

Moving From Efficacy to Effectiveness in Eating Disorders Prevention: The Sorority Body Image Program

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Although eating disorders prevention research has begun to produce programs with demonstrated efficacy, many such programs simply target individuals as opposed to engaging broader social systems (e.g., schools, sororities, athletic teams) as participant collaborators in eating disorders prevention. Yet, social systems ultimately will be responsible for the real-world delivery of eating disorder prevention programs, suggesting that an important issue has yet to be addressed. Namely, it is unclear to what degree efficacious individual-focused eating disorder prevention programs remain effective when incorporated into critical social systems under real-world conditions. Over the past 5 years, we have collaborated with the campus sororities in the development of a sustainable eating disorders prevention program that is based on the prevention efficacy literature. This paper describes both challenges and helpful strategies that we encountered in tailoring an evidence-based eating disorders prevention program to the needs of a relevant social system.

SIGNIFICANT PROGRESS has been achieved in the treatment of eating disorders (Wilson, 2005). Despite this, many individuals with eating pathology do not pursue treatment (Becker, Franko, Nussbaum, & Herzog, 2004; Meyer, 2005), and others fail to respond even when offered empirically supported treatment such as cognitive behavioral therapy for bulimia nervosa (Wilson, 2005). Moreover, efficacious therapies are still needed for both anorexia nervosa and atypical eating disorders (Wilson, 2005; Wilson & Shafran, 2005). Both the difficulties encountered in treating eating disorders and the substantial medical and psychological complications associated with them (Wilson, Becker, & Heffernan, 2002) have led clinicians and researchers to conclude that prevention of eating disorders is an important goal (Mizes & Bonifazi, 2001). Achievement of this goal, however, has proven somewhat elusive.

Numerous papers document the progression of eating disorder prevention efforts (e.g., see Stice & Shaw, 2004, for a meta-analytic review). Although early prevention programs produced improvement in knowledge, such programs typically resulted in limited behavior change (see Pearson, Goldklang, & Striegel-Moore, 2002, for discussion). Recent efforts, however, have produced more impressive findings that extend beyond posttreatment and into follow-up periods (e.g., Franko et al., 2005; McVey, Lieberman, Voorberg, Wardrope, & Blackmore, 2003;

Neumark-Sztainer, Bulter, & Palti, 1995; Taylor et al., 2006), indicating that the prevention of eating disorders may be viable.

For instance, we now have prevention interventions with sufficient empirical support to meet the American Psychological Association criteria (APA, 1995) for an *efficacious* intervention (e.g., cognitive dissonance eating disorders prevention, see below). To be considered *efficacious* according to the APA criteria, a program must produce significantly greater effects than a no-treatment control condition, and this finding must be replicated by an independent researcher. In addition, the program needs to produce superior results compared to a placebo intervention or an alternate *efficacious* intervention.

The development of eating disorder prevention programs with established efficacy is a critical step for the field of eating disorders prevention. Large-scale prevention of eating disorders, however, will require programs that not only produce positive results in highly controlled environments (i.e., efficacy trials) but also in more real-world settings that are less controlled (i.e., effectiveness trials). More specifically, if *efficacious* eating disorder prevention programs are to be widely utilized, implementation of such programs ultimately will need to be both financially supported and managed by relevant social systems (e.g., schools). In this paper, the term *social system* refers to structured organizations that endure over time even though the specific individuals who run and participate in the system may change. Social systems may play an important role in the prevention of eating disorders because they often have the organization-

al, motivational, and, in some cases, financial resources to support sustainable eating disorder prevention programs. Social systems, however, are unlikely to adopt responsibility for administering researcher-developed, efficacious prevention programs unless they can tailor the interventions to fit the unique structure of their social system. Thus, the challenge is to determine whether efficacious programs remain effective when such programs are repeatedly modified in new settings to meet the individualized needs of specific social systems.

Assessing the effectiveness of empirically supported prevention programs that have been tailored for specific social systems poses several challenges. Such systems may have unique norms and priorities, and often are suspicious of people outside the system (Kramer, 1998). In addition, many of the priorities of social systems (e.g., mandatory participation, low desire for random assignment, need to accommodate other scheduling demands and priorities of the system) diverge from the needs of empirical methodology (e.g., voluntary participation, random assignment, multiple controls, etc.). Finally, many relevant eating disorder prevention social systems (e.g., sororities, athletic departments) have minimal experience with psychological interventions and may have limited access to natural providers with clinical skills. Thus, various types of nonclinical providers (e.g., teachers, peers) may need to be trained to implement interventions that were originally developed by and for clinicians.

Over the past 5 years, we have conducted a series of eating disorder prevention studies in partnership with the campus sororities. In these studies, we sought to determine if we could (a) tailor an eating disorders prevention program with significant empirical support to meet the needs of an existing social system under naturalistic conditions while (b) retaining its effectiveness. Regarding the naturalistic conditions that we faced, these studies were not grant funded, were conducted with only the limited resources available at a small university, and were staffed by one faculty member (C.B.) and undergraduate research assistants (RAs). In addition to these resource challenges, we also faced other typical challenges associated with naturalistic conditions. For example, we had to modify the number of sessions, change the providers from doctoral level to undergraduate, and we eventually had to separate the “program” from the “study” because the sororities wanted “their program” implemented in a manner that was incompatible with ethical research. More specifically, the sororities decided to implement the program on a semimandatory basis, and it is unethical to mandate research participation.

This paper describes our experiences developing a sustainable eating disorders prevention program that was based on the efficacy literature. We first discuss why we believe that sororities are an example of an important

social system to recruit as a collaborator in eating disorders prevention. Next, we provide a brief overview of the research supporting the cognitive dissonance eating disorder prevention intervention that we use in our program, along with a description of the individual sessions. We then offer an overview of the history of the Sorority Body Image Program (SBIP), including specific implementation strategies. The remainder of the paper describes some challenges that we encountered and strategies that we used to address these problems.

Why Collaborate With Sororities in Eating Disorders Prevention?

There are several reasons for recruiting sororities as partners in eating disorders prevention. First, although data are equivocal, a few studies suggest that sorority members may be at increased risk for developing eating disorders. For example, Crandall (1988) found that sorority members were more likely to binge eat compared to nonsorority women. Additionally, Cashel, Cunningham, Landeros, Cokley, and Muhammad (2003) found that, compared to nonsorority Caucasians, Caucasian sorority members reported greater thin-ideal internalization. Sorority members did not score higher on 10 out of 11 subscales of the Eating Disorder Inventory, however, and this finding is consistent with other studies (e.g., Allison & Park, 2004).

The second reason for recruiting sororities is more compelling. Sororities represent a significant portion of the female population at many universities and may comprise the largest self-governed female organization. For example, at our university, although only 30% of students participate in Greek life, collectively the sororities represent the largest body of organized women on campus. Moreover, at some universities over 50% of the female students choose to become sorority members. As Levine and Piran (1999) note, most prevention programs, with the notable exception of Piran's work in an elite ballet school (1999), largely have targeted individuals as opposed to also attempting to change social systems. Yet research indicates that social group attitudes regarding body weight and shape may contribute to individual body image concerns (Paxton, Schutz, Wertheim, & Muir, 1999), and may contribute to eating pathology. For example, Crandall (1988) found that at the end of the academic year sorority members' binge eating was associated with the binge eating level reported by friends, but this was not the case at the start of the year. Similarly, Allison and Park (2004) found that women who did and did not become sorority members were similar at baseline. Three years later, however, sorority women reported higher drive for thinness than nonsorority women.

Although sororities often are studied as social groups that contribute to the development of eating disorders

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