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Eating disorders (EDs) are biopsychosocial illnesses, affecting over 30 million people in the US.<sup>1</sup> They are the deadliest of any psychiatric disorder.<sup>2</sup> My research focuses on patients' experiences of ED illness and remission, and how interactions with healthcare providers impact these. My experience as a medical social worker and mental health evaluator for six years, and as an ED advocate for ten, elucidated many issues within our medical system, treatment modalities, and broader society that impact treatment access. Though social workers constitute one of the most common professions *treating* EDs, they are less represented in *research*, posing an opportunity to provide a patient-centered, person-in-environment, social justice perspective that is needed in the field. My research examines patient experiences of EDs and treatment, patient-provider communication, and the intersecting identities of patients which impact experiences of care. I have spent the past nine years collaborating on transdisciplinary research teams, developing and evaluating interventions for health risk behaviors and mental health issues. I have a strong record of research scholarship, as well as a promising future trajectory that will make a valuable contribution to the field of mental health research and current social work faculties.

### **Prior Research and Scholarship**

My first doctoral project on patient perspectives and patient-provider communication, was a project furthering research I started during a Masters' fellowship in adolescent health funded by the Maternal Child Health Bureau. This project examined the perspectives of adolescents with chronic illnesses, including EDs, their caregivers, and providers. This project examined risk factors for substance use, with the goal of adapting a substance use prevention program to this population. This qualitative study utilized triangulation between adolescent, caregiver, and medical provider perspectives to identify risk factors, within a prevention science framework. While this research revealed risk factors broadly found in prevention literature (e.g. using peers, perceived norms), it also identified risk factors specific to chronic illness (e.g. drug availability, medically savvy teens), suggesting areas for intervention. This project resulted in three conference presentations, a first-authored manuscript to be submitted to *Journal of Adolescent Health*, and data are being used as pilot data for an R01 grant application.

My general exam reviewed the literature on Atypical Anorexia Nervosa (AAN) between 2007 and 2017 in a PRISMA systematic review. The AAN diagnosis was established in 2013 for individuals meeting criteria for anorexia (in terms of behavior, cognitions, and impairment), but whose weight had not yet reached the diagnostic threshold. This review found that compared to lower-weight anorexia, 1) AAN was more common (but also less treated), 2) AAN patients

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<sup>1</sup> Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, 61(3), 348–358.

<sup>2</sup> Smink, F. E., van Hoeken, D., & Hoek, H. W. (2012). Epidemiology of eating disorders: Incidence, prevalence and mortality rates. *Current Psychiatry Reports*, 14(4), 406-414.

experienced greater levels of weight loss prior to receiving care, and 3) that AAN patients experienced medical complications at commensurate levels. In sum, the review concluded that AAN was a serious ED with life-threatening medical complications, with growing prevalence, but greater delays in treatment compared to lower-weight AN. This first authored-manuscript is being submitted to a top journal in the field, the *International Journal of Eating Disorders*.

To further investigate the disparities in treatment and delays in care revealed by this review, my dissertation collected primary data from patients with AAN in a mixed-methods longitudinal study. My research was supported by two research fellowships through the NIH through the Institute of Translational Health Sciences (TL1 TR002318) and additional research grants from the Academy of Eating Disorders and the Association for Size Diversity and Health. This study is following 39 diverse AAN women and non-binary individuals, and collecting demographic, psychiatric comorbidity, medical history, and psychological impairment measures, in addition to three qualitative interviews exploring patient experiences of illness development, treatment (or lack thereof), and remission. The aims of this study are to 1) better characterize the illness of AAN, 2) identify facilitators and barriers of positive healthcare interactions, and 3) illustrate how the intersecting identities of participants impacted experiences of treatment. This project has resulted in eleven conference presentations, including one invited presentation, one plenary, multiple student collaborations, and two MSW theses. Though analyses are in process, I published a sole-authored manuscript on patient experiences of AAN in *Women & Therapy*, and this research has been featured in the *Huffington Post*, *Seattle Times*, and *Medium*.

## **Research Trajectory**

My dissertation found that AAN patients reported frequent instances of missed diagnosis when presenting for medical care or therapy, potentially contributing to the treatment delays found in the literature. Further, my study found an average treatment delay of 11.75 years, not including the 24% who had not yet received care. Patients also reported instances of weight stigma and provider lack of education about EDs. Moving forward, I plan to design and evaluate a brief AAN screening tool to be implemented in primary care settings, as well as provider-based interventions to increase ED awareness and education and decrease weight bias. Possible funding opportunities for my research include the National Institute of Health, Maternal Child Health Bureau, Department of Defense's Peer Reviewed Medical Research Program (including monies specifically for ED treatment), the National EDs Association Feeding Hope Fund grants, and partnerships with ED treatment centers research departments.

EDs cause significant impairment and disproportionately impact marginalized groups such as adolescents, women, and gender and sexual minorities.<sup>3</sup> As such, EDs constitute a pressing social justice issues that social workers should not only *treat* but also *research*. My research agenda contributes to understanding how patients experience EDs, how stigma interferes with patient care, and ultimately, how to reach the right patients at the right time with the right care.

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<sup>3</sup> Diemer, E. W., Grant, J. D., Munn-Chernoff, M. A., Patterson, D., & Duncan, A. E. (2015). Gender identity, sexual orientation, and eating-related pathology in a national sample of college students. *Journal of Adolescent Health, 57*(2), 144-149.