

## **Acceptability of teacher-led school-based body image interventions: Perspectives from teachers and students in the UK.**

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## Abstract

Teacher and student acceptability of school mental health interventions is crucial to uptake, engagement, and effectiveness. Yet, acceptability is often unreported in intervention trials. This research assessed the acceptability of two teacher-led body image interventions shown to be effective in UK schools; *Dove Confident Me Single Session* (Study 1) and *Dove Confident Me Five-Session Workshop Series* (Study 2). In Study 1, qualitative and quantitative written acceptability feedback from 1,683 students who received, and 20 teachers who delivered, *Dove Confident Me: Single Session* were analysed. In Study 2, qualitative and quantitative written acceptability feedback from 582 students and 15 teachers who participated in *Dove Confident Me: Five-Session Workshop Series* were analysed. Across both studies, a subsample of 24 teachers and 127 students also took part in focus group discussions post-intervention, which were analysed thematically. Results showed support for teacher and student acceptability of both interventions. Teachers and students agreed the target age range was appropriate (11-14 years). Acceptability ratings were significantly higher among girls than boys. Study 2 found student acceptability was significantly higher when the intervention was delivered by specialist health and well-being teachers, rather than non-specialist teachers. Insights gained from this study were instrumental in optimising the interventions prior to successful broad scale dissemination. The findings will assist those looking to task-shift the delivery of school-based mental health interventions to teachers.

**Keywords:** acceptability, body image, intervention, mental health, task-shifting, schools

## Introduction

Body image concerns are pervasive among adolescents across the world (Al Sabbah et al., 2009). In the UK, 60% of adolescents experience body dissatisfaction [redacted]. Body image concerns prospectively predict poor social, physical, and psychological health outcomes for young people (Bornioli et al., 2019; Goldschmidt et al., 2016; Griffiths et al., 2017; Kaltiala-Heino et al., 2016). Additionally, there is evidence that body image concerns also impact educational outcomes (Halliwell et al., 2014). In 2017, the Youth Select Committee of the British Youth Council explored the topic in detail, after it was identified as one of the most pressing issues facing adolescents in the UK (British Youth Council, 2017).

The school setting has been identified as an ideal environment for the dissemination of mental health interventions (Patel et al., 2013). School-based interventions offer opportunities to reach a broad audience of adolescents at a developmentally appropriate age, at a place where they are primed to learn (Levine & Smolak, 2006). Perhaps most importantly, the prospect of utilising school-teachers as community providers of mental health interventions offer unprecedented opportunities for dissemination on a scale not possible via facilitation by health care professionals alone (Kazdin & Blaze, 2011). Encouragingly, three systematic reviews have identified several body image interventions that have yielded significant improvements when delivered in classroom settings (Chua et al., 2020; Kusina & Exline, 2019; Yager et al., 2013). However, the vast majority of these interventions rely on highly trained external providers (Patel, 2012; Sharpe et al., 2016). To circumvent this barrier to dissemination, research has begun exploring the effectiveness of task-shifting delivery of school-based body image interventions to schoolteachers, with positive results (redacted; Sharpe et al., 2013), even when compared to the same intervention delivered by body image expert providers (Buerger et al., 2019; redacted). These findings are promising, not only because this method of dissemination fits with current frameworks

utilised in schools to deliver mental health material (Formby et al., 2011; Formby & Wolstenholme, 2012), but as it offers a potentially more cost-effective and sustainable dissemination strategy.

If widescale dissemination of evidence-based programmes is to be considered the end goal of intervention research, effectiveness results such as those described above must be supplemented with an acute understanding of acceptability among key stakeholders. Acceptability research is vital in understanding whether intervention strategies have social validity and are seen as viable, helpful, and desirable among key stakeholders (American Psychological Association, 2002; National Association of School Psychologists, 2020). Without acceptability among key stakeholders, even the most effective of interventions are likely to go unutilised, as demonstrated by conceptual models such as Eckert & Hintze (2000) and further supported by empirical support (Allinder & Oats, 1997; Dart et al., 2012; Mautone et al., 2009). Interventions that are acceptable among stakeholders are more likely to be utilised, implemented with integrity, and produce stronger outcomes (Sekhon et al., 2017).

Despite its importance, acceptability research is lacking across school intervention literature broadly. A systematic review in 2020 identified that less than half of school-based intervention studies included an assessment of acceptability (Silva et al., 2020), with acceptability of mental health interventions particularly seldom reported. Within the body image field, acceptability of school-based interventions is also lacking. While some research studies provide quantitative findings of acceptability (redacted; Sharpe, et al., 2013), very few provide richer qualitative findings. Recently, two papers have been published which have reported on qualitative explorations of body image interventions for adolescents: Jarman et al. (2021) reported qualitative findings relating to a school-based cognitive dissonance programme in the UK, and Garbett et al. (2021) reported both qualitative and quantitative findings related to a school-based body image programme in urban India. These papers are

particularly helpful in identifying and making recommendations on how to improve intervention acceptability in schools, over papers that report purely descriptive quantitative findings. Sharing, and learning from, qualitative findings from acceptability research may provide a fruitful avenue from which to address implementation barriers (Long et al., 2016), thus centring acceptability as a key component of implementation science (Proctor et al., 2011).

### **Dove Confident Me**

One of the most established evidence-based body image interventions designed for teacher-led delivery is *Dove Confident Me* (hereafter referred to as *Confident Me*). The intervention comprises two versions: ‘*Confident Me: Single Session*’ (90-minutes; [redacted]), and ‘*Confident Me: Five Session Workshop Series*’ (5 x 45-minutes; [redacted]). Multi-session interventions generally show the most sustained improvements in body image and related outcomes (Yager et al., 2013). However, single session interventions also show short term improvements (Alleva et al., 2015; Kusina & Exline, 2019), and are often the preferred, or the only viable, option when scheduling lessons in crowded school curriculums (PSHE Association, 2020). A randomised controlled trial evaluating *Confident Me: Single Session* delivered by schoolteachers with minimal training (i.e., two hours face-to-face training by psychologists) in coeducational classrooms showed immediate improvements in girls’ body esteem, and reduced negative affect, dietary restraint, eating disorder symptoms and appearance-related life disengagement for girls and boys [redacted]. Moreover, schoolteachers were found to provide more effective delivery than external providers (i.e., trained psychology researchers). *Confident Me: Five-Session Workshop Series* conferred similar, but more sustained, improvements [redacted]. To date, *Confident Me: Five-Session Workshop Series* has been found to produce the longest sustained improvements conferred by

a teacher-led body image intervention. In both trials, intervention fidelity was objectively assessed and deemed acceptable (redacted; redacted).

