

Eating Disorders: Healing Relationships with Food

A1. Needfinding Report



Our Presentation: A Roadmap



Introduction

Team and domain selection.



Methodology

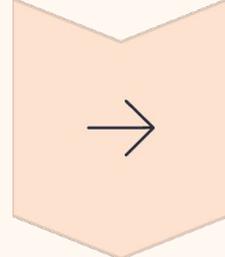
Our approach to data collection:

- Research Participants
- Execution Strategy



Analysis

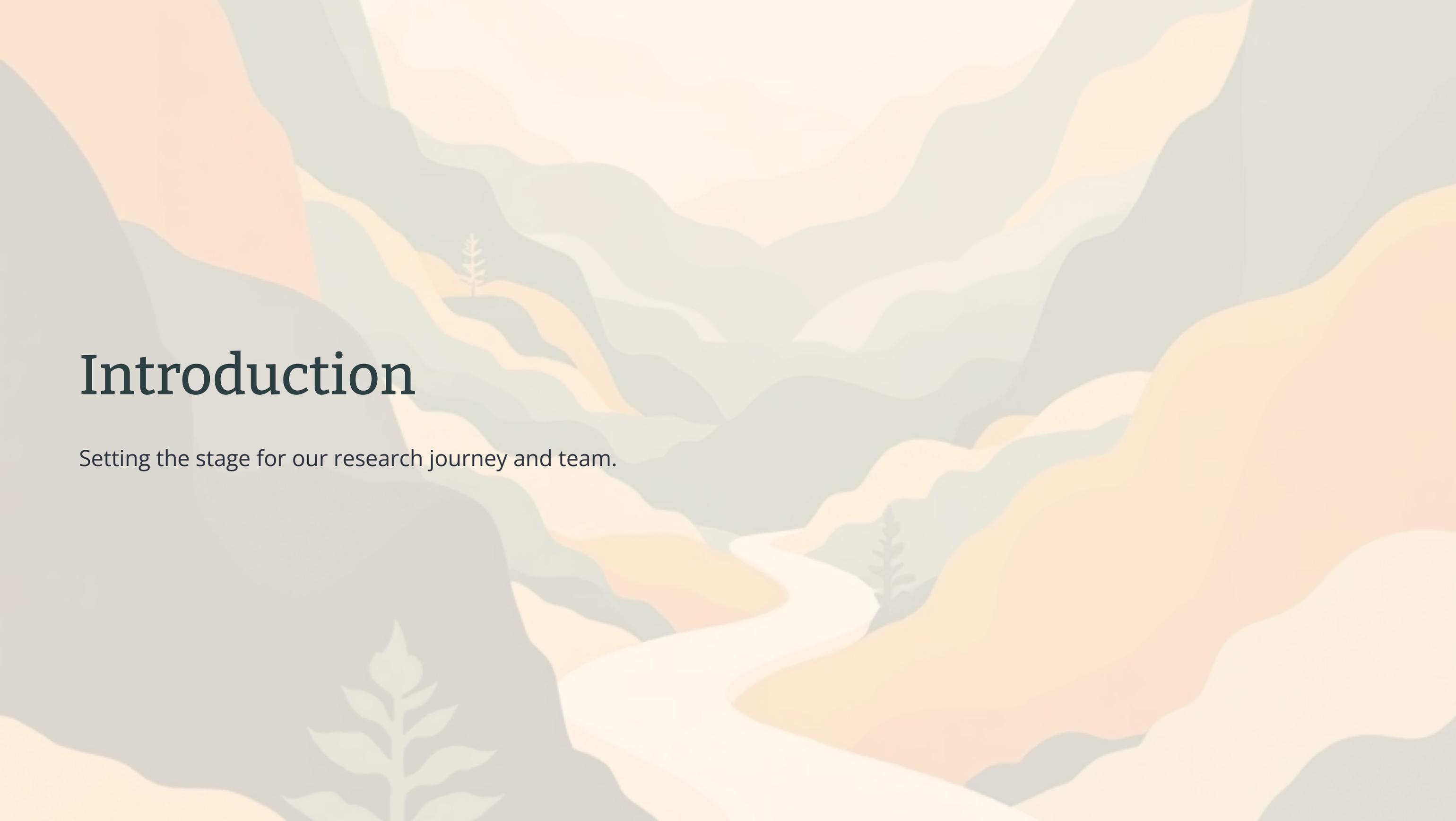
From interview insights and empathy mapping to critical findings.



Summary

Key learnings and defining the path forward.





Introduction

Setting the stage for our research journey and team.

