

My Sister's Keeper: Identifying Eating Pathology Through Peer Networks

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This study evaluated a novel intervention designed to teach middle and high school girls to inform adults of the early signs of an eating disorder. Students completed measures assessing the likelihood of talking to a peer about her eating behavior, encouraging a peer to talk to an adult, sharing concerns about a peer with an adult, or talking to an adult about concerns related to herself. Participants demonstrated increased likelihood of talking to an adult about a friend's eating following intervention. Results indicate it may be possible to significantly increase girls' willingness to address or share concerns about a friend's eating.

INTRODUCTION

School-based programs to prevent eating pathology or promote early intervention in the treatment of disordered eating have been an area of significant research interest (Jacoby, Jones, & Beintner, 2011). Prevention and intervention efforts are often aimed at middle and high school girls—a population known to be at high risk for eating disorders—with most designed to address the individual's knowledge base, attitude, and/or behavior (Stice & Shaw,

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2004). Detailed reviews of the efficacy of these programs have described mixed results, at best. Most programs report more success in reducing attitudinal risk factors for eating pathology than in reducing actual eating pathology or the risk of increased eating pathology in the future (Stice, Shaw, & Marti, 2007).

While girls' peer microsystems have been found to contribute to body dissatisfaction (e.g., Jones, 2004), body shame (e.g., Lunde & Frisén, 2011), and dieting and disordered eating (e.g., Menzel et al., 2010), ecological interventions involving community stakeholders—peers included—have succeeded in reducing disordered eating in school settings (Piran & Mafriqi, 2011) and limiting risk factors for eating disorders among sorority members (Becker, Ciao, & Smith, 2008). Despite the diverse array of eating disorder prevention programs summarized in the literature, none to date have taken the form of the intervention program described here. Specifically, none have evaluated whether middle and high school girls can be taught to report the early signs of an eating disorder in themselves or their peers to a responsible adult.

Adolescents trade time with their parents for time with their peers, a shift that may be especially relevant when it comes to the question of who can best observe adolescent eating behavior (Steinberg & Morris, 2001). A study of the frequency of family meals found adolescent girls eating an average of only 3.78 meals with their family each week (Neumark-Sztainer, Wall, Fulkerson, & Larson, 2013). Further, adolescents regularly skip breakfast (Dwyer et al., 2001) and often eat dinner on a schedule that differs from the rest of the family. Three things are true of lunch: time is set aside for lunch as a universal part of the American school day, most girls see lunch as a key time for building and maintaining social connections, and American schools generally allow adolescents to eat lunch without being closely supervised by an adult. Put another way, an adolescent girl may eat more meals with her friends than with her family; her peers may be better positioned to observe her eating patterns than anyone else in her relational world and to know when her eating behavior may be grounds for concern.

Relevant literature about educating adolescents to inform adults of worrisome attitudes or behavior comes from research on suicide prevention. A review of school approaches to suicide prevention notes that model programs include classes that prepare students to “recognize and respond to troubled peers and to destigmatize seeking adult help” (Kalafat, 2003, p. 1215) and points to epidemiological evidence that comprehensive prevention programs—that include a peer element—are associated with a reduction in youth suicide rate (Kalafat, 2000). One classroom-based study of high school sophomores examined the rates at which students endorsed undesirable attitudes in response to questions such as “I would counsel a suicidal friend without obtaining help from someone else,” “If a suicidal friend asked me not to tell anyone I would...,” “If suicidal thoughts crossed my mind

I would seek out and talk to a friend about those thoughts” (Ciffone, 1993, p. 200). Students who participated in suicide prevention programming were significantly more likely to change their undesirable responses from baseline to follow-up than students in a control condition.

While girls can exert a negative influence on each other, they also place heavy emphasis on intimacy and loyalty in their friendships and they are often very protective of their friends (McDougall & Hymel, 2007). The intervention described below aimed to enlist girls’ powerful social ties and willingness to “look out” for each other in the effort to prevent eating disorders. The objective of the current study was to evaluate the intervention’s impact on girls’ willingness to: share their concerns about a friend’s eating with the friend, encourage a friend to speak with an adult about her eating, talk with an adult directly about a friend’s eating, or talk with an adult about concerns related to their own eating behaviors, both post-intervention and after a period of several months.