In both UK trials, *Confident Me* was delivered as intended by schoolteachers [redacted, redacted]. Brief quantitative written student feedback collected via post-intervention questionnaires during the five-session intervention trial suggested teacher-led delivery was acceptable to students [redacted]. However, stringent word limits across journal outlets hindered the authors ability to report more comprehensively the wealth of acceptability data collected. During the *Confident Me* UK trials, an iterative process of refining the intervention was undertaken during, between, and after each trial based on feedback from students, teachers and education professionals. Until now, this has remained unpublished.

The purpose of the current study, therefore, is to present novel acceptability findings from the *Confident Me* randomised controlled trials conducted in the UK. By sharing this knowledge with the wider research community, we hope to provide practical insights for other researchers and organisations considering task-shifting the delivery of school mental health interventions to schoolteachers, to aid scalability (Kazdin & Blaze, 2011). Few studies assessing acceptability report qualitative findings, limiting the ability for others researchers to learn what aspects of teacher-led delivery might be problematic and require careful consideration.

Study 1 reports on the acceptability of *Confident Me: Single Session*. Teacher acceptability findings are presented, along with student feedback, stratified by gender and year group. Gender differences in acceptability were considered important due to gender differences in intervention outcomes [redacted] and in their experiences of body image and mental health more broadly (redacted; Rosenfield & Mouzon, 2013). Year group differences were exploratory in nature, due to anecdotal evidence throughout the trial that year group

differences in student behaviour and engagement were present. Our specific research questions (RQ) for Study 1 were: 1) Is *Confident Me Single Session* an acceptable teacher-led body image intervention for schoolteachers and students? 2) Does student acceptability differ by gender or year group? and, 3) How can teacher-led, school-based body image interventions be optimised?

Study 2 reports on the acceptability of *Confident Me: Five-Session Workshop Series*, which was optimised based upon the findings of Study One. These findings also include teacher and student feedback, with student feedback stratified by gender and teacher specialism. Like Study 1, gender was considered due to intervention outcome differences in this regard [redacted]. The nature of the recruited schools for Study 2 further enabled us to consider student acceptability differences when the intervention was delivered by specialist or non-specialist schoolteachers. This was deemed an important research question due to the growing evidence that specialist schoolteachers engender greater intervention effects than non-specialist teachers (Chua et al., 2020; Formby et al., 2011), despite UK schools often opting for non-specialist provision (Formby et al., 2011). Our specific RQ's for Study 2 were therefore: 1) Is *Confident Me Five Session Workshop Series* an acceptable teacher-led body image intervention for schoolteachers and students? 2) Does student acceptability differ by gender or teacher specialism? And, 3) How can teacher-led, school-based body image interventions be further optimised?

## **STUDY 1**

### **Method**

#### **Design**

An explanatory sequential mixed-methods design was used to answer the research questions, with quantitative methods supplemented with qualitative methods to enhance and

explain the quantitative component. For RQ1 and 2, quantitative methods were utilised, in order to provide a comprehensive assessment of acceptability across the students taking part in the research. For RQ 3, qualitative focus groups were conducted, in order to understand at a deeper level opportunities for optimisation.

The current study was nested within a randomised controlled trial (see [redacted]). The trial consisted of three arms: a researcher-led intervention arm, a teacher-led intervention arm, and a lessons-as-usual control arm. The findings presented in the current study are based upon participants randomised to the teacher-led intervention arm of the trial only. For the quantitative aspect of the study, all students who took part in the teacher-led intervention arm of the trial were asked to complete a series of written, Likert scale acceptability questions. For the qualitative aspect of the study, most facilitating schoolteachers and a subset of students from the teacher-led intervention arm of the trial took part in focus groups.

## **Participants**

Two schools in South-West England were randomised to the teacher-led intervention arm of the trial. Both schools were publicly funded academies, with average or below average proportion of students claiming free school meals (a proxy for workless families and families with one part-time worker only). Both schools were rated as ‘good’ by the Office for Standards in Education, Children’s Services and Skills (OFSTED).

*Teachers.* A total of twenty teachers across the two schools volunteered to deliver the intervention to their Year 7 and Year 8 classes. All schoolteachers provided written acceptability feedback and eight took part in focus groups (due to teacher availability). Two schoolteachers (from the same school) were specialist health and well-being teachers and delivered *Confident Me: Single Session* multiple times to different classes. These schoolteachers completed written feedback after each session (i.e., they gave written feedback multiple times). The remaining 18 teachers were schoolteachers with other



specialities (e.g., maths, history, English), and each delivered the intervention once during the trial, providing written feedback once.

*Students.* A total of 683 students (50.2% girls,  $M_{age} = 12.21$  years, range 11-14,  $SD = 0.77$ ) completed written feedback on acceptability of the intervention, which has not been previously reported. Participating students were predominantly White (80.2%) and born in the UK (87.8%). A subsample of students ( $n = 34$  girls,  $n = 32$  boys) was selected by their schoolteachers to take part in acceptability focus groups, evenly split across the two schools. Schoolteachers were requested to select students from a range of backgrounds and ability levels.

### **Intervention**

The development and content of Confident Me: Single Session is described in detail elsewhere [redacted]. In summary, the intervention was derived from evidence-based body image intervention for girls called Happy Being Me (Bird et al., 2013; Richardson & Paxton, 2010). Happy Being Me was adapted and modified to fit within a single 90-minute session, and be suitable for mixed-gender classes. The materials were updated to include content on social media, and to be delivered by teachers (prior research with Happy Being Me had utilised external specialist providers). Briefly, the content of the workshop covered: identifying the costs associated with trying to match appearance ideals, media literacy, and developing ways to avoid and challenge the process of making appearance comparisons. It is designed to be student-led, interactive, and guided by the principles of cognitive dissonance, media literacy skills, and skills-based learning. The session involves group work, whole class discussion, role play, short video content, and written responses via activity sheets.

