

How to Assess and Improve Body Image in Your Clients webinar transcript

la-shell_johnson@med.unc.edu: Good afternoon, everyone. We would like to welcome you to today's webinar titled, How to Assess and Improve Body Image in our clients with Dr. Ana Barton Cone. A few things to note, participants will be muted upon entry and videos turned off.

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la-shell_johnson@med.unc.edu: I'll now go ahead and introduce today's speaker.

la-shell_johnson@med.unc.edu: Dr. Anna Bardone-Cone is a professor in the department of psychology and neuroscience at the University of North Carolina at Chapel Hill, UNC. She received her BA in mathematics and French from Williams College, and her doctorate in Clinical Psychology, from the University of Wisconsin-Madison, and completed her internship training at Western Psychiatric Institute and Clinic.

la-shell_johnson@med.unc.edu: For over two decades, her research has focused on eating disorders and body image with interest in psychological and socio-cultural actors, with projects funded by the National Institute of Mental health in the US.

la-shell_johnson@med.unc.edu: She is a Bowman and Gordon Gray Distinguished Term Professor at UNC, a past director of clinical psychology at UNC's Department of Psychology and Neuroscience, and a Fellow in the Academy of Eating Disorders.

la-shell_johnson@med.unc.edu: I'll turn things over to Dr. Anna Bardone-Cone.

Anna Bardone-Cone: Thank you so much, La-Shell. I appreciate the opportunity to be here with you all to talk a little bit about body image ways to think about it, assess it, and improve it in our clients. So I will dive right in.

Anna Bardone-Cone: So overall goals are to, describe again how to think about an assess body image; how to explain factors that contribute to body image concerns; and then to showcase demonstrate some approaches to improving body image.

Anna Bardone-Cone: So one big takeaway from this talk is that body image is multi-dimensional. And the factors that I'm going to focus on are the ones that are typically examined.

Anna Bardone-Cone: The overall way, may be of thinking about the body image, is, it's someone's internal representation of their outward appearance of one's outward appearance.

Anna Bardone-Cone: But there are a bunch of different ways of thinking about this. And so the ones I'm going to focus on: affective, so that's basically, how do you feel about your body; cognitive, what are you thinking about it you think about your body; perceptual, this often is looked at as kind of how you perceive your body size, for example, and then behavioral, the actions you might be taking in relation to these aspects of feeling and thinking about the body.

Anna Bardone-Cone: So with affective, I'm going to focus a little bit on body dissatisfaction and body shame probably, for most of us. Certainly kind of the lay folks who aren't healthcare providers. I think, when they think about body image, they think of just the satisfaction piece, and that's super relevant. Body satisfaction is a strong predictor of eating disorders and other concerns, but it's not the whole game, not the whole story. So we'll talk about body shame there as well.

Anna Bardone-Cone: Cognitive: I'm going to focus on overvaluation of weight and shape, and I decided to put body surveillance here, which is sort of could be argued as an aspect of body image or not. But I think it's an important topic, so I wanted us to cover it.

Anna Bardone-Cone: Perceptual: we'll talk a bit about some size estimation of body parts, or body whole. I won't spend a lot of time on this, because the other factors are have more evidence for being important to outcomes, such as distress and disordered eating and other outcomes we'll talk about, and also some of the estimation procedures just would not be necessarily so easy to set up or to do in a, you know, a therapy office, for example.

Anna Bardone-Cone: And then behavioral. We'll talk a little bit about body avoidance and body checking as the main kind of behavioral aspects of body image. Now what I'm going to do, is I'm going to go through some of these, and I'm going to share some measures that have been well supported in the literature, the good psychometrics. But I want to say a couple of things.

Anna Bardone-Cone: First, one is the caveat that most eating disorder body image related measures were developed in a very specific sample, and typically they're White, female, cisgender female, and young.

Anna Bardone-Cone: So, that doesn't mean that if you have someone who is a different kind of demographic there that these won't apply.

Anna Bardone-Cone: They may or may not have been examined in research, and maybe we find oh, yes, this measure applies for females and males, and there really been very little research on gender non-binary, or much less you know also not much on transgender. But some of these measures absolutely can apply others we don't have as much evidence yet.

Anna Bardone-Cone: So I just want to go in there with that, that caveat. A lot of these, though, have been applied in some degree of diversity of samples.

Anna Bardone-Cone: The other thing I want to mention is like, how would you use these assessment tools right? And so there are a variety of ways that I would suggest. So you could have folks complete these measures, score them and compare them to normative data so ideally normative data that fits their kind of demographics and say, oh, hey, you're actually quite high. You're like 2 standard deviations above the mean on this kind of body image measure. Let's talk about that. Let's, let's kind of think about targeting that in our work together.

Anna Bardone-Cone: You could use it as less comparing to norms as just a way of tracking. So you might kind of have someone complete a measure and then complete it every 2 weeks, every, you know weekly, every month something like that. And you can sort of gauge. Oh, wow! Your body dissatisfaction is going down that. How does that feel? Does it, does that feel real to you? So it can be tracking progress, and then also can just open up a conversation so people, could you could still have them

complete these, these measures, or you could in a session kind of talk about the items and see how they're responding to them, and that can open up a conversation on these different topics.

Anna Bardone-Cone: So, without further ado. Oh, actually one other thing I have these like affective and cognitive. But truly some of these measures tap both affective and cognitive aspects. So don't worry too much about how strictly what category they're supposed to be in mainly understand that it's multi-dimensional. So it's good to kind of look at it from a variety of different aspects alright.

Anna Bardone-Cone: So in terms of body dissatisfaction, a lot of body satisfaction measures focus on weight and shape. That's not the sum of how someone might be dissatisfied with their body. We'll talk about that in a second, but one good measure for this comes from the Eating Disorder Examination Questionnaire, the weight concern, and shape concerns that scales. These are 2 different sub-scales, but often people combine them. I'm going to show you that the items next or soon, but we do have access to scoring that's linked here, and there are some norms, and you can look at if you're interested in norms. This is probably one of the measures that has some of the best norms across, for women at least, a wide range of ages.

Anna Bardone-Cone: And then you can look at the satisfaction more with specific body parts, and so we'll look at some measures that relate to that.

Anna Bardone-Cone: If I don't have a link, it's because I couldn't readily find either an article or the actual measure that you all would be able to access like I could access it. But then, when I tried to link it, it, it, doesn't work.

