PEER-LED TEACHING AND SUPPORT TO REDUCE EATING DISORDERS ON CAMPUS

Kathryn Weaver, University of New Brunswick

Abstract

Increasingly, university students seek help for eating issues, and along with the eating issues, they often present with multiple underlying problems that require intensive support and challenge university resources. In this paper, I share highlights of my ongoing practice-research program, "It's Not about Food" (INAF), designed to identify and address knowledge and social support needs of university women with self-identified eating issues, and the specific support rendered by upper level nursing students who served as peer facilitators. These highlights are contextualized through a short film depicting the peer learning process. Mixed-method evaluation of the project conveyed the meaning, effectiveness, and value of the INAF group. For women living with eating issues, the group became a safe zone enabling contemplation of personal and health changes, including the need for seeking outside support and guidance for nutritional and mental health concerns. From the perspectives of the nursing students as peer facilitators, the most salient finding was their learning how to preserve rapport, a strategy which helped them get to know the participants as persons beyond the eating issues, and to feel as though they are developing greater competency, professional satisfaction, and leadership capacity. The facilitators pondered the practicality of this type of therapeutic practice within their traditionally time-pressed, task-focused clinical placements. In the final analysis, INAF provided participants and peer facilitators with a transformed view of self and global concerns, such as the need for prevention interventions targeting younger persons and support for men and older persons living with eating issues.

Introduction

Universities are "perfect incubators" for emotional distress: students are away from families and face financial worries, relationship problems, enormous expectations about grades, and increased opportunities for drug and alcohol experimentation (Deziel, 2011). During this transition period, students may not feel equipped to cope with the demands placed upon them. Their high levels of stress are triggers for depression, eating issues, and other illnesses, all of which normally surface between adolescence and young adulthood. Indeed, the number of students presenting to university counselling for eating disturbances and concurrent issues such as depression, anxiety, substance use, and suicide ideation has been rising (Baker et al., 2006; Gallagher et al., 2000).

According to the American College Health Association-National College Health Assessment (ACHA-NHA, 2013), Canadian post-secondary students are lonely, overwhelmed, and exhausted.

Specifically, the 34,000 Canadian students surveyed in the ACHA-NHA reported acute loneliness (63.9%), "drowning in responsibilities" (89%), depression with inability to function (37.5%), feeling exhausted (86.9%), and having seriously considered suicide (9.5%). The majority reported overwhelming anxiety (56.5%) and stress ranging from "more than average" (45.5%) to "tremendous" (12.1%), and 39% reporting stress as "affecting my performance at school."

When asked, "Have you ever received information on the following topics from your college or university?" (ACHA-NHA, 2013), Canadian post-secondary students reported "no" to topics of eating disorders (75.3%) and how to help others in distress (75.2%). They reported "yes" to depression/anxiety (52.6%) and nutrition (45.9%). While the students expressed interest in receiving information from their college or university on depression/anxiety (62.9%), nutrition (67%), and how to help others in distress (62.7%), they reported not being interested in receiving information on eating disorders (64.2%). This is unfortunate because next to depression, eating concerns are the most commonly self-reported psychiatric diagnoses among college students (Soet & Sevig, 2006). In fact, the median age of diagnosing an eating disorder is between 18 and 21 years (Hudson, Hiripi, Pope,& Kessler, 2007), the age when individuals usually first enroll in post-secondary education. Eating disorders affect 10-20% of female students (Anstine & Grinenko, 2000; Sira & Pawlak, 2010; Thome, 2004 ; Wonderlich-Tierney & Vander Wal, 2010) and 4-10% of male university students (Hoerr, Lugo, Bivins, & Keast, 2002; Sira & Pawlak, 2010).

Students experiencing eating pathology typically do not seek professional help because they doubt their symptoms warrant treatment (Meyer, 2005) or they perceive they will be negatively judged (Shaffer et al., 2006; Vogel et al., 2006). Additionally, available mental health resources on university campuses are often unable to respond to the demand (Uffelman & Hardin, 2002). Universities must often limit the number of available sessions leaving students to (a) not attain recovery, (b) seek out alternative help, or (c) not seek help at all. The need for a support intervention within university populations provides a rationale for my outside-the-box, cost efficient clinical-research initiative called "It's Not about Food" (INAF), established in 2008 at the University of New Brunswick.

