Eating Issues and Body Image in Elementary School: Detection and Prevention Strategies for School Counselors

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Abstract

Body image disturbance continues to be recognized in increasingly younger populations. Eating issues among elementary school children have become more overt and statistically prevalent in recent years. Elementary school counselors are in important positions to provide their communities with early detection information and prevention strategies. This manuscript will identify potential causes and risks associated with body image disturbance in elementary school-age children and present strategies for school counselors that address detection, prevention, and intervention efforts.

Keywords: body image, school counselor, prevention

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Disordered eating and body image concerns have been prevalent in the schools and research for several years. School-based prevention efforts are continually encouraged given opportunities to address a captive audience (Yager & O'Dea, 2005). School counselors are in important positions to be able to recognize risk factors, detect maladaptive coping strategies, and initiate prevention programming that supports the health and wellness of all students in the school environment (ASCA, 2012).

Body image refers to one's perceptions and feelings about the body and the related actions to obtain that perception (Grosick, Talbert-Johnson, Myers, & Angelo, 2013). Body dissatisfaction, a related issue, refers to "displeasure with some aspect of one's appearance," which may be evidenced in unrealistic thoughts and maladaptive behaviors (Heron, Smyth, Akano, & Wonderlich, 2013, p. 1). Cash, Phillips, Santos, and Hrabosky (2004) suggest that dissatisfaction with the body is understood most accurately on a continuum with the extreme end reflecting body image disturbance. Thompson, Heinberg, Altabe, and Tantleff-Dunn (1999) define body image disturbance as "a persistent report of dissatisfaction, concern, and distress that is related to an aspect of appearance, … [and] some degree of impairment in social relations, social activities, or occupational functioning, …" (p. 11). As cited in Choate (2007), an overwhelming percentage (as high as 70-80%) of adolescent girls indicate dissatisfaction with their bodies. Other studies indicate that more than one half of adolescent girls are trying to lose weight or are engaged in unhealthy dieting (Ata, Ludden, & Lally, 2007; Carney & Scott, 2012). Although the rates are slightly lower,

boys likewise engage in unhealthy attitudes and behaviors related to body image, usually with efforts and desires to gain a more muscular physique (Ata et al., 2007; Chung & Bravender, 2011; Combs, Pearson, & Smith, 2011; Darcy, Doyle, Lock, Peebles, Doyle, & Le Grange, 2012). These challenges can be seen as normative aspects of childhood and adolescent development. Left unaddressed, body image dissatisfaction in the more extreme cases may result in body image disturbance and disordered eating, which are each known risk factors for the development of more serious clinical eating disorders. Detection and prevention prior to adolescence is thus essential in supporting the development of healthy attitudes and behaviors. The school setting appears to be an opportune time for on-going dialogue, early detection, and prevention efforts, given the amount of time that students spend in school and school-related activities.

Body Image and Young Children

The majority of literature regarding eating disorders and body image has focused on adolescents (Combs et al., 2011; Davison, Markey, & Birch, 2003). Studies in the last several years (e.g., Davison et al., 2003; Kater, Rohwer, & Levine, 2000; Knez, Munjas, Petrovečki, Paučić-Kirinčić, & Peršić, 2006; Liechty, 2010; Schur, Sanders, & Steiner, 2000) demonstrate that body image dissatisfaction and disordered eating begin at younger ages. In one study, weight concerns and body dissatisfaction at age 5 predicted problematic eating attitudes and dietary restraint at 9 years of age (Davison et al., 2003). An earlier study found that negative body behaviors and attitudes can affect up to one third of nine year old children (Collins, 1991). This is consistent with Heron et al.’s (2013) findings suggesting that even across racial groups, students as early as

second grade experience body image dissatisfaction. This is also evidenced in findings that report children as young as 8 years old dieting, exercising to lose weight, and using other measures of weight control (Combs et al., 2011; Rolland, Farnill, & Griffiths, 1997).

While the majority of children and adolescent symptomology does not meet the diagnostic criteria for an eating disorder, many of those with body image dissatisfaction may also exhibit disordered eating attitudes and behaviors. According to Khodabakhsh and Kiani (2014), “Disordered eating (DE) comprises a wide range of abnormal eating behaviors with different severity that involve fear of fatness, unhealthy weight control behaviors and preoccupation thinking about food” (p. 400). Similar to body image dissatisfaction, disordered eating can be evaluated on a continuum with eating disorders representing the most extreme disordered eating behaviors. Knez et al. (2006) suggest that the incidents of disordered eating at the onset of puberty is increasing and early patterns of these attitudes and behaviors may be predictive of more severe concerns later in life.