METHOD

Sample

The study population included 50 eighth-grade (mean age = 13 years, 11 months) and 66 ninth-grade (mean age = 14 years, 11 months) girls attending a single-sex, private school in the suburbs of Cleveland, Ohio. The racial group identification of this sample included 82% Caucasian, 10% African-American, 6% Asian-American, and 2% other racial or ethnic groups. Thirty-eight percent of students attending the school receive financial aid, and this sample was representative of that number. The intervention program was delivered as part of the regular curriculum in the eighth- and ninth-grade “Lifeskills” class—a course focused on various aspects of student health and well-being attended by all of the students in the grade. Eighth and ninth grade students were selected with age-of-onset data in mind: the intervention focused on girls at the threshold of a high-risk period for eating disorders (Hudson, Hiripi, Pope, & Kessler, 2007). Approval for the study was received from the John Carroll University Institutional Review Board; students read an information sheet about the study and were given the opportunity to assent to participate in data collection. Ten eighth-grade girls (17%) and four ninth-grade girls (6%) opted not to participate; two additional ninth-grade girls were absent on the day of the intervention program (3%). Reasons for students opting out are unknown but do not appear to be systematic with respect to eating disordered behavior.

Procedure

Participants completed the study questionnaire an average of 6 days before the intervention program, an average of 5.4 days after the intervention

program, and again an average of 113.8 days (3 months, 3 weeks) later. The questionnaire was administered and collected by the regular classroom teacher. The intervention program was designed and delivered by the principal investigator who has also served as the consulting psychologist to the school for the past 10 years, is the director of a National Research Center housed within the school, and is a familiar presence to many of the girls who participated in the study. Before delivering the intervention program to the study participants, the principal investigator refined the program in response to feedback collected in focus groups with tenth grade girls who volunteered to evaluate the program.

Intervention Program

The intervention program consisted of a single lesson delivered during a 48-minute classroom period. With the aid of a PowerPoint presentation titled "Eating Disorders: What you should know and what you should do," the presenter shared basic definitions of anorexia nervosa (AN) and bulimia nervosa (BN) ("dieting to the point of being dangerously thin" and "a repeated pattern of bingeing and purging," respectively) then turned to the low recovery rates associated with AN and BN. Heavy emphasis was placed on the high lethality rate associated with AN, the possibility of death due to BN, and the short- and long-term physical damage associated with both disorders. Next, students were informed that eating disorders usually emerge when a variety of factors (genetic, environmental, psychological) converge and that, once an eating disorder takes hold, the person with the eating disorder no longer thinks rationally and is usually unwilling to ask for help.

Emphasis was placed on the critical importance of early intervention for improving long-term outcomes and the fact that peers are often aware of a girl's eating pathology long before adults and thus can play a special role in helping to prevent dire outcomes. Students were told to be concerned when a peer rigidly observes a restricted diet for no medical reason, regularly skips meals or avoids eating with others, becomes preoccupied with food, loses weight, exercises excessively, or excuses herself abruptly after meals. Some have thoughtfully pointed out concerns about the iatrogenesis of eating disorder interventions (O'Dea, 2000). This program took that concern seriously and did not: include a discussion of weight-loss techniques, glamorize or normalize eating disorders, discuss body image or self-image (and thereby risk transferring the educators' concerns to students), or share any negative messages about food.

Next, students were informed that they should never agree to keep a peer's disordered eating a secret and should consider sharing their concerns about a peer's eating pathology directly with their peer. Students were given sample language for how they might approach a peer with their concerns while ensuring that a responsible adult would also be informed. Failing,

or in addition to that option, students were instructed to alert an adult at school about their concerns and given anonymous ways to communicate their concrete observations. Students were informed that the adults at school would avail themselves of opportunities to make the same observations (e.g., of a student routinely skipping lunch), and—if indicated—would raise their concerns directly with the peer in question, contact the student's parents, and encourage or require the parents to involve a physician in evaluating the student's health.

In keeping with feedback received from the tenth grade focus group, the students participating in the intervention program were reassured that at no point in the process would the peer be informed that her agemates had raised concerns about her behavior, that the school would handle the concern with the utmost discretion, and that the school's main goal would be to ensure that the peer received the proper medical evaluation and care. The presenter then encouraged students with concerns about their own eating to reach out to a responsible adult. The intervention program concluded by emphasizing that—given the incredible dangers associated with eating disorders—a truly loyal friend will not keep a peer's eating pathology a secret but will inform an adult to help make sure that the peer receives the proper help.

