

A Systematic Review: Evaluating Effectiveness of Happy Being Me Intervention in Adolescents

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Abstract

Adolescents are particularly vulnerable to developing body image-related disorders. These issues are largely preventable through early intervention aimed at promoting a positive self-image. This systematic review evaluated the effectiveness of the *Happy Being Me* program among adolescents aged 12 to 18 years. Following PRISMA guidelines, a comprehensive search of databases including PsycINFO, PubMed, Scopus and Web of Science, among others, was conducted through December 2022. Nine eligible studies were assessed using the Effective Public Health Practice Project (EPHPP) Quality Assessment Tool. Key outcomes measured included body appreciation, body esteem, internalization of appearance ideals, and overall body satisfaction. Interventions incorporating cognitive dissonance strategies, peer-led discussions, and psychoeducation showed promising improvements in body-related perceptions for both genders. Despite positive findings, the review identified a lack of long-term follow-up data and limited use of advanced assessment tools. Future studies should employ longitudinal designs and robust metrics to better evaluate effectiveness in late adolescence.

Key Words: Body Image, Internalization of appearance ideals, Body Satisfaction, Therapeutic Interventions.

1. Introduction

Body Image is defined as an amalgamation of the thoughts, emotions, sentiments, or perceptions that a person holds about his physical looks as cited by Cash, 2004, Grogan, 2021 and Yager et al., 2013. In adolescents, concerns about physical looks characterized as 'typical dissatisfaction' (Cash & Henry, 1995). This normative discontent has become a major public health concern, with prevalence rates reported between 24-61% (Kerner et al., 2018), contributing to disordered eating (Harrer et al., 2020), obesity (Levine & Smolak, 2018), depression, low self-esteem (Stice et al., 2017), and risk-taking behaviors (Wu & Berry, 2018).

Appearance schemas typically formulate in early years but manifest during adolescence (Smolak & Cash, 2011). This developmental stage, already characterized by significant physical and psychological transformations, often intensifies appearance-related concerns, potentially escalating into clinical mental health issues (Slankard, 2017). Recent epidemiological studies have documented an increasing rate of body image disorders among adolescents, with data showing a 30% rise in diagnostic rates over the past decade (Johnson et al., 2022; Martinez & Wong, 2023). Despite this concerning trend, researchers emphasize that appearance-related concerns can be prevented by encouraging optimistic concept of self instead of merely acknowledging body image (Webb et al., 2015).

Various intervention approaches have been implemented across three categories: universal interventions for entire populations, selective interventions targeting at-risk groups, and indicated interventions for symptomatic individuals not meeting full diagnostic criteria (Gordon et al., 2010). Cognitive Behavioral Therapy (CBT) has been a prominent intervention, demonstrating effectiveness in treating eating disorders by targeting self-regulation and dietary habits, as shown in multiple meta-analyses by colleagues and Dray in 2017, Vintro-Alcaraz and colleagues in 2022 and Werner-Seidler et al., 2017. Within CBT, Cognitive Dissonance techniques show promise for adolescents with eating disorder symptoms, particularly for females over 15 years and high-risk individuals (Le et al., 2017). However, CBT has limitations in addressing thin-ideal internalization and body dissatisfaction (Stice & Van-Ryzin, 2019), particularly among early adolescents.

Dialectical Behavior Therapy (DBT), a third wave of CBT, integrates cognitive-behavioral techniques with mindfulness strategies to build stress tolerance and improve interpersonal relationships (Lynch et al., 2003). DBT addresses emotional dysregulation, a crucial underlying mechanism in body image concerns and eating disorders (Hamadi & Holliday, 2019). Studies show medium effects in reducing negative body image emotions, though long-term follow-ups indicate persistent body dissatisfaction compared to control groups (Sanchez et al., 2018; Anez et al., 2018).

Acceptance and Commitment Therapy (ACT) offers another therapeutic approach for body image concerns. ACT focuses on psychological flexibility is developed through six fundamental processes: acceptance, cognitive defusion, present-moment awareness, self-as-context, value clarification, and committed action. Unlike traditional CBT, ACT does not aim to reduce or eliminate distressing thoughts but rather to change one's relationship with these thoughts through mindfulness and value-based action (Hayes et al., 2006). ACT has been profoundly influential in treating body image disorders because it uniquely conceptualizes human suffering as universal, making it applicable across clinical, subclinical, and general populations. Research supports ACT's efficacy for weight-related behaviors; a 2020 network meta-analysis found ACT produced the most consistent effects on weight loss after 18 months compared to other mindfulness-based approaches (Lawlor et al., 2020).

