Eating disorder symptoms are increasingly being observed in young children. For example, body dissatisfaction can emerge as young as 5-6 years old. Body dissatisfaction predicts a number of emotional and physical problems including disordered eating, low self-esteem, depression, and eating disorders. It is important to intervene early in children to encourage positive body image, healthy eating behaviors, and prevent body dissatisfaction and eating disorders. Parents are an important source of influence in early childhood and their own body image attitudes and behaviors impact their children's body image and eating behaviors.

Confident Body, Confident Child (CBCC) is a universal intervention aimed at parents of 2- to 6-year-old children designed to promote body satisfaction, healthy eating, and weight management in early childhood. The program is designed for all children, regardless of their body weight, size, or level of self-confidence. This parenting resource program includes two booklets (1 for parents and 1 for extended family/caregivers), a quick reference guide, and an evidence-based children’s book called “Shapesville” (available on Amazon http://www.amazon.com/Shapesville-Andy-Mills/dp/0936077441). The CBCC website is www.confidentbody.net but unfortunately the site is password protected and not available to the public at the time of this summary. There is also a parent workshop that can be offered along with the other resources. The workshop is a 2-hour manual-based program that introduces the key concepts of CBCC to parents, encourages use of the resource materials, and generates group discussion of parenting issues related to child body image and healthy eating. The workshop content follows the structure of the parenting book.

Hart et al (2016) examined the effectiveness of the CBCC intervention using a four-arm randomized controlled trial. Participants in the study were 345 parents (334 mothers, 11 fathers) of at least one 2- to 6- year old child living in Victoria, Australia. The researchers randomly assigned participants, to one of four conditions:

- Group A: CBCC resource pack + parent workshop
- Group B: CBCC resource pack only
- Group C (active control): nutrition information resource (called Happy Healthy Kids for Life) that did not address body image
- Group D: (wait list control): no resources

Participants were assessed before and 6-weeks after the intervention to measure parenting variables associated with child body image and eating patterns as well as parent-report of child weight and questions about the resource.

Results indicate that parents in Group A who received both the CBCC resource pack + parent workshop showed the highest levels of improvements on measures of television use during family meals, instrumental feeding (using food as punishment or reward to change a child’s behavior), emotional feeding (using food to calm or soothe a child’s negative emotions), and pushing to eat (pushing/encouraging child to eat more food or certain types of nutritional foods).
Parents in Groups A and B reported significantly greater improvements in a test of knowledge of parenting variables known to be risk or protective factors for body dissatisfaction and unhealthy eating behaviors, on a measure of parents' behavioral intentions to respond to situations in a way likely to prevent or increase the risk of unhealthy body image and unhealthy eating. Parents who received only the nutrition resource (Group C) were more likely to respond after the intervention that they intended to use strategies that would actually increase risk of unhealthy body image and unhealthy eating. This finding highlights the risk of focusing on nutrition with messages about weight management without providing strategies for encouraging healthy eating patterns in ways that also promote healthy body image by focusing on health instead of weight. On many other variables, the parents in Group C did just as well as parents in Groups A and B.

The authors conclude that CBCC is an effective intervention. The improvements observed in Group A compared to Group B argue for the implementation of this intervention in an active engaging group format. This study only focused on parent variables and future research should evaluate children whose parents participated in CBCC to determine if the change in parent variables translates to a reduction in body dissatisfaction, disordered eating, and overweight in children.