Consistent with the recommendations from the suicide prevention literature on universal prevention (Kalafat, 2003), school adults in regular contact with eighth and ninth grade students were informed of the intervention and instructed on how to respond should a student share a concern about themselves or a peer. The adults within the school were asked to commend the student who shared the concern for wisely seeking help for herself or a friend. Girls who shared concerns about a peer were to be informed that the school would not be able to share any information about what came of their concern in the interest of maintaining their peer's confidentiality. Finally, the adults at school were asked to bring the concern to the Dean of Students or the school psychologist who would then address it.

Measure

The same measure was used at baseline (Time 1), immediately after the intervention (Time 2), and at the 3-month follow-up (Time 3) (see Appendix). The measure was comprised of 4 questions assessed on a 5-point Likert scale ranging from 1 (*not at all likely*) to 5 (*very likely*). Two questions assessed the likelihood that a girl would share her concern with a peer ("If you were worried that a *friend* had an eating disorder, how likely is it that you: Would tell your friend that you were worried about her? Would tell your friend that she needed to tell an adult?"). One question assessed the likelihood that a girl would share concerns about a peer with an adult at school ("If you were worried that a *friend* had an eating disorder, and you did not feel comfortable talking directly with her, how likely is it that you would tell an *adult at*

school that you were worried about your friend's eating?") and one question assessed the likelihood that a girl would share concerns about her own eating ("If you were worried that *you* had an eating disorder, how likely is it that you would tell an adult at home or at school?").

RESULTS

Baseline Data

Participants' attitudes toward reporting eating disordered behavior were assessed at Time 1 (6 days before the intervention). Using *t* tests, no significant differences were shown between girls in eighth and ninth grade on Question 1 ("If you were worried that a *friend* had an eating disorder, how likely is it that you would tell your friend that you were worried about her?"): $t = -0.76, p = .080, d = -0.331$; Question 3 ("If you were worried that a *friend* had an eating disorder, how likely is it that you would tell an adult at school that you were worried about your friend's eating?"): $t = -1.92, p = .057, d = -0.359$; or Question 4 ("If you were worried that *you* had an eating disorder, how likely is it that you would tell an adult at home or at school?"): $t = 0.98, p = .329, d = 0.183$. At Time 1, ninth grade girls scored higher than eighth grade girls on Question 2 ("If you were worried that a *friend* had an eating disorder, how likely is it that you would tell your friend that she needed to tell an adult?"): $t = -2.60, p = .011, d = -0.489$.

Post-Intervention Data

For each question, a 2 (grade) \times 3 (time) repeated measures ANOVA was used to assess for main effects. When relevant, Bonferroni post-hoc tests were used to assess differences between specific means. Means and standard deviations for the 2 (grade) \times 3 (time) factorial design are reported in Table 1.

A 2 \times 3 repeated measures ANOVA determined that participants' scores differed significantly between time points on Question 1 ($F[2, 218] = 3.76, p = .025$), with participants reporting significantly increased likelihood of telling a friend that they were worried about her eating. There was a significant Time \times Grade interaction for Question 1 ($F[2, 216] = 3.49, p = .032$), with eighth graders reporting more consistent increases in their likelihood of telling a friend they were worried about her. Using a repeated measures ANOVA, eighth graders' scores differed significantly between time points on Question 1 ($F[2, 90] = 7.41, p = .001$). Post-hoc tests using the Bonferroni correction revealed that eighth graders' scores were higher at Time 2 than at Time 1 ($p = .017, d = 3.098$) and higher at Time 3 than at Time 1 ($p = .005, d = 3.986$). Their scores were higher, but not significantly so, at Time 3 than at Time 2 ($p = .968, d = 1.176$). For ninth graders, mean scores on

TABLE 1 Means and Standard Deviations for Eighth and Ninth Graders at Each Time Period

Dependent variable	Time 1 <i>M (SD)</i>	Time 2 <i>M (SD)</i>	Time 3 <i>M (SD)</i>
Question 1	4.18 (0.83)	4.30 (0.74)	4.40 (0.59) ⁺⁺
Eighth grade	4.00 (0.82)	4.33 (0.60) ⁺	4.43 (0.65) ⁺⁺
Ninth grade	4.31 (0.81)	4.28 (0.83)	4.38 (0.55)
Question 2	3.69 (1.01)	3.89 (0.89) ⁺	3.91 (0.80)
Eighth grade	3.40 (1.12) [*]	3.65 (0.87) [*]	3.93 (0.71) ⁺⁺
Ninth grade	3.89 (0.88)	4.06 (0.87)	3.89 (0.86)
Question 3	3.11 (1.17)	3.95 (0.91)	3.56 (1.04)
Eighth grade	2.91 (1.27)	4.02 (0.79) ⁺	3.70 (1.00) ⁺⁺
Ninth grade	3.25 (1.08)	3.89 (0.99) ⁺	3.45 (1.07) ⁺⁺⁺
Question 4	3.13 (1.11)	3.40 (1.03) ⁺	3.27 (0.97)
Eighth grade	3.23 (1.09)	3.56 (1.08)	3.30 (1.14)
Ninth grade	3.05 (1.13)	3.27 (0.99)	3.25 (0.82)