Despite ACT's promise, research gaps remain regarding dosage effects and application to specific adolescent populations. While high-dosage ACT effectively reduces weight dissatisfaction, lower-dosage effects are underreported (Harris & Samuel, 2020). Additionally, school-based ACT interventions have shown limited effectiveness for emotional, behavioral, and interpersonal issues (Helm et al., 2015).

The therapies mentioned share common limitations: greater efficacy in clinical settings and adult populations, fewer studies focusing on early adolescents (12-14 years), lengthy sessions potentially causing participant fatigue, and high relapse rates. This emphasizes the need for preventive rather than treatment approaches. Both therapists and patients identify "improving body experience" as critical for recovery (Vanderlinden et al., 2007), and since body experiences develop during adolescence, school-based interventions become crucial due to therapy's limited acceptance (UNESCO, 2019).

Schools offer an ideal setting to reach adolescents, as school health education can positively impact youth who rarely access health facilities. Several school-based programs have been evaluated, including Planet Health (Austin et al., 2017) and PriMa (Wick et al., 2011), each with varying effectiveness. The "Happy Being Me" program, introduced by Richardson and Paxton (2010) in Australian schools, has demonstrated effectiveness in preventing poor self-esteem, body dissatisfaction, weight-related concerns, and societal idealization of a perfect body. Initially designed for pre-adolescent girls, it evolved into a universal prevention program delivered to co-educational groups (Dunstan et al., 2017).

"Happy Being Me" is a three-session program emphasizing on protective factors required to prevent dissatisfaction with one's self. Each 50-minute session focuses on specific components: (1) media literacy and thin-ideal internalization, (2) peer interactions including appearance conversations and appearance-based teasing, and (3) appearance comparisons. The program employs interactive activities, guided discussion, role-playing, and homework assignments to engage participants and reinforce learning (Richardson & Paxton, 2010).

"Dove Confident Me" represents another school-based notion to enhance a more adaptive self-concept and making adolescent more esteemed. While both "Happy Being Me" and "Dove Confident Me" target body image concerns, they differ in structure, content emphasis, and implementation approach, which will be elaborated in the methods section.

Among available interventions, "Happy Being Me" stands out for its effectiveness and reduced relapse risk. Based on the above-mentioned prevalence in body related concerns, a definite requirement to have inclusive programs in schools for both girls and boys, addressing the gaps in literature for efficacy of interventions. "Happy Being Me" is notable as the first such intervention to include boys. Additionally, as the program has been implemented beyond Australia, cultural influences merit consideration.

2. Objectives

The aims of the review are:

1. Assess the effectiveness of the "Happy Being Me" program in addressing body image concerns among adolescents
2. Identify the impact of "Happy Being Me" on specific risk factors for negative body image
3. Assess differences in program outcomes across cultural contexts and implementation settings
4. Compare "Happy Being Me" with other school-based body image interventions
5. Examine potential adaptations and improvements for enhancing program effectiveness

3. Methodology

This systematic review adapts a narrative synthesis approach for data collection as per the guidelines of PRISMA (2020).

3.1. Search Strategy

The present review used intervention studies to evaluate the efficacy of the happy being me intervention plan in adolescents. For the identification of the relevant research, databases including PsycINFO, Psych Article, Web of Science, PubMed Scopus, Social Sciences Citation Index, Science Citation Index, google, and google scholar were taken into consideration. Reference lists from identified reviews/meta-analyses and published articles. Additionally, all the references of the articles were carefully checked for all the available studies on the respective topic. PhD thesis (published) was also considered. A combination of keywords like adolescent, therapeutic intervention and outcome variable were researched. Boolean operators such as **AND**, **OR**, and the wildcard **asterisk (*)** were used to enhance search precision. Based on previous systematic reviews (Sabiston et al., 2019; Yager et al., 2013). The search terms included adolescents OR teenagers OR boys/girls. The following terms were used in searches for interventions: "intervention OR therapy", happy-being me AND Dove-confidence me" "program OR counseling. "Body image," "body dissatisfaction AND satisfaction," "body esteem OR appreciation," "appearance," "shape/schema/concern/dissatisfaction," and "weight concern/dissatisfaction" were among the outcome search terms.