Anna Bardone-Cone: If you do go to that to the link, and you see an article, usually it's in the appendix, or sometimes it's in a table the items that are relevant.

Anna Bardone-Cone: Alright, so I'm actually showing you the whole, the weight concern, and shape concern, and the whole of the next one. But afterwards I'm just going to show you some sample items. So this particular measure asks about the past 28 days. But we've seen people kind of shorten that to assess the past 14 days something like that, and weight, and just generally, you know, a sentiment of both affect related to body and cognitions related to body.

Anna Bardone-Cone: Again, you'll be able to get this, this PowerPoint. But if you look here, these items here are just explicitly. How dissatisfied have you been with your weight right, or how to dissatisfied have you been with your shape? Sorry.

Anna Bardone-Cone: It also includes aspects like the bottom 2 items to gauge how uncomfortable people feel, either them seeing their own bodies or others seeing their own bodies, and, and, those all kind of capture again, a wide a way of kind of feelings and feelings in different contexts that someone might have about their body.

Anna Bardone-Cone: The Body Parts Satisfaction Scale (BPSS) includes these items and a couple of things to note here. One is that they include things like hair and complexion. And this is important to note in that with certain groups of individuals, this really might be as important as or more important than a more sense of shape or size. And so, for example, research on black women found that when they talk about what factors into their body image. There are 3 factors that are identified; one is hair, one is skin tone, and the other is body, body size, and shape. So and there are separate measures. I didn't add them in here. But there are some measures that focus on for example, skin satisfaction, skin tone satisfaction that might be relevant to clients you work with.

Anna Bardone-Cone: The other thing I'll mention is that some of these are not changeable like height, and then others might be changeable with you know, cosmetic surgery. For example, overall face to some degree could be, and then others might be that people might try to change with, with, sometimes unhealthy methods. The other thing I want to mention about this focus on body parts is on the one hand, it could potentially seem like not a good road to go down with your clients. It sort of, you know, breaks the whole up into parts, feels a little objectifying, and I think that's a, a, very reasonable critique.

Anna Bardone-Cone: The reason you might consider this is if, for example, you're setting the groundwork to really understand what's concerning about the body to later on do some exposure exercises. So, for example, if someone is, really feels like that their, their shoulders are, or their arms, and see their arms, or they really dislike their arms right? For, for whatever reasons – too flabby, too fat, whatever.

Anna Bardone-Cone: However, one way that you might, you know, further down in your work together, you might talk about exposures like, hey, let's have you go out with a short sleeve shirt, you know. Maybe start around the house with that. Then go out, you know shopping where people won't know you. Then maybe go out with friends with this. So by knowing what parts are especially concerning, could be helpful down the line with something like exposure exercises.

Anna Bardone-Cone: The Body Parts Satisfaction Scale for Men (BPSS-M) has the same idea, focuses on specific body parts, but they use more language that might be more be more recognizable or, or relevant to men. So they talk specifically about biceps and triceps and quadriceps and calves, and they add in to the body parts the back, so satisfaction with the back and the neck.

Anna Bardone-Cone: The other thing they do that's different is, separately ask about how satisfied men are with muscularity of these body parts, and with leanness of these body parts. So leanness pulls in the idea of low body fat and muscularity is, you know, the, the, the muscle tone. The build of the muscles. And so this is something that if you're working with men with body image concerns, this might be a, a more appropriate one than the Body Parts Satisfaction Scale.

Anna Bardone-Cone: And then there's this one other one. This doesn't just do body parts. It also goes more broad, but chose to put it in here because it does have a lot of body parts questions, and one thing that's different in the Male Body Attitudes Scale than the one we just saw is this: this gets a directionality. So the other one just says, how satisfied are you with it?

Anna Bardone-Cone: And you would need to have a conversation to understand is it too big? Is it too large? Is it to you know what? What's the nature of the dissatisfaction? Here it you endorse whether you some feel something should be bigger or smaller, you know, leaner, for example.

Anna Bardone-Cone: So those capture body satisfaction, I would agree kind of another level of depth in the general affective realm is body shame.

Anna Bardone-Cone: And body shame you can think of as degree of shame for not fulfilling internalized cultural standards about body space, size and shape so kind of not meeting up what sort of expected in your society.

Anna Bardone-Cone: And there is a subscale called the Objectified Body Consciousness Scale that has 2 sub-scales we'll talk about today, and one is the body shame subscale. And these are just some sample items.

Anna Bardone-Cone: When 'm not the size I think I should be, I feel ashamed; If I don't, can't control my weight, I feel like something must be wrong with me; it would be a shame for people to know what I really weigh.

Anna Bardone-Cone: It's not all about weight. There are several items about weights, but there's some others that basically really pull in this idea there's something wrong with me if I'm not meeting cultural expectations.

Anna Bardone-Cone: Alright, I'm gonna switch now to talk about the cognitive aspect, even though again, there's definitely overlap between affective and cognitive measures here. First, the EDQ. These

are items that we already saw on the weight, shape and concern, weight, shape, weight concern, and shape concerns sub-scales.

Anna Bardone-Cone: But the items really pull for something more than dissatisfaction. I think something different than dissatisfaction. So has your weight influenced how you think about (judge) yourself as a person? Same question asked about shape.

Anna Bardone-Cone: And so this really gets at this idea that's really core to the eating disorder literature, of overvaluation, of weight and shape. So this is to what degree does that really influence how you feel about yourself, and how you judge yourself as a person.

Anna Bardone-Cone: Sometimes, when I've described this this idea that if you get on the scale and you weigh a certain amount, you know, you're a better person than if you get on the scale, and you weigh like a pound more.

Anna Bardone-Cone: Now you're all of a sudden a bad person or a worse person. So it's just having too much sway on your sense of self. So these are 2 items that are very kind of sometimes using combination to try to get at overvaluation.

Anna Bardone-Cone: and then the Eating Disorder Examination, which is where the in this sort of questionnaire comes from. They have a specific question that I really like that's used in this particular interview measure. And so the question is this: If you imagine the things which influence how you feel about, (judge, think, evaluate) yourself – such as your performance at work, being a parent, your marriage, how you get on with other people) - and you put these things in, or of importance, where does your weight fit in, or where does your shape fit in?