Evidence of disordered eating at earlier ages suggests that unhealthy dieting behaviors are established in childhood and early adolescence and carry forward as the individual develops (Grosick et al., 2013). Gilliland, Windle, Grunbaum, Yancey, Hoelscher, Tortolero, and Schuster (2007) reported that older elementary children who were less satisfied with their bodies experienced internalizing symptoms and a less overall positive affect. These results further suggest that addressing body image dissatisfaction at earlier ages may help to detect and support future mental health symptomatology. Without this additional support, the risk factor for continued negative

attitudes and behaviors, and even the development of eating disorders, is high. The need for school counselors to support early detection and prevention in the elementary setting is evident.

The purpose of this article is to outline the risks that lead to disordered eating and body image concerns among elementary school-age children and to identify developmentally appropriate detection and prevention strategies that support elementary school counselors. The educational environment can unintentionally reinforce weight-related stereotypes (Yager & O'Dea, 2005) through a combination of lack of awareness and the result of educators, including school counselors, receiving minimal training regarding detection and prevention strategies that address eating disorder symptomatology (Harshbarger, Ahlers-Schmidt, Atif, Allred, Carroll, & Hauser, 2011; Yager & O'Dea, 2005). Examining school counselor training requirements may demonstrate this point. Carney and Scott (2012) suggest that there may in fact be a discrepancy in terms of the expectations of school counselors and the knowledge they have received in their graduate training. ASCA posits that "school counselors are knowledgeable and skilled in working with students who are struggling with developmental or mental health issues…" (ASCA, 2008a, p. 54). However, pre-service school counselors may not be required to take specific coursework in psychopathology as part of their graduate training. This discrepancy may be one factor impacting practicing school counselors' confidence in supporting issues around disordered eating (Carney & Scott, 2012). Furthermore, many programs and resources that are available, based on the literature about body image and disordered eating, are likely aimed at working with adolescents and young adults (Combs et al., 2011; Davison et al., 2003).

Consequently, younger presentations of disordered eating and body image concerns means that counselors are perhaps less prepared to identify and prevent these issues from occurring in elementary school-age children.

Eating Disorders, Body Image Disturbance, and Disordered Eating

Clinical eating disorders affect a proportionally small percentage (less than 5%) of the general population and include anorexia nervosa, bulimia nervosa, and binge-eating disorder (American Psychiatric Association, 2013). Most cases of eating disorders represent some of the more subclinical manifestations that are seen in definitions of body image disturbance and disordered eating (Striegel-Moore & Bulik, 2007), such as severe food restriction, excessive exercise after eating, or purging without binge eating. The continuum of severity from body image concerns to disordered eating to eating disorders requires both detection and intervention to prevent the development of full eating disorders (Choate & Schwitzer, 2009). Early intervention is particularly salient to combat related challenges to global self-esteem and academic, social, and emotional development that could inevitably impact body image disturbance and disordered eating.

Negative attitudes and unrealistic expectations are particularly salient in body image disturbances and can be affected by gender, self-esteem, family, media, friends, and other social influences (Ata et al., 2007; Grosick et al., 2013). Likewise, poor body image can affect self-esteem, and related problems may result in negative school, home, and social interactions (Kater et al., 2000; Liechty, 2010). Disordered eating behaviors similarly affect up to 50% of students in school settings (Ata et al., 2007; Combs et al., 2011; Knez et al., 2006; Schur et al., 2000) and can be a manifestation of

body image disturbance. Behaviors may include abnormal eating patterns, dieting, skipping lunch, and avoiding preferred or specific foods (Carney & Scott, 2012). School counselors need to be aware of these signs and symptoms and their impact on the attitudes and behaviors of students throughout the school day.

Prevalent Risk Factors

The prevalence rates of disordered eating patterns may be higher than reported due to improper identification or misdiagnoses (Anschutz, Kanters, Van Strien, Vermulst, & Engels, 2009; Davison et al., 2003; Knez et al., 2006; Patel, Wheatcroft, Park, & Stein, 2002; Pinhas, Morris, Crosby & Katzman, 2011; Schur et al., 2000). In addition to biological and neurological causes, researchers continually discuss the many sociocultural factors that influence body dissatisfaction in young children (Kater et al., 2000; Mussell, Binford, & Fulkerson, 2000). Parental/guardian influences, the media, peers, and societal changes such as social media and technology have been shown to impact the daily messages children receive around body image (Braet, 2007; Hill, 2007; Kater et al., 2000).