3.2. Inclusion Criteria

This review included studies that investigated **body image or closely related constructs** as their primary outcome. Only studies that involved **adolescent populations**, as defined by the **World Health Organization (2020)**, were considered. Both **clinical and non-clinical samples** were included. Publications from **2012 to 2022** were selected to ensure the review reflected the **most recent decade of research**, in accordance with PRISMA standards.

3.3. Exclusion Criteria

Studies were excluded if they involved participants with **chronic dermatological conditions** (e.g., psoriasis, eczema, acne vulgaris) or **long-term medical illnesses** (e.g., type 1 diabetes, asthma, cancer), as these factors could introduce extraneous variables impacting body image outcomes. Furthermore, research that focused solely on **etiology or prevalence** without assessing intervention outcomes was not considered, as the review aimed to evaluate **treatment efficacy** in promoting positive body image.

3.4. Risk of Bias Assessment

The inclusion criteria were limited to randomized controlled trials and quasi-experimental studies that evaluated the effectiveness of the "Happy Being Me" intervention plan on body image and appearance schema. The **Effective Public Health Practice Project (EPHPP) Quality Assessment Tool** was used to appraise the quality of included studies. This rigorous approach to searching and assessing studies can help to reduce bias in identifying and selecting relevant studies, thus increasing the validity and reliability of the review's findings (See Table 2).

3.5. Data collection and analysis

Selection of studies: Titles and abstracts were first screened for relevance, and potentially eligible studies were subjected to **full-text review** to confirm whether they met the established inclusion and exclusion criteria. Articles that did not provide **original empirical data**—such as reviews, editorials, letters, and qualitative-only reports—were excluded.

Data extraction and management: A standardized data extraction framework was used by the first author to collect relevant information from each selected study. Extracted details included:

- **Intervention** (mode of delivery, comparison conditions)
- **Study design and methodology** (allocation procedures, trial design)
- **Participant characteristics** (sample size, age, sociodemographics)
- **Outcomes** (measurement tools, psychometric properties, timing, and administration)
- **Analysis procedures** (attrition rates, baseline comparisons, major findings)

A **summary table** was developed to highlight key study attributes, allowing for effective comparison of interventions, outcomes, and methodologies across studies. Ethical considerations were also acknowledged. Columns in the table included author(s), publication year, study design, participant information, intervention details, outcome measures, and key results.