Anna Bardone-Cone: And then if you have people saying, first is my weight. And then I I kind of judge myself based on I am as a parent, and then how I do at work, and such usually the idea is, if weight or shape, or kind of some of the top things that they list the first 1, 2, or 3 that's really suggesting over evaluation of weight and shape.

Anna Bardone-Cone: You can think of how there's so many different ways we can sort of think of ourselves, and, you know, evaluate ourselves. And if people are saying one of the main things is based on my weight and shape that's really tapping into this idea.

Anna Bardone-Cone: You could also use a pie chart for this. So you know, if you think about the pie, the circle being what influences how you feel about yourself, and how you, you think of yourself and judge yourself. You can do pieces of the pie that reflect body, weight and shape that reflect, you know. Again, work, being a parent. Being a, you know, you know your kind of athletic abilities, anything like that, and I'll talk about a pie chart again later on. But these are a couple of ways to look at this cognitive aspect.

Anna Bardone-Cone: I also put your body surveillance, which I said, you know, may or may not fit here, but I think it's a good thing to talk about. This also comes from the Objectified Body Consciousness Scale.

Anna Bardone-Cone: And so it refers to the degree to which a person watches their body or experiences their body from an observer's perspective. It generally captures items that more influence that more reflect caring about what you look like than what your body can do.

Anna Bardone-Cone: This very much aligns with objectification theory, which we'll talk about a little later.

Anna Bardone-Cone: And basically, yeah, we'll come back to that that piece a little bit later. So some sample items are: During the day, I think about how I look many times. So you're really kind of trying to think I'm thinking about how you look the implications there is how I look to others. Right. So again, you're kind of taking this outsider perspective. The R there means reverse coding.

Anna Bardone-Cone: So you would get their score, and you reverse it to kind of capture what we're looking for. So, for example, the last item says, I'm more concerned with what my body can do than how it looks. So if you score high on that. That's low body surveillance, right? Because you're really focusing more on kind of a function and not the appearance. So you would just reverse score that.

Anna Bardone-Cone: So this is something else that I think it's important to, to, to consider when you're thinking about people's body image experiences.

Anna Bardone-Cone: Okay, this will be my short slide. I will say a little bit about each, but the perceptual aspect of, of body image usually refers to people's estimation of their body size, and it could be their body size as a whole, could be different parts of their body. And so some ways this has been assessed, as you might get people list a, a graphic of different silhouette sizes, and ask them to pick which one best fits them.

Anna Bardone-Cone: Often that's done in conjunction with then choosing a silhouette that feels like their ideal body. And you look at the discrepancy, and if you're highly body dissatisfied, you know you're still aware of who you how you think you look is much larger than the one you want to be.

Anna Bardone-Cone: If you think you should be smaller other ones there just again, very briefly, analogue scales would be where you might, for example, you'll get them to sort of like you could use calipers or something to adjust and say, "Well, how wide do you think your hips are? you kind of with what they would set that to indicate that, or how you know big do you think your waist is?" And so, that's something that has been done to with all these.

Anna Bardone-Cone: By the way, the idea is, then you look at kind of more, the objective evidence, and usually folks are, especially if they have more eating disorder concerns, they're kind of off on these right. They kind of perceive themselves to be larger than they are.

Anna Bardone-Cone: Image marking would be something like where you would have people mark on a piece of paper, and you could have them do their whole outline of their body. You could have them do parts of their body; typically it's the whole outline of their body, and you know you could do something like draw it. And then kind of have had the body actually outlined, and see the discrepancy there.

Anna Bardone-Cone: The optical distortion methods is what generally is thought of as kind of maybe the best and the more ecologically valid. And here what you have is that you're going to get an image of yourself. The ideal is kind of like size, like your actual height, but it's distorted. So it's the same height as you are, but the body parts are distorted, and then there's ways of kind of, you know, digitally kind of shrinking this, making this bigger to say, this is how I think my body looks like.

Anna Bardone-Cone: And then again, that can be compared to the reality. I'm going talking about these briefly, because realistically, these are not always the easiest to, to use in a in a you know session with a client. Certainly not something like the optical distortion method, which is very cool, but not harder to do. There are there is some work that has been developing ideas that make this more feasible, and I'm not sure the state of the dissemination. But you know, this could be a possible, really interesting avenue. But, I did want folks to know that this is a way that we can also think about body image.

Anna Bardone-Cone: Alright, then the behavioral aspects I'll talk about start with talking about body avoidance. So this refers to avoiding situations or a context that would elicit concerns about how you look about your appearance, and I gave a bunch of examples which actually are a lot by selected in the sample as well. So, for example, kind of wearing baggy clothes, avoiding form-fitting clothes could be a form of body avoidance, avoiding physical intimacy, not looking in the mirror. So again the R here means reverse coding, so just kind of avoiding mirrors could be an example of avoidance ,not wearing clothes

that I had there, saying whether appropriate, so it might be summer. Most people wearing shorts and short sleeve shirts. But you know, this person is wearing long pants and long sleeve shirts to kind of help hide and avoid their, their figure.

Anna Bardone-Cone: And then there's body checking and body checking refers to monitoring your weight, shape, or size.

Anna Bardone-Cone: This could be like also looking at changing aspects of those so could be like. Frequent weighing is a common form of body checking, measuring parts of the body, and it could be parts of the body that we might associate with, for example, disorder eating, like you know, weight, your stomach, or a size

Anna Bardone-Cone: But it might be also like the wrist, and it could be with like your hands, or could be with a measuring tape. Squeezing parts of your body could be an aspect of body checking kind of the opposite of the avoidance, actually looking in the mirror, staying in front of it for a while, really investigating and dissecting the body.

Anna Bardone-Cone: And so here are some examples from this measure, so I'll just mention a few. I check to see if my thighs spread when I'm sitting down. That's a checking behavior. It's not a checking behavior that is too positive. Not, not all right. None of these are but again checking diameter of the wrist, check your reflection, and the last one is included in this body checking I get is trying to elicit comments from others about how fat I am so kind of checking in with others to get reassurance or to get feedback is considered part of body checking.

Anna Bardone-Cone: Alright. Okay. So I want to now, kind of shift gears a little bit.

Anna Bardone-Cone: That was all a downer right. That was all like negative ways to think about one that one's body and negative behaviors and negative feelings. But in you know, relatively recent years we've been doing, and looking at body image a little differently, so obviously. Still body image concerns and negativity is really important. They're, they're very strong predictors. But thinking about, how do we think about body positivity or body neutrality? And so body positivity, we can think of it sort of both an attitude of accepting all body shapes and sizes, that you know that, that all body shapes and sizes are beautiful.

