

Charlotte H. Markey

Clinical Social Work 2: 19:910:512:55

Professor Bermeo

Designing and Conducting a Therapy Group:

*Empowered Girls*

*On my honor, I have neither received nor given any unauthorized assistance on this paper.*

## **Designing and Conducting a Therapy Group:**

### ***Empowered Girls***

#### **Title, Purpose, and Format**

This group will be a body image psychoeducational group, with some elements of a mutual support group. The title of the group is *Empowered Girls*, which was chosen to capture the general goal of the group: to educate and empower girls. Further, body image issues can be very sensitive, and it's unlikely that girls will feel especially comfortable attending a "body image group," which could be perceived as similar to attending a group for "people with low self-esteem." *Empowered Girls* keeps the framing of the group positive and allows for a strengths-based approach.

Some research indicates that, by adolescence, 23-43% of girls experience body image concerns (Amaral & Ferreira, 2017). When queried slightly differently, 88% of 12-16-year-old girls report wanting a body size different from their current physique (Markey, 2026; Ricciardelli & McCabe, 2001). Because body dissatisfaction is predictive of not only distress but myriad mental health concerns, including depression, anxiety, substance use, and eating disorders, addressing body image is of critical importance (Markey, 2026). Further, body dissatisfaction – and its correlates -- does not necessarily wane as adolescents become adults, making intervention to improve body image at a relatively young age valuable (Markey, 2026).

This will be a closed group, with participants enrolling in a session comprised of six meetings, one per week in the early evening (7:00 pm - 8:15 pm). This timing is chosen to allow the maximum number of interested participants to take part in the groups, after school and school-based activities are completed. Later in the evening could interfere with girls and their families' sleep schedules, however. Research suggests several topics for education and discussion that have been shown to benefit body image, including cognitive behavioral techniques to reframe negative

body language and restructuring body image values (Alleva et al., 2015; see Appendix for meeting topics). Alleva and colleagues' research suggests the value of these types of interventions; they further found that interventions that took place in a group setting may be *more likely to benefit participants* than individual interventions.

More than six sessions could be filled with body image improvement lessons, but a longer commitment may feel like a burdensome undertaking for girls and their families. Although an open format may be able to reach more potential participants, the closed format with a fixed number of sessions will allow for each group to contain a psychoeducational component and related exercises, and then some time for questions, discussion, and shared support. Because girls can be self-conscious about discussing these issues, having some time to build rapport with the same participants should encourage greater engagement and discussion across weeks.

As the leader of *Empowered Girls*, I will offer educational lessons, supported by research (e.g., Alleva et al., 2015), to help girls reframe issues pertaining to body image, appearance ideals, and health (see Appendix). I will also encourage girls' curiosity about the cultural value placed on appearance, the gendered nature of appearance pressures, and the importance of protecting their mental and physical health.

### **Group Conditions and Recruitment**

I have led eating disorder support groups for the nonprofit ANAD.org (Anorexia and Associated Disorders) for several years as a volunteer. Some of what I am planning for *Empowered Girls* is modeled after the positive experiences I've had leading these groups. All of ANAD.org's groups are run over Zoom, which allows for participation from people in a variety of locations. Zoom also allows for groups to be run more affordably; I can volunteer my time or charge a nominal fee for my time and/or any software, recruitment, and organization time required to set up the *Empowered Girls* groups. I would like to conduct some groups in person, but I think

*Empowered Girls* would be most successful starting on Zoom. Of course, this will require some protocols for security and confidentiality, such as using a secure Zoom link, a waiting room to only let registered members of the group join, and asking participants to join the group from a private space and use headphones so others in their surroundings cannot hear.

*Empowered Girls* will be for female-identifying youth ages 13-18, with parental permission to participate (a consent form for both girls and a parent/guardian to sign will be provided prior to the start of the first group meeting; this will be an online form for convenience). These may be girls who have struggled with an eating disorder, disordered eating behaviors, or who would just like to work on developing a more positive body image. Recruitment will take place through local eating disorder treatment clinics and facilities (Nemours Children's Hospital, where I am currently completing a field placement; The Children's Hospital of Philadelphia; The Renfrew Center). Further, providers who see youth in an outpatient setting will be notified regarding the group. Although participants can come from any location (given that groups will take place online), I have contacts in the local eating disorder community, and I think recruitment will be more successful in collaboration with other professionals that I know personally. There are also Facebook groups for parents who are taking care of a child with an eating disorder and for professionals who treat eating disorders, which may assist with recruitment.

To participate in *Empowered Girls*, girls must be fluent in English and able to log in to the group via a smartphone, tablet, or computer. Girls will be asked to commit to at least five out of six of the group meetings so that rapport among group members will be able to flourish. Girls must be medically stable (i.e., not experiencing severe eating disorder symptoms that require a higher level of care), not engaged in self-harm or experiencing suicidal ideation, and parents must indicate that girls are mentally stable and capable of safely participating in this group format; this is not intended to be a substitute for individual treatment.