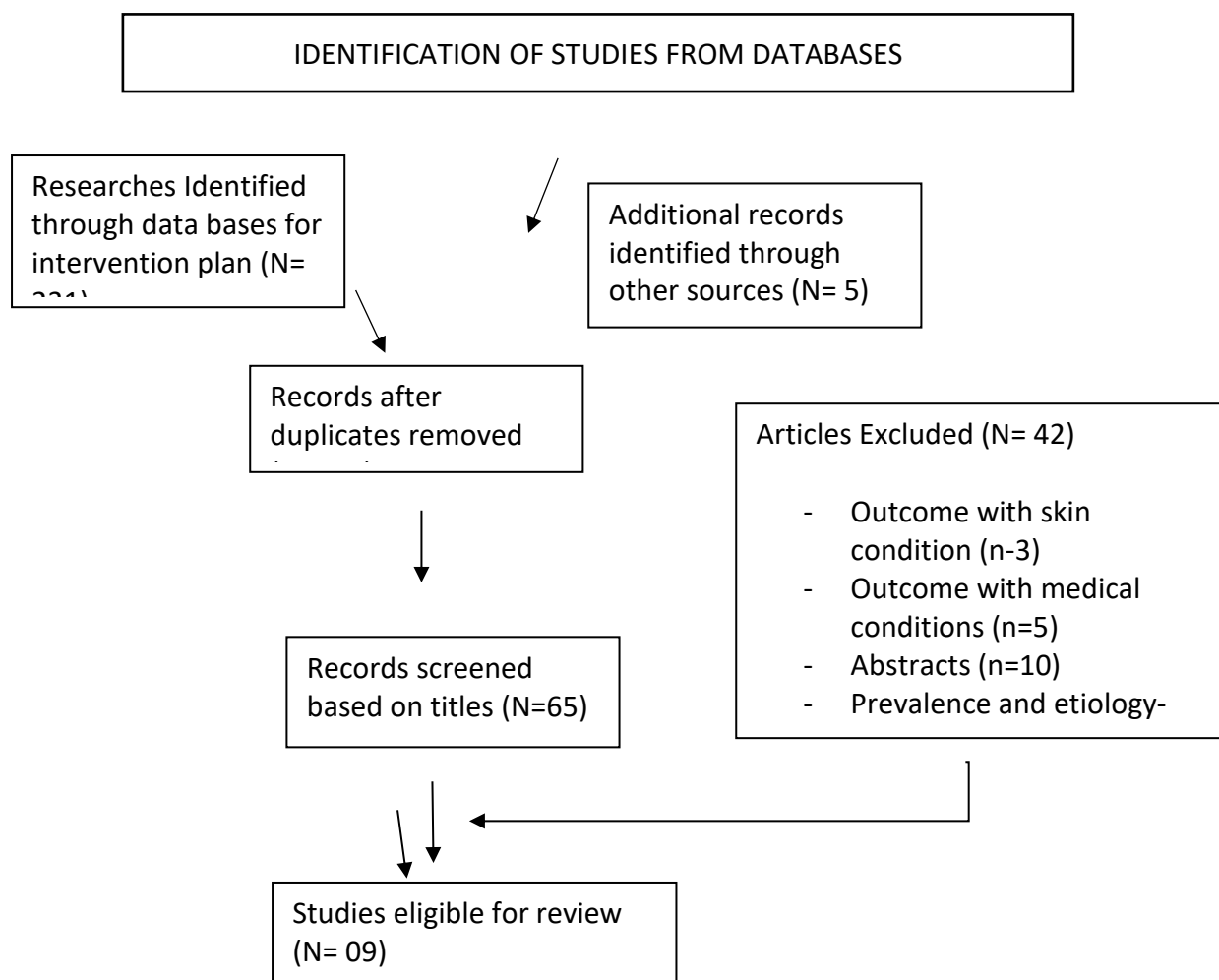


Figure 1. Flow diagram of included studies (PRISMA, 2020)

4. Results

Table 1

Summary of Studies Showing Effectiveness of Intervention Plan on Body Image and Appearance Schema

Author (Year)	Research Design	Area of Sample/Country	Sample (Sample Size)	Intervention (session no.)	Variables of Interest (Measures)	Major Findings
Stewart, Goddard, Cakir, Hall, & Allen, (2022).	ABA Design (Randomized Control Trial)	Secondary school in the United Kingdom (UK)	Boys and girls in their first year of secondary school aged (11–12) Experimental Group (172) Control Group (197)	Happy being me (6 sessions)	Body Dissatisfaction measured by the visual analogue scale developed by Durkin & Paxton in 2002 Body Comparisons Scale by Thompson and his colleagues in 1991 Appearance Conversations (Appearance Conversation Scale; John et al., 2004) Thin Ideal Internalization (Media Subscale of Sociocultural Standards towards appearance Questionnaire; Heinberg et al.,1995), Self-Esteem (Single item Self-esteem Scale; Robins et al.,2001) and eating disorder behaviors (Childrens Version of Eating Attitude test).	The study was carried out at two levels, one led by clinicians and one by school teachers. Repeated measure ANOVA was carried out to analyze the effectiveness of intervention at pre, post, and follow-up level. The findings at post level and follow up revealed significant increase in satisfaction with one's own body body satisfaction for clinician led group as compared to school teacher however eating disorder symptoms and internalization of thin ideals decreased while self- esteem showed significant increase in HBM received from both groups. No improvement in physical comparison and appearance was observed. No gender difference was found.
Author (Year)	Research Design	Area of Sample/Country	Sample (Sample	Intervention (session no.)	Variables of Interest (Measures)	Major Findings