Background of It's Not About Food

"It's Not about Food" (INAF) was developed by UNB-based health professionals as a six-week, psycho-educational support intervention for small groups of approximately 6-8 university students struggling with eating issues. Its student-to-student design enabled non-stigmatizing support to those desiring help, as well as a clinical practice setting for interested upper level nursing students who trained as peer facilitators. Following the intense training, peer facilitators implemented the weekly education and support sessions. A different topic related to eating issues was introduced each week. The topic was decided by the group and looked into by a peer facilitator. Although the topics varied to accommodate the needs of participants, the topics usually involved are shown below.

Week One: Eating Issues/Self Care
Week Two: Body Image/Self Esteem

Week Three: Anxiety/Impulsivity
Week Four: Anger/Assertiveness/Perfectionism
Week Five: Healthy Eating
Week Six Recovery/Self forgiveness

Through a series of closed group psycho-educational peer-facilitated sessions, we targeted university women with self-identified eating issues, not necessarily medically diagnosed eating disorders. We chose the term "eating issues" to refer to disturbances in eating habits and food intake with or without any compensatory actions. As an all-encompassing designation, eating issues included clinical eating disorders (anorexia nervosa, bulimia nervosa, binge eating disorder, and other feeding and eating disorders not elsewhere clarified) as defined in the DSM 5 (American Psychiatric Association, 2013) and also those not formally diagnosed. We accepted into INAF women who were troubled by their eating habits or by related conditions such as obsessive thinking about food/calories.

A research component was established from the inception of INAF to explore the meaning of the psycho-education support intervention to participants and facilitators, elicit and analyze their experiences, make recommendations, and build a stronger research-based intervention. Funding was received from the Harrison-McCain Young Scholar Foundation (2008, 2010). The INAF project was reviewed by the UNB Research Ethics Board, and received ethics approval for 2008-2011 and 2011-2014. Participants were invited to complete quantitative surveys and qualitative interviews with a graduate research assistant (RA) not involved in any teaching or coercive relationship with participants. All personal information was removed by the RA prior to analysis.

It's Not About Food Program: Training and Practice Highlights

As director and PI of INAF, I organized the training sessions and provided clinical supervision to nursing students who requested the INAF program for their clinical placement in third and fourth year community health courses. These nursing students assumed responsibility for developing knowledge around the INAF group topics and attending peer facilitation training by UNB interdisciplinary allied healthcare professionals. The training included information sessions, role play, performance feedback and repeat opportunities to refine facilitation skills. In addition to the nursing students, graduate students in Counselling Education and Interdisciplinary Health Studies under my supervision also participated in the training and served as INAF group supervisors, overseeing the weekly INAF sessions, and gaining clinical practicum hours in their respective programs. Trainers and university administrators were invited to end of term presentations about the INAF program.

From 2008 to 2011, INAF was open to pre-selected general university students recruited through word of mouth from university counsellors and the student health clinic, and by unique peer facilitator-designed fliers located strategically on campus. Figure 1 shows one group of facilitators' efforts to convey an inviting, inclusive group atmosphere. Noteworthy are the dialogue pop-outs (e.g.,

"wing night tonight") that facilitators formulated from searching popular literature and personal encounters with friends and family members known to have experienced eating issues.

Figure 1. Sample INAF peer facilitator-designed recruitment flier.

Since 2011, we opened INAF to members of the surrounding community who were screened for admission and, when eligible, admitted to the INAF groups. First sessions developed group rules and boundaries. Values of confidentiality, respect, and voluntariness were negotiated. Group dynamics began to form at the first session. The setting was comfortably arranged with a small, personal atmosphere and quiet environment. The arrangement allowed for face to face contact.

Prior to each INAF group, peer facilitators and co-facilitators met to review the content for the session and negotiate leadership roles for check-in (greeting and following up on previous week's issues), group discussion period, and check-out (eliciting reactions to the session, planning for the upcoming week). On the last week, participants, facilitators, group supervisors, and trainers were invited to complete confidential evaluations of the INAF program. Changes in INAF delivery were made in response to feedback received. For example, more accessible rooms for the meetings were chosen; a co-ed INAF group was advertised in winter, 2013, with male facilitators trained (but, as of December 2014, no men had contacted INAF).