Social influences may be further complicated with physical development. Puberty has long been the identified onset of body image disturbance (Combs et al., 2011). Physical changes during this time contribute to the child's disconnection from and disenchantment with the body. What was once familiar is no longer as the body has different and increased fat stores, secondary sex characteristics develop, and abilities may change. The weight gain that is typical with puberty is often in contrast with societal ideals for thinness (Choate, 2007). Studies of adolescents in pubertal stages

demonstrate changes in psychosocial, psychological, and physical factors associated with disordered eating (Culbert, Burt, McGue, Iacono, & Klump, 2009).

Recent studies suggest that puberty may begin as early as age 9, when children are still in elementary school (Cheng, Buyken, Shi, Karaolis-Danckert, Kroke, Wudy, Degen, & Remer, 2012). The age of pubertal onset is predicted to decrease by four months every decade (Knez et al., 2006). These changes may be related to nutrition and environmental factors, although specific causes have not been empirically established (Cheng et al., 2012). Puberty can bring correlations with increased negative affect, purging, and thinness expectancies for girls in particular (Choate, 2007; Combs et al., 2011; Culbert et al., 2009). With the onset of puberty beginning earlier, elementary school counselors now more than in recent history are charged with addressing the resulting physical, social, and emotional challenges.

Peer relationships. As elementary-age children become increasingly aware of themselves in relation to others, peer approval reaches higher priority status (Carney & Scott, 2012; Hill, 2007). Peer influences begin to supersede parental expectations, and body image becomes a dangerous field of comparison (Hanna & Bond, 2006). “Fat talk” inhabits girls’ social circles and becomes a regular topic of focus (Nichter, 2000). These conversations are more likely to occur during hot weather and less structured time such as lunch, or during gym class (Carney & Scott, 2012). Hill and Waterston (2002) found that girls more often discussed weight together but that boys were more likely to tease girls about their bodies. These findings and other studies (e.g., Blodgett Salafia & Lemer, 2012) suggest that negative peer relationships were detrimental to targeted children’s self-confidence and self-esteem, which can be associated with body

dissatisfaction. Haines, Neumark-Sztainer, and Thiel (2007) advocate for school staff to reinforce consequences associated with teasing behavior and help to foster strategies that promote empathy, bystander intervention, and healthy communication.

Parent-child relationships. Dialogue between parents/guardians and their children can be equally influential in the onset of body image disturbance. Interpersonal dynamics in the parent-child relationship represent some of the most important factors that can impact eating attitudes and behaviors in children (Schur et al., 2000). Parenting styles and their impact on children's emotional development remain a focus of childhood development (Barber, 1996; Baumrind, 1991; Jauregui Lobera, Bolanos Rios, Garrido Casals, 2011; Maccoby & Martin, 1983) and can be tied to the onset of disordered eating and body image disturbances. Authoritative parenting, indicative of consistent support, clear expectations, warmth and involvement has most often been associated with healthy development in children (Baumrind, 1991; Enten & Golan, 2008; Jauregui Lobera et al., 2011). Jauregui Lobera et al. (2011) found that neglectful parenting, characterized by low care and high control, was associated with a desire to be thin, body dissatisfaction, and diagnosed eating disorders among children. Other studies (e.g., Mussell et al., 2000; Tata, Fox, & Cooper, 2001) report elements of high control through maternal over-protectiveness to also be associated with disordered eating behaviors. Aunola, Tolvanen, Viljaranta, and Nurmi (2013) describe additional consequences by suggesting that both behavioral and psychological control have the potential to negatively influence the emotional expression skills of children. These communication patterns may then be replicated in children's social circles outside of the home.

Modeling is one of the most important factors that impacts learning (Bandura, 1986). The emotional expression skills of parents/guardians and their attitudes and behaviors around stress management, food choices, and exercise regiments are likely to be learned vicariously through observation. Many of these messages around body dissatisfaction are communicated in both overt and covert forms. For instance, some literature has suggested that there may be a connection between children's body image and mothers' satisfaction with their own size and weight (Evans & Grange, 1995; Grosick et al., 2013). Other literature posits that teasing from parents/guardians (especially fathers) and siblings can have a significant impact on the body dissatisfaction, self-esteem, disordered eating behaviors, and emotionality of children (Keery, Boutelle, van den Berg, & Thompson, 2005). Keery et al. (2005) further found that parental/guardian modeling of teasing behaviors appeared to impact the negative behaviors of other children in the home. Several studies identify maternal modeling of weight control (Hill & Franklin, 1998; Mussell et al., 2000), weight loss encouragement (Rodgers & Charbrol, 2009; Wertheim et al., 2002), and criticism of current weight (Hanna & Bond, 2006; Smolak, Levine, & Schermer, 1999; Vincent & McCabe, 2000) as parental/guardian behaviors that can influence disordered eating patterns in children. Mussell et al. (2000) state that, "Direct comments by parents/guardians about a child's weight may be particularly powerful in shaping elementary school age children's attitudes regarding weight and shape" (p.77).