			Size)			
Gashtil & Alizadeh (2022).	Quasi-experimental (Pre -test -post-test design)	High school students in Bandar Abbas (Iran)	47 female students. Experimental Group (n=23) Control Group (n=24).	Dove Confident Me (Single session)	Eating Disorders (eating disorder diagnostic scale; Stice et al., 2009) and Self -Esteem (Rosenberg Self-Esteem Scale; Rosenberg, 1965)	According to the results of the MANCOVA analysis, there was a significant difference in the levels of eating disorders and self-esteem in female teenagers before and after treatment, with the eating disorders declining and the self-esteem rising.
Mooney (2022)	ABA design	Co-educational school in Saskatchewan, Canada	6 students between the ages of 11-13 years from grade 6 to 8 consented for the session (n=6)	Dove Confident Me (Single session)	Body Esteem (Body Esteem Scale for Adolescents and Adults; Mendelson et al., 1997) Self Esteem (Rosenberg Self Esteem Scale; Rosenberg, 1965)	Between the pre-intervention and post-intervention levels, there was no discernible variation in the study variables among students.
Craddock et al., (2021)	Cluster randomized Controlled Trial	Surabaya, East Java, Indonesia	200 Adolescents in grades 7-9 (n=200; 100 in each condition control and experimental)	Dove Confident Me (Single Session)	Body Esteem (Body Esteem Scale for Adolescents and Adults; Mendelson et al., 1997) Mood (Positive and Negative Affect Scale for Children; Lauret et al., 1999) Internalization of societal appearance ideals (Thompson et al., 2004) Reduced Life engagement (Body Image Life Disengagement Questionnaire; Atkinson & Diedrichs, 2021)	This research introduces strategies to enhance the body image of Indonesian adolescent girls Dove Confident Me Indonesia: Single Session, a culturally tailored school-based intervention showing a positive body image and well-being

Author (Year)	Research Design	Area of Sample/Country	Sample (Sample Size)	Intervention (session no.)	Variables of Interest (Measures)	Major Findings
Dunstan, Paxton & McLean (2017)	Block Randomization	Melbourne, Australia	Grade 7 girls (N=200) Only girls (n=74) Co- educational classes (n= 73) Control group (n=53)	Happy Being Me- Coeducational (6 sessions)	Body Dissatisfaction measured by a subscale in Eating disorder inventory (Garner, Olmstead & Polivy, 1983) Internalization of thin ideal (Socio-cultural attitude towards appearance; Thompson et al., 2004) Appearance comparisons (Physical Appearance Comparison Scale; Thompson, Heinberg & Tantleff, 1991) Self-esteem (Rosenberg Self- Esteem Scale; Rosenberg, 1965). Weight related teasing (McKnight Risk Factor Survey; Shisslak et al., 1999) Appearance Conversation (Appearance Conversation Scale; Jones et al., 2014) Dietary Constraints (Subscale of Dutch Eating Behavior; van Strien, Frijters, Bergers, & Defares, 1986).	Results from repeated measurement ANOVA showed significant satisfaction towards one self at post level however a 6 month follow up showed no sustenance of changes. Differences at post level and follow up were observed in factors including internalization of appearance ideals, comparisons and self-esteem. No significant difference was observed in co-ed and same gender, both the groups reported similar findings.
Author	Research	Area of	Sample	Intervention	Variables of Interest	Major Findings

(Year)	Design	Sample/Country	(Sample Size)	(session no.)	(Measures)	
Diedrichs, Atkinson, Steer, Garbett, Rumsey, & Halliwell, (2015).	Pre -test -Post - test design.	Schools in Southwest England	Girls and boys aged (12–13 years; N=1707)	Dove Confident me (Single Session)	<p>Body Esteem (Body Esteem Scale for Adolescents and Adults; Mendelson et al., 2001)</p> <p>Body Satisfaction (Project EAT III Body areas satisfaction scale; Neumark-Sztainer et al., 2007)</p> <p>Internalization of thin ideal (Socio-cultural attitude towards appearance; Thompson et al., 2004)</p> <p>Social comparisons (Social comparison to models and peers scale; Jones, 2001)</p> <p>Appearance Teasing ((Project EAT III Appearance Teasing scale; Neumark-Sztainer et al., 2007)</p> <p>Appearance Conversation (Appearance Conversation Scale; Jones et al., 2004)</p> <p>Self-esteem (Rosenberg Self-Esteem Scale; Rosenberg, 1965).</p> <p>Negative Affect (PANAS for children; Ebesutani et al., 2012)</p> <p>Dietary Restraints (Dutch Eating Behavior Questionnaire; Van Strien, Frijters, Bergers & Defares, 1986)</p> <p>Eating Disorder Symptoms (SCOFF; Morgan, Reid & Lacey, 1999)</p>	At post-intervention and follow-up stages, significant improvements were observed in self-esteem, body satisfaction, appearance comparisons, teasing experiences, and appearance-related conversations. The intervention yielded short-term benefits in dietary control and body image among girls.