Prior to the present trial, pilot testing of the resources was undertaken across two classes in one school in South-West England (distinct from the two schools reported on in this paper), with all three authors acting as facilitators and observers to provide feedback on

the session via interviews. Participating students provided feedback via questionnaires. Further iterations to the content and teacher resources were made at this point based on student and teacher feedback. This process finalised the resources that were utilised in the present trial. The resources supplied to schoolteachers in the present trial included; a teacher guide, PowerPoint presentation slides, and student worksheets. Schoolteachers received two hours of face-to-face training by the study authors covering the topic of body image, session format, key objectives, and tips for effective delivery. The trial took place in May 2014.

### **Procedure**

The trial took place in April-May 2014. Schoolteachers provided written feedback immediately after they delivered the intervention, and subsequently took part in focus group discussions 1-4 weeks later. Schoolteacher focus groups were conducted separately by school. Written acceptability feedback was obtained from students alongside standardised outcome measures as part of the post-intervention assessment of trial effectiveness at immediate post-intervention. Student data collection was conducted under standardised conditions with researchers and teachers present. A subset of students took part in single-gender, semi-structured focus groups of 6-10 students up to one-week post-intervention. All focus groups were facilitated by body image researchers with in-depth knowledge of the intervention, and were audio recorded and transcribed verbatim.

### **Measures**

*Written teacher feedback.* Teacher feedback forms assessed enjoyment of, and confidence in, delivering the workshops; perceived usefulness of the resources; and the extent teachers felt they achieved the learning objectives of the workshops, using five-point Likert scales (1 = *not at all* to 5 = *very much*). Space was provided for teachers to note any additional comments about the workshop (e.g., what they liked, what they would change).

*Written student feedback.* Using five-point Likert scales (1 = *not at all* to 5 = *very much*), students reported perceived enjoyment, helpfulness, understanding, comfort, and importance of the workshops.

*Focus groups.* Semi-structured interview schedules were used to facilitate both teacher and student groups. Focus groups took place in an empty classroom of each school, usually during lesson time. No incentives for participation in these focus groups were offered. Teachers and students were made aware prior that they could choose to say as much or as little as they wished, and do not have to answer anything they do not wish to. Focus group guides were similar for both teachers and students, and were developed with pragmatism in mind (i.e., centred around discussion around elements of the intervention that could be modified in order to improve acceptability and/or effectiveness). Focus group guides began with a discussion of prior teaching or learning relating to body image for both teachers and students, respectively. For teachers, this led onto a discussion regarding their experience of preparing for the session (i.e., time spent, usefulness of resources). Next, focus groups for teachers and students centred around the actual lesson delivery: for teachers, questions were posed around workshop delivery; for students, questions related to participation. Following this, discussions addressed any difficulties or challenges faced during delivery/participation, and the relevance of body image among the target age group (Year 7 and 8 students). Finally, both teachers and students were given the opportunity to offer recommendations to improve the workshop in the future. Focus group schedules are in the Supplementary Materials.

### **Data analysis**

*Quantitative analysis.* Analyses were conducted using IBM SPSS Statistics Version 25. For each item, Likert scale scores between 3 and 5 were collapsed to indicate at least moderate endorsement of an item (e.g., ‘was the session guide clear?’). Overall means and standard deviations were also calculated for students across items, and independent t-tests

were conducted to determine any student differences by gender and year group. To account for multiple testing, and reduce the change of Type 1 errors, the p-value was set to 0.01.

*Qualitative analysis.* Focus groups were analysed by the first author using qualitative codebook thematic analysis informed by the work of Fereday and Muir-Cochrane (2006). The coding book was created using a deductive approach initially, which was later supplemented with an inductive approach, a process well aligned to the pragmatic nature of the study epistemology (Roberts et al., 2019). The research questions, along with the focus group schedule and identification of initial themes, formed the basis from which the coding book was developed (deductive component). This was supplemented with further refinement to the codebook during early phases of the coding process whilst interpreting the data. This allowed for unexpected themes or occurrences in the data to be explored within the analysis (inductive component). All codes were discussed between the authors, and inclusion criteria for each specified. The codebook was then applied to the dataset and agreed upon by all study authors. Due to significant overlap between codes across students and teachers (unsurprising given that all the research questions applied to both groups, and the similarity between the focus group schedules), data was triangulated for reporting (Denzin, 1978).

## **Results**

### **RQ 1. Is *Confident Me Single Session* an acceptable teacher-led body image intervention for schoolteachers and students?**

Almost all schoolteachers reported following the teacher guide closely (97%; this corroborates objective intervention fidelity assessments, verified through high inter-rater reliability, reported elsewhere; redacted), achieving the learning objectives (97%), and feeling confident during delivery (97%). Almost all schoolteachers felt confident that students displayed understanding of the key topics (97%). Most schoolteachers reported that the session guide was clear (90%), and that students were engaged (90%).

Most students reported paying attention in the session (92.7%), understanding the content (93.2%), and that the session was taught well (95.4%). Many students felt it was important for people their age to take part in *Confident Me* (91.7%), with many reporting that they would recommend the session to a friend (83.8%). Just over three-quarters of students reported enjoying the session (78.5%), with slightly fewer students also feeling that the sessions made them feel better about themselves (73.7%). Most students reported feeling comfortable (88.1%) during the session. Means and standard deviations across all items are presented in Table 1.

**RQ2. Does student acceptability of *Confident Me Single Session* differ by gender or year group?**

Significant differences between genders were found across all but one acceptability items. Girls compared to boys reported significantly greater enjoyment, perceived helpfulness, understanding, attention paid, lesson importance, teacher competence, and likelihood to recommend *Confident Me* to a friend (Table 1). With respect to year level, no significant differences between groups were found.

**RQ3. How can teacher-led, school-based body image interventions be optimised?**

Focus groups lasted between 21-26 minutes with schoolteachers, and between 24-51 minutes with students. Overall, schoolteachers and students agreed that body image is an important topic to learn about in school and felt the intervention was useful in improving body confidence. Feedback regarding the relevance of the intervention for this age group (11-14) was mixed. Some schoolteachers felt the topic was better suited to an older age group, whereas the majority of students felt it was an important topic to learn about at their age due to the current pressures they face, or to arm them with tools to resist pressure in later life. There was general agreement among schoolteachers and students that the session was more relevant to girls than boys. When asked about the format and style of the session,

schoolteachers felt rushed to cover all the content in the allocated time and students felt they were not given enough time to discuss the concepts. Students reported feeling comfortable enough to share their opinions with the class. However, some students, particularly girls, would have preferred some activities to be completed among single-gender groups (e.g., describing appearance ideals for girls and boys). Finally, schoolteachers found the teacher guide complicated to follow during session, partly due to the volume of content provided in the guide. Students and schoolteachers reported liking the student facing resources overall; however, some teachers did not think the activity sheets were accessible for all abilities. Illustrative quotes along with subsequent adaptations to the intervention based on this feedback is summarised in Table 2.