My work in body image and eating disorder research for nearly 30 years (including writing or editing six different books) makes me certain that there is a need for body image support for youth. Will girls and their families appreciate this and respond to invitations to participate? I can't be certain, but I can anticipate that families will be receptive to this sort of support based on other, similar educational programs that have been successful (e.g., *Be Real* offers school-based educational programming; Mahon et al., 2023).

## **Engagement**

Adolescents are unlikely to engage meaningfully unless they feel emotionally safe and respected. I will begin with a structured welcome that includes a low-risk icebreaker (e.g., “two strengths you have that have nothing to do with appearance”) to immediately model the value shift central to the intervention—decentering appearance as a source of worth. I will also normalize ambivalence about being there. Many girls may attend because a parent encouraged them, so validating mixed feelings early may increase girls' willingness to engage with me.

I will try to encourage engagement by offering a clear explanation of the *Empowered Girls*' purpose, including empowerment, skills-building, and mutual support rather than pathology-focused treatment. I will also review confidentiality limits, which is especially important for minors. I will also ask the girls to collaborate to develop group norms (e.g., no “fat talk,” no discussion of specific numbers such as calories or weight, no comparison of bodies, respect for lived differences, one speaker at a time, voluntary participation).

I don't anticipate having difficulty establishing myself as the group facilitator for a variety of reasons, and I will work to establish leadership through clarity, consistency, warmth, and credibility while maintaining a collaborative stance. Given the psychoeducational structure, I will adopt an active leadership style, while also doing my best to maintain approachability. I will establish credibility by briefly describing my experience in body image and eating disorder

research and leading relevant groups. Further, I can explain why group work has been found to be effective (e.g., research supporting CBT-based group interventions; Alleva et al., 2015).

There are some engagement challenges that I anticipate may occur, especially in the first couple of sessions of *Empowered Girls*. First, girls may feel shy or self-conscious given the focus of the group. Some girls may dominate the conversation, and there could be some maladaptive social comparison that emerges (e.g., subtle comparison of body dissatisfaction or eating behaviors). I hope that structured exercises will encourage engagement and give all participants a chance to share. If any comparison talk emerges, I will redirect this and address it directly if needed. I will also expect all girls to take a turn to address certain topics raised, and will create a norm that everyone responds to some of the questions discussed.

As an adult, highly educated, white, cisgender professional woman with significant expertise in this area, I hold multiple forms of privilege relative to adolescent participants. I will do my best to manage this by taking care not to universalize my own experience, and making sure I am not validating thin-ideal concerns in a way that reinforces them. I will also make sure to acknowledge that beauty standards and appearance ideals are culturally constructed. Although structure is essential in leading a psychoeducational group, I will invite feedback about pacing, topics, and exercises to reduce hierarchical roles.

Personal characteristics (i.e., race, age, economic status) that may affect the body image of the girls participating in *Empowered Girls* will be addressed as part of the curriculum. Body image is not experienced uniformly. Beauty standards are racialized, classed, and culturally constructed, and intersect with race (e.g., Eurocentric features), socioeconomic status (access to appearance-related goods), ability status, sexual orientation, and gender identity. Dominant appearance norms privilege certain bodies over others, but part of improving body image and

empowering girls is helping them to internalize the message that emphasizes functionality, agency, and identity beyond aesthetics when it comes to their bodies.

## **Group Intervention**

Because *Empowered Girls* is primarily a psychoeducation group, most groups will include (very) mini-lectures. They will also include exercises guided by CBT principles and media literacy research (Alleva et al., 2015). For example, we will discuss how cognitive restructuring can help girls to identify distorted thoughts and socially conditioned beliefs. We will practice exercises to monitor and restructure thoughts that contribute to negative body image (Alleva et al., 2015). When challenging dichotomous thinking (“attractive vs. unattractive”), participants will be invited to examine who benefits from those binaries and how beauty standards are commodified.

Another activity that will be used in an *Empowered Girls* group will be to view, evaluate, and discuss media images of women. It is important for girls to appreciate that these women (e.g., celebrities, influencers) are not their peers and that social comparisons will only contribute to their body dissatisfaction (Wisting et al., 2023). We will engage in exercises to help girls respond to media without engaging in comparison.

In order to increase girls’ critical thinking concerning body image and socially-prescribed standards of attractiveness, I will spend some time in each group using a Socratic questioning style to lead girls to question where their beliefs about their bodies originate. A question that may initiate one of these exercises may be: *When did you first think something negative about your body?* Follow-up questions may include: *Has anyone ever said something negative about your body that you internalized?* and *How have your parents supported (or not supported) your body image development?* and *How do your friends discuss appearance issues?*

Throughout the *Empowered Girls* sessions, participants will complete exercises that help them to identify their sources of self-worth that extend beyond appearance. Truly empowered girls cannot rely on beauty as a source of power, especially because beauty standards are constantly shifting and aging tends to change all of our appearances in ways that are out of sync with these standards (Markey, 2024).