Team Members



Jasmine Xu

Psychology & CompSci '27



Yujen Lin

Symbolic Systems '27



Jade Chan

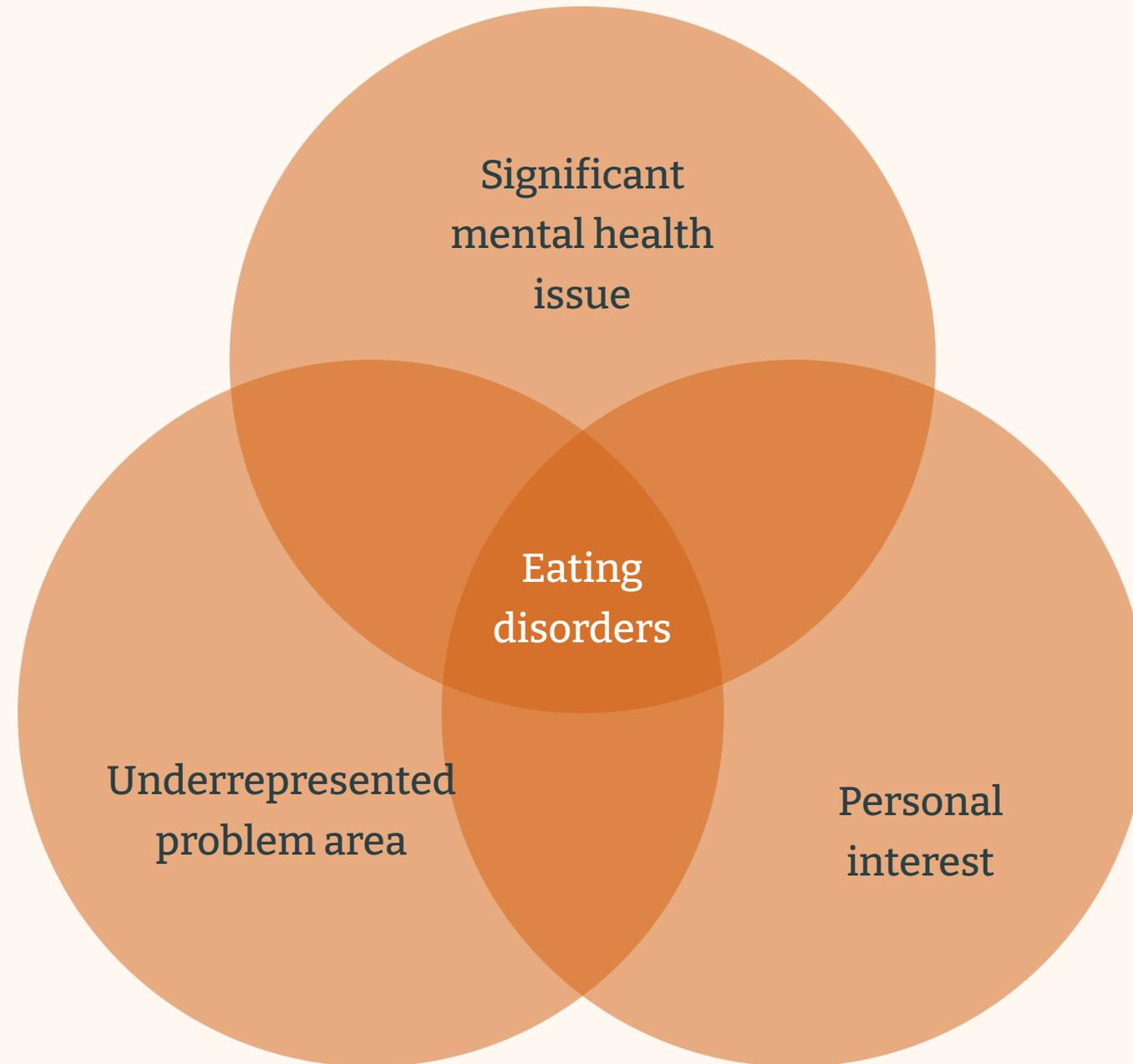
Symbolic Systems '27



Clare Lei

Design '28

Domain Selection



Methodology

Our approach to data collection.

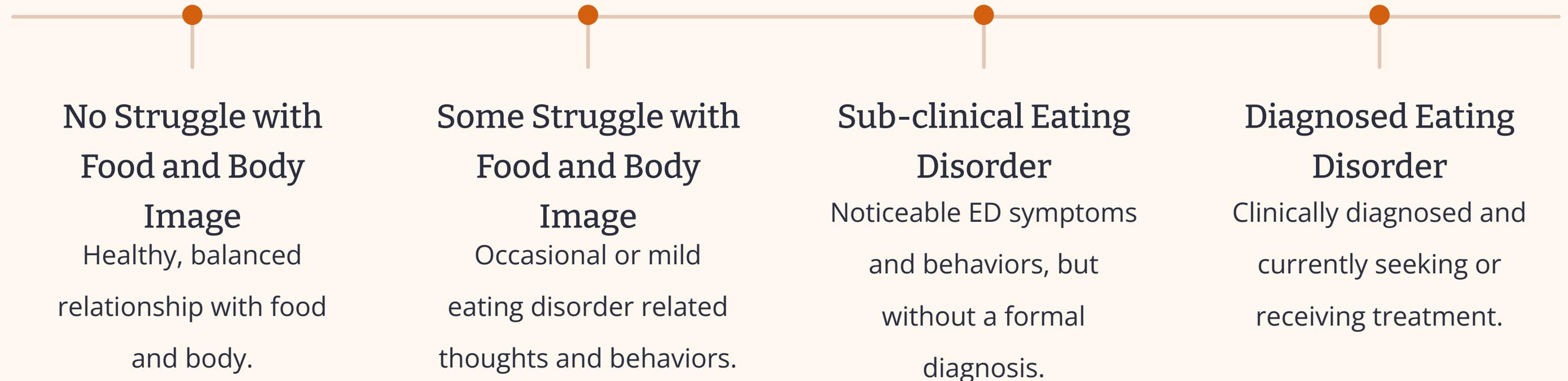


Sampling Criteria

Criteria 1: Participants must be non-Stanford students.