It's Not About Food Program: Illustrative Film

Highlights of the INAF program were contextualized through an eight minute film (https://youtu.be/0t3FcduacMs or http://edcnb.weebly.com/) introducing the peer learning process. The film depicts the role of peer facilitation in engaging INAF participants in the topic of self-care. From the responses of the INAF participants, it is obvious that self-care required awareness and conscientious effort. The setting for the film was the group room of the UNB Women Centre. Sponsored by an Izaak Walton Killam Community Development Fund grant in 2012, the film was taped as a voluntary group session for interested participants and facilitators. Lines were spontaneous rather than pre-scripted and rehearsed. As such, the film realistically portrays the nature and process of an initial INAF session. The voice over components captured participant and facilitator reflections illuminating individual struggles.

It's Not About Food Program: Research Results

Mixed-method description by INAF participants (2010-2012) conveyed the meaning, effectiveness, and value of the INAF group. A total of 28 completed quantitative evaluations were returned for a response rate of 70%, age range of 17-40 (mean of 24 years), and reported age of onset of the eating issue between 5 and 30 (mean 15 years); 50% of the participants had been medically diagnosed with an eating disorder.

Quantitative evaluation. Of the 28 women, 50% had received therapeutic support apart from INAF. The assistance was derived from counsellors/psychotherapists (78.6%), dieticians (7.1%), physicians (7.1%), psychologists (7.1%), or dietician/physician/psychologist combination (7.1%).

Helpfulness of INAF compared to other services
Moderately – Very helpful 84.6%
Somewhat unhelpful 3.8%
Not applicable 11.6% (did not use other services)
Most helpful components of INAF
Information: Excellent/Good 85.7% Neutral/Poor (14.3%)
Support: : Excellent/Good 92.6 Neutral/Poor (7.4%)
Student peer facilitation: Excellent/Good 100%
Change in eating habits since INAF
Somewhat changed 42.86%
Very little – no change 57.14%
More comfortable/able to seek professional help?
Completely – somewhat changed 78.6*
Very little – no change 21.4

As shown above, the majority of INAF participants found INAF helpful, especially in terms of information, support, and peer facilitation. Participants reported their eating habits did not significantly change over the course of the six weekly groups. Attending INAF facilitated professional help seeking.

Qualitative evaluation. Analysis of 13 qualitative responses (response rate = 46.4%) from INAF participants and 12 (response rate = 36%) from peer facilitators revealed that INAF served as a "safe zone" for enabling understanding and contemplation of personal and health changes including self care. The meaning of INAF to participants and peer facilitators is illustrated in Fig. 2. Outward from the centre are INAF participant strategies arising from the safe zone and peer facilitator strategies for contributing to the safe zone through preserving rapport.

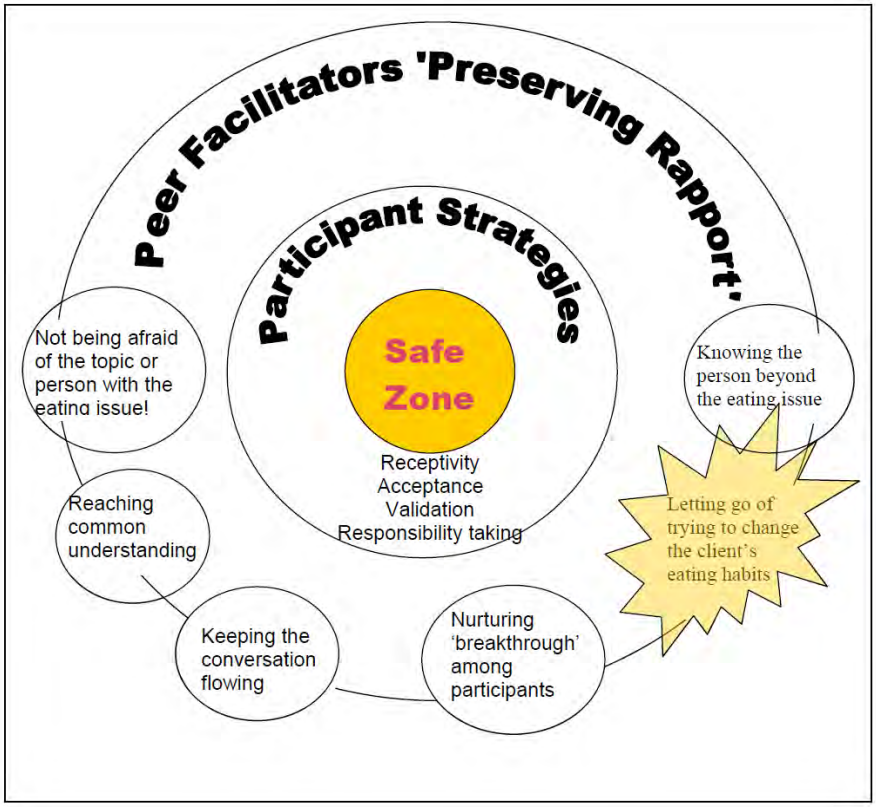

Figure 2. Safe Zone of INAF.