Anna Bardone-Cone: It also usually connected to countering the media images that tell us otherwise. You know that. Tell us that our bodies are flawed and usually captures the idea of for sure respecting your body, but even loving your body.

Anna Bardone-Cone: And so there's all body positive move, positivity movement, body appreciation reflects part of that which I think has been, you know, really encouraging. The critique, however, about body positivity or a critique. Is that a couple things. But, the one I want to emphasize is that it may be too big of a leap for someone to go from, you know, years of some dissatisfied, maybe hating their bodies to saying, and now I love my body. You know it's not, it's not flipping a switch. It's, it's not that easy. It would love to be lovely if it were. So for some people the idea of body positivity feels too unrealistic to them, too big of a leap.

Anna Bardone-Cone: And so for those folks body neutrality may feel like a better fit, and things that fit under the idea of body neutrality is, it's definitely away from appearance. So you're not talking about appearance. That's not the point. But you might be focusing on the function of your body. You might be focusing on you know, basically knowing, focusing on kind of.

Anna Bardone-Cone: If you think about your body you think about in connection to just all these other things. It does it houses, you know your personality, it your talents, and you really don't think about it in terms of appearance. So it's not so much you love your body or hate your body.

Anna Bardone-Cone: You're neutral about your body and kind of focus on these other aspects of it.

Anna Bardone-Cone: So I'll talk a little bit about and share measures, information about measures on body appreciation, body functionality, and body image flexibility. And then the other thing I want to mention is internalized weight bias and stigma, and I'll talk about that in a few slides.

Anna Bardone-Cone: Alright. So body appreciation conceptualized as accepting and holding favorable opinions toward, and respecting the body, but also rejecting kind of media-promoted ideals.

Anna Bardone-Cone: And here's some examples. So you know there can be. I respect my body, which I think is more attainable for people that can potentially have more of a body functionality aspect to it. I feel good about my body. Here we get some the positive valence right, the positivity aspect comfortable in my body, and I appreciate the different in the characters in my body.

Anna Bardone-Cone: So kind of owning them, elevating them as something that is, is good. So I think this is a really neat measure. And again, for some people because, I'll say this other thing.

Anna Bardone-Cone: the opposite of negative body image. You can decrease body dissatisfaction, but not, not, not influence body appreciation. So kind of doing a good job at decreasing someone's body dissatisfaction doesn't mean they, you know, have appreciate their bodies, or they are a flexible attitudes toward their body. So these are both things, I think, to be to be working on, and certainly one can influence the other.

Anna Bardone-Cone: But because my point here with body appreciation is that for some people it might be like oh, I didn't think I could think about it this way. But you know you can again. Not a great fit for everyone but the body functionality piece.

Anna Bardone-Cone: The measure body functionality really just refers to focusing what the body can do, not just physical capabilities, but the senses, internal processes, like digesting your food, being creative, communicating with others with your body, a hug, you know, a touch sexual activity and one thing that's important in thinking about it. Functionality. It's not meant to be like an able body construct. The idea is, your body can function to the extent that it they can, and often the functioning is just different. Right? It doesn't mean someone just can't do something. They maybe do something differently.

Anna Bardone-Cone: So the measure the focus is on your appreciation of your, your functionality. And so here's some items. I appreciate my body for what it can do, what it's capable of doing and some gratitude and appreciation. And then body, image flexibility. The measure that's probably most often used for this is the Body Image-Acceptance and Action Questionnaire (BI-AAQ).

Anna Bardone-Cone: There's some critiques of it, but this is, is currently a pretty commonly used measure for this, and this refers to the ability to this openly experience thoughts or feelings about the body without acting on them, or trying to avoid or change them. So this isn't like. And now I feel good about my body. It's more like, okay. I'm not feeling great about my body, and you know that's not going to influence what I do. It's not going to influence me going out with friends. It's not going to influence me, choosing to wear this this dress that I really like, but it's sleeveless and that sort of thing.

Anna Bardone-Cone: I realized a lot of my examples are from a female perspective. I'll try to make sure distribute those a little more. So these are some examples here. These are all reverse coded.

Anna Bardone-Cone: Okay. So, for example, when I start thinking about the size and shape of my body, it's hard to do anything else. Body, image, flexibility, you'd be like.

Anna Bardone-Cone: No, not at all. I can start thinking about it, and they could good thoughts, or bad thoughts or neutral thoughts, and it does not have a downstream effect on what I choose to do. Alright, and then internalized weight bias/stigma.

Anna Bardone-Cone: This measure (Weight Bias Internalization Scale) was developed for individuals with overweight and obesity. There's a modified version that's, that's meant to reach a broader audience. But here internalized weight bias refers to the extent to which individuals endorse and apply negative weight-based stereotypes to themselves. And so we're probably familiar with but weight bias. And this is when you kind of internalize that and kind of take it on as something you believe about yourself.

Anna Bardone-Cone: And so these are some sample items: Because I'm of my weight, I don't understand how anyone attractive would want to date me. So people who strongly endorse that are showing some of this internalization.

Anna Bardone-Cone: Interestingly, this is very much associated with body dissatisfaction, and some research has shown that some of the pathways that happens through is body checking and body avoidance. So people will internalized weight bias you know, might do more body checking, might do more body avoidance, might do some of each, and that contributes to body dissatisfaction.

Anna Bardone-Cone: Alright. I, I've said a little bit about some factors of diversity, but I want to say a little bit more on, on this slide, and then I think we're going to switch to some consequences and factors, and then some kind of approaches to doing that in therapy or, your clinic, or health provider office. So, in terms of race and ethnicity, I think one of the main things to, to highlight here is that if you're thinking about body image ideals, those are culturally created.

Anna Bardone-Cone: In the, you know mainstream down the Society for Women. That's White and thin, and for, for males, it'd be kind of muscular and toned. And for different racial ethnic groups, they may have different norms that they kind of are comparing themselves to, and that might contribute to their body image.

Anna Bardone-Cone: And so one example among Black females, besides what I mentioned before about hair and skin tone, there's research suggesting that there might be a greater sense that a curvy body would be attractive in Black communities.