Criteria 2: Diversity in age, gender, cultural background (key factors that impact one's relationship with food and body).

Criteria 3: Eating disorders—like all mental health conditions—exist on a spectrum. Our goal was to capture a wide range of relationships people have with food and their bodies.



Question Framework

1

When you're choosing what to eat, either at the grocery store or trying to meal plan and decide on a meal, what usually goes through your mind?

Can you share with us about a time when your mood or emotion influenced what you chose to eat?

General Public

2

How would you describe your relationship with food and your body?

What were some of the first changes in your thoughts, feelings, or behaviors around food and your body that concerned you (or maybe concerned others)?

When things get tough, what kinds of support or coping strategies do you usually turn to, if any?

Lived experience

3

Walk me through what a typical day working at the treatment center looks like.

What are some of the challenges that you've seen your patients struggle with?

Expert perspective

Research Methodology

1

Recruitment method

- Convenience sampling (inviting individuals encountered during fieldwork to participate in interviews).
- Purposive sampling (pre-scheduling interviews with individuals known to have lived experience with an eating disorder).

3

Team Roles

- Subteam A: Jasmine (interviewer) & Clare (note-taker)
- Subteam B: Yujen & Jade (both asked questions and took notes)

2

Interview Locations

- Bluebottle cafe
- Safeway
- LGTC (ED treatment center)
- Zoom

4

Research Tools

- Interviews video/audio recorded by phone
- Transcribed using Otter.AI
- Summarized using Granola AI



Findings & Analysis

Empathy mapping, insights and needs.

Us in the wild



Us in the wild



Interviewees at a Glance

Pseudonym	Sex	Occupation	Race/cultural background	Relationship to food and body	Place interviewed
Sandra	Female	College Sophomore	Caucasion	Great struggle with food and body (subcli	Zoom
Helen	Female	Tech Industry	Caucasion/Russian	Moderate struggle with food and body	Blue Bottle
Sebastian	Male	Tech Industry	Caucasion	No struggle with food and body	Blue Bottle
Alexandra	Female	Consultant at Google	Caucasion	Minimal struggle with food and body	Blue Bottle
Sean	Male	Software engineer	South Asian	Moderate struggle with food and body	Blue Bottle
Cathy	Female	Software Engineer	East Asian	Moderate struggle with food and body	Safeway
Nathan	Male	EE grad student	mixed	No struggle with food and body	Safeway
Melody	Female	Therapist	Caucasion	Other: expert perspective	LGTC
Rachel	Feamle	Dietician	South Asian	Other: expert perspective	LGTC

Helen & Sebastian



Interviewee profile

- Works in tech industry, mid 30s.
- Both place a huge emphasis on “healthy eating” and avoidance of anything perceived as “toxic” or “unethical”.
- Interviewed at Blue Bottle Coffee.

"I don't like oily foods. I hate fast food... I feel stressed when I eat oily foods, so I stay away from it"

- Helen

"I prefer healthy food. So not like a big fan of like pizza and burgers" - Elena

"When I go shopping, I like to plan. I think about what I want for the week, I will go buy it." - Elena

"Of course, at the store you can see like, Oh, this is a great like, pineapple and I want to have it and I grab it"

"I think cultures is important. We grew up in a culture where cooking at home, it's the standard, you kind of have that." - Sam

"You could scan, you know, it says organic strawberries. They could tell you what it likely means, and, like, where you are, the name of a farm. They can quickly get an acronym for a certain it actually tells you what that."

"They're just like acronyms and so you think it means something we don't really know. Yeah, like, what does organic."

"I stopped eating beef after learning about the conditions of the farms. I also stopped eating fish because of the amount of Mercury inside of it."

"We like the whole foods hot bars because they give us healthy options that are convenient"

"I hate pizza, but he loves pizza, so we still get it, but I don't like oily foods. I hate fast food."

"[My grandma] liked to grow, like vegetables, like they were like a thing for my grandmother, so I kind of like, know how this vegetable should look like."

"One of my happiest moments with food was when we traveled to Italy and had the most fresh bell peppers from a stand on the side of the street"

"I prefer cooking at home"

"I like to shop at Whole Foods or farmer's markets. The fruits and vegetables don't have any chemicals and it is how the fruit or vegetable should look like."

"I feel stressed when I eat oily foods, so I stay away from it"

"We are concerned with animal ethics and sourcing"

SAYS

The appearance of food is more trustworthy than what the company claims.

Cooking at home should be the cultural norm.

Cooking at home tends to mean that the food is healthier.

Personally knowing where your ingredients are sourced from makes them better for your body.

Really oily and processed foods are bad for their body.

The context of where the ingredients of their food matters to their enjoyment.

Culture is a driving source for enjoyment of food.

Having a shared meal is something important in a relationship.

Label transparency furthers the credibility of the product.

Price and source of ingredient is associated with their trustworthiness.

Discipline in choices of food extremely impacts towards health.