* = a statistically significant difference ($p < .05$) between eighth and ninth grade means at that specific time period.

+ = a statistically significant difference ($p < .05$) between scores at time one and time two.

++ = a statistically significant difference ($p < .05$) between scores at time one and time three.

+++ = a statistically significant difference ($p < .05$) between scores at time two and time three.

Question 1 did not differ significantly between time points ($F[2, 126] = 0.41$, $p = .666$).

Using a 2×3 repeated measures ANOVA with a Greenhouse-Geisser correction, a significant main effect of time was also found for Question 2 ($F[1.78, 193.52] = 3.49$, $p = .038$), indicating that participants were significantly more likely to tell a friend that she needed to talk to an adult about her eating over the course of the intervention. The significant Time \times Grade interaction ($F[2, 216] = 4.75$, $p = .012$) indicated that although the ninth graders' scores started higher, the eighth graders showed a smoother and more significant increase over time. No significant differences were found between eighth and ninth graders' scores on Question 2 at follow-up ($t = 0.47$, $p = .643$). The results of a repeated measures ANOVA using a Greenhouse-Geisser correction indicate that eighth graders' mean scores differed significantly between time points ($F[1.72, 77.38] = 5.52$, $p = .008$). When evaluated with post-hoc tests using the Bonferroni correction, their scores were significantly higher at Time 3 than at Time 1 ($p = .022$, $d = 3.837$). Their scores were higher, but not significantly so, Time 2 than at Time 1 ($p = .219$, $d = 1.681$) and at Time 3 than at Time 2 ($p = .204$, $d = 2.406$). Ninth graders' mean scores on Question 2 did not differ significantly between time points ($F[2, 126] = 1.68$, $p = .191$).

Repeated measures ANOVA with a Greenhouse-Geisser correction was used to assess differences over time on Question 3. There was a significant main effect of time for Question 3 ($F[1.81, 199.50] = 29.76$, $p < .001$), with participants showing an overall increase in their willingness to talk to adult at school about a friend's eating. There was also a significant

Time \times Grade interaction, with eighth graders showing larger changes in scores from Time 1 to Time 3 ($F[2, 218] = 4.05, p = .022$). A repeated measures ANOVA revealed statistically significant changes in eighth graders' mean scores between time points ($F[2, 92] = 24.38, p < .001$). Post-hoc tests using the Bonferroni correction indicated that their scores were significantly higher at Time 2 than at Time 1 ($p < .001, d = 7.163$) and also significantly higher at Time 3 than at Time 1 ($p < .001, d = 4.722$). Their scores were lower, but not significantly so, at Time 3 than at Time 2 ($p = .125, d = -2.419$). The ninth graders also showed statistically significant changes in their mean scores between time points, using a repeated measures ANOVA with a Greenhouse-Geisser correction ($F[1.76, 111.12] = 10.59, p < .001$). Their scores were significantly higher at Time 2 than at Time 1 ($p < .001, d = 4.945$). However, their scores were significantly lower at Time 3 than at Time 2 ($p = .008, d = -3.392$). While their scores increased from Time 1 to Time 3, this was not a statistically significant increase ($p = .660, d = 1.509$).

On Question 4, repeated measures ANOVA with a Greenhouse-Geisser correction revealed a significant main effect of time ($F[21.87, 203.61] = 3.29, p = .042$), with girls showing increased willingness to share their concerns about their own eating with an adult. While girls' scores were significantly higher at Time 2 than at Time 1 ($p = .018, d = 2.625$), their scores at Time 3 were not significantly higher than at Time 1 ($p = .656, d = 1.471$) or Time 2 ($p = .660, d = -1.283$). There was a non-significant Time \times Grade interaction for Question 4. Repeated measures ANOVA determined that mean scores on Question 4 did not differ significantly for eighth graders between time points or for ninth graders between time points.