If parental/guardian behavior is associated with the development of children's self-esteem and emotionality, school counselors should also be mindful of students who struggle with social connectedness. This may present itself in limited emotional

expression skills, flattened affect, socially inappropriate behaviors, and/or academic and social disengagement. Attending to the reasons for these expressions with the child may illuminate parental/guardian behaviors that contribute to the development of disordered eating and body image disturbance. Likewise, due to the many factors influencing the prevalence of disordered eating and body image disturbance, school counselors must examine their roles in supporting early detection and prevention efforts.

Role of the Elementary School Counselor

School counselors must use developmentally appropriate approaches with elementary school-age children around topics such as body image and disordered eating. In addition to counseling interventions, school counselors also have responsibilities in assessment, consultation, and case management (ASCA, 2012; Carney & Scott, 2012). Assuming that early detection can result in more positive treatment outcomes, elementary school counselors are in an important position to recognize and support subclinical eating disorder symptomatology. With limited existing research supporting interventions for elementary-aged youth around weightism and body-image, it is particularly important for school counselors to use relevant data to design initiatives based on a combination of contextual factors and societal trends. Conducting student, staff, and parental/guardian needs assessments is one way that school counselors can understand these needs and use this knowledge to plan for prevention programming (ASCA, 2012). The following are developmentally appropriate strategies for detection and prevention of disordered eating and body image disturbance with younger children in the elementary school setting.

Detection

Staff partnerships. ASCA guides school counselors to support students through individual and group counseling interventions, as well as indirectly through consultation and collaboration with outside resources (ASCA, 2008a). Detection of body image disturbance requires the support of many stakeholders, as changes in children's physical, emotional, and social functioning appear in many different contexts within the school setting. According to the ASCA School Counselor Competencies (2008b), it is important that school counselors take a leadership role in providing professional development and resources to school staff (Standard IV-B-6b). Faculty meetings can be an opportune time for school counselors to discuss risk factors, provide staff with a student assessment checklist, and highlight procedures for documenting symptoms of concern. The National Eating Disorders Association (NEDA) provides a toolkit for educators that can be amended for use with an elementary pre-intervention team (p. 13-14). It is thus important for school counselors to partner with other school staff in supporting issues that surround body dissatisfaction and disordered eating.

Classroom teachers. Targeted discussion with classroom teachers may highlight signs and symptoms of potential disordered eating behaviors. For example, snack time and/or classroom celebrations like birthdays and holiday parties are some of the more overt opportunities for elementary school teachers to observe students who frequently choose not to eat food, give food away to other classmates, or repetitively avoid these activities by asking to leave the room. Conversely, these activities may provide opportunities to see students who are using food for emotional, social, celebratory, and nutritional purposes. Teachers can be coached to identify, document,

and report excessive perfectionism, irritability, lack of focus, memory or other cognitive changes, lethargy, frequent bathroom visits, and other changes in routine for further assessment by the school counselor and/or pre-intervention team. Teachers can also help to identify patterns in students who regularly hoard food in their backpacks or desks. School counselors can support teachers by advocating for weekly backpack and desk "reorganization" time that will allow teachers an opportunity to identify patterns of behavior of potential concern.

Peer influences can be another point of discussion and collaboration with classroom teachers. Smolak and Levine (1994) and Wertheim et al. (2002) suggest that elementary girls who diet are likely to understand and explain typical weight loss strategies to others. School counselors can help teachers to recognize and document verbalized, written, or artistic displays of "fat talk," preoccupation with weight regulation, body dissatisfaction, or caloric restriction and consumption.