Elena favorite foods is based on cultural background and personal health values.

Russian background emphasizes body and food discipline impacting her habits.

Sam cares about ethics, but because of Elena has focused more on health.

Elena thinks that food is something to be controlled and that she has control over.

THINKS

DOES

Elena plans out her grocery list for the week and only deviates if an ingredient looks extremely fresh.

Elena tends to look her husband for reassurance in her answers.

They prefer to go to farmer's markets or Whole Foods for transparently sourced ingredients. Based on trust.

They look at the produce visually for any signs of freshness.

They read the labels and avoid unethically sourced ingredients.

They enjoy cooking together as it brings their cultural backgrounds together.

She loves Mediterranean food because it feels light and healthy.

Her favorite meal to cook is soup. It is a comfort staple from her family.

He likes pizza, but he doesn't get to have it very often.

Convenience of the hot foods, and appreciate that the Palo Alto Whole Foods has no pizza, but healthier options.

Actively avoids heavy chemically processed foods and known carcinogenic chemicals.

Occasionally eating out and tend to seek for lighter food options, but the options are often more heavy, so they don't eat at a restaurant often.

Traditional male and female gender roles in their relationship (cooking, cleaning, etc.)

They have very health conscious habits and are disciplined.

They love the experience of food when it tastes especially fresh and delicious.

FEELS

They rarely feel that food is something that brings them joy

Feel frustrated and confused by the labels and acronyms on products.

Feel annoyed by the lack of healthy options and oiliness/heaviness in outside food.

Feel a sense of trust towards higher regarded grocery stores.

Feel pleased when the produce that they are shopping for looks up to their standards.

Elena feels nostalgia from her favorite foods and growing up on a farm, being able to cook.

They feel comforted by home cooked meals.

Feel strongly against the ethical concerns in the food industry.

Passionate about freshness

Passionate about knowing what goes into their bodies and only having good things.

Enjoy the sense of routine and being able to follow through with spending time and making meals that make their bodies happy.

"I prefer healthy food. So not like a big fan of like pizza and burgers" - Elena

"I stopped eating beef after learning about the conditions of the farms. I also **stopped eating fish** because of the **amount of Mercury** inside of it."

"I like to shop at Whole Foods or farmer's markets. The fruits and vegetables **don't have any chemicals** and it is how the fruit or vegetable should look like."

food is something **to be controlled** and that she has control over.

"We like the whole foods hot bars because they give us **healthy options** that are **convenient**"

"I feel **stressed** when I eat **oily foods**, so I stay away from it"

Really oily and processed foods are bad for their body.

Discipline in choices of food extremely impacts health.

Insights & Needs: Bridging Gaps



Insight

Mistrust of the food industry (i.e. unclear sourcing practices, vague labels, hidden additives) turns eating into a source of **stress and control**, even for those without an eating disorder.



Need

The need to feel **in control** by understanding what is truly in their food and how it affects their body.

Alexandra & Sean***



*** Note: This is our extreme user

Interviewee profile

- Works in tech industry, mid 30s.
- For them, food is a matter of discipline: no waste, healthy meals for the kids, and carefully measured plates for themselves.
- Interviewed at Blue Bottle Coffee.

“Another type of enjoyment is where I control the diet that I've eaten, where I'm eating exactly what I wanted to eat that whole day. I would say, Okay, I want to cook this much carbohydrates, and, you know, controlling it like that gives me a sense of satisfaction.”

- Sean

we'll lose our good habits, and we'll forget how to eat right.

That's not true. I very much have the intention of getting back to a state of more health. - Shashir and Amanda

"Another type of enjoyment is where I control the diet that I've eaten, where I'm eating exactly what I wanted to eat that whole day, I would say, Okay, I want this cooking this much carbohydrates, and, you know, controlling it that gives me a sense of satisfaction." - Shashir

"Also, it's not it's not always easy. It's like he and I are both working 40 hours plus a week to get to like a grocery store. You know, it's not always convenient to make a meal plan to get have the time to go to the grocery store, juggle the kids and all of our work responsibilities and everything. So meal services are helpful in that regard." - Amanda

"But yeah, I think that really enjoyment of food is just like watching them [their kids] eat and actually consume a full meal is something really enjoyable." - Amanda

"I don't want to make five meals. Yeah, one family, so, yeah, we try to eat more vegetarian at home." - Amanda

"And I just texted him what we're gonna eat this week, these are the things we need to pick up from the grocery store. And so I sent him a text with all of the items that we need to go pick up." - Amanda

"Being a dual culture family, there's feeling of like some of the plates that you grew up with are, like, satisfying. There's times where maybe we haven't had a South Indian meal in a long time, and so he doesn't feel like he's had a really satisfying meal, you know, and vice versa.