Anna Bardone-Cone: So it's important to know that to what are the ideals that they might be kind of considering and feeling they fall short of right in terms of body image, concern. And then to realize, you know, folks might be trying to meet 2 different standards. Right?

Anna Bardone-Cone: So, for example, if you have a Black woman who lives in a predominantly White area, she might feel some pressure to have a more curvy body, and because of the larger environment feel pressure to be thin. And so this could really add complexity and additional distress kind of like a. You know. I, I, can't win sort of situations. It's important to think about, about those factors.

Anna Bardone-Cone: With gender identity, we kind of talked about a little bit about this in terms of kind of using measures for satisfaction that focus on muscularity. Also important to know is that men are much less likely to seek help for body image concerns. And so, even if that's not a presenting problem, I it's worth kind of checking in checking in with, because when you do have body image concerns, male or female, it's, it's associated with negative consequences.

Anna Bardone-Cone: And then also, I mentioned, transgender individuals, who's body satisfaction, dissatisfaction would be so rooted in, especially if they haven't been able to transition, you know, in kind of feeling, I'm not in the body I should be in, right.

Anna Bardone-Cone: So there are some measures that are being developed to kind of better assess that, there's some research showing that transgender individuals might especially feel heightened body shame if they are not in kind of cultural expectations for body surveillance, because they are trying to see. For example, am I my passing right kind of take the others of objective to get a sense of, if their bodies are sort of being conceived of as they, as they want them to be, as, as, they feel they are.

Anna Bardone-Cone: So they're added complexities to certainly consider in terms of gender identity. I'm gonna skip to talk about age briefly, then we'll talk about adolescents when we talk about social media and in the couple of slides in terms of age and middle age women, I just wanna highlight that there's been increase I'd say, in research and middle aged women. This is a good thing, because we know it's very common. Body dissatisfaction is quite common in middle aged women there when they talked about 73% of middle aged women being dissatisfied with their weight, 40% of women over 50, checking their body shape and size daily, doing frequent weighing. So this is not a case where you grow out body dissatisfaction.

Anna Bardone-Cone: And when working with clients who are middle aged, I'll focus on middle aged females here, you definitely want to think about what might be unique to their stage of life. And so, for example, often they're aging-related concerns regarding appearance with age. There might be, you know, kind of thinning of hair, graying of hair, skin being less elastic, weight being distributed differently. And all of this is kind of moving them away from the societal ideal for, for, for female in the mainstream US. So, being aware of kind of factors that might be more assailing for them because they're related to

normal aging. And then also factors that might be related to menopause in terms of some body changes that are occur there.

Anna Bardone-Cone: I'm not going to say all these. But these are some consequences of not a negative body image. The couple things I'll say one is that body dissatisfaction is one of the most consistent and robust predictors of eating disorders. So that's definitely something to be aware of, but it can contribute to all sorts of other concerns and, and problems.

Anna Bardone-Cone: About the unhealthy behaviors, often aimed at altering appearance. That's I think, kind of the lynchpin here, because if you're dissatisfied with your body, or you think I guess maybe it's an and you it says by your body, and you think I really judge who I am based on my body, kind of a "logical" thing to do is try to do something to change your body right as opposed to being more accepting, you know.

Anna Bardone-Cone: So, my genetic you gave me, you know I eat healthfully enough, and I exercise, you know moderately. This is kind of what my body is going to look like.

Anna Bardone-Cone: If you're body dissatisfied often that will motivate trying to change. And so dieting could be something to change, purging, compulsive exercise, steroid use, the bingeing and I put there that might sound like weight. How would that alter your appearance? So I put that down for 2 reasons. One is men in particular who they might talk about cheat meals or kind of alternating between being very restrictive, and then kind of binge eating to add weight, but then the, the, restriction to kind of reduce body fat. So binge eating actually could be a piece of men's attempting to kind of gain mass. Bingeing might also be used as an escape for anyone whose has body dissatisfaction experiences that kind of way sort of escaping from where they currently are because it can provide a zoning out experience, but it included here, and particularly because of men and bulking up.

Anna Bardone-Cone: Alright, I want to make sure I have ample time for the other items. So, I think I'm going to just highlight a few things here. So these are some risk factors and protective factors.

Anna Bardone-Cone: The protective factors, some we already talked about, but appreciation, functionality, flexibility, self-compassion, is one that has really been gaining steam. Self-compassion is 3 different kind of aspects to it. But one aspect is self-kindness, and sort of the idea of treating yourself the way you would treat a friend, you know, you know, being, you know, having negative body image, you might be seeing like oh, and so far I'm too big, and like you would never say that to a friend that you loved right? So, don't say it to yourself, so that's the idea of self-compassion.

Anna Bardone-Cone: Media literacy would be kind of being able to critique the media really understand that there's intentional messaging going on, there's messaging to try to make you feel badly about your body. So then you decide. Oh, I can buy this diet food, or I can invest in this sort of equipment that will tell me you know, being, being skeptical of what the media is telling you. In feminism, I'll come back to talk about that in a little bit. These other factors, the risk factors, so social comparison.

Anna Bardone-Cone: Sadly, I get a super normative to be comparing yourself to others and the ideas it's sort of getting a sense of, maybe, where you stand, but it is consistently associated with negative body image concerns, and often these are done with maybe your peers.

Anna Bardone-Cone: We'll talk about it on social media in a bit, but we also have been looking at self-oriented comparison. So you're looking at how you were sometime in the past. A grad student who worked with me in the past, Katie Thompson, has looked at this in postpartum woman. So women who are comparing themselves postpartum to their pre-pregnancy weight that you know that's not a good thing that's associated with negative outcomes. And we might also find that, for, for, example middle aged women, comparing themselves to younger selves.

Anna Bardone-Cone: Appearance-ideal internalization is kind of buying into whatever is deemed culturally most attractive. So buying into thinness that that's important, and something I should strive for. Negative body talk or "fat talk," this is a self-deprecating talk that you would do often with others, or with others kind of present about your body. So this would be saying, oh, you know. Look at how big my thighs are, or I really should not eat that dessert because I need to lose weight. This is also consistently associated with negative feelings about your body.

Anna Bardone-Cone: And then body related teasing frontal, direct, indirect comments. The direct comments would be, if a parent were to say to their child, you need to lose weight, or are you sure you're going to have that extra serving, and then indirect, are things that they say to themselves which could be considered fat talk. This would be where they aren't like trying to engage in a conversation usually with fat talk, there is a conversation going on, where people are being self-deprecating. This would be where they just overhear their parents, saying you know I need to lose weight, or I'm too fat all, all bad related to negative body image. Something that could be important to target in work you do with clients.