Special area teachers and support staff. School counselors can develop partnerships with other school personnel to develop community awareness (Yager & O'Dea, 2005). School nurses may be in the front line of seeing students who report repetitive physical ailments. While school counselors should not be involved with diagnosis, "they have a critical role to play in assessment, support, referral, and follow-up services" (Carney & Scott, 2012, p. 290). Attending to the patterns of "frequent flyer" students who regularly complain of abdominal pain, nausea, difficulty with bowels, and lethargy may help the school counselor to intervene with a developing disordered eating problem. Similarly, athletic activity can illuminate related physical symptomatology such as low muscle tone and fatigue. Physical education teachers may be supported in

identifying discussions around excessive or hyper-vigilant exercise routines. Cafeteria staff are likewise important personnel in positions to detect early warning signs. School counselors can partner with lunch assistants and food distributors in keeping an eye out for students who regularly choose to eat alone in the cafeteria, throw out large amounts of food, “forget” their lunches, do not have money in their food accounts, regularly choose concurrent activities instead of sitting in the cafeteria, and who exhibit changes in behavior around food times. Social and emotional issues may be more prevalent for children during these less structured times of day; as a result, school counselors may choose to regularly spend time with students in the cafeteria and/or coordinate regular staff check-ins to document concerning behaviors.

Home-school partnerships. School counselors can also assist in collaborative detection efforts between the school and parents/guardians. Identifying stressors that manifest themselves across the home and school environments may be an important first step in detecting body image disturbance. Unfortunately, elementary students’ stress levels are mirroring increasing academic pressures and accountability. High achieving school districts and high expectations in the home environment may result in cultural pressures that impact social and emotional functioning (Blodgett Salafia & Lemer, 2012). Children who exhibit perfectionistic behavior or hyper-focused attention on specific types of foods or on their bodies, for instance, may be more at risk for developing eating disordered behaviors, especially if parenting styles incorporate significantly high or low levels of psychological control (Blodgett Salafia & Lermer, 2012). Supportive dialogue between the school and the family is valuable and should be assessed regularly for openness and clarity.

School counselors can help to increase collaborative detection efforts through dialogue with families, perhaps by designating time during parent/teacher conference days. The school counselor may offer psycho-education workshops (e.g., chat with the counselor meetings) prior to or after parent/teacher conferences to discuss media trends or the need for an increase in vigilance during co-curricular and after school activities. These community discussions may help the school counselor to strengthen communication with families and support greater awareness and identification of problematic behaviors outside of the academic environment.

The pre-intervention and referral service team is another important opportunity for detection and collaboration with the school and home. Counselors can use these meetings to obtain additional information from staff and parents/guardians and if needed, provide education and encouragement around the healthy development of parent-child relationships. Gathering data from multiple sources may also help school counselors to garner support from district administrators for the creation of additional detection and prevention activities such as parent/guardian training workshops and book club discussions. With the role of the school counselor emphasizing counseling, collaboration, and referral to community resources (ASCA, 2012), counselors can use connections with colleagues and parents/guardians to identify and assess body image disturbance to initiate referrals and/or prevention programming.

Prevention

Professional school counselors are trained to implement comprehensive school counseling programs within their schools (ASCA, 2008b). More than 80% of this responsibility includes delivering both direct and indirect serves to their school

communities; these initiatives should be data driven and represent best practice (ASCA, 2012). The presentation of body image disturbance and disordered eating at earlier ages places elementary school counselors in a prime position to use their knowledge and skills to intervene, promote shared language, and orchestrate community-wide initiatives that support early detection and intervention. The following section provides examples of prevention strategies that can be used within a comprehensive school counseling program.

Individual counseling. School counselors are trained and expected to provide students with short-term individual counseling as part of a comprehensive school counseling program (ASCA, 2008b). Mindful of the limitations of their roles in the school setting (ASCA, 2010, Standard A.5.b.), school counselors can provide preliminary assessment, psycho-education, and follow-up counseling for individual students struggling with body image disturbance (Carney & Scott, 2012). McCulliss and Chamberlain (2013) conducted an extensive literature review of bibliotherapy for children and adolescents and discuss research supporting various issues connected to disordered eating, including self-esteem, body image, and anxiety. *Perfectly You* by Julia V. Taylor (2009) is an example of a story that can be used with younger elementary-age children to open up dialogue around positive body image and self-esteem. For older elementary students exhibiting specific characteristics of disordered eating behaviors, a school counselor might choose to read Julia Cook's (2013) story, *How to be Comfortable in Your Own Feathers* to help facilitate further dialogue and gather additional information around healthy and unhealthy eating patterns.