So I feel like my kids are drifting away sometimes, when I we haven't had any, yeah?" - Amanda and Shashir

"you can't just buy, like, a small amount of parsley, like, you have to buy a whole bunch of parsley. And so then, like, I love having parsley in a pasta dish, but then it's like, what else am I gonna put parsley in?" - Amanda

"We do tend to go out a fair amount, and then we order in like a door dash at least once a week." - Amanda

"Then I walk away feeling guilty thinking I didn't give my kids a balanced meal and enough nutrients. But it ultimately all kind of balances out because there are other days where we do prioritize more healthy meals." - Amanda

"honestly, with small children, yeah, it's really hard to make to meal plan because their tastes change so frequently." - Amanda

"I want to be more intentional about not wasting the food. If I buy something, I want to make sure that other recipes that week incorporate those ingredients." - Amanda

"Because, yeah, we don't want to waste food for sure, and, you know, we also don't want to over purchase too, like, you know, with a chicken example. We put it in the freezer. I completely forgot about it, so I went out and bought more chicken legs, right? Um, so something along, you know, along those lines of just keeping better inventory, and then also being mindful of, like, if I buy something, can I continue to use it?" - Amanda

"To me, it's very important not to let any food go to waste, so I try to get as little as possible, and if only things that I can guarantee that all of us are going to be the other challenge is that I'm a vegetarian, and my family is not, so I try to limit the meat that we buy" - Shashir

"We have a repertoire of dishes that we have agreed upon in the past." - Shashir

"This is like jigsaw puzzle that just ends in a lot of food waste because it's too hard to manage. Also, I think we care too much about food waste. I don't know if every family cares that much about it." - Shashir

SAYS

DOES

Answered all our questions while playing with their kids. Giving them coloring books and fidget toys.

Doing a weekly date night for their general relationship health and enjoyment of food.

Choose their meals based off of their kids preferences.

Try to cook healthy(ish) meals for their kids, considering their dislike for vegetables.

Quickly text each other a grocery list for what they need on the weekends.

Routine planned dinner. Weekly Pizza night. Eggplant Parmesan.

Order out weekly when both their energies are low or when they don't have enough time due to working busy full time jobs.

They have a repertoire of meals they know their entire family likes and will bring back.

Try to buy small amounts of ingredients to account for food waste.

Tend to forget about inventory and then need to re-buy if they don't use it often.

Use one ingredient for multiple purposes if possible.

Usually cook two different meals if they have energy (adults v. kids)

Learned to now cook together despite having the desire for control over the kitchen.

Keep vegetarian alternatives for Shashir and having meat options for the kids. Accommodate both diets.

Priorities changed after becoming parents. (health conscious to kids first).

Thinks that avoiding food waste is important.

To avoid food waste, they need to think more about what ingredients are necessary and in what amount.

Cultural components to the dish are important to the family to bring both cultures to the kids.

Kids acceptance to the meal dictates if that meal paid off.

Having control over what they eat brings joy, but it is difficult nowadays with toddlers.

Convenience vs Health is a trade off that they have continuously balance.

Sometimes, good enough wins.

Routinely meals help them solidify their daily schedules. It is convenient and works for the family.

Food decisions are based on parental energy after their long work schedules.

They are less healthy now because they need to accommodate for their children.

Different beliefs on if they can get back to their old eating habits once their kids are older. Shashir thinks no because they are used to it, but Amanda is optimistic.

At this moment, food is a necessity and not for luxury and enjoyment,

Food is a huge stressors and they consistently worry about giving their kids the right nutrients and that it fits their taste buds.

Food is a big part of culture and want to expose their kids to their respective cultures through meals.

THINKS

FEELS

Feels like food is a puzzle and something that takes time to figure out.

Feel guilty when the kids meal are not healthy or tasty.

Satisfied when their kids actually eat the meal that is cooked by them and are actively enjoying it.

Feels satisfied when the meal goes perfectly. Measuring out the right ingredients. Controlled meal day.

Feels happy when they eat their cultural foods to share their roots with their children.

Feel a sense of pride that they are minimizing waste through their habits.

Feel overwhelmed and tired after a long day of work.

Feel relieved through convenient options (ordering out and having a routine).

Frustrated when food is sold in a bundle (Ex. Costco)

Feel frustrated when they forget about ingredients or have excess and can't use it.

Feel alone with thinking that they are the only ones who care significantly about food waste.

Frustration with how often the kids preferences change and how adaption can be hard.

Feel slight annoyance that they can't follow old eating habits.

Feel anxious about preparing two different types of meals that respect each others dietary restrictions and preferences.

Sense of joy from date nights that they have weekly for special meals and novelty of finding new locations.

“Another type of enjoyment is where ***I control the diet*** that I've eaten, where I'm eating exactly what I wanted to eat that whole day, I would say, Okay, I want this cooking this much carbohydrates, and, you know, controlling it that gives me a ***sense of satisfaction.***” - Shashir

“To me, it's very important ***not to let any food go to waste***, so I try to get as little as possible, and if only things that I can guarantee that all of us are going to be the other challenge is that I'm a vegetarian, and my family is not, so ***I try to limit*** the meat that we buy” - Shashir

“Then I walk away feeling ***guilty*** thinking I ***didn't give my kids a balanced meal and enough nutrients.*** But it ultimately all kind of balances out because there are other days where we do prioritize more healthy meals.”
- Amanda

Food is a huge stressors and they consistently ***worry about giving their kids the right nutrients*** and that it ***fits their taste buds.***

Feels satisfied when the meal goes perfectly. Measuring out the right ingredients. ***Controlled meal day.***

Feel ***guilty*** when the kids meal are ***not healthy or tasty.***

Insights & Needs: Bridging Gaps



Insight

Meals are tied to a deep desire **for perfection** — ensuring no food goes to waste, children eat well, and plates are perfectly balanced. But when things don't go exactly as planned (uneaten food, less nutritious meals), it triggers **guilt and stress**, turning everyday eating into a high-stakes experience.