Safe Zone: Participant Perspectives

INAF offered safety through non-intimidating small group sizes and emotional comfort. In one participant's words:

> Help from peers is much easier than going to a nutritionist or psychologist or someone you perceive at a higher level of education or power, and not experiencing the issue themselves . . . You see that other people are experiencing the very same thing and that it is okay to reach out to them and there is no consequence. You are in a safe environment: there is no labeling; there are none of those things that would put someone off wanting to participate.

Participants contributed to the safe zone via their receptivity to ideas exchanged, acceptance of each other's unique situation without judgment or criticism, validation of shared experiences, and personal accountability for attending and voicing individual perspectives at the meetings. For some, participating in the group was the first time to say the things they worried about, did not like about themselves, or did not want other people to know. One of a participant's biggest fears in leaving INAF was no longer having a "*safe* [emphasis hers] place to talk and unload."

In tandem with the intra and interpersonal safety, INAF contributed to physical safety as participants were able to access the UNB "Safe Ride" program to and from meetings. The campus locations for INAF were preferred (e.g., "I wouldn't really go to services off campus because they're so out of the way").

Participant receptivity. Participants commented on being open to and learning from the other INAF members. They appraised everyone in the group as "there to help themselves but [also] always there to help everyone else." One participant who had children and a spouse found the other participants "all very receptive to hear what I had to say" despite not having had "the same life issues or experiences that I have." In turn, she described being "very open and receptive to what they had to say. I don't feel that anybody judged me for being in the situation that I am, at the age I am. I was welcomed."

For the majority of participants, group process rather than the content itself provided the most benefit. According to one participant, "I don't find the information overly helpful, but talking in itself helps. I feel it starts a good conversation." Most participants regarded the support they received as good to excellent, further explaining that "every one is very welcoming and understanding," "we formed great friendships," and "the group makes me feel not alone, [and] that I am not a freak." The support was perceived as positive and "there is never any criticism."

Participant validation. INAF helped women with eating issues validate their feelings and gain new perspectives. Participants found it "comforting" to know that what was individually perceived as a personal issue was "the same as everybody else's" and that "when you help others, especially with the same issue that you have, you help yourself so much." Participants described having developed a high level of trust in every member of the group and feeling connected to, rather than different from, other group members. For example:

> They all seemed to have a genuine concern for everyone else. I think the opportunity for group is very important for females. Females are such social creatures that having the group is really fortifying for you as opposed to facing a person one on one, especially if you are feeling a lot of shame or guilt or whatever. (INAF participant)

Shared experiences normalized issues and validated feelings. Participants expressed that even if information about opening up and expressing self had been given, receiving such information would not have been the same as actually sharing with the group. This was summarized by a participant as not only "need[ing] that sort of debriefing with peers . . . [but also] yearning for that sort of communication."

Participant acceptance. Participants acknowledged the importance of hearing and relating to the accounts of others. One participant who indicated she was not used to sharing her ideas and not often in touch with her feelings identified that talking about her feelings allowed her to bond with others because "everyone's got feelings." As well, the diversity of body sizes and experiences within the groups brought in different perspectives particularly helpful to women isolated within their eating issue.

Those who restricted their intakes expressed surprise in recognizing commonalities with those who engaged in binge eating (e.g., "They just do it pretty much for all the same reasons that I don't eat and I feel like it's the same in terms of the causes and a lot of the effects are similar"; "I never thought of overweight or obesity as compulsion, like the same as bulimia . . . I just didn't realize that it was at the same level as my restricting"). The acceptance of each other's body sizes and similar experiences crystallized as a "common thread that we're women and there are external forces that are making us feel inadequate."

Participant responsibility taking. Participants acknowledged feeling better for having talked about their issues in the group. They expressed feeling a personal investment, a certain commitment to INAF in knowing they were getting something from it.

> There was this collective energy that I knew being part of it was valuable and so what that meant to me was that I had an obligation to go. If I had a bad week of eating I would still go and feel grumpy and feel bad about myself but be honest about it in the group. (INAF Participant)

The INAF group helped participants realize the need to take time for self. Some disclosed going to a counsellor for the eating issue since starting the group. Most participants did not experience lessening of their eating issues. According to one participant, "I felt very supported and listened to, but not enough to change."