Individual counseling with students can also support information gathering surrounding absenteeism or tardiness, which may be indirectly related to disordered eating habits. Open communication may reveal other areas impacting body image disturbance such as students' relationships with peers, siblings, parents/guardians teasing, dieting, and/or body dissatisfaction. During these individual meetings, school counselors might pose questions like, "your friends and I have noticed you choosing to sit by yourself a lot at lunch; how do you feel eating in the cafeteria?" Or, "your teacher mentioned that you have been going to the bathroom a lot during certain times of the day, and she and I care about you and want to make sure you are feeling okay. Sometimes students ask me to take a small break if something is bothering them." Using such prompts may communicate to students that staff in various contexts of the school are working together to support their development. This may also reinforce the many school-based resources available to children.

Adhering to issues surrounding confidentiality and the schools (ASCA, 2010, Standard C.2.e.), counselors may choose to then use this information from individual meetings to collaborate with staff, parents/guardians, and/or outside counselors in data collection, additional intervention, and prevention programming. Partnering with parents/guardians in sharing observations and concerns and inquiring about other early warning signs that may include unhealthy attitudes, interrupted sleep, and issues of anxiety and depression may help to support struggling students. Likewise, in collaboration with stakeholders, school counselors may use this data to orchestrate school-based prevention groups to further assist with the development of positive body image and healthy eating patterns.

Group counseling. Within a comprehensive school counseling program, school counselors are expected to provide large and small group counseling interventions that are data-driven and meet the needs of all students (ASCA, 2008b, Standard IV-B-1b). With elementary-age body dissatisfaction a concern that may cut across racial/ethnic and socioeconomically disadvantaged communities (Haines et al., 2007; Heron et al., 2013), school counselors may find it beneficial to address many of these societal trends through large group developmental counseling lessons. One example of an empirically supported curriculum that can be used in developmental large group counseling is, *Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!* (Kater, Rohwer, & Londre, 2002). This program, designed for upper elementary school students, supports critical thinking skills regarding topics of body sizes, shape, dieting, and restrictive eating, body size prejudice, media awareness, self-image, and lifestyle behaviors.

Choate (2007) suggests that media literacy is another important way for school counselors to expose students to positive messages and to encourage critical thinking skills. Many schools encourage children to develop habits that incorporate healthy and balanced life choices, yet children regularly receive alternative messages about body image from television, computer, videos games, and movies. They are not necessarily given the opportunity to engage in dialogue around the dissonance that may occur through these experiences. One example of a developmental counseling lesson for older elementary students may be to engage students in a project that investigates the hidden messages in magazine ads, social media, or commercials. Using free resources from the Dove® Campaign for Real Beauty, for instance, counselors can show clips of

images distorted by the media that present women in “perfect” form and the hidden messages that are communicated. Another activity might include students tracing themselves on large paper and creating two collages with magazine ads. The first one will represent the “perfect” woman or man, and the next one will represent how they see themselves. School counselors can discuss how the pictures and captions are the same and different and the importance of considering inner qualities. Classroom teachers may then support these efforts by having students discuss personal goals that promote “inside” strengths.

For younger elementary students, counselors may use stories such as Todd Parr’s (2001) *It’s Okay to be Different* or *Stand Tall Molly Lou Melon* by Patty Lovell (2001) to initiate discussion around personal strengths. Such activities open discussion around societal expectations for beauty and its potential impact on how people feel and treat their bodies. These prevention activities may also reveal early warning signs of body image disturbance.

The content and dialogue within large group developmental lessons may provide data for school counselors to use in designing small group counseling initiatives. This may be particularly meaningful for students, as a qualitative study conducted by Haines et al. (2007) revealed students’ desires to speak with their peers about weight-related stressors. An example of such an intervention may be a “Siesta Fiesta” group that promotes relaxation techniques, meditation, and positive coping strategies in the context of test-taking preparation. Targeting these topics may address multiple issues and indirectly combat precursors to disordered eating. Many of these issues that stem from more global concerns pertaining to self-esteem, perfectionism, and anxiety may

also be addressed through gender specific groups. Choate (2007) recommends separate dialogue for boys and girls focused on gender norms and positive body awareness. She also suggests friendship groups for girls that provide support for a healthy attitude towards one's body and issues pertaining to gender role socialization. Gender specific groups may also be particularly helpful in supporting younger children of color. The results of Williams, Fournier, Coday, Richey, Tylavsky, and Hare's (2013) study examining body esteem and physical health in 5-7 year old children of color in an urban environment indicated that boys identified as obese and who struggled physically were also found to be more at risk for lower body esteem at younger ages. Collaborating with other school personnel in detection may thus be particularly valuable in designing prevention programming.