Need

The **need for reassurance** that meals don't have to be perfect to be healthy and worthwhile, **reducing the guilt** when things don't go as planned.

Something Interesting...

Discipline

Stress

Control

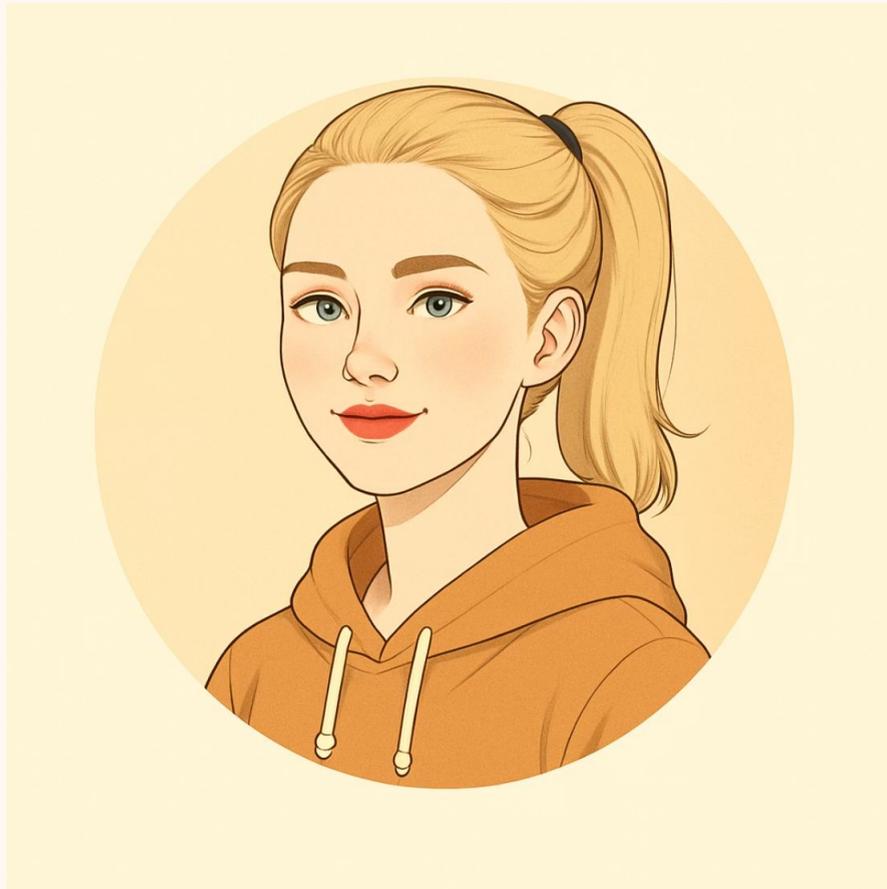
Rigidity

Distress

Perfection

Guilt

Sandra



Interviewee profile

- Sophomore student at Azusa Pacific University, 19 y.o.
- Experienced significant struggles with food and body image, but never got officially diagnosed, and is at a better place now.
- Interviewed on Zoom

"I don't [reach out to my friends for help], because I feel like my issue is already, like, so bad, or like they already do so much to help me. And I hate to say this, but I don't want to be like a burden to them"

- Sandra

"We are holding each other's hands as all of our friends support us"

Struggles come from comparison and the "ideal standard in mirror"

"My body got so used to just naturally restricting myself from eating"

She has never been officially diagnosed with eating disorder

"My support, I don't have as much at home. Like, my best friend... she's on, like, the opposite of the spectrum."

"I had, like, a goal. I don't know why. But in the summer, I'm like, I'm gonna lose 10 pounds."

"None of my other friends had an eating disorder or anything like that. And so I thought, 'Oh, who am I going to talk to about it'...And so it's just like, maybe it's just a me thing. Maybe I just like, I'm weird."

I compare myself to others... or it's just like, compare myself to the thing I see in the mirror, right? Sometimes when you're like, late at night... I'll go and grab my stomach. I'm like, 'I need to lose this.' And then, like, I pause, after I grab it, like, even now I'm like, 'What am I talking about right now? Like, how about we stop that??'

Her relationship with food and body is "a lot better now, not in the past, definitely have improved, but like, we're still working on it, but I think everyone is..."

"Mom doesn't believe eating disorders exist. And so then, like, whenever we went to the doctor, she would always fill out my form and be like, 'oh yeah, you're eating enough.'"

"But I don't know how honest I would have been" if given the option to fill medical forms myself"

"And now it's starting to come down in college, because I've been part of, like, a lot of projects and stuff. And also my friends, like, if, oh, if I go to the dining hall, they always come with me, and they make sure that I have some fruit on my plate... So I'm very, very supported at school."

I would say it even started in elementary school, because I would just eat maybe one or two meals a day... so that was, like, already in my system. Like I rarely ate three meals. And then at middle school, it was starting to become, like an on purpose type thing... And then high school, it was definitely because of, like, body dysmorphia... I still suffer that today, but [high school] was probably where the mental health was the worst."