Author (Year)	Research Design	Area of Sample/Country	Sample (Sample Size)	Intervention (session no.)	Variables of Interest (Measures)	Major Findings
McLean, Paxton & Wertheim (2013)	ABA Design (Randomized Control Trial)	Australia	Girls aged 12-14 years studying in middle school	Happy Being Me (six session)	Body dissatisfaction (Weight & Shape Subscales of the Eating disorders Examination Questionnaire; Fairburn & Beglin, 1994). Appearance comparisons (Physical Appearance Comparison Scale; Thompson, Heinberg & Tantleff, 1991) Media literacy (Media Attitude Questionnaire; Irving, Dupen & Berel, 1998)	Self-reported questionnaire data were collected at baseline, immediately after the intervention, and again at 6- and 12-month follow-ups. Preliminary analyses of the incomplete sample indicated that participants in the <i>Happy Being Me</i> intervention group showed improvements from baseline to the 6-month follow-up in media literacy, appearance-based comparisons, and internalization of thin-ideal standards when compared to the control group. However, changes in body dissatisfaction or concerns related to weight and shape did not significantly differ between the intervention and control groups.
Bird, Halliwell, Diedrichs, & Harcourt, (2013)	Quasi- experimental design	Community primary school located in Southern England	Girls and Boys aged from primary schools in grade 6-7 Intervention condition	Happy Being Me (3 sessions)	Body Satisfaction (Body Satisfaction Visual Analogue Scale; Durkin & Paxton, 2002) Internalization of cultural appearance Ideals (Socio-cultural attitude towards appearance; Thompson et al., 2004) Appearance-Related Conversations	Following the intervention, girls demonstrated notable improvements in eating behaviors, body satisfaction, appearance-based conversations, and social comparisons related to appearance. A clear decline in the

			(N=43)		(Appearance Culture between Peers Scale; Jones et al., 2004) Appearance Comparison (Physical Appearance Comparison Scale; Thompson, Heinberg & Tantleff, 1991) Appearance Related Teasing (Perception of teasing Scale; Thompson, Cattarin, Fowler & Fisher, 1994) Restrained Eating & Emotional Eating (Three factor eating questionnaire; Stunkard & Messick, 1985) Self-Esteem (Single item self-esteem scale; Robins et al., 2001).	internalization of societal appearance standards was observed between baseline and follow-up assessments. By the program's conclusion, boys in the intervention group also exhibited significant progress in reducing internalization of cultural ideals and in appearance-related comparisons.
Richardson & Paxton (2012)	ABA Design (Randomized Control Trial)	Catholic Secondary school in Melbourne, Australia	194 female Grade 7 students. (Aged=12-13 years)	Happy being Me (3 sessions)	Body dissatisfaction (Body Satisfaction Visual Analogue Scale; Durkin & Paxton, 2002) Body Comparison (Physical Appearance Comparison Scale; Thompson, Heinberg & Tantleff, 1991) Appearance-Related Conversations (Appearance Culture between Peers Scale; Jones et al., 2004) Appearance Related Teasing (Perception of teasing Scale; Thompson, Cattarin, Fowler & Fisher, 1994) Dietary restraints (Subscale of the Eating disorders Examination Questionnaire; Fairburn & Beglin, 1994)	At both post-intervention and follow-up assessments, participants in the intervention group outperformed the control group in measures of topic-specific knowledge, body dissatisfaction risk factors, body image, dietary restraint, and self-esteem

5. Discussion

To the best knowledge of the author, this is the first systematic review examining the effectiveness of the "Happy Being Me" intervention on body image and appearance schema. "Happy Being Me" is a manualized worldwide prevention program that aims to encourage a healthy body image while resolving relevant risk factors (Steward et al., 2022). The intervention plan involves key concepts and activities derived from a collaboration of Happy Being Me authors and education experts (Diedrichs et al., 2015). This discussion provides a comprehensive analysis of the intervention's impact on various outcomes, identifies key strengths and weaknesses of the existing literature, and offers implications for future research and practice by synthesizing the findings from the nine reviewed publications (Antaramian et al., 2010).