Summary of outcomes for participants. As a safe zone, INAF provided a turning point, a pathway to recovery that fostered the development of empowering relationships. INAF "sparked the start of feeling" but did not provide enough time for women to heal completely. INAF did, however, help the women learn to prioritize caring for self. One participant explained, "It was the group [that] got me through. It took me, sat me down, shook me, and turned me around and sent me in the right direction."

Building the Safe Zone through Preserving Rapport: Facilitator Perspective

From the perspectives of the peer facilitators, the most salient finding was learning to preserve rapport, a strategy which helped them develop greater relational competency, professional satisfaction, and leadership capacity. Socialized to routine task-oriented care, nursing students entered into INAF peer facilitation training with a desire to change participants' eating habits. The prospect of spending time sitting down with, listening to and learning from persons living with eating issues was initially less appealing than acquiring skills relevant to other clinical placements, such as providing influenza immunizations or working at the community methadone clinic. Still, the peer facilitators were open to taking away all they could from the INAF practicum, eventually telling peers at the other placements

about being “happy with the INAF training and experiences” and suggesting “all nursing students could benefit from learning peer facilitation skills.” Figure 1 shows the interrelated aspects of preserving rapport as keeping conversations flowing, reaching common understanding, nurturing “breakthrough” among participants, and knowing the person beyond the eating issue.

Keeping conversations flowing. From the start of the INAF placement, the peer facilitators worried they would say “something that would stop the conversation” or “something that was the wrong thing to say and caused the vulnerable person to suffer.” The facilitators wanted a detailed script for their facilitating role, and were initially dismayed to learn they could not prepare their responses in advance. Some anticipated being uncomfortable with silences and not knowing how to fill them. As they practised mirroring (reflecting what they apprehended back to the person peaking) and asking open questions to better understand each other’s perspectives, the facilitators ascertained they were successful in keeping up conversations. They rated the role play training experiences as the best preparation for the actual INAF sessions. In critiquing their efforts via post session debriefing with group supervisors, the peer facilitators identified many examples of their ability to keep conversations flowing.

Reaching common understandings. Facilitators varied in their capacity to empathize with participants. Factors that influenced the level of facilitator engagement with participants included prior communication courses, length of the INAF clinical placement (e.g., third year basic program and second year double degree students had a 12-week INAF fall placement; fourth year basic students had an eight-week winter placement), and proximity of the INAF placement to acute care placements and graduation. For instance, the second and third year students entering INAF had one prior communication course and minimal acute care experience while fourth year students had two prior communication courses and extensive acute care experiences in medical, surgical, and pediatric settings. The longer placement for second and third year students provided more training and practice in skill development. For the fourth year BN students, INAF was their last clinical placement before perceptorship (working fairly independently alongside an experienced nurse), followed by graduation. They appreciated the value of learning to facilitate INAF groups on campus; however, they were eager to return to familiar task-focused, time-pressed settings characterized by rapid assessment, advice dispensing, and professional façade because these settings offered employment. Despite differences in pre-INAF skill sets and loyalties to acute care settings, the peer facilitators from all years successfully explored eating struggles with participants, reached mutual understanding of events and meanings, and created connections within the groups.

Nurturing breakthrough among participants. Facilitators reported working to establish an atmosphere of trust, engagement, disclosure, and hope. Aware that participants often held maladaptive thought patterns that could not easily be let go, facilitators learned to honour participants’ emotional experiences while coaching participants to identify themes and patterns that no longer worked for them. Facilitators strived to maintain a balance between meeting participants where they were at (e.g., repeating unhealthy patterns) and guiding them toward positive change. To nurture participant breakthrough (“a-ha” moments of sudden progress as a result of new insight), facilitators carefully provided empathy, compassion, insight, and instruction on how to improve self-talk and coping skills. A

participant identified that “the breakthrough information comes from the other participants and when facilitators are completely non-judgmental and have good current information.”

Knowing the person beyond the eating issue. Facilitators used their training to engage in dialogues to elicit deeper participant accounts and better understand the perspectives of participants. Without this engagement, Foucault (1973) has pointed out that the client is seen from the perspective of a "clinical gaze" which reveals disease rather than the suffering or unique person. Nursing philosopher Patricia Benner (2004) similarly calls for nurses to see "another person and not just a scientific examination” (p. 77). As the facilitators’ responses began to mirror the strength and ingenuity of the INAF participants, facilitators saw beyond the eating issues to the persons within—human beings with particular concerns and life experiences.