Anna Bardone-Cone: Alright. We see, I think I'm going to these are important theories I have in the image at the other one. But just know that there are theories, that kind of posit, the importance of that that say things about body image, the objective, objectification theory and brief talks about how the culture tends to sexualize and objectify women's bodies, and that these women to kind of adopt this outsider perspective, and to put a lot of time energy into what they look like. And sadly, you know the idea of kind of women's body images especially important to how people view her has been born out

time and time again. A Peer Research Center study, a report in 2017. When they asked, what trait does U.S. Society value most in women?

Anna Bardone-Cone: The top response was physical attractiveness. And for men the top responses were morality, financial success, and ambition. So you know, that's still a sense of, of, that image, physical appearance is central to kind of worth.

Anna Bardone-Cone: The Tripartite Influence Model posits there, there are these different kind of influences: family, peers, media, and the influence they have on people's body satisfaction is by increasing levels of comparison and internalization. So if, for example, you feel pressures from your family or peers in the media, or see those models of kind of what's attractive,

Anna Bardone-Cone: You're more likely to start comparing yourself, so do I match up. Do I meet up to these kind of expectations of, of thinness or muscularity, your curviness?

Anna Bardone-Cone: And then the internalization again is having those pressures make you feel like, yeah, I should be thin, I should be muscular, I should be curvy.

Anna Bardone-Cone: And so that's the same with body dissatisfaction which can result in disordered eating.

Anna Bardone-Cone: Let's see this is a, a, measure, a study that that was really interesting. The focus on adolescent girls, but it focus on social media. And in some ways some of the media things are actually still are relevant to, to, everyone. The adolescent's parts are more relevant to adolescents, and some to girls.

Anna Bardone-Cone: The point that I want to highlight here is that social media, though it has good aspects certainly as well, has very concerning aspects related to body image, especially due to its very visual nature, especially if you're thinking about like Instagram and TikTok.

Anna Bardone-Cone: Its available 24/7, so you could compare yourself like you can stay up all night and compare yourself with, you know, edited images, celebrity images, if you want.

Anna Bardone-Cone: And then it's quantifiable in the sense that you can see what gets likes what seems like. Okay, that is especially what's appealing and attractive.

Anna Bardone-Cone: So that's that can influence a lot of people right who are on, on social media. Some people more vulnerable than others, and this paper argued that one group that's more vulnerable is adolescent girls. And because in adolescence you know you're developing your identity, you have heightened self-consciousness. You're changing your body with puberty. And so you're really looking at models for what I should look like, what I should be.

Anna Bardone-Cone: And their point is that social media can increase body image concerns via a focus on others' appearance. There are just so many idealized images out there right? Peers influence celebrities, and then a focus on their own appearance.

Anna Bardone-Cone: It heightens their awareness of how they appear on social media by editing self-images, you're literally changing what you look like, and suggesting that what you actually look like isn't good enough. So there are these ways that social media can be problematic. And so for working with folks, especially adolescents and adolescent girls.

Anna Bardone-Cone: I think these are important questions to ask, but I think they are worth asking in general.

Anna Bardone-Cone: All right, this last part is going to be focused on body image intervention, and techniques. I have our under references, I have this Alleva et al paper. It's really great. It looked at standalone body image interventions.

Anna Bardone-Cone: But what it focused on, what it found most support for is certain techniques, and I thought this was especially useful, useful talking with generalist audience, because you may not kind of use a whole, you know, multi-week session on this one particular intervention. But here's some techniques you can use that can be helpful in working with your, your clients. So these all have large effects in improving body image. And I'm just going to focus on some of them.

Anna Bardone-Cone: These really come from a cognitive behavioral background. And, by the way, if you look at the Alleva article, it expands on all of these. But discussing the roles of cognitions and their role in body image. I'm sure you would talk about, you know, what degree do they have dichotomous thinking. Like I'm attractive, or I'm not. To what degree do they have irrational beliefs? You know I'll only be successful if I get to this weight, or if I build up this, this musculature.

Anna Bardone-Cone: You would do self-monitoring and restructuring cognition. Self-monitoring, this kind of classic CBT right? So you can have them look at what's the event that activated their, their thoughts and feelings. You know what are the beliefs? You know what are the emotional consequences of having those beliefs.

Anna Bardone-Cone: You can work with them on changing negative body image that was also something very helpful. So you know, having them catch themselves when they're being, you know, self-critical and self-critical, but with certain terms right? So instead of someone saying, oh, you know my stomach is disgusting.

Anna Bardone-Cone: You know, can you say, "Well, my stomach is soft, my stomach is round." You know don't make the leap to say it's disgusting and like kind of remove that from the vocabulary and be more descriptive if you're going to focus on your body at all. Which is another question.

Anna Bardone-Cone: Then these last things you can do: imagery exercises, exposure exercises, side estimation exercises. I say something about the exposure exercises. So again, this is where you can get a sense of what is concerning, what is fearful to the individual, and then you might want to set up a hierarchy of ways that they can kind of be exposed to these things situations that make them feel uncomfortable with their bodies. The goal is they learn to survive them, you know they probably won't feel as uncomfortable as they thought.

Anna Bardone-Cone: And if they do feel uncomfortable, they get passed through it right, and probably like the worst thing that they imagine could happen, you know doesn't happen.

Anna Bardone-Cone: And so this could be, for example, going out wearing kind of more form-fitting clothes. It could be for someone who, as you know, feels like their arms are too small and not muscular enough, to go out wearing a tank top. So those are the examples of exposure exercises.

Anna Bardone-Cone: The bottom 2 relapse-prevention strategies, and stress management are in a way broader, but the relapse-prevention strategies. I like this one because they talk about how, okay you've done this work, you've developed these skills, you're going to be in situations where this is all reactivated right; where all of a sudden, you're kind of starting to feel really kind of just these negative body image concerns, you know, coming back. And so how can you handle those differently? In some cases, maybe, it's avoidance of some situations, however, more often it's like, how do you just kind of able to sit with them and not let them kind of not, not have you spiral down into negative feelings about your body.