DISCUSSION

This study evaluated the effectiveness of an intervention designed to encourage eighth and ninth grade girls to tell adults about eating pathology in themselves or their peers. While the results were generally positive, they indicated that the intervention was more effective for eighth graders than ninth graders. At Time 1, minimal differences were present between eighth and ninth graders' willingness to discuss eating concerns (theirs or a friend's) with adults or to talk to a friend about her eating. In fact, ninth graders were somewhat more likely than eighth graders to encourage a friend to share her eating concerns with an adult. However, over the course of the intervention, eighth graders showed larger increases in their scores than ninth graders on endorsement of willingness to talk to a friend about her eating, encouraging a friend to talk to an adult about her eating, and talking to an adult directly about a friend's eating concerns. Ninth graders had higher scores indicating an increase on one variable (talking to an adult about a friend's eating) at Time 2, but by Time 3, these scores dropped and were no

longer significantly higher than Time 1. By contrast, eighth graders had significantly higher scores at Time 2 than at Time 1 on variables of willingness to talk to a friend about her eating and willingness to talk to an adult directly about a friend's eating, and showed a trend toward increased scores in their willingness to encourage a friend to talk to an adult about her eating.

Perhaps most important were the results from almost 4 months following the intervention. At Time 3, eighth graders indicated they were significantly more likely than at Time 1 to tell a friend they were concerned about her eating, to encourage a friend to talk to an adult about her eating, and to talk to an adult directly about a friend's eating. Ninth graders did not demonstrate significant increases in these areas from Time 1 to Time 3. These results suggest that eighth graders may be experiencing more longer-term effects from the intervention compared to their ninth grade peers.

A fourth question assessed during the course of this intervention examined girls' willingness to share concerns about their own eating with an adult at home or at school. Interestingly, while the results indicate an overall increase in the girls' willingness to share concerns about their own eating, closer examination indicates that while girls' scores increased significantly from Time 1 to Time 2, that increase was not maintained at a significant level when assessed at follow-up nearly 4 months later. Compared to the other variables, where significant differences existed between eighth and ninth graders' scores, there were no significant differences between eighth and ninth graders' scores on this variable. Given that girls showed less change in their endorsement of willingness to talk to an adult about their own eating concerns, the other results from this intervention become even more important. If a girl's willingness to share concerns about her own eating behavior with trusted adults tapers off from Time 2 to Time 3, it becomes more important to rely on peers as a source of informing adults when they are worried about a friend's eating.

The present results indicate that it may be possible to improve girls' willingness to address or share concerns about a friend's eating through targeted intervention. In addition, it appears that this intervention may be more effective when aimed toward eighth grade girls, rather than waiting until ninth grade. The difference in the effect of the intervention between the eighth and ninth grade girls may reflect a normal developmental trend in which younger girls need some encouragement to confront each other with concerns while older girls may already feel more at ease doing so. Given that the Time 2 mean for eighth graders was approximately equal to the Time 1 mean for ninth graders on Questions 1 and 2, it may be that the ninth graders experienced a ceiling effect, due to their better developed ability to talk with peers about perceived eating concerns. The data show that at Time 3 there were no significant differences between eighth and ninth graders' responses to any of the questions, indicating that the two groups were equally willing to tell adults about eating pathology in their peers or

themselves. The significant differences between baseline and follow-up time points for the eighth graders (but not the ninth graders) on Questions, 1, 2, and 3 indicate that the eighth graders travelled a further distance than the ninth graders to arrive at a similar place.

The results of this intervention indicate that peers may be an important, and previously underutilized, ally in the effort to prevent eating disorders. Indeed, as students in an all-girls independent school, most of the subjects had previously been exposed to education about eating disorders but many expressed that they had not been taught about the high lethality rates for eating disorders and had not understood the sheer gravity and chronicity of the disorders. This new information, combined with a system that allowed students to share concerns about their peers anonymously, may have contributed to the intervention's success. In other words, girls may be quite willing to recruit adult help if they know a behavior is dangerous and can seek help without seeming to be disloyal in the eyes of the at-risk peer. The girls' loyalty to each other was highlighted by the tenth grade focus group participants who wanted to know exactly what would happen to their peer if they were to alert an adult about eating concerns. They were reassured to hear that the concern would be handled with the utmost discretion and that the friend would be directed to medical resources. The tenth graders insisted that sharing the school's procedures for handling an eating concern would be a crucial part of the intervention because students would not want to be responsible for exposing a peer's eating disorder to a wide audience or for putting a peer in a position where she was "in trouble" with the school. The advice shared by the tenth grade focus group likely played a critical role in the intervention's success, thus highlighting the importance of engaging community stakeholders in the development and implementation of prevention programming as has been noted elsewhere (e.g., Levine & McVey, 2012).