## **STUDY 2**

Key learnings from Study 1 were integrated into new versions of the single-session, as well as the five-session version of *Confident Me*, prior to the effectiveness trial of the five-session version. Specifically, more relevant content for boys was incorporated (e.g., videos were updated to feature boys as well as girls), as well as recommendations for single-gender discussion for some activities to enhance student comfort. The teacher guide was reformatted to increase usability: this included the use of columned formatting (rather than walled text), coloured text to separate different pieces of information, and the use of graphics and icons to guide the user. The amount of content was also reduced to allow for more student interaction. A small pilot study at one school in South-West England was subsequently conducted, to check initial acceptability of *Confident Me: Five-Session* among teachers and students (independent of the schools presented in this paper). In this pilot study, two teachers delivered the five sessions to six Year 7 and six Year 8 classrooms, with all participating students providing written acceptability feedback, and teachers providing extensive verbal

feedback after each session. Similar to the single-session, adaptations to the five-session intervention were made following the pilot, prior to the trial commencing.

The main trial evaluation of the five-session *Confident Me* intervention reported brief quantitative acceptability feedback from students [redacted]. In summary, *Confident Me: Five-Session Workshop Series* was deemed acceptable to students in terms of enjoyment, effectiveness, understanding, comfort, and teacher competence. In this paper, we sought to examine these findings in more detail, by investigating gender and facilitator differences, as well presenting novel focus group data from students. Further, we report on qualitative feedback received from teachers during focus group discussions on their acceptability of the intervention.

## **Method**

### **Design**

A similar study design to Study 1 was employed to assess the acceptability of *Confident Me: Five-Session Workshop Series*. The research team were satisfied based on the results of [redacted] that schoolteachers could be effective facilitators of the intervention with appropriate training. Therefore, this trial consisted of two arms; a teacher-led intervention arm and a lessons-as-usual control arm. Acceptability data from students and schoolteachers in the intervention arm of the trial are included in the present study, while the effectiveness results are published in [redacted].

### **Participants**

Four schools in London and South-West England were randomised to the teacher-led intervention arm. All schools were publicly funded academies, with average or below average proportion of students claiming free school meals. All schools were of a similar size and were rated 'good' by OFSTED. Unlike Study 1, for timetabling reasons, each school delivered the intervention to Year 7 students (two schools) or Year 8 students (two schools) only.

*Teachers.* Fifteen schoolteachers provided written feedback and took part in a focus group; one schoolteacher provided written feedback only; one schoolteacher took part in a focus group but did not give written feedback. Of the total sample of 17 teachers, two were the same two specialist health and well-being schoolteachers who took part in Study 1; these schoolteachers delivered the five-session intervention multiple times during the trial to different classes. The remaining fifteen schoolteachers came from a variety of teaching backgrounds with little to no prior experience of delivering body image lessons. Each of these schoolteachers delivered the five-session intervention once.

*Students.* Written feedback was obtained from 582 students (50.3% girls,  $M_{age} = 11.80$  years, range 1-13,  $SD = 0.67$ ). Participating students were predominantly White (76.8%) and born in the UK (84.5%). Across the four participating schools, 61 students ( $n = 31$  girls,  $n = 30$  boys) also took part in focus groups.

## **Intervention**

Confident Me: Five-Session Workshop Series is an extended version of Confident Me: Single Session. The first three sessions map onto the three core themes of the single-session intervention (i.e., costs of pursuing the appearance ideal, building media literacy, and challenging the process of comparisons). Session four focuses on challenging problematic appearance-based conversations and session five encourages students to take part in body activism. The five-session intervention is described in detail in [redacted]. The five-session version relies on the same techniques as the single-session (i.e., cognitive dissonance, building media literacy, and skills based-learning), and is taught in a similar manner (i.e., via group work, whole class discussion, role play, short video content, and written responses).

## **Procedure**

The trial took place in November-December 2014. The procedure for collecting acceptability feedback from schoolteachers and students was as per Study 1, although data



were collected at slightly different time points. For schoolteachers, written feedback was collected at the end of each session, with each schoolteacher providing feedback up to five times (i.e., written feedback was requested separately for each of the five sessions; those schoolteachers delivering the sessions to multiple classes were only requested to complete one feedback form per session). Schoolteachers were invited to take part in a focus group after all five sessions were complete. For pragmatic reasons, students completed written acceptability feedback up to one week after receiving the fifth and final session, rather than immediately after the intervention.

### **Measures**

Measures were as per Study 1. The only difference being that teachers were not asked to self-report how closely they followed the session guide. Instead, this was measured objectively only. Fidelity was rated as acceptable, and verified via high inter-rater reliability (redacted).

### **Data Analysis**

Quantitative and qualitative analyses were conducted as per Study 1. However, rather than considering year group differences (which would have been confounded by school in this study), we sought to investigate any student acceptability differences depending on teacher specialism. To do this, we compared quantitative findings from Year 7 students from the school that had the specialist schoolteacher's deliver the sessions, with Year 7 students from the school that did not have specialist schoolteachers, using independent t-tests. This analysis is also confounded by school; however, both schools delivering the intervention to their Year 7 were similar in terms of being semi-rural publicly funded academies, students being of similar socioeconomic background, and with comparable school standards according to governing UK body OFSTED.

## Results

### **RQ 1. Is *Confident Me Five Session Workshop Series* an acceptable teacher-led body image intervention for schoolteachers and students?**

A total of 66 feedback forms were completed by schoolteachers, split evenly across the five sessions. The vast majority of schoolteachers reported the session guides were clear (93.7%), helpful (95.4%), and that they felt confident in their delivery (90.9%). Many schoolteachers enjoyed delivering the sessions (87.9%) and felt the learning objectives were achieved (93.8%). Overwhelmingly schoolteachers reported that students appeared engaged (93.8%), displayed understanding (93.8%), and perceived to enjoy the sessions (92.4%).