School-wide initiatives. School-wide prevention efforts represent another important avenue in which to support all students in the schools. One area of focus may be on physical health and wellness to combat trends that promote exercise for weight-loss. Choate (2007) suggests that supporting students in participating in healthy physical activity is important. Much of children's play is structured and organized into team competition. Healthy competition can support resilience, teamwork, and sportsmanship; as children get older, they become more aware of their athletic skill sets and often gravitate towards or away from team sports (Atkins, Johnson, Force & Petrie, 2013; Keathley, Himelein, & Srigley, 2013). A fitness group focused on social and emotional development through athletic activity allows students with any ability to focus on promoting health and connectedness to others. Springer (2014) provides an outline for a morning fitness group, co-facilitated by a school counselor and physical education

teacher, which focuses on positive attitudes, nutrition, fitness, healthy competition, and peer mentoring.

Choate (2007) also suggested that school counselors can support body image concerns through other forms of school-wide peer mentoring. Healthy Buddies™ is an example of an empirically supported peer mentoring program that empowers older students to support younger students with knowledge, behaviors, habits, and attitudes (Campbell, Barnum, Ryden, Ishkanian, Stock, & Chanoine, 2012). *Girls on the Run* is another resource that supports physical health, empowerment, and mentoring for elementary-age girls. These resources can be offered in a small group format or through school-wide initiatives.

School-wide prevention education to the school community may take place through workshops with constituents beyond students (ASCA, 2008b; Standard IV-B-6b). Providing parents/guardians with topics of discussion related to “fat talk,” dieting, and body image can supplement topics discussed in large and small group interventions (Choate, 2007). Newsletters for parents/guardians regarding their own dialogue and concerns about weight and its impact on their children can be equally meaningful in disseminating important information (Choate, 2007). Including shared language discussed during counselor-led interventions can help families to further facilitate on-going dialogue with their children.

***Collaborative education*.** Collaboration with school staff is important to successful implementation of a comprehensive school counseling program (ASCA, 2008b; Standard IV-B-6a). School counselors can initiate this collaboration by acknowledging commonalities in the training among staff in a school building. A few of

these collaborations are addressed in recommended prevention and intervention strategies, such as partnerships with the school nurse or co-led groups. Aside from the other mental health professionals in the school (e.g., school psychologist, school social worker), the expertise of the school nurse may be particularly beneficial in collaborative efforts that address body image concerns. Partnering with the school nurse around health education has the potential to help students see the link between mind and body while connecting physical development with mental health. Lessons involving typical body development and puberty, which are traditionally taught towards the end of elementary school, can be expanded into the exploration of feelings around maturational changes that have social and emotional implications. This approach may present opportunities to tie in media messages. For example, highlighting commercials for weight-loss supplements and/or exercise equipment and the differences between adult bodies and dieting and children's nutritional and exercise needs may spark further discussions around sociocultural pressures. Attending to the potential incongruence around health education and societal distortions may promote continued dialogue and allow for more insight into children's perceptions and experiences dealing with these messages.

School counselors may also consider co-teaching with physical education teachers to discuss stress related to being a healthy person. Stress management strategies specific to healthy bodies, healthy relationships, and healthy attitudes may also be included in developmental counseling lessons. This shared language with staff members who are likely to see elementary students in various capacities allows

students to connect these messages with different personnel in the school, which may increase the chances of early detection and student self-advocacy.

Other collaborative efforts may include partnering with the cafeteria and lunch support personnel to develop a child-focused cafeteria committee that attends to healthy food choices and motivates peers to make good food and friendship choices during lunch and recess. In these cases, students may feel empowered with the opportunity to impact menu choices that are supported by their researched efforts. The school counselor may help students to educate each other about healthy food choices and attitudes through school newsletters, posters, plays, and other artistic outlets. These students may act as a line of defense by partnering with the counselor to support other students they may notice engaging in “fat talk” or other negative peer interactions. Fostering opportunities for introspection amongst school staff can be equally valuable in supporting school counselors’ prevention initiatives.

Reflective practice. The ASCA National Model (2012) maintains a discrete focus on school counselor communication and collaboration with staff and parents/guardians. Advocacy and education through these means can support positive communication between adults and children around body image and disordered eating (Carney & Scott, 2012). This often starts with promoting opportunities for self-reflection (Akos & Levitt, 2002). Helping staff identify the impact of “fat talk” conversations in the hallway, “biggest loser” competition announcements on the loud speaker, and conversations around weight management in front of children may increase their awareness of language and actions. Similar conversations with caretakers, including

detection through a child's artwork or in the context of written expression, can be helpful in prevention and early detection.

