consultation is required with the referring professional.

b. Group members must be aware that the group therapist cannot guarantee the confidentiality of other group participants.

7. Sharing of Information

a. Group therapists shall make group members and their parents/guardians aware of the importance of maintaining confidentiality.

b. Whenever possible, information should be shared in the presence of the group member or with written permission in the event that this is not possible.

c. Group therapists shall ensure that when information must be shared that it is done with respect for the dignity of the group member.

8. Teaching

a. The group therapist shall refrain from using identifying information regarding the group members for the purposes of research, teaching, and/or supervision unless permission has been obtained from group members and all measures have been taken to preserve anonymity.

9. Personal Relationships

a. Group therapists shall not use their professional position within the group to advance personal or business relationships and shall avoid engaging in dual relationships with group members or their parents/guardians.

b. Group therapists shall refrain from intimate or sexual contact with group members or their parents/guardians.

c. When a dual relationship cannot be avoided, group therapists will take all

necessary precautions to ensure that professional judgement or competence is

not impaired.

10. Termination and Follow-Up

a. Group therapists shall provide a forum for group members to evaluate their

experience in the group and ensure that adequate resources are put in place for

group members following the termination of the group.

American Group Psychotherapy Association (2006). *AGPA and NRCGP guidelines for ethics.* Retrieved May 23, 2007, from http://www.groupsinc.org/group/ethicalguide.html

Association for Specialists in Group Work (1991). Professional standards for training of group workers. *Together, 20,* 9-14.

Association for Specialists in Group Work. (1998). Guidelines for best practice. *Journal for Specialists in Group Work, 23,* 237-244.

Canadian Counselling Association. (1999). *Code of ethics.* Ottawa: Author.

Corey, M., & Corey, G. (2006). *Group process and practice* (7th ed.). Pacific Grove, CA: Thomson.

Sinclair, C., & Pettifor, J. (Eds.). (2001). *Companion manual to the Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON: Canadian Psychological Association.