Summary of outcomes for peer facilitators. The outcomes of preserving rapport through keeping conversations flowing, reaching common understandings, nurturing breakthrough among participants, and knowing the person beyond the eating issue included (a) participants identifying facilitators as “not afraid of the topics or us!” and (b) facilitators letting go of trying to change the participants’ eating habits. To these outcomes, the facilitators voiced feeling they made a difference. Such feelings further helped the peer facilitators develop confidence, professional satisfaction, and leaderships qualities. As a consequence of the challenging interactional work of peer facilitation, facilitators identified a need to practice healthy detachment (the ability to distance from the immediacy of the participants’ concerns, while accepting participants as being exactly where they should be in their life journeys and able to make positive changes only when ready). Debriefing with group supervisors after each INAF session helped peer facilitators release negative tensions and prepare for future sessions.

Discussion

Based on the research results, the introduction of the INAF project to nursing students and persons living with eating issues yielded several benefits. It also warranted some opportunities for further improvement. Benefits to INAF participants included information and support. The establishment of the INAF program in NB (a province without a designated eating disorder treatment facility), and on the campus of the largest university in NB, was an opportunity to support those affected in meaningful ways. Indeed, word of the INAF success spread until, in 2013, one participant (with her parents’ full support) acknowledged having transferred from a university five provinces away to attend the UNB INAF group.

Even though the majority of INAF participants found INAF helpful, especially in terms of information, support, and peer facilitation, they reported their eating issues did not significantly change over the course of the six weekly INAF groups. This is understandable given research and professional opinion that it takes over two months of daily repetitions before behaviour becomes a habit (Dean, 2013; Lally, van Jaarsveld, Potts, & Wardle, 2010).

The key finding that attending INAF facilitated professional help seeking is significant because persons experiencing eating issues often do not seek help. Instead, they minimize or hide symptoms from health professionals (Marks, Beumont, & Birmingham, 2003). Such reticence to seek help has been linked to past experiences wherein providers did not pick up on the eating issues or were dismissive, and to concerns that the eating issue would be ignored, be deemed the person's own fault, or result in stigma and discrimination (Bristow et al., 2011). Willingness to seek professional help conveys the power of INAF in assisting participants to break away from the secrecy and containment of their eating issues. This is a significant first step in behaviour change. Thus, INAF is valuable as a supplementary venue for accessing traditional services of dietary and psychotherapeutic counselling and follow-up medical care

Positive outcomes for peer facilitators included developing greater competency, professional satisfaction, and leadership capacity while learning how to preserve rapport with a highly stigmatized group. To accomplish these ends, facilitators were provided opportunities to build their knowledge of eating issues and available resources and to participate in interdisciplinary training and post-session debriefing with co-facilitators. Receiving timely feedback for their responses in the INAF groups helped peer facilitators reformulate learning goals for subsequent INAF sessions and clinical practice. Post-session debriefing with the co-facilitators added safety as peer facilitators could use the debriefing feedback from co-facilitators without the presence of the evaluating course professor.

As course professor and INAF director, I gave the students ample freedom to set and work toward personal/professional learning goals. Getting started with the INAF program required intense commitment from the peer facilitators even before they knew what it was all about. For example, facilitators were responsible during the first week of clinical for designing and distributing fliers to attract participants to the INAF groups (See Image 1 for a sample flier). The flier needed to appeal to university students and the general public while accurately conveying the message of INAF. Posting the fliers became a group bonding exercise as the peer facilitators worked together to place the fliers on the inside stall doors of every accessible washroom on campus. For this and other INAF activities, peer facilitators and course professor deconstructed and learned from successes and set-backs during regular supervision meetings.

Overall, participating in INAF helped peer facilitators become more authentic practitioners. Interacting naturally with participants and each other enabled them to begin to overcome the limitations of being professionally socialized to not reveal personal opinions to clients. Even though pleased to adopt a more natural style of interacting, facilitators questioned the practicality of sitting down with clients and engaging them in mutual problem solving. They pondered the difficulties of such communication therapeutics within traditional practice settings that were often times task-structured and time pressed. They also believed they would be negatively evaluated by colleagues as slow and less efficient (e.g., engaging in deeper conversations with clients would result in not having all beds made before coffee breaks). Yet, swayed by their enhanced understanding of social determinants and the perceived advantage of seeing the person beyond the disease, the facilitators expressed their strong desire to include the INAF communication style into other clinical practices.