Most students reported paying attention (84.1%), understanding the sessions (80.6%), and felt the sessions were taught well (84.6%). A similar percentage felt it was important for people their age to take part in sessions like *Confident Me* (81.2%). Over two-thirds of students stated that they would recommend *Confident Me* to a friend (69.5%) and reported enjoying the sessions (70.1%). The majority of students reported the sessions made them feel better about themselves (62.8%) and felt comfortable during the session (79.2%).

### **RQ2. Does student acceptability of *Confident Me Single Session* differ by gender or teacher specialism?**

Significant differences between genders were found for three acceptability items. Girls compared to boys reported significantly greater attention paid, perceived importance, and likelihood to recommend *Confident Me* to a friend. See Table 3.

Significant differences across all acceptability items were found between Year 7 students taught by specialist schoolteachers and Year 7 students taught by non-specialist schoolteachers. Students taught by specialist schoolteachers compared to students taught by non-specialist schoolteachers reported significantly greater enjoyment, perceived helpfulness, understanding, and reported paying more attention. They also reported feeling more

comfortable, felt the schoolteacher was more competent, felt the workshops were important, and were more likely to recommend the workshops to a friend. See Table 3.

### **RQ3. How can teacher-led, school-based body image interventions be further optimised?**

Focus groups lasted between 16-39 minutes with schoolteachers, and between 18-43 minutes with students. Overall, the feedback from schoolteachers and students was more positive than Study 1, indicating the changes made as a consequence of Study 1 were beneficial. As with Study 1, both schoolteachers and students deemed the topic of body image valuable to learn about at school. The content was deemed age appropriate, but it was recommended to allow schools some flexibility as to when it should be delivered to their particular students. Unlike Study 1, schoolteachers and students felt the sessions were relevant and useful for girls and boys. Similar to Study 1, students reported feeling comfortable during the lessons. It was noted that many schoolteachers naturally chose to group students in their friendship groups to aid comfort levels. Finally, feedback regarding the format and style of the sessions were greatly improved compared to Study 1, especially among schoolteachers. Students reported they were able to express their opinions. Some schoolteachers reported feeling rushed during some sessions; however, the teachers who also had participated in Study 1 noticed an improvement regarding the pacing of the sessions. Schoolteachers spoke positively about the resources, particularly regarding some of the changes made since Study 1, such as the newly structured teacher guide. Students again reported liking the student facing resources; one critique however was that the models/actors depicted in the PowerPoint slides were not diverse enough. Illustrative quotes with subsequent adaptations to the intervention based on this feedback is summarised in Table 4.

## **General Discussion**

This study drew upon acceptability data collected during two large-scale cluster randomised controlled trials evaluating a single-session and five-session version of a body image intervention for adolescents, *Confident Me* [redacted, redacted]. *Confident Me* was found to be an acceptable intervention for both schoolteachers and students, and the findings have been instrumental in optimising the intervention to enhance intervention uptake from teachers, and engagement from students.

### **Intervention acceptability**

The majority of schoolteachers felt confident delivering *Confident Me*, and able to achieve the learning objectives. Furthermore, most schoolteachers felt the resources for *Confident Me* (the teacher guide, the PowerPoint presentation slides, and the student worksheets) were clear and easy to understand. Despite these positive responses, a significant challenge in the development of the *Confident Me* resources has been navigating the tension between evidence-based practices, the manualised format of the intervention, and schoolteachers' individual pedagogy, a similar problem well documented in clinician's usage of manualised interventions (Addis & Krasnow, 2000; Eifert et al., 1997; Wilson, 2007). Some schoolteachers responded positively to the detailed session guides, whereas others preferred less information. This is perhaps indicative of personal preference or individual teaching styles, or the wide variability among schoolteachers regarding prior training on the delivery of mental health curriculum in the classroom (Dewhirst et al., 2014). The *Confident Me* resources were developed to empower schoolteachers to adapt the language and structure of the sessions to suit student's needs, whilst remaining faithful to the interventions' key components (i.e., creating opportunities for students to engage in cognitive dissonance and building media literacy skills). However, schoolteacher uncertainty regarding what could be adapted was a key finding from this study. Notably, schoolteachers often aimed to achieve everything in a session, even if short of time. Whilst recognising this finding could have been

a consequence of the schoolteacher's commitment to the research trial (thus overly concerned about delivering the sessions as intended), it prompted further refinement of the session guide. Further clarity is now provided regarding which tasks are essential aspects to cover (for effectiveness), while allowing schoolteachers the ability to adapt the intervention (e.g., activity formats, language) to the specific needs of their classroom. The guide was adapted so essential information was easily identifiable on each page, with additional notes and explanations present but distinctly separate to not clutter the page or distract from the core content. The teacher guides were further updated to include graphic indicators to highlight which tasks were core activities (defined as the most potent activities in each session), versus optional activities. For particularly engaged or vocal classrooms where teachers are unable to cover all the content, schoolteachers now have clear guidance on the most important activities to complete, from an evidence-based perspective.

The face-to-face training was acknowledged as an important aspect of training for schoolteachers. This aligns with previous research that has found schoolteachers value interactive, expert-led training in relation to mental health education (Cotton, 2016; Shelemy et al., 2019). Face-to-face training is not conducive to the development of scalable sustainable school-based interventions (Formby et al., 2011) so careful consideration had to be given to this finding. In response to this, a series of online training videos were developed to supplement the remaining teacher resources. These videos are available for free at [dove.com/selfesteem](https://dove.com/selfesteem) and seek to replicate the informal, conversational nature of the face-to-face training delivered to the schoolteachers as part of this trial. The videos include an overview of body image during adolescence, expert advice on how to deliver the workshops, as well as tips for dealing with challenging questions and situations during intervention delivery.

The majority of students reported enjoying the sessions (over 70% in each study) and found them helpful (over 60% in each study). These findings are similar to a previous evaluation of a teacher-led body image intervention in the UK (Sharpe et al., 2013), and more positive than acceptability ratings observed for other health and well-being classes delivered in secondary schools. For example, a small-scale study in the UK asked secondary school students to rate the usefulness of their health education classes, with the majority of students feeling such classes were useless (Wakefield & Pumfrey, 2009). It is unclear why this study and others (Sharpe et al., 2013) have received more positive feedback from students; it could be the topic of body image, the interactive format of the lesson, or the video stimulus which was identified as particularly likeable among students.