Anna Bardone-Cone: There are also a psychoeducation aspects that were found to be really helpful. And this was the concept of for discussing the concept of body image. What are the causes and negative body image, the consequences the behavioral expressions that's like body checking and body avoidance. And one thing I thought was interesting about concept of body image in research that looked at layperson sense of body image.

Anna Bardone-Cone: A lot of them said, well, it's about weight, or it's just relevant to women. And so I think it is important to kind of discuss this concept, discuss its multi-dimensionality. Find out what's more relevant to the, to the person you're working with, and make sure you're on the same page when you're talking about body image.

Anna Bardone-Cone: Alright. I'm not gonna talk about this because I'm right. I'm happy to answer questions, but the Q&A. But these are some sort of interventions that this in the space has been around for a while. More recently has been acceptance and commitment theory (ACT) and self-compassion.

Anna Bardone-Cone: And I will talk about this. This I want to give credit to, to, to colleagues, Dr. Mccarney, Dr. Mary Hill. They're both clinical psychologists, and there I reached out to them, besides doing my, you know reading and pulling from the information I know to get a sense. They're both clinicians, fantastic clinicians about kind of how they work with body image. So this is kind of an amalgam of some of the things they shared.

Anna Bardone-Cone: One thing I think useful is this is not a onetime session. Right? People build up their body dissatisfaction over years. You're not gonna then, like in a session, and you're good, you know. So you probably usually leave it into core work, and to the degree that someone's being very self-critical about themselves part of that self-criticism might be about their bodies. And so you can target that I love this point about really being empathic and aligned. And this is a quote from one of these clinicians kind of communicating that that voice at voice. It tells you how ugly you are, how fat you are, how you know on muscular you are, must be really hard to live with, you know. I'm sorry that you've experienced it for so long.

Anna Bardone-Cone: You're also really encouraged to avoid the the trap of kind of being unintentionally dismissive. And this is something, you know. But health care providers might do, spouses often do. They think it's the right thing to do to say. No. What are you talking about? You look good, you shouldn't worry about your body.

Anna Bardone-Cone: That is, it's a real worry that they're experiencing. And so you don't want to be dismissive about that. The values work this really pulls from act you want to. He can, to draw what they

value in life, and a good way of doing this is using pie charts. And so what you might do is you have a first pie chart that says.

Anna Bardone-Cone: Where do you put your time, your energy, your emotion, your, your commitments, and get them to create this pie chart, and often like something about the body related, or maybe body and food related takes up a big chunk, like I spend a lot of time thinking about my body, worrying about my body, exercising to lose weight, whatever it is.

Anna Bardone-Cone: And then the other piece of the pie might be. I spend time with my, you know, focusing on my family, focusing on my work for you, focusing on creative activities. I'm an artist, etc.

Anna Bardone-Cone: And then you have a pie chart that says. Given what you value, given what's really important to you, what kind of makes meaning in your life, and is rewarding and feels fulfilling, where do you want to put your time and your energy and your emotion and your commitments, and usually what you see there is that that body slice is just so much smaller, and other things are bigger.

Anna Bardone-Cone: And this can be really useful sort of as a motivational interviewing technique. Or you know, kind of having this discrepancy can really provide an additional own for motivation to say like, yeah, I want this second pie chart. I, I don't want the first one and then that can lead the way to people being, you know, kind of, you know, exposures being especially more ready for exposures could help them buy into working on doing less body checking.

Anna Bardone-Cone: The other things is also come from these clinicians. Let me see what I'm gonna, I guess highlight just a couple of things here discussing feminism, you know, for some women. This is really a great way to go, so you can kind of assess that; talk about how the way you've grown up and understood that the body is so important is really kind of meaning that it's associated with a kind of a situation where they're kind of as a patriarchy and a dominance there, and that puts women at a great disadvantage.

Anna Bardone-Cone: So it can be a really kind of rally cry, for some women attend to possible weight bias as a health care provider, health care providers are known to have weight biasing you'll have with some weight bias. But you know, being mindful of that, and making sure that that's not something that is influencing kind of your interactions.

Anna Bardone-Cone: Physical activity, there's mixed findings on how that might help with body image, and I think you have to be especially careful with that. If someone is used for what activity to lose a lot of weight. But in some cases it can be a very nice way of reconnecting with the body and improving body

image is yoga and walking. Writing exercises. One of the articles that I put in the references is that review of body functionality, and it has a cool writing exercise that has been found to be in a meta analysis most effective in terms of promoting positive, or you know, more positive body image. So I encourage you to take a look at that.

Anna Bardone-Cone: And then, considering social media use.

Anna Bardone-Cone: Okay, and so then I'm just gonna go through these and say, these are ones that I haven't used other techniques I've used when I work with clients. These are ones I've used in the classroom to start a conversation going, and so I invite you to consider are these ways that you could start a conversation going, if you know, either in addition or if other things aren't working, these might feel a little more comfortable. So in this one we just asked people. You know. What did your body look like at different time periods, early childhood? How do you think about your body? How satisfied were you? And then kind of look, maybe adolescence and then now, and part of this is to helpfully. Most people when they're in chat early childhood didn't think about their bodies, you know, and if they thought about them they thought about it functionally. I ran fast, right? So for some people this can be helpful.

Anna Bardone-Cone: Another thing is kind of tracking "fat talk." So I've done this in a classroom where I just explain what it is, and they kind of go out for several days and listen and, and, record it, and it can be stunning for people to say like, "Wow, yeah, it's all around me, and you know it doesn't make me feel good." And so that can be something. That sort of is, is, an eye opening.

Anna Bardone-Cone: And then, lastly, I have some video image video activities or video clips that could be useful, feel free to take a look at them. They could be again good conversation starters for you and the folks you work with.

Anna Bardone-Cone: And so these are some references; including one on body image, flexibility, and one in body functionality. That kind of provide a review. Alright, thank you.

la-shell_johnson@med.unc.edu: Thank you so much for the presentation. Dr. Bardone-Cone. Now we will open up for question and answers. Please type your questions in the Q&A box. We have a few minutes to address those questions.

la-shell_johnson@med.unc.edu: Any unanswered questions will be sent to you via email with those responses from Dr. Anna Bardone-Cone within one week from today. As a reminder, slides and the evaluation will be available immediately after the presentation. The first question reads.

la-shell_johnson@med.unc.edu: How can a dietician use aspects. These tools/assessments within their scope of practice?

Anna Bardone-Cone: Yeah, it's a good question.