The "Happy Being Me" intervention has demonstrated effectiveness in fostering positive body image and appearance schema, as shown in our results. Six of the nine reviewed studies employed randomized controlled trial methodology, allowing for robust comparison between intervention and control groups (Hatswell, Baio, Berlin, Irs & Freemantle, 2016). However, our review suggests the need for additional methodologies, particularly longitudinal studies, to determine the intervention's long-term effects. The systematic review emphasizes that unhealthy notion of self-representation is not limited to family status or countries with English as their main language, though most studies only monitored short-term intervention effects. Research has shown that adolescents in high-, middle-, and low-income nations experience similar levels of poor body image. Furthermore, cross-cultural data indicate that teenagers in Asian nations like China, Japan, Korea, and Malaysia express equal or greater levels of dissatisfaction as compared to European countries, America or England (Brockhoff et al., 2016). Currently, scarcity of sufficiently powered, theory-driven body image intervention research conducted in schools in low- and middle-income nations have been observed. Despite the school-based setting of all studies, the population is largely limited to early adolescents. This represents a limitation given that literature identifies body image concerns may develop in early adolescence but are more fully recognized, understood, and manifested during late adolescence, when individuals become increasingly concerned about physical appearance and susceptible to societal pressure, with consequent higher probability of engaging in risky behaviors (Souto et al., 2017). Therefore, the effectiveness of the intervention should be evaluated during this critical period when attitudes are being formed and actions taken. Moreover, only two studies maintained adequate sample sizes at follow-up, which can statistically affect outcome reliability. Power analysis suggests a sample size of at least 128 is necessary to detect an effect size of .80 (Myros, Murphy, & Wolach, 2010), indicating future interventions should ensure appropriate sample sizes.

The studies implemented the intervention using various techniques, predominantly through school-based group sessions. Some body image programs require presentation by trained professionals such as psychologists or therapists, while others are delivered by teachers. Researches by Halliwell (2016) and Yager (2013) with their colleagues reviewed that teacher-delivered programs may enhance scalability and accessibility, which is crucial given that dissatisfaction with one's body and an unhealthy body schema represents significant

concerns at public level. Notably, five studies employed the HBM co-educational program, demonstrating significant improvement in body concept and appearance-related attitudes in both boys and girls. This suggests that boys also experience negative body image that can impact their mental health (Steward et al., 2022), indicating a deeper investigation of this domain. Particular focus on body image issues faced by boys could benefit future development of "Happy Being Me" and suggests the need for additional measurements evaluating specific masculine concerns.

Our findings clearly demonstrate that the Happy Being Me intervention effectively addresses body image dissatisfaction, enhances body and self-esteem, and reduces appearance-related concerns (Diedrichs, Atkinson, Steer, Garbett, Rumsey & Halliwell, 2015; McLean, Paxton & Wertheim, 2013; Atkinson & colleagues, 2017). Across the world studies are suggesting that Happy Being Me successfully improves body satisfaction, reduces self-appearance comparison and eating-related risk behaviors, and diminishes destructive social ideals not only immediately post-intervention but also at follow-up. However, the limited number of studies indicates the need for further evaluation to understand the long-lasting effects by providing early intervention, particularly to individuals in jeopardy of developing negative concept of self.

In conclusion, this systematic review provides evidence for the effectiveness of the "Happy Being Me" intervention in improving body image and appearance schema among adolescents, with particularly strong results for female participants. The intervention demonstrates promising outcomes across various cultural contexts, though more research is needed in diverse settings. Future research should focus on determining optimal implementation strategies, evaluating long-term effectiveness, and adapting the program to better address male body image concerns. These findings have important implications for healthcare providers, educators, and policymakers interested in promoting positive body image and reducing mental health problems associated with negative body image during adolescence.

Table 2
Risk of Bias Assessment

Authors (Years)	Study Design	Selection Bias	Confounders	Blinding	Appropriate Data Collection method	Withdrawals and dropouts
1. Stewart, Goddard, Cakir, Hall, & Allen, (2022).	Yes	Unclear	Yes	Yes	Yes	Yes
2. Gashtil & Alizadeh (2022).	Yes	No	Yes	Yes	Yes	Yes
3. Mooney (2022)	Yes	No	Yes	Yes	Yes	Yes
4. Craddock et al., (2021)	Yes	N/A	Yes	Yes	Yes	No
5. Dunstan, Paxton & McLean (2017)	Yes	No	No	Yes	Yes	Yes
6. Diedrichs, Atkinson, Steer, Garbett, Rumsey, & Halliwell, (2015).	Yes	Yes	Yes	Yes	Yes	Yes
7. Mclean, Paxton & Wertheim (2013)	Yes	No	No	Yes	Yes	Yes
8. Bird, Halliwell, Diedrichs, & Harcourt, (2013)	Yes	No	Yes	Yes	Yes	Yes
9. Richardson & Paxton (2012)	Yes	No	No	Yes	Yes	Yes

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