### **Differences in student acceptability**

Investigation of the acceptability responses by gender, year group, and teacher specialism provided useful insights into how to further optimise the intervention for some groups. In the single session trial (Study 1), boys consistently rated the workshops lower than girls on all acceptability items with the exception of comfort levels. Qualitatively, boys reported they felt the workshop materials lacked representation of boys in the stimuli imagery and example scenarios. Based on these findings, more examples relevant to boys were integrated (e.g., in the role plays and videos) for both the single session and five-session version of *Confident Me*, prior to Study 2. Encouragingly, fewer acceptability measures differed by gender during the evaluation of the five-session trial (Study 2); namely, gender differences in enjoyment, understanding, helpfulness and perceived teacher competence were eliminated. Gender differences remained in Study 2 for attention paid, perceived importance, and likelihood to recommend the workshop to a friend. This persistent gender difference is perhaps unsurprising. Body image is a gendered issue, disproportionately impacting adolescent girls more so than boys [redacted]. Additionally, previous research has shown that

girls are more likely than boys to want to participate in, and benefit from, body image interventions (Chua et al., 2020; Stice et al., 2007). This may be due to developmental differences between genders in emotion regulation and expression (Chaplin & Aldao, 2013; Silk et al., 2003), with adolescent boys more likely than girls to use avoidance or passivity to regulate emotions (Blanchard-Fields & Coats, 2008).

Study 1 examined year group differences in acceptability findings, failing to find any differences. Qualitative feedback from schoolteachers corroborated this finding with many schoolteachers agreeing that both Year 7 and 8 is a worthy time to engage adolescents in body image curriculum. There was general agreement that early intervention was useful, prior to increased pressure in later life. The academic evidence would suggest this is important, too. For example, a longitudinal study of UK adolescents found body esteem in early adolescence to be predictive of body esteem in later adolescence [redacted], suggesting early intervention is preferential, before such concerns become engrained.

The composition of schoolteachers who participated in the five-session trial (Study 2) provided an opportunity to consider student acceptability differences between specialist and non-specialist teacher delivery. This study found that students who received the intervention from schoolteachers who specialise in health and well-being education rated the sessions significantly higher across all eight acceptability dimensions compared to students with non-specialist schoolteachers. This is an important finding in the context of UK schooling, where health and well-being education is becoming mandatory for all state schools for the first time (Department for Education, 2019), as well in non-UK contexts, where health and well-being education in schools is on the rise (United States: Eklund et al., 2018; India: Hossain & Purohit, 2019). Currently, the vast majority of schoolteachers delivering health and well-being education in the UK do not have specialist training in the delivery of these topics (Formby et al., 2011), but results from this study and others (Chua et al., 2020; Formby et al.,

2011; Stice et al., 2007) suggest this is an important component for maximising student acceptability and engagement.

### **Optimising mental health interventions**

These findings have important implications for the development of other mental health interventions for the school environment. Community participatory methods were leaned on throughout the research process in the development of the *Confident Me* resources (Collins et al., 2018). This process proved invaluable in the creation of acceptable resources for both schoolteachers and students. Many of the learnings from this approach are presented in this paper and can be applied across school-based mental health interventions task-shifted to schoolteachers (i.e., the use of a manualised guide but with guided flexibility, teacher training requirements). However, in addition to the findings presented here, a wealth of knowledge specific to the delivery of body image content was gathered which was equally important in the development of *Confident Me*. Thus, the authors consider community participatory research methods vital to the success of school-based mental health interventions, and should be utilised rigorously throughout any intervention development process. Knowledge sharing of these findings is encouraged wherever possible.

The important role that school psychologists and specialist health leads play in a school's uptake in, and engagement with, mental interventions was identified. Throughout the development of *Confident Me*, the impact and influence of school champions of evidence-based practice in relation to mental health interventions was repeatedly witnessed. It was often a lack of time and resource that meant programmes could not be implemented. As such, a key recommendation for psychologists, educators and health professionals is to utilise their existing power to influence key stakeholders to facilitate opportunities for such programmes to be delivered. To assist with this, it is important the benefits of such endeavours be mapped on to the priorities of key decision makers. In the context of body image scholarship, the



relationship with educational outcomes could be further strengthened (Halliwell, et al., 2014), to aid dissemination agendas for school-based programmes. Furthermore, wherever possible, educational outcomes of body image interventions should be assessed.

### **Strengths and limitations**

This study has a number of strengths. Firstly, mixed methods were employed to gain an in-depth understanding of teacher and student acceptability; many other school-based body image intervention evaluations that report acceptability rely on quantitative or qualitative feedback alone (Ciao et al., 2015; Lee et al., 2018; Sharpe et al., 2013; Silva et al., 2020). By using mixed methods, this study was able to compare quantitative and qualitative data, specifically utilising qualitative methods to add richness of the quantitative findings. Secondly, acceptability feedback was obtained from both teacher and students. To date, teacher-led body image intervention evaluations have reported on student acceptability only (Sharpe et al., 2013), or have not considered acceptability at all (Buerger et al., 2019). Teacher acceptability is crucial to the uptake and continued implementation of school-based health interventions (Pearson et al., 2015) and thus exploring acceptability from the perspective of teachers (and modifying the content accordingly) is a significant step toward *Confident Me*'s dissemination potential.

Despite these strengths, the findings should be viewed in light of some limitations. Firstly, recruitment of schools for both trials was demanding. As outlined in the effectiveness trial publications [redacted. redacted], a total of 162 schools were contacted to participate. Out of these schools, 12 schools participated in the trials. Reasons for non-response or declining participation from schools are unknown, and the extent the findings presented here are generalizable to other teachers and students across the UK is unclear. Furthermore, the selection of the students who took part in the focus groups was at the school's discretion. A range of students in terms of ability and background were requested, but we cannot be certain

this was the case. Selection bias or opportunity sampling may have guided the school's selection. Finally, analyses of student acceptability across facilitator type (specialist vs. non-specialist) were confounded by specialist schoolteachers delivering the intervention multiple times during the trial, and by school. Nevertheless, this was deemed an important research question to address and the schools were fairly well matched on a number of important criteria (e.g., socioeconomic status of students, teaching standards, school size). We would recommend future research be conducted to address this research question, controlling for school environment.