"The first time when I'll go home, my grandma's eyes go straight to my stomach. And part of that is because my cousin, who I think she's like, 24 or 26 but, like, her freshman year, she did gain quite a bit of weight, and so it's like their first instinct is, like, my stomach."

"I don't [reach out to my friends for help], because I feel like my issue is already, like, so bad, or like they already do so much to help me. And I hate to say this, but I don't want to be like a burden to them... So like, if [I'm going through something], I think I just get I eat into those thoughts, or, like, I just sink deeper into those thoughts, because I don't reach out."

SAYS

In the past, she thought that her behaviors were normal

Being open and honest can help her to voice out bad habits and avoid them

Friends without similar experience could not provide real emotional support

The environment change from home to college helped her to change her mindset

It is cool to have a friend with similar experiences and to be helped by each other in the friend group.

Psycho-education (from the Body Project) helped her a lot

She should try to deal with her issues by herself instead of relying too much on others.

Eating with other people is more challenging than eating alone (comparison mindset creeps in).

Seeking therapy or professional help is lower down on her priorities list.

Her condition isn't "bad enough" to warrant professional help.

Having a community of girls who go through similar experience and can relate is really helpful.

Prefers online rather than in-person support, due to stigma and embarrassment

Others cannot tell she has an eating disorder because of how well she masks it.

Other people may not get it if they did not go through this same experience themselves.

It is not worth spending too much money on resources/ support.

THINKS

DOES

If missed breakfast until 10am, she would wait until lunch at 12pm (in the past)

By lunchtime, she no longer felt hungry and did not eat (in the past)

She used to deliberately use small portions on plate to create feeling of fullness

Her eating habits began in elementary school, but she wasn't doing it on purpose back then.

In middle school, she would start to intentionally skip or wait until no longer hungry

In high school, her symptoms peaked because of comparison and anxiety

She improved in college through projects and friend support

Her friends at college bring her to dining hall together and ensure she eats

She could not finish her McDonald if she was eating in public (felt too self conscious)

She was malnourished; thin hair and poor nails

She can identify warning signs if reverting to old patterns now

She still returns to a challenging environment when she goes home in breaks

She compares herself to others as well as herself.

Never tried any self-coping mechanisms (lack of knowledge of them)

FEELS

Hesitant to disclose symptoms even when being given an opportunity

Feels good that she is able to at least recognize t now and then for the future

Highly motivated to not go back to her old eating habits.

Self-conscious about eating in public.

Feels like she needs approval from her mom and grandmother.

Hopeless when mom perpetuates body ideals about others and her

Judged (in terms of body weight and shape) by her mom and grandmother

Worried about reverting back to old habits .

Supported by her current group of friends in college.

Unsupported by her home environment.

Embarrassed that she might have an eating disorder.

Unsure about seeking professional help (too busy, condition isn't "bad enough")

Feels used to dealing with issues by herself/ alone.

Grateful for the Body Project, as well as her friend group at college.

Dissatisfaction and frustration at the body ideals that society places on women.

Subconsciously competitive about how her severe her condition is and how little she eats compared to others (comparison mindset).

"And now it's starting to come down in college, because I've been part of, like, a lot of projects and stuff. And also my friends, like, if, oh, if I go to the dining hall, they always come with me, and they make sure that I have some fruit on my plate... So I'm **very, very supported at school.**"

"We are **holding each other's hands** as all of our friends **support us**"

Having a **community** of girls who go through similar experience and can **relate** is really helpful.

She thinks she should try to **deal** with her issues by herself instead of **relying** too much on others.

"My support, I **don't have as much at home.** Like, my best friend... she's on, like, the opposite of the spectrum."

"I don't [reach out to my friends for help], because I feel like my issue is already, like, so bad, or like **they already do so much to help me.** And I hate to say this, but I don't want to be like a **burden to them...** So like, if [I'm going through something], I think I just get I eat into those thoughts, or, like, I just sink deeper into those thoughts, because **I don't reach out.**"

The **social environment change** from home to college helped her to change her mindset

Insights & Needs: Bridging Gaps



Insight

- Insight 1: Eating disorder experiences are profoundly shaped by social context: comparison and judgment worsen struggles, while supportive friendships and community create space for recovery.
- Insight 2: Even though supportive networks are vital for recovery, stigma and fear of burden prevent her from reaching out when she needs help most.



Need

The need for **safe communities or support networks** that reduce comparison and judgment while making it easier to seek help without fear of **embarrassment or burden.**

Melody



Interviewee profile

- Associate Marriage and Family Therapist, 20s-30s.
- Expert perspective with 7 years experience in the field.
- Interviewed in an eating disorder treatment center (LGTC Group).

"There's a lot of time outside [clinic opening hours] where [patients] won't have access to their treatment team providers, they won't have access to any of the team, and for the most part, they don't have access to each other."

- Melody

Expresses difficulty in "getting that consistent...data from the clients about how their week was"

"There's a lot of time outside [the treatment center] where they won't have access their treatment team providers."

Her decision to work as a ED clinician is in part shaped by her own lived experience with an eating disorder.