Limitations

The main limitations of this study are methodological; the study lacked a control group or random assignment, and it used only one question to assess each of four discrete aspects of students' willingness to share concerns about eating disordered behavior. In light of these limitations the results should be considered highly tentative and in need of replication. While the passage of time might account for the positive findings, it should be noted that at Time 1 there was a statistically significant difference between the eighth and ninth graders only for Question 2 (the willingness to tell a friend that she needed to talk to an adult about her eating), indicating that as girls age they may feel more at ease confronting each other. The similarity of Time 1 scores between the grades on Questions 1, 3, and 4 indicates that the passage of time likely does not account for the remaining positive findings for the eighth grade girls on these questions. This study also comes with the limitation of

having been implemented in a small, private school environment where students enjoy frequent contact with school adults outside of the classroom. As a result, the girls in this intervention may be particularly willing to share personal concerns with adults at school. Further, the girls in the tenth grade focus groups strongly endorsed the strategy of anonymously alerting adults to a peer's eating pathology and then having the adult confer with student without sharing that peers had any role in the process. The tenth graders supported this approach because they expressed a strong wish to recruit help for friends with eating concerns and an equally strong wish to do so without their friend knowing and perhaps feeling hurt or angry. These conflicting but developmentally understandable wishes were easily addressed in the context of a small, private school where the adults are often in close proximity to girls during lunchtime. Similar results might be hard to achieve in large schools or in schools where it would be very difficult for an adult to observe a student's eating behavior without seeming to have done so at the prompting of her peers. It is conceivable that this intervention could be most effective in schools with certain characteristics, or that it would need modifications based on the input of stakeholders within local school settings.

On a promising note, special training might not be needed to lead such a program. Although the program was delivered by a consulting psychologist, the program itself consisted of a scripted PowerPoint presentation. Given that the emphasis of the program is not on the details of the eating disorders themselves, but on the importance of addressing the early signs of eating disorders, the program could likely be delivered by an adult with a basic understanding of eating disorders, such as a school psychologist or school nurse. Finally, indicating a willingness to share concerns about eating pathology is not the same as actually doing so. While eating concerns were indeed brought forward to adults at the school after the intervention, we did not measure whether students shared concerns at a higher rate than in previous years.

Implications for Future Research

Given the preliminary but promising results described here, future research should compare a similar intervention to the effects of a control condition, explore alternate methods to encourage girls in the ninth grade and above to increase their likelihood of sharing eating pathology concerns with adults, and compare the rates at which students actually share eating concerns about themselves or their peers with adults before and after the intervention. Younger middle-school participants might also be considered. The intervention described here needs to be replicated in a variety of school settings and with a variety of instructors. Finally, future research should test the effects of "booster" sessions on the dangers of eating pathology and the importance of sharing concerns about oneself or a peer.

CONCLUSION

This novel approach of encouraging girls to alert adults about their own or a peer's eating pathology holds promise for reducing the risk of eating disorders. Indeed, experts note that "the recognition of individuals at risk and early intervention can prevent the development of full-blown eating disorders" (Rome et al., 2003, e99). While ongoing efforts should be devoted to improving girls' self-esteem, media literacy, and body image with the goal of reducing eating pathology as well as continuing to improve school and larger cultural contexts, this intervention calls on the wisdom and loyalty of peers to speed the identification of girls who may be engaged in eating pathology. In doing so, this intervention aims to prevent the development of full-blown eating disorders and to improve the prognosis for girls who suffer from an eating disorder not yet detected by adults.

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APPENDIX

Read each question carefully and check the circle that best applies to you.	Not at all likely	Unlikely	Unsure	Likely	Very likely
If you were worried that a <i>friend</i> had an eating disorder, how likely is it that you					
• Would tell your friend that you were worried about her?	<input type="radio"/>				
• Would tell your friend that she needed to tell an adult?	<input type="radio"/>				
If you were worried that a <i>friend</i> had an eating disorder, and you did not feel comfortable talking directly with her, how likely is it that you would tell an <i>adult at school</i> that you were worried about your friend’s eating?	<input type="radio"/>				
If you were worried that <i>you</i> had an eating disorder, how likely is it that you would tell an adult at home or at school?	<input type="radio"/>				