## **Conclusions**

Dissemination research in clinical settings has shown it takes between fifteen and twenty years for original research to be translated into practice (Brownson et al., 2017). In the field of adolescent body image and mental health more broadly, urgent action is needed to reduce risk factors and promote well-being. Whilst body image interventions show effectiveness when delivered by schoolteachers in the classroom, this study explored an often overlooked component of successful implementation: intervention acceptability. We conclude that *Confident Me* is an acceptable intervention for both teachers and students in the UK. The process of conducting thorough acceptability research alongside evaluating *Confident Me's* effectiveness has been invaluable for ensuring the intervention is effective, informed by the needs and preferences of its end users, and offering maximum dissemination potential.

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**Table 1** Student acceptability of Confident Me: Single Session.

	Sample split by gender				Sample split by year group		
	Total sample N = 680	Girls n = 343	Boys n = 340		Year 7 n = 334	Year 8 n = 349	
	M (SD)	M (SD)	M (SD)	<i>t</i>	M (SD)	M (SD)	<i>t</i>
Enjoyment	3.19 (1.03)	3.35 (0.99)	3.04 (1.05)	-3.99*	3.25 (1.01)	3.14 (1.05)	1.42
Effectiveness	3.24 (1.16)	3.43 (1.13)	3.05 (1.17)	-4.32*	3.37 (1.18)	3.12 (1.14)	2.80
Understanding	3.97 (0.96)	4.10 (0.91)	3.83 (1.00)	-3.62*	3.96 (0.99)	3.97 (0.93)	-0.10
Attention paid	3.97 (0.96)	4.18 (0.89)	3.76 (1.00)	-5.74*	4.05 (0.96)	3.90 (0.97)	2.00
Comfort	3.72 (1.01)	3.69 (1.03)	3.75 (1.08)	0.73	3.71 (1.01)	3.73 (1.03)	-0.32
Teacher competence	4.24 (0.91)	4.37 (0.80)	4.11 (0.99)	-3.78*	4.31 (0.91)	4.18 (0.90)	1.91
Importance	4.01 (1.08)	4.26 (0.96)	3.77 (1.13)	-6.02*	4.02 (1.10)	4.01 (1.06)	0.05
Recommend to a friend	3.50 (1.15)	3.68 (1.10)	3.32 (1.16)	-4.18*	3.53 (1.15)	3.47 (1.14)	0.96

Note. \*  $p < .001$ .

**Table 2** Qualitative themes, subthemes, illustrative quotes, and response to feedback, from qualitative analyses of written and focus group feedback, from teachers and students that took part in the single-session trial.

Themes and sub-themes	Illustrative Quotes	Modifications to the intervention
<b>Value and impact</b>	<p><i>Student:</i> It was quite useful because some people in our class didn't feel very confident about their body but then they realised it didn't really matter</p> <p><i>Student:</i> It gave me confidence about myself and others around me and helped me to realise that no-one is perfect.</p> <p><i>Teacher:</i> I think this is an extremely valuable project with potentially far-reaching benefits. Very important issues.</p>	No changes required.
<b>Relevance</b>		
Age-appropriateness	<p><i>Student:</i> I think it's important that we learn about it now because in a few years' time we will be doing exams and if you have got a high self-esteem then you will become positive and you won't be worrying and you will be able to think more about things which actually matter.</p> <p><i>Teacher:</i> The message is amazing; I just think they were too young to explain that.</p> <p><i>Teacher:</i> I don't know if it's ... not age appropriate but I don't think people in the ... maybe this is the school, the Catholic school, I don't know. I don't know if year seven and eight see themselves or ... is even a situation yet where I would see it more in year nine and ten.</p>	Broadened the recommended age group for <i>Confident Me</i> , allowing schools to decide which year group to implement the intervention with.
Gender differences	<p><i>Student (boy):</i> like he said it's more relevant for girls but it should like boys still need to know about it because some boys out there are kind of making fun of some other people because they look like this and they do that kind of stuff.</p> <p><i>Student (girl):</i> Yeah it wasn't really much stuff on the boys it was mainly girls</p> <p><i>Teacher:</i> Because I know that my boys weren't engaged because they didn't ... didn't see pictures of themselves.</p>	<p>Included more examples relevant to boys.</p> <p>Reshot a video which featured only girls to be more gender-inclusive.</p>

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**Format and style**

Length	<i>Teacher:</i> There is too much for one lesson and the information should be covered... over a number of weeks.	The content of the single session was reduced.  This was already addressed in the creation of a five-session intervention.
Interactivity	<i>Student:</i> I felt like they could do maybe a bit more activities because we were like there for two hours just writing and actually sitting and watching PowerPoint.  <i>Student:</i> I liked that we were allowed to get involved and talk about the self-esteem that we have and it was fun to have class discussions about it.	As above; cut down on the content to allow students more time to actively engage in the content.
Pace	<i>Teacher:</i> Just too much stuff! Students enjoyed tasks and were engaged but I felt we lacked time to reinforce key parts. In my opinion this session needs 3 hours I felt like, even though the students understood, the opportunity for depth, discussion and reinforcement was lost due to time constraints.	As above; cut down on the content to allow for more in-depth learning of fewer topics.

**Environment**

Feeling comfortable	<i>Student:</i> You could say any ideas or worries you had without being embarrassed.  <i>Student:</i> I liked the way that we could express our feelings about the way we feel about ourselves without being judged and I liked that we could be honest.	No changes.
Co-educational setting	<i>Student:</i> I would have felt more comfortable if it was just girls because it would have been easier to just let it out...  <i>Student:</i> Yeah what I thought is have maybe like not the whole time but split it boy and girl for like half an hour because it's a bit awkward saying what you really, really mean in front of the opposite gender so if the boys like actually said what they really meant in front of boys and the girls said what they really like before in front of girls and then they could come together because then they said it and it's out there and now they can share it because it's easier to do that than just to share it straightaway with the opposite gender.	Certain activities are now encouraged as single-gender activities (e.g., when participants are asked to describe the appearance ideal for girls/boys).

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**Intervention materials**

## Teacher guide

*Teacher:* And I think I was far more stressed because I was constantly worrying about time and making sure that I got all through the tasks and I think especially with kids nowadays there needs to be more discussion time.

*Teacher:* I think it's amazing what you gave us, that lesson plan, you gave it to me and I could deliver it really easily but if ... to do it effectively, for the kids to really enjoy it, get the message out and us get a lot out of it I think we need more freedom to change it up and move it around.

*Teacher:* Too much information to work through for one workshop - becomes confusing and difficult to follow.

## Student facing resources

*Student:* The videos helped me understand.

*Student:* The worksheets helped us to understand the topic.

*Teacher:* Worksheets not accessible to all students.