Finally, mindfulness exercises, and even some basic yoga, may be included in most of the *Empowered Girls* sessions. There are a number of studies (Bullard et al., 2025) that have suggested that mindfulness and yoga can help people to feel centered, calm, and connected to their bodies. Some research (Perey & Cook-Cottone, 2020) has even suggested that mindfulness and yoga may be helpful interventions in eating disorder treatment.

One likely challenging scenario that may come up in a group like this (and definitely has come up in my eating disorder support groups) is that a group member begins sharing potentially triggering details (e.g., weight numbers, calories, specific maladaptive behaviors), which can quickly shift the group into comparison and inadvertently reinforce eating-disordered thinking. If this occurs, I will intervene immediately and respectfully by interrupting with a supportive redirect (e.g., “I’m going to pause us for a moment—numbers and specifics can be unhelpful or triggering in groups like this. Let’s keep our focus on our feelings and coping skills rather than details.”) I will guide the participant to translate the content into a different framing (e.g., “What was happening for you emotionally that day?”). After the group, I will briefly follow up with the member who shared the triggering details to validate their intention, review the boundary, and check in with them about how things were handled in the group.

Another likely challenge is that a group member uses “health” language in a judgmental or inaccurate way (e.g., equating thinness with health, labeling foods as “good/bad”). If this happens, I will gently pause and reframe: “I want to slow us down—sometimes ‘health’ talk can slip into

moral language or assumptions that don't fit everyone's body, culture, or circumstances." I will offer a brief, developmentally appropriate correction that separates health behaviors from body size (e.g., "Health is influenced by many factors, and you can't reliably tell someone's health from appearance; behaviors like nutrition, sleep, movement, and stress management matter, but they're not a character test."). I will then redirect the conversation toward curiosity and invite the group to notice how moralized health messages can increase shame and comparison.

### ***Termination and Evaluation***

Because *Empowered Girls* is designed as a closed, six-session group, termination will be intentional. The final session will include structured reflection, allowing participants to review what they have learned, identify changes in their thinking or behavior, and articulate skills they intend to carry forward. Participants will be invited to reflect on how their perceptions related to appearance and self-worth may have shifted, reinforcing the group's central goal of decentering appearance as a primary source of identity. The session will also acknowledge the ending itself, as termination can evoke mixed emotions, and will emphasize that the skills developed are internalized and useful beyond the group context. Participants will receive written summaries of key skills and, if appropriate, referrals to additional supports.

Because group cohesion and trust are essential for meaningful engagement, participants will be encouraged at the outset to commit to attending at least five of the six sessions. If a participant must leave the group early, I will address this directly and supportively, acknowledging the departure in a way that maintains cohesion while respecting confidentiality. If appropriate and consent is given, the departing participant may share reflections with the group, which can normalize endings and reinforce the value of the group.

Effectiveness will be assessed through ongoing informal and structured feedback. I will look for behavioral indicators such as participation, engagement with exercises, and reductions in comparison-based or negative body language, which are key targets of CBT-based interventions. I will also invite brief verbal or written check-ins regarding participants' perceived usefulness of exercises and their comfort within the group. These observations will allow me to adjust pacing, provide clarification, and respond to emerging group needs. However, I am trained as a research psychologist and I have been conducting research on body image and eating behaviors for nearly 30 years, thus I will also conduct a more comprehensive evaluation of the body image knowledge, skills acquired, and overall group experience. Before the first group begins, I will conduct a brief pretest using standardized measures (e.g., the Body Appreciation Scale; Tylka & Wood-Barcalow, 2015) and questions specific to the group. At the conclusion of the group, participants will complete this same survey and will also complete a brief anonymous evaluation assessing the usefulness of specific skills and overall group experience. This final survey will also ask for brief ratings of the facilitator's effectiveness and girls' feedback about what they'd change about the group.

## **Conclusion**

*Empowered Girls* addresses a widespread and developmentally significant concern: body dissatisfaction among adolescent girls (Markey, 2010; 2024). Body dissatisfaction not only affects a substantial proportion of youth but is also associated with increased risk for eating disorders, depression, and impaired psychosocial functioning (Markey et al., 2026). Cognitive-behavioral and psychoeducational group interventions have demonstrated effectiveness in improving body image, particularly when delivered in structured, multisession formats with trained facilitators (Alleva et al., 2015; Wisting et al., 2023). This group is uniquely positioned to help participants not only challenge maladaptive thoughts but also critically examine the cultural

standards that contribute to body dissatisfaction. By providing girls with cognitive tools, peer support, and alternative frameworks for self-worth, *Empowered Girls* has the potential to promote resilience, reduce risk for disordered eating and other mental health concerns, and support adaptive identity development during the adolescent years.