When talking about approaches used when working with patients: "I also encourage them to try things and take what works and leave the rest"

The difficulty comes from it being "hard for [the patients] to remember how their weekends went", especially "for some clients where... either the insight is still being built, or like they're younger and it's a little harder to articulate".

In terms of her day to day: "So during the day, it would be a mix of either doing individual or family therapy sessions with the clients that are on my caseload, or running therapeutic groups for either the adult track or the adolescent track... Outside of that, it's a lot of case consultation. We meet every day as a group, either to discuss client cases specifically and or just like greater like programmatic operations."

"But I do still think, especially when that transition happens for folks that come from residential to here again, all that autonomy is given back to you, especially if you're an adult, and it can be hard just to kind of like, maintain that on your own."

When working with patients, Michelle uses "treatment plans, smart goals for the week, and a digital schedule of eating plan for working together.

"You know, eating disorders, they thrive in secrecy and then shame, and so a lot of that is also about building the relationship with the client, so they feel like there is an open space to be honest."

"I feel like I'm rooted in, like, client centered approach, so like demonstrating unconditional, positive regard, non judgment."

SAYS

Patients need a support network to help them follow the treatment and meal plan in their home environments.

Consistency outside clinic opening hours is a key challenge in treatment.

It is crucial to create a safe, non-judgmental space for clients so that they can share openly.

There needs to be a greater open mindedness in treatment.

Patients should get autonomy/a say in their treatment plan and method.

Not every patient is ready now, and it's important to respect each individual's timing and autonomy.

It is important for a recovery program to have structure and containment

Having a multidisciplinary course of treatment plan helps to complete the picture, and that just individual sessions are not enough.

The step-down from residential care to IOP/PHP care can be challenging for patients.

There are a lot of misinformation online that can feed EDs, and there should be more accessible content that is clinically curated.

There needs to be more education about this space for people supporting the patient.

THINKS

DOES

Has fidget toys and colored pencils for her patients

Uses DBT cards as one of her therapy tools.

Uses a variety of different approaches in her therapy, neuroscience vs behavioral.

Uses more solution based tactics.

Communicate with nurse practitioners, dietitians, and more to personalize plans.

Prioritize her patients and their comfort, tuning the session for their needs.

Help young teens shape a healthier relationship with their body during a critical identity building stage.

Use Recovery Record as a tool to keep patients accountable to their program.

Creates a homey space in our office to make the process feel less clinical.

Read through case studies and manages portfolios, learning from each of them.

Coordinates with leadership to understand what it best for patients from multiple perspectives.

Lead both one on one and group sessions for counseling.

Both work in therapy and counseling, but also logistical management of the group.

FEELS

Compassion for patients (especially the adolescents track)

Passionate about her job and the eating disorder field.

Frustrated by the lack of consistency in patient care.

Urgency in creating bottom up systems that isn't made by "white men".

Happy when her patients make progress and she can be there to help them recover.

Compassionate about those who are not ready to change or receive treatment

Motivated by seeing patient progress, especially when skills generalize outside of individual treatment hours.

Feels a sense of pride when being able to help young teens become empowered women.

Hoping to foster openness against any secrecy or shame.

Curious and open to trying new tools that can not only help with the patient's progress, but also simplify and support from the clients family.

Driven to make change in the system and find ways to best support the needs of her patients

“But I do still think, especially when that transition happens for folks that come from residential to here again, all that ***autonomy is given back to you***, especially if you're an adult, and it can be hard just to kind of like, ***maintain*** that on your own.”

“You know, eating disorders, they ***thrive in secrecy and then shame***, and so a lot of that is also about building the relationship with the client, so they feel like there is an ***open space to be honest***.”

“There's a lot of ***time outside [the treatment center]*** where they won't have access their ***treatment team providers***.”

Patients need a ***support network*** to help them follow the treatment and meal plan in their home environments.

Consistency outside clinic opening hours is a key challenge in treatment.

It is crucial to create ***a safe, non-judgmental space for clients*** so that they can share openly.

Insights & Needs: Bridging Gaps



Insight

Recovery doesn't stop at the clinic — outside treatment hours, patients often struggle with autonomy, secrecy, and lack of accountability. Without consistent support, progress made in structured environments can quickly unravel.



Need

The need for **continuous, accessible support** outside clinical settings that combines accountability with **safe, non-judgmental spaces**, ensuring patients can sustain progress in their daily lives.

Summary

Key learnings and defining the path forward.

Key Learnings



General public

- Control and guilt around food are two recurring themes that go hand-in-hand



Lived experience

- Highlighted the great impact that social context has on ED trajectory



Expert perspective

- Importance of relationship building in ED care, as ED thrive on secrecy and shame.
- Concern for patient consistency outside clinic hours.

Next Steps



Interview diagnosed ED patients.

Preferably one at each level of care.



Narrow down further within ED domain.

Are we focusing on those already diagnosed/in treatment?

Or just those struggling with food and body image in general?



Interview more people within that specific, further narrowed domain.

Going from breadth to depth.



The background features a collection of hands in various colors (orange, brown, green, grey, white) reaching upwards. The hands are layered, with some in the foreground and others behind. The background is a warm, yellowish-orange color with a textured, watercolor-like appearance. There are also several green leaves scattered throughout the scene, some overlapping the hands.

Thank You!

Any questions?