School counselors have a responsibility to support the stakeholders who influence children's lives, as well as an ethical responsibility to maintain professional competence (ASCA, 2010). ASCA's *Ethical Standards for School Counselors* (2010) guide counselors to practice within their scope of expertise, engage in self-reflection, and participate in professional development. School counselors need to consider their own attitudes towards body image and recognize personal struggles that may impact the way in which they support students. There are generally community resources with expertise in disordered eating behaviors that school counselors can access through conducting practitioner outreach meetings and consulting with colleagues. More importantly, school counselors must be aware of their own vulnerability to societal messages, physical development, and personal stress and emotion management related to body image and disordered eating. Counselors are therefore guided to consider their own susceptibility to these messages and issues and engage in self-care first and foremost, considering the effects of their attitudes and behaviors with the children in their schools.

Implications for Research

The elementary school counselor holds a vital role in supporting the detection and prevention of body image dissatisfaction and disordered eating attitudes and behaviors in young children. Efforts to study the experiences of school counselors with respect to working with students who exhibit disordered eating behaviors and body image disturbance may further help to understand current practice as well as the

training needs of pre-service school counseling students. Likewise, researchers may consider examining the curricular and experiential training of other school-based professionals (e.g., educational leaders, nurses, teachers, school psychologists, social workers) specific to the identification of body image disturbance and disordered eating behaviors. Additionally, evaluating current school counselor driven healthy body image prevention programming (e.g., psychoeducation groups, parent seminars) for students and stakeholders may further support the efficacy of these training efforts and the overall role of the school counselor.

Conclusion

Many of the prevention activities discussed in this article have roots in advocacy. Efforts to advocate for all students and inform school culture change are imperatives for school counselors (ASCA, 2012). Decisions that address at-risk protocol should be informed by current research, especially as it relates to advocating for historically underserved populations such as males and ethnically diverse students. School counselors need to be especially aware of conflicting attitudes around body image and the potential for students to experience cultural clashes related to food and exercises choices. Although school counselors are not in a position to diagnose disordered eating behaviors, they must familiarize themselves with ICD-10 and DSM-5 criteria related to communicating effectively with outside resources and advocating for the recognition of problematic signs and symptoms of body image disturbance warranting further inquiry.

There are many factors that together impact body image disturbance and disordered eating attitudes and behaviors. School counselors must use both their counseling and networking skills to ensure that students' needs are detected in various

contexts. With many disordered eating attitudes and behaviors occurring at subclinical levels, it is particularly important to consider children's needs from various perspectives. This makes the school environment an optimal place to focus prevention efforts and explore intervention strategies. School counselors are in an important position to advocate for the needs of all students and to collaborate with other personnel in promoting the healthy development of children's body image.

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Appendix

Table 1

Detection: Notable Warning Signs of Body Image Dissatisfaction

School Support Staff	Classroom Teachers	Special Area Teachers	Parent/Guardians
• Frequent Bathroom Visits • Skipping Lunch • Eating in Isolation • "Fat Talk" • Social Disengagement • Absenteeism	• Written Expression • Lack of Focus • Food Hoarding • Change in Mood • Socially Inappropriate Behaviors	• Artistic Expression • Lethargy • Frequent Nurse Visits • Frequent Abdominal Pain • Excessive Exercise	• Changes in Weight • Dieting • Avoiding Preferred Foods • Irritability • Perfectionism

Table 2

Prevention: Delivery, Dissemination, and Discussion

Delivery	Dissemination	Intervention/Discussion Topics

Developmental Counseling	Monthly Classroom Lessons	• Bystander Intervention
		• Healthy Habits
		  ○ *Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!*
		• Self-Esteem
		  ○ *It's Okay to be Different*
		  ○ *Stand Tall Molly Lou Mellon*

Group/Individual Counseling	Psychoeducation Groups/ Individual Student Meetings	• Changing Bodies
		  ○ *Perfectly You*
		  ○ *How to be Comfortable in Your Own Feather*
		• Emotional Expression Skills
		• "Fat Talk"
		• Stress Management Strategies

Parent/Guardian Workshops	Community Presentations	• Prevalence • Detection • Community Resources • Book Club Discussions

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