Peer facilitators valued building supportive environments where group norms such as check in, debriefing, listening, and validation of feeling helped to not only "break the ice" but also develop and "protect the rapport" with clients. These aspects of INAF were portrayed in the film in hopes of informing practice in other settings. The peer facilitators who trained after 2013 were able to also learn through viewing the film. As a result of INAF training, peer facilitators recommended the inclusion and expansion of interdisciplinary training and dialogue in their nursing programs.

Further Directions for INAF

The participants of the INAF groups have been mainly students living with eating issues. It is striking that the age of onset for at least one participant was five years—long before entering university and earlier than most commonly reported statistics. This suggests a need for further inquiry with younger populations to gain more comprehensive knowledge of eating issue development and recovery. In addition, the fact that 40-year-old participants sought the offerings of INAF indicates a need for targeted intervention to this age, perhaps through workplace programs.

Expanding INAF to include men was attempted but was successful. It is possible that men do not come forward as INAF participants out of fear of discrimination. The issue of men seeking help for eating issues could be further investigated as recent statistics reveal that 25% of Canadians living with eating disorders are men (Collier, 2013). Few affected men have been identified in treatment settings because men tend to dismiss symptoms or attribute them to other causes such as poor eating habits (Woodside, 2004). Men and boys may suffer in silence or be insufficiently treated when eating disorders continue to be viewed as “female” problems (Soran, 2006).

In the final analysis, INAF provided participants and peer facilitators with a transformed view of self and an understanding of global concerns such as the need for prevention interventions targeting girls, boys, and adolescents. Participants and peer facilitators strongly recommended long-term inclusion of the INAF program at UNB and expansion to other universities.

Conclusion

INAF was designed to address the complexity of eating issues on campus while offering a valuable interdisciplinary practice placement for upper level nursing undergraduate students and graduate students in health programs. The broad based training and student-to-student approach provided non-stigmatizing support and education. With safety the core concern, both participants and facilitators gained comfort exploring challenges of eating and related issues. They grew in their capacity to evaluate information, relate personal perspectives, listen to others’ experiences, provide empathetic understanding, and form social networks. These efforts have informed an important student-to-student service at UNB that attracted and potentially helped retain students.

Acknowledgments

I wish to thank the INAF participants and peer facilitators who shared their experiences and insight; Kathleen Pye, UNB doctoral student, INAF program coordinator; UNB health professionals Dr. Nancy Buzzell, Dr. Jo Ann Majerovich, and Ellen MacIntosh; Daphne Curtis and Ian Miller of Atlantic Mediaworks, Fredericton, NB; and Elizabeth Fry-Rahmanian, Administrative Assistant, School of Graduate Studies and Research and Faculty Development, Faculty of Nursing, UNB. I also thank the anonymous reviewers for their helpful feedback. The research was supported by grants from the Harrison McCain Young Scholars foundation to PI Kathryn Weaver (HMYS#2008, HYMS#2010). The film was supported by an IWK Community Development Grant to Kathryn Weaver (2012).

References

American College Health Association–National College Health Association II. (2013, September 26). *Canadian Reference Group Data Report Spring 2013*. Hanover, MN: American College Health Association. Retrieved from http://www.acha-ncha.org/reports_ACHA-NCHAII.html

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Anstine, D., & Grinenko, D. (2000). Rapid screening for disordered eating in college-aged females in the primary care setting. *Journal of Adolescent Health, 26*(5), 338-342.

Baker, O., Aberson, C. L., Barrow, J.C. & Draper, M. R. (2006). Nature and severity of college students' psychological concerns: A comparison of clinical and nonclinical national samples. *Professional Psychology: Research and Practice, 37*(3), 317-323. doi: *dx.doi.org/10.1037/0735-7028.37.3.317*

Benner, P. (2004). Seeing the person beyond the disease. *American Journal of Critical Care, 13*(1), 75-78. http://www.medscape.com/viewarticle/468790

Bristow, K., Edwards, S., Funnel, E., Fisher, L., Gask, L., Dowrick, C., & Chew Graham, C. (2011). Help seeking and access to primary care for people from “hard-to-reach” groups with common mental health problems. *International Journal of Family Medicine, 2011*, Article ID 490634, 10 pages. doi:10.1155/2011/490634. Retrieved from http://www.hindawi.com/journals/ijfm/2011/490634/#B11

Collier, R. (2013). Treatment challenges for men with eating disorders. *Canadian Medical Association. Journal, 185*(3), 137-138. doi:10.1503/cmaj109-4363

Dean, J. (2013). Birth of a habit. *Making habits, breaking habits: Why we do things, why we don’t, and how to make any change stick.* (pp. 1-13). Boston, MA: Da Capo.