Anna Bardone-Cone: Yeah. Well, yeah, so I guess a couple of thoughts here, you know. On the one hand, if you're working with a larger team, you know you may have less of a, you have less of a role with the body image piece. If you are like not as part of a team, then I think some of these things will be more immediately applicable. But regardless, I think the connection to which I guess you can do some. You can send you some CBT stuff in terms of thinking about. If there's, for example, resistance to try certain foods or to yeah kind of expand their repertoire or amounts kind of talking through kind of what their thoughts are about that what kind of feelings that elicits, you know. Thought might be I'm gonna gain weight, or I'm gonna look unattractive. And so there we can talk about you. Could that could be entree to.

Anna Bardone-Cone: You know either kind of doing a more CBT model which is challenging, for example, the fact that you have to be then to be attractive, or it could be an entree to sort of kind of a values piece. So I think actually to say one more thing about that, I think, with the Dietitian. Then you could use something like, like values. And so, if you kind of talk about, you can talk about it the way I talked about it, or you can talk about in terms of like.

Anna Bardone-Cone: What do you see? Kind of food doing for you? And you know now an ideal. Well, if the ideal world, you know. If they can say why I like fuel to really like you know, kind of nurture me make me strong. Make me alert might be comfortable with it. Let me kind of go out and socialize with my friends that those are nice ideals to move towards, versus maybe where they are now, which is which I want food to, you know not let me gain weight, or now that sort of thing. So long answer and hopefully, someone helpful, but I think the values piece could be helpful or depending on how they're thinking about food. You could kind of take some of more of that CBT approach. What are they thinking? How does that make them feel and kind of challenge that a little bit?

la-shell_johnson@med.unc.edu: Thank you so much, Dr. Bardone-Cone. The next question reads on most websites: I visit nearly every ad is about reducing belly fat, even though I've worked to just at preference, where possible, what other places can we help our clients learn to take control of the images they are bombarded with daily? How can we help improve our patients critical thinking about the images and messages they see daily related to body image, and dieting?

Anna Bardone-Cone: Preach on. I yeah, I think I know those ads that you're talking about. But yeah, so a couple of thoughts on that I mean, some things are right out of control. There are to the degree their algorithms. But even if even for kind of not looking at those things, I think they're different things that we'll kind of present these images that talk about reducing belly fat, or whatever to us. So a couple of thoughts one is, you know, you could encourage people to take to. Well, first of all, to realize that's happening.

Anna Bardone-Cone: Kind of realize how messed up. That is right. And I mean, use that term like this is messed up. That this is. This is what I'm kind of bombarded with, and I don't have control. I don't want to see these images. This is what's being shown to me. That's just messed up.

Anna Bardone-Cone: But think about taking some social media breaks. I have 2 sons, and my 19 year old has talked about, and he's into kind of you know he lifts weights and whatever. But, he said, the amount of messages he has about supplements about a simple thing is just insane, and so he takes the occasional social media breaks. He's like, I just. I just need a break. So I think kind of encouraging that as a possibility, I say social media. But you might also, if possible, you know, kind of take a little bit of an internet break periodically in terms of helping them critically think.

Anna Bardone-Cone: I think that for some people, I think once you start the conversation, they're pretty open to it, and it's sort of refreshing to be like, yeah, this is like not healthy messaging, you know, if this person is you're working with is a parent that can be a nice hook. How would you talk to your child right about kind of these messages, and how would you help them understand that they're sending unrealistic messages that are so focused on appearance when we should be focused on so much else about ourselves. So for someone who's a parent, I think that can also be a nice hook like, how would you help your child? Kind of really be skeptical about what you're seeing.

la-shell_johnson@med.unc.edu: Thank you so much, Dr. Bardone-Cone. We have time to take one more question. Any unanswered questions, as I, as I stated before, will be sent to you via email one week from today with those responses. Some clients perceive that focusing on body functioning or appreciation does not fix their dissatisfaction with their physical appearance. What interventions might help with this?

Anna Bardone-Cone: So yeah, so there are cases. So it doesn't mean, automatically one goes up one goes down. There's a relationship, but it might not happen for everyone. So if folks are you know, appreciate their functionality, and you know, respecting their body, but still feel negatively about their body.

Anna Bardone-Cone: You know that might be a place where you shift to more of a well, actually let me think about this, because that where we shift a little bit more towards the the, the values focus, and realizing that you know, if I'm still not feeling great about my body.

Anna Bardone-Cone: You know I'd rather not be there. But that's where I am now. Kind of a mindfulness about it. Right? That's where I am now, and I'm not gonna have that that win over versus the gains I've made in terms of respecting my body and appreciating my am I the functionality and kind of being able to just sort of sit with it which is still distressing, and probably doesn't feel kind of fair to the person. But could be that the more they practice that that kind of negative body dissatisfaction talk may decrease over time if they're able to still kind of maintain a focus on functionality, and you know a sense of appreciation, or you know, flexibility or neutrality about the body. So I guess the point there is, I don't have a magic answer for that. I wish I did. But I think if they're making strides in the other areas, and if within body dissatisfaction they find that's not leading them to unhealthy behaviors. I hope they can consider that a win.

Anna Bardone-Cone: And that over time that might get get better if they're able to get to keep up those more healthy attitudes for the body.

la-shell_johnson@med.unc.edu: Thank you so much, Dr. Bardone-Cone.

la-shell_johnson@med.unc.edu: I'm sorry. Thank you so much. I wanted to give you a minute to share anything with the attendees, if you like to share anything with them before they leave.

Anna Bardone-Cone: You're doing good work. One thing I'm glad you are attending this webinar and others just too kind of get more ideas hopefully. Find some support for things that you're trying. And I think you know, with the body dissatisfaction piece, because it really is again so linked to eating disorders and other concerns.

Anna Bardone-Cone: I encourage you to keep that up. I really encourage to look at the ideas of potentially body positivity or neutrality or functionality, and just kind of being flexible to see kind of what your clients are gravitating to, and kind of going in with that. But yes, No, thank you. Keep doing up. Keep up doing the good work.

la-shell_johnson@med.unc.edu: Thank you so much, and thank you all for coming to today's webinar. We appreciate your time, and we will see you next month at the next. Webinar. Thank you so much Dr. Bardone-Cone once again for a wonderful presentation.

Anna Bardone-Cone: My pleasure, thank you, bye.