Teacher Guide redesigned to improve usability, including –

- Increase in font size
- Reduction in amount of text on a single page
- Clearer layout and structure
- Included a section titled '*desired responses*' from students, to guide teachers in prompting students.

Added '*feeling stuck?*' hints and tips to the worksheets to increase accessibility.

**Table 3** Student acceptability of Confident Me: Five-session Workshop Series.

	Total sample (N = 577)	Sample split by gender		<i>t</i>	Sample split by facilitator type		
		Girls ( <i>n</i> = 285)	Boys ( <i>n</i> = 292)		Specialist teacher delivery ( <i>n</i> = 125)	Non-specialist delivery ( <i>n</i> = 154)	<i>t</i>
	M (SD)	M (SD)	M (SD)		M (SD)	M (SD)	
Enjoyment	3.02 (1.19)	3.05 (1.16)	2.99 (1.23)		3.49 (1.06)	2.85 (1.20)	-4.65**
Effectiveness	2.90 (1.34)	3.01 (1.34)	2.79 (1.34)		3.54 (1.17)	2.77 (1.37)	-4.91**
Understanding	3.61 (1.29)	3.75 (1.27)	3.48 (1.30)		3.93 (1.14)	3.55 (1.33)	-2.58*
Attention paid	3.75 (1.25)	3.88 (1.21)	3.61 (1.27)	-2.62*	4.12 (1.02)	3.58 (1.39)	-3.76**
Comfort	3.54 (1.30)	3.59 (1.34)	3.48 (1.27)		3.86 (1.13)	3.43 (1.42)	-2.84*
Teacher competence	3.81 (1.24)	3.85 (1.22)	3.78 (1.27)		4.24 (0.97)	3.58 (1.33)	-4.72**
Importance	3.61 (1.31)	3.78 (1.22)	3.44 (1.36)	-3.18*	4.15 (1.03)	3.45 (1.38)	-4.83**
Recommend to a friend	3.17 (1.35)	3.33 (1.29)	3.02 (1.40)	-2.72*	3.70 (1.18)	2.97 (1.39)	-4.64**

Note. \*  $p < .01$ , \*\* $p < .001$



**Table 4.** Qualitative themes, subthemes, illustrative quotes, and response to feedback, from qualitative analyses of written and focus group feedback, from teachers and students that took part in the five-session trial.

Themes and sub-themes	Illustrative Quotes	Modifications to the intervention
<b>Value and impact</b>	<p><i>Student:</i> It taught me positive thoughts about myself and it made me feel good.</p> <p><i>Teacher:</i> I think every kid that comes into secondary school should be coming in contact with something like this.</p> <p><i>Student:</i> It didn't change what I feel but I think if someone was in kind of that situation I think it could help people. But I don't think it applied to me because I don't feel that way necessarily about myself, but I think it could benefit some others.</p>	No changes required.
<b>Relevance</b>		
Age-appropriateness	<p><i>Student:</i> I think it is really important because there's this kind of like age where you start wearing make-up and worrying about your appearance more than in primary school.</p> <p><i>Teacher:</i> Year 7 or 8 is definitely best... you know it's good to do it at that early age so you are actually challenging those sorts of perceptions before that really get ingrained.</p> <p><i>Teacher:</i> It would be worth revisiting certain things next year.</p>	Schools continue to have the option to deliver the intervention when it feels right for their students.
Gender differences	<p><i>Teacher:</i> I think for some of them (boys) they were surprised at maybe how much they got from it because they weren't expecting to. Because they were expecting that 'oh we don't talk about this because we don't have any problems with this, this is all fine' and actually they did get a lot from it.</p>	No changes required.
<b>Format and style</b>		
Interactivity	<p><i>Student:</i> I liked the interactivity in the lessons and hearing everyone's opinions and views towards the subjects.</p> <p><i>Student:</i> I liked that everyone took part and learnt something together instead of separately.</p>	No changes required.

Pace	<p><i>Teacher:</i> I think it was a bit of a shame because I found myself cutting off discussion when they were all like really, really interested and willing to take part and I had to cut it short because I knew I had to do like certain activities. So it was a shame to cut it short sometimes.</p> <p><i>Teacher:</i> The fourth lesson we have got more time to go round and speak to the kids... its better pace wise, time wise.</p>	Direction given regarding the most potent aspects of the workshop to cover, if teachers run short of time.
<b>Environment</b>		
Feeling comfortable	<p><i>Student:</i> We could trust one another and the teacher to say out loud what we thought and not keep them trapped anymore.</p> <p><i>Student:</i> Everybody was honest about what they thought and was excited to express their opinions.</p> <p><i>Student:</i> At times I felt a little uncomfortable because I am not happy with my weight or how I look.</p> <p><i>Student:</i> We got to work with friends, so we were more comfortable talking.</p>	Naturally, some teachers sat students in friendship groups. This appeared to improve student comfort levels, and therefore, this is now encouraged in the teacher guide.
Co-educational setting	<p><i>Student (boy):</i> There's no point just talking about it separately because then you can't have the mixed opinions.</p> <p><i>Student (girl):</i> Some of the girls didn't talk because they didn't really want to talk in front of the boys.</p>	As above; having students work in smaller friendship groups, rather than as a whole class, for some activities, may help this.
<b>Intervention materials</b>		
Teacher resources	<p><i>Teacher:</i> I think it's helpful because just say if you say to us go and create lessons on this, this and this I wouldn't know where to start. So I learned from reading it as well and then it made me much more able to teach it rather than if I was just given a topic to plan.</p>	Additional training resources were highlighted as being useful. Therefore, we have added additional training videos online to

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Student facing resources	<p><i>Teacher:</i> I think the discussion points and the possible questions that we asked were really useful, because there were some things that I just hadn't considered then that really did prompt me to then nudge them in the right direction.</p> <p><i>Teacher:</i> I think the initial training un how to deal with it when it goes off track will be helpful because you are always going to get one or two characters who sort of try and come up with the answers to sort of flummox the teacher and it works.</p> <p><i>Student:</i> There weren't any people like who were really ugly or larger people or anything like that (on the PowerPoint slides)... the pictures didn't related to what was happening.</p> <p><i>Student:</i> The videos helped me understand so I liked the videos.</p>	<p>replicate the training teachers received as part of the trial.</p> <p>The visuals on the PowerPoint slides have been updated to include a diverse range of appearances.</p>
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