Deziel, S. (2011, November 3). Big brains: Big danger. Universities are "perfect incubators" for mental illness. *Macleans Magazine*. Retrieved from *http://www.macleans.ca/education/uniandcollege/big-brains-big-danger/*

Foucault, M. (1973). *The birth of the clinic.* London, England: Tavistock.

Gallagher, R. P., Gill, A. M., & Sysco, H. M., (2000). *National survey of counseling center directors 2000.* Alexandria, VA: International Association of Counseling Service.

Hoerr, S.L., Bokram, R., Lugo, B., Bivins, T., & Keast, D.R. (2002). Risk for disordered eating relates to both gender and ethnicity for college students. *Journal of the American College of Nutrition, 21*(4), 307-314.

Hudson, J.I., Hiripi, E., Pope, H.G. Jr, & Kessler, R.C. (2007). The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry, 61*(3), 348-358.

Lally, P., van Jaarsveld, C. H. M., Potts, H. W. W. & Wardle, J. (2010), How are habits formed: Modelling habit formation in the real world. *European Journal of Social Psychology, 40*, 998–1009. doi: 10.1002/ejsp.674

Marks P, Beumont P, & Birmingham CL. (2003). GPs managing patients with eating disorders. A tiered approach. *Australian Family Physician, 32,* 509-514.

Meyer, D. (2005). Psychological correlates of help seeking for eating-disorder symptoms in female college students. *Journal of College Counseling, 8*, 20-30.

Shaffer, P. A.., Vogel, D.L. & Wei, M. (2006) The mediating roles of anticipated risks, anticipated benefits, and attitudes on the decision to seek professional help: An attachment perspective. *Journal of Counseling Psychology*, *53*(4) 442-452.

Sira, N., & Pawlak, R. (2010). Prevalence of overweight and obesity, and dieting attitudes among Caucasian and African American college students in Eastern North Carolina: A cross-sectional survey. *Nutrition Research and Practice, 4*(1), 36-42.

Soet, J., & Sevig, T. (2006). Mental health issues facing a diverse sample of college students: Results from the College Student Mental Health Survey. *National Association of Student Personnel Administrators Journal, 43*(3), 410-431.

Soran, C. (2006). What about the boys? Addressing issues of masculinity within male anorexia nervosa in a feminist therapeutic environment. *International Journal of Men's Health, 5*, 251–267.

Thome, J. (2004). Relations among exercise, coping, disordered eating, and psychological health among college students. *Eating Behaviors, 5*(4), 337-351.

Uffelman, R. A & Hardin, S.I. (2002) Session limits at university counseling centers: Effects on help-seeking attitudes. *Journal of counseling psychology, 49*(11), 127-132.

Vogel, D.L, Wade, N.G. & Haake, S. (2006). Measuring the self-stigma associated with seeking professional help. *Journal of Counselling Psychology, 53*(3), 325-337.

Wonderlich-Tierney, A.L., & Vander Wal, J.S. (2010). The effects of social support and coping on the relationship between social anxiety and eating disorders. *Eating Behaviors, 11*(2), 85-91.

Woodside, D. B., Bulik, C. M., Thornton, L., Klump, K. L., Tozzi, F., Fichter, M. M., et al. (2004). Personality in men with eating disorders. *Journal of Psychosomatic Research, 57*, 273–278.

Author Biography

Dr. Kathryn Weaver (kweaver@unb.ca) received her undergraduate education at Dalhousie University; Master's degree at University of New Brunswick; PhD (Nursing) at University of Alberta; and postdoctoral fellowships through the International Institute for Qualitative Methodology and Alberta Heritage Foundation for Medical Research. She is Associate Professor with the University of New Brunswick, Nurse Psychotherapist with an independent practice counseling individuals experiencing

eating and related issues, and UNB Representative for Atlantic Region of Canadian Association of Schools of Nursing. Her “It’s Not about Food” teaching-research-practice initiative, aims to acquire and disseminate deep understanding of recovery from eating issues to ultimately raise public awareness and professional engagement in reducing barriers to support for those affected.