## References

- Alleva, J. M., Sheeran, P., Webb, T. L., Martijn, C., & Miles, E. (2015). A meta-analytic review of stand-alone interventions to improve body image. *Plos One*, *10*(9), e0139177.  
<https://doi.org/10.1371/journal.pone.0139177>
- Amaral, A.C.S., & Ferreira, M.E.C. (2017). Body dissatisfaction and associated factors among Brazilian adolescents: A longitudinal study. *Body Image* *22*, 32–38.  
<https://doi.org/10.1016/j.bodyim.2017.04.006>
- Bullard, N., Rupani, N., Renteria, J. A., Miller, J., & Kaliebe, K. E. (2025). Yoga as a therapeutic intervention for body image in the pediatric population: a systematic review. *Journal of Eating Disorders*, *13*(1), 222. <https://doi.org/10.1186/s40337-025-01386-9>
- Mahon, C., Hamburger, D., Yager, Z., Almaraz, M., Mooney, J., Tran, T., O'Dowd, O., Bauert, L., Smith, K. G., Gomez-Trejo, V., & Webb, J. B. (2023). Pilot feasibility and acceptability trial of BE REAL's BodyKind: A universal school-based body image intervention for adolescents. *Body Image*, *47*, 101636. <https://doi.org/10.1016/j.bodyim.2023.101636>
- Markey, C. H. (2024). *Adultish: The body image book for life*. Cambridge University Press.
- Markey C. N. (2010). Invited commentary: Why body image is important to adolescent development. *Journal of Youth and Adolescence*, *39*(12), 1387–1391.  
<https://doi.org/10.1007/s10964-010-9510-0>
- Markey, C. H., Gillen, M. M., Rosenbaum, D. L., & Springate, V. (2026). Body image during Adolescence and young adulthood. *Oxford Handbook of the Psychology of Appearance*. Manuscript in press.
- Perey, I., & Cook-Cottone, C. (2020). Eating disorders, embodiment, and yoga: A conceptual

overview. *Eating Disorders*, 28(4), 315–329.

<https://doi.org/10.1080/10640266.2020.1771167>

Ricciardelli, L. A., & McCabe, M. P. (2001). Dietary restraint and negative affect as mediators of body dissatisfaction and bulimic behavior in adolescent girls and boys. *Behaviour Research and Therapy*, 39(11), 1317–1328. [https://doi.org/10.1016/S0005-7967\(00\)00097-8](https://doi.org/10.1016/S0005-7967(00)00097-8)

Tylka, T. L., & Wood-Barcalow, N. L. (2015). The Body Appreciation Scale-2: Item refinement and psychometric evaluation. *Body Image*, 12, 53–67.

<https://doi.org/10.1016/j.bodyim.2014.09.006>

Wisting, L., Stice, E., Ghaderi, A., & Dahlgren, C. L. (2023). Effectiveness of virtually delivered Body Project groups to prevent eating disorders in young women at risk: A protocol for a randomized controlled trial. *Journal of Eating Disorders*, 11(1), 209.

<https://doi.org/10.1186/s40337-023-00932-7>

## Appendix

### Brief List of Session Topics

- 1) Introduction
  - a. Check on consent forms and pre-test
  - b. Icebreaker re non-appearance-based strengths
  - c. Beauty ideals activity (discuss celebrity/influencer images)
  - d. Why does body image matter, and where does it come from?
  - e. What would change in your life if your body changed?
  - f. What do you like, what do you not like about your appearance– why? Where does THIS come from?
  
- 2) How much time/ mental space does it consume?
  - a. The gendered nature of body image and why it affects girls more
  - b. Body image appreciation/ gratitude list
  - c. Discussion of body functionality
  
- 3) Reframing food
  - a. Food as nourishment (medicine even)
  - b. Developmental growth that is supported by nourishment during adolescence
  - c. Intuitive eating (10 components)
  - d. Problems with dieting
  
- 4) Body image coping strategies (practical/in the moment/incorporate CBT techniques)
  - a. Stop surveillance
  - b. Positive body talk
  - c. Comfortable clothes
  - d. Stop body talk with others
  - e. Social media divestment – specific media literacy skills
  
- 5) Questioning the culture and being role models
  - a. Consumer culture
  - b. Life purpose/ bucket list activity
  - c. Core values/ live your values
  - d. Body image challenge (challenge yourself to present yourself to the world appearing different than you are usually comfortable with)
  
- 6) Reflections and conclusions
  - a. Reflections on what was learned and skills that resonate most
  - b. Ways to seek out support moving forward
  - c